

## **Appendix A. RECRUITMENT**

- 1) Recruitment Poster
- 2) Recruitment Email/Social Media Script
- 3) Vocalization “Add On” Recruitment Script

## **EMAIL TEMPLATE**

Hello [insert name here],

My name is Dr. Leslie Roos, and I am the Co-Director of the Hearts and Minds Lab at the University of Manitoba. We are recruiting parents 18 years old or older of children ages 0-8 to take part in a study that aims to understand the impact of COVID-19 pandemic on parents' experiences with stress, mental health, and family well-being. We would like to provide your organization with materials (see attached) to post on your community bulletin boards so that parents can be made aware of the project.

Through a combination of questionnaire outreach and follow-up qualitative interviews, we aim to use project information to develop parenting and mental health resources to support Canadian families during this challenging time. Thank you for considering sharing this research project with your community!

Please email us at [research@heartsandmindslab.com](mailto:research@heartsandmindslab.com) if you have more questions about the study.

Best,  
Leslie Roos, PhD  
Assistant Professor  
Clinical and School Psychology  
University of Manitoba

## **SOCIAL MEDIA TEMPLATE**

*Pregnant or Parenting during COVID-19? Help researchers understand more about family needs during this challenging time.*

We are recruiting parents 18 years old or older of children ages 0-8 years to take part in research to understand the impact of COVID-19 pandemic on parents' experiences with stress, mental health, and family well-being. Through a combination of questionnaires (30-40 minutes) and follow-up qualitative interviews, we aim to use project information to develop parenting and mental health resources to support Canadian families during this challenging time.

Participating families will receive parenting and mental health resource lists and be included in a raffle to win one of ten \$100 e-gift certificates.

Find the link to study information here: REDCAP Link [Here](#)

This study is being led by Dr. Leslie E. Roos, Assistant Professor of Clinical and School Psychology at the University of Manitoba. All procedures have been approved by the University of Manitoba Psychology/Sociology Research Ethics Board.

Please email us at [research@heartsandmindslab.com](mailto:research@heartsandmindslab.com) if you have more questions about the study.



Dear xxx,

As a family with an infant 24 months or younger, you are invited to participate in an additional component of our study, which will be looking at the characteristics of the vocalizations of infants and their parents/primary caregivers, and how this relates to stress that families are experiencing from the COVID-19 pandemic. This additional component is fully voluntary – you can just participate in the main study if you prefer. For this component, we would ask you to make a brief 10 minute audiorecording of you interacting as you normally would with your infant. Participants who complete this add-on will, at their choice, receive a small toy or book for their child delivered to their home when it is safe to do, or will have a donation of \$5 made to Winnipeg Harvest (a food bank in Winnipeg) on their behalf. This add-on is in collaboration with Dr. Melanie Soderstrom of the Baby Language Lab, another research laboratory here in the Psychology Department at the University of Manitoba. If this is something that may be of interest, please see the consent form and instructions below. You may direct any questions about this add-on to [M\\_Soderstrom@umanitoba.ca](mailto:M_Soderstrom@umanitoba.ca) or [info@babylanguagelab.org](mailto:info@babylanguagelab.org).

**Appendix B.**  
**CONSENTS**

- 1) Online Survey Consent
- 2) Online Interview Consent
- 3) Vocalization Consent

**Parenting During the Pandemic  
The Impact of COVID-19 Pandemic on Family Stress & Well-Being  
Online Survey Information and Consent Form**

**Principal Investigator:**

Dr. Leslie E. Roos, Duff Roblin Building, Department of Psychology, 190 Dysart Road, University of Manitoba, R3T2N2, [Leslie.Roos@umanitoba.ca](mailto:Leslie.Roos@umanitoba.ca)

**Co-Investigators:** Dr. Ryan J. Giuliano; Dr. Kristin Reynolds; Dr. Jennifer Protudjer; Dr. Melanie Soderstrom

You are being invited to participate in the Parenting During the Pandemic Study. The following information will describe your role as a potential participant for the online survey.

We strongly recommend that you print this page and keep it for your records. If you are unable to print a copy, an electronic version can be made available upon request. This consent form is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, please feel free to ask.

**About this Study:**

The aim of this study is to recruit families who are interested in sharing their experiences about the impact of the COVID-19 pandemic on their family well-being. We are particularly interested in the impacts of mental health, social support, and family relationships on parent stress and coping strategies. Our ultimate goal is to use the information from this study to direct future services for children and families.

**What will you be participating in today?**

You will be completing a series of online questionnaires that ask about social support, stress, parenting, mental health, family well-being, and resource needs. We are interested in understanding how your needs may be changing in response to the COVID-19 pandemic. These are expected to take 30 – 40 minutes.

**Do I have to participate?**

Participation in this online survey is voluntary and you may end your participation at any time without penalty. If you begin the survey and wish to no longer continue you can just exit the browser.

**Compensation:**

Participants who complete the on-line survey will enter in a draw to win one of five CAD\$100 electronic gift certificates. Winners will be randomly selected at the end of data collection.

**How will your confidentiality be protected?**

First and foremost, you do not have to answer any question that you don't feel comfortable answering. Because your honest answers are so valuable to us, we will do everything we can to keep everything about you confidential (completely private). Here is how we will protect your privacy:

- 1) Your data collected today will be stored under our research procedures. Your data will be coded into a digital form and stored on a protected secure REDCap server by MedIT of the Max Rady College of Medicine. Participant emails will remain on REDCap and will not be linked to any data files used for analysis. All participants will be assigned a de-identified code number upon receipt of their contact information, so that no personal identifiers will appear on any subsequent form, questionnaire, scale, or test. At which point, the data will remain confidential and only be linked to an arbitrary participant ID.

- 2) Only the Principal Investigator, Co-Investigators, project coordinator and trained graduate students will have access to this server. All those with access have completed TCPS Core Ethics training and additional training on the Public Health Information Act to ensure confidentiality.
- 3) We will write papers and make presentations using the information from this project for scientific purposes only, and we will never use names that could identify anyone in the study. Information you share in the survey is private and will not be reported in any publication or presentation.
- 4) All copies of identifiable data collected will be deleted and/or destroyed within 5 years after collection (by May 30<sup>th</sup>, 2025). A de-identified data file, that will only include the de-identified survey responses will be stored indefinitely.

#### **What are the possible benefits & risks?**

Some of the questions may remind you of challenging recent experiences, which can sometimes elicit negative emotions. You do not have to answer any question that you don't feel comfortable answering.

There are no direct benefits to you for participating. All participants will receive a resource list of online parenting, mental health, and stress-management resources that you may find helpful.

#### **What will be done with the results of this survey?**

The results of this study will be used to assess parents needs during the COVID-19 pandemic and develop appropriate resources to help families cope with stress during the COVID-19 outbreak. Should you wish to obtain a summary of research results, we will ask you to check a box to indicate how you would like to receive this information (e.g., by e-mail or in-person pick up). We expect survey results to be available by approximately March 2021. Findings will be presented in publications and theses that will be produced.

#### **If you have questions:**

If you have any questions, please feel free to contact the Principal Investigator Dr. Leslie E. Roos at [leslie.roos@umanitoba.ca](mailto:leslie.roos@umanitoba.ca).

Your personal health information is being collected under the authority of The University of Manitoba Act. Your personal health information will not be used or disclosed for other purposes, unless permitted by The Personal Health Information Act (PHIA). If you have any questions about the collection of your personal health information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way. This research has been approved by the Fort Garry Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator at 204-474-7122 or [humanethics@umanitoba.ca](mailto:humanethics@umanitoba.ca).

By clicking "Agree" below you have indicated that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Should you wish to withdraw your responses after completing the questionnaires, you should contact the principal investigator, Dr. Roos, by e-mail or letter.

Agree

Decline



Should you wish to receive a summary of research results, please check one of the following boxes:

By email  By in-person pick up

Can we follow-up with you to inquire about your interest in participating in future family research?

Yes  No

**Parenting During the Pandemic  
The Impact of COVID-19 on Family Stress & Well-Being  
Interview Information and Consent Form**

**Principal Investigator:**

Dr. Leslie E. Roos, Duff Roblin Building, Department of Psychology, 190 Dysart Road, University of Manitoba, R3T2N2, [Leslie.Roos@umanitoba.ca](mailto:Leslie.Roos@umanitoba.ca)

**Co-Investigators:** Dr. Ryan J. Giuliano; Dr. Kristin Reynolds; Dr. Jennifer Protudjer; Dr. Melanie Soderstrom

You are being invited to participate in the Parenting During the Pandemic Study. The following information will describe your role as a potential participant for the interview.

We strongly recommend that you print this page and keep it for your records. If you are unable to print a copy, an electronic version can be made available upon request. This consent form is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, please feel free to ask.

**About this Study:**

The aim of this study is to recruit families who are interested in sharing their experiences about the impact of the COVID-19 pandemic on their family well-being. We are particularly interested in the impacts of mental health, social support, and family relationships on parent stress and coping strategies. Our ultimate goal is to use the information from this study to direct future services for children and families.

**What will you be participating in today?**

You are being asked to participate in an online interview to share your experiences regarding social support, stress, parenting, mental health, and family well-being. We are interested in understanding how your needs may be changing in response to the COVID-19 pandemic. The interview will take 20 - 30 minutes.

**Do I have to participate?**

Participation in this online interview is voluntary and you may end your participation at any time.

**Compensation:**

Participants who complete the on-line interview will be entered in a draw to win one of five CAD\$100 electronic gift certificates. Winners will be randomly selected at the end of data collection.

**How will your confidentiality be protected?**

First and foremost, you do not have to answer any question that you don't feel comfortable answering. Because your honest answers are so valuable to us, we will do everything we can to keep everything about you confidential (completely private). Here is how we will protect your privacy:

- 1) On Zoom Healthcare interviews you will be asked to refrain from using names or any other characteristics that might lead to identifying persons. Should you refer anyone by name, the names will be changed in the interview transcripts to protect identity.
- 2) The interview will be stored on a secure server that is compliant with security standards. Only the Principal Investigator, Co-Investigators, project coordinator and trained graduate students will have access to the interview data. The audio recordings will be transcribed by PHIA pledged and TCPS CORE certified research assistants. All identifying information will be removed from the transcriptions and

participants will be assigned a de-identified participant number. This number will only be linked to your name and contact information on password protected document stored on the REDCap healthcare server.

- 3) We will write papers and make presentations using the information from this project for scientific purposes only, and we will never use names that could identify anyone in the study. Information you share in the interview s is private and will not be reported in any publication or presentation.
- 4) All copies of identifiable data collected will be deleted and/or destroyed within 5 years after collection (by May 30<sup>th</sup>, 2025). A de-identified data file, that will only include the themes that emerge from the focus group/online video interviews will be stored indefinitely.

#### **What are the possible benefits & risks?**

Some of the questions may remind you of challenging recent experiences, which can sometimes elicit negative emotions. You do not have to answer any question that you don't feel comfortable answering.

There are no direct benefits to you for participating. All participants will receive a resource list of online parenting, mental health, and stress-management resources that you may find helpful.

#### **What will be done with the results of this interview?**

The results of this study will be used to assess parents needs during the COVID-19 pandemic and develop appropriate resources to help families cope with stress. Should you wish to obtain a summary of research results, we will ask you to check a box to indicate how you would like to receive this information (e.g., by e-mail or in-person pick up). We expect qualitative results to be available by approximately August 2021. Findings will also be presented in publications and theses that will be produced.

#### **If you have questions:**

If you have any questions, please feel free to contact the Principal Investigator Dr. Leslie E. Roos at [leslie.roos@umanitoba.ca](mailto:leslie.roos@umanitoba.ca).

Your personal health information is being collected under the authority of The University of Manitoba Act. Your personal health information will not be used or disclosed for other purposes, unless permitted by The Personal Health Information Act (PHIA). If you have any questions about the collection of your personal health information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way. This research has been approved by the Fort Garry Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator at 204-474-7122 or [humanethics@umanitoba.ca](mailto:humanethics@umanitoba.ca).

By clicking "Agree" below you have indicated that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Should you wish to withdraw at any point during the interview you will be asked to report this interest to the research assistant conducting the interview. Should you wish to withdraw your responses after completing the interview, they should contact the principal investigator, Dr. Roos, by e-mail or letter.

Agree

Decline



Should you wish to receive a summary of research results, please check one of the following boxes:

By email:  By in-person pick up:



**University  
of Manitoba**

**Parenting During the Pandemic  
The Impact of COVID-19 Pandemic on Family Stress & Well-Being: Vocalization  
Consent Form “Add On”**

*We strongly recommend that you print this page and keep it for your records. If you are unable to print a copy, an electronic version can be made available upon request. This consent form is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, please feel free to ask.*

**Principal Investigator for Study Add-on:** Dr. Melanie Soderstrom, Department of Psychology, University of Manitoba, [M\\_Soderstrom@umanitoba.ca](mailto:M_Soderstrom@umanitoba.ca).

**Co-investigators:** Dr. Leslie E. Roos, Dr. Ryan J. Giuliano

**About this Study Add-on:**

We would like to collect a brief recording of you interacting with your infant. We will be analyzing both your speech and your infant's vocalizations (babbling and/or speech). This will involve both measurements that we make in the laboratory, and (if you provide permission) having people listen to the samples to tell us things about what they hear. We are interested in learning about how the stress families may be experiencing from COVID-19 may influence their speech and their infants' vocalizations.

**Do I have to participate?**

Participation in this vocalization add-on is totally voluntary and does not affect your participation in the primary study on stress. You may end your participation in either study at any time.

**Compensation:**

Participants who complete this add-on will, at their choice, receive a small toy or book for their child delivered or sent to their home when it is safe to do, or will have a donation of \$5 made to Winnipeg Harvest (a food bank in Winnipeg) on their behalf.

**How will my confidentiality be protected?**

Your audio recording will be stored on a protected secure REDCap server by MedIT of the Max Rady College of Medicine. We will also store your audio files on a password protected drive at the University of Manitoba accessed only by members of the Baby Language Lab. University of Manitoba technical staff may access the drive for maintenance purposes but will not listen to your files. We will ask your permission (see below) to allow additional access for research purposes. While your audio files will be stored confidentially (separately from any contact information such as your address), it is not possible to guarantee anonymity, because someone might be able to identify you or your infant based on your voice.

Consent forms and contact information will also be stored on these computers. We will maintain a file indefinitely that allows us to link your identity to the audio files, but this will ONLY be used to ensure

that we are properly following your consent and to contact you should any questions arise. Contact information will also be used to send the toy/book at a later date for those who choose this option.

### **What are the possible benefits and risks?**

There are no significant risks to participation in this add-on. If you allow us to share your recordings to other researchers or to collect additional measures, there is a small risk that the recordings will become public (but without your name or contact information). There are no direct benefits to your participation although you may find it an enjoyable experience.

### **What will be done with the results of this add-on?**

We will share our general findings with other researchers via research talks and publications, and with the general public through talks and social media on Facebook and Instagram. We send out an annual newsletter, typically in May every year, to our research participants.

### **If you have questions:**

If you have any questions, please feel free to contact the Principal Investigator Dr. Melanie Soderstrom at [M\\_Soderstrom@umanitoba.ca](mailto:M_Soderstrom@umanitoba.ca). The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way. This research has been approved by the Fort Garry Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator at 204-474-7122 or [humanethics@umanitoba.ca](mailto:humanethics@umanitoba.ca).

By clicking **“Agree”** below you have indicated that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from uploading your audio recording. Should you wish to withdraw your audio recording after uploading it to REDCap you should contact the principal investigator, Dr. Melanie Soderstrom, by e-mail or letter.

Agree              Decline

I would like to: Receive a toy/book \_\_\_\_\_ OR Donate to Winnipeg Harvest \_\_\_\_\_  
I would like to receive the Baby Language Lab annual newsletter: \_\_\_\_\_  
(For Winnipeg participants only): Please add me to your database for local infant studies: \_\_\_\_\_

### **Additional Optional Consents**

I agree to allow the Baby Language Lab to play brief clips from my audio files to members of the public in a laboratory study to collect their judgments about the clips (e.g. “This infant sounds happy/sad”). No identifying information other than the voice itself would be shared.

Agree              Decline

I agree to allow the Baby Language Lab to share my audio recordings with other researchers for additional studies. The recordings would be shared on a research platform designed to share these kinds of recordings in a secure and confidential way. All researchers would sign an agreement to ensure that the recordings are not made public. No identifying information other than the voice itself would be shared.

Agree              Decline

I agree to allow the Baby Language Lab to share my audio recordings in a fully public way on a research platform. This would mean that the recordings would be fully available on the web and would allow them to be used for instructional and research purposes. No identifying information other than the voice itself would be shared.

Agree

Decline

## Instructions

Thank you for agreeing to contribute to this “add-on” study. Please follow the 3 steps below to participate. Email [M\\_Soderstrom@umanitoba.ca](mailto:M_Soderstrom@umanitoba.ca) if you have any questions.

### **1. Provide your consent.**

Please read carefully through the consent form click "Agree" if you would like to participate. Email us with any questions about your participation. Please also mark in the relevant spot how you would like to be compensated (toy/book or donation on your behalf), whether you would like to receive the newsletter and whether we can contact you for future studies with the Baby Language Lab. If you are willing to let us share your recordings outside of the lab for research purposes, please make sure to click "Agree" to the relevant “optional” consent(s).

### **2. Make your recording.**

The person in your household who was the primary caregiver for your infant (the person who spent the most time with them) should do the recording. Please make sure they are the one to Agree to the consent form. You should ideally find a place and time where you and your infant can be alone and uninterrupted for about 10 minutes. If this is not practical in your current situation, don't worry, just do the best you can to avoid extra voices and noises.

Please sit comfortably with your infant and place an audiorecording device as close as possible between you. Most smartphones have a voice memo or audiorecording feature, or you can download an app if you don't already have one (please make sure to use a trustworthy app). If you don't have a smartphone or want to download an app, any audiorecording device you have available is fine.

Please turn on your recording device, and play or interact with your infant for about ten minutes as you normally would. You can use toys if that is what you would typically do, but please try to avoid any noisy toys. Once you have completed at least ten minutes of “free play” with your baby, turn off the device and you are done!

### **3. Upload your recording**

Please upload your audio file to REDCap.

## **Appendix C. QUESTIONNAIRES**

- 1) Questionnaires Table
- 2) Overview Parenting & Sociodemographic Information Form
- 3) Multidimensional Scale of Perceived Social Support (MSPSS)
- 4) Recent Stressful Experiences
- 5) Parenting Stress Index (PSI)
- 6) Coping Strategies Questionnaire
- 7) Adult Mental Health Disorder Checklist
- 8) Center for Epidemiologic Studies Depression Scale (CES-D)
- 9) Difficulty Emotion Regulation Scale (DERS)
- 10) Generalized Anxiety Disorder – 7 Item
- 11) Substance Use Questionnaires
- 12) Edinburgh Postnatal Depression Scale
- 13) Edinburgh Postnatal Depression Scale - Partner
- 14) Perinatal Anxiety Screening Scale
- 15) Infant Behaviour Questionnaire
- 16) Maternal Responsiveness Questionnaire – Non-Responsiveness Scale
- 17) Parenting Young Children (PARYC)
- 18) The Parenting Scale
- 19) Child Disorder Checklist
- 20) Child Behaviour Checklist (CBCL)
- 21) Child Behaviour Checklist (CBCL) - for School Age Children
- 22) Food Security Questionnaire
- 23) Food Allergy Quality of Life Questionnaire (FAQLO)
- 24) Asthma Quality of Life Questionnaire
- 25) Revised- Dyadic Adjustment Scale
- 26) Pet Attachment Scale

## TABLE OF QUESTIONNAIRES

Est. time	Measure	Description	Citation
<b>OVERVIEW QUESTIONNAIRE (~5 minutes)</b>			
5 mins	Overview Parenting & Sociodemographics Information Form	Brief form designed to collect family socio- demographics & COVID-19 effects	Created for the CV19-Parenting Study
<b>EXPERIENCES &amp; COPING QUESTIONNAIRES (~ 10 minutes)</b>			
2 mins	Multidimensional Scale of Perceived Social Support (MSPSS)	Self-report measure of perceived social support	Zimet, G. D., Dahlem, N. W., Zimet, S. G., Farley, G. K. (1988). The multidimensional scale of perceived social support. <i>Journal of Personality Assessment</i> , 52, 30-41.
2 mins	Recent Stressful Experiences	Self-report measure of recent family stressors and coping strategies	Developed for CV19-Parenting study, based on recommendations from JPB Network on toxic stress
3 mins	Parenting Stress Index (PSI)	Parent-reported stress and interactional style	Abidin, R. R., & Abidin, R. R. (1990). <i>Parenting Stress Index (PSI)</i> (p. 100). Charlottesville, VA: Pediatric Psychology Press.
3 mins	Coping Strategies Questionnaire - Social Connection Strategies During Covid-19 and Parenting Strategies During Covid-19	Self-report measure of strategies and services used during CV19	Developed for CV19-Parenting study
<b>MENTAL HEALTH QUESTIONNAIRES (~ 5 minutes)</b>			
1 min	Adult Mental Health Disorder Checklist	Checklist of Axis-I disorders for self-report of diagnoses	Created for CV19-Parenting study
1 min	Center for Epidemiologic Studies Depression Scale (CES-D)	Self-report measure to screen for depression	Radloff, L. S. (1977). The CES-D scale: A self report depression scale for research in the general population. <i>Applied Psychological Measurements</i> , 1, 385-401.
1 min	Difficulty Emotion Regulation Scale (DERS) – 16	Self-report measure of subjective emotion regulation difficulties	Victor, S. E., & Klonsky, E. D. (2016). Validation of a brief version of the difficulties in emotion regulation scale (DERS-16) in five samples. <i>Journal of Psychopathology and Behavioral Assessment</i> , 38(4), 582-589.
1 min	Generalized Anxiety Disorder-7 item	Brief self-report measure for screening for GAD	Spitzer RL, Kroenke K, Williams JBW, Löwe B. A Brief Measure for Assessing Generalized Anxiety Disorder: The GAD-7. <i>Arch Intern Med.</i> 2006;166(10):1092–1097. doi:10.1001/archinte.166.10.1092
2 mins	Substance Use Questionnaires	Brief self-reported questionnaire to identify changes in substance use during COVID-19 and an adapted version of the Substance Use Motives Measure	Biolcati, R., & Passini, S. (2019). Development of the substance use motives measure (SUMM): A comprehensive eight-factor model for alcohol/drugs. <i>Addictive Behavior Reports</i> , 10, 100199. Doi:10.1016/jabrep.2019.100199

<b>ALTERNATIVE MENTAL HEALTH QUESTIONNAIRES: PERINATAL (pregnant or child age 0-1.5 years)</b>			
<b>*To replace GAD-7 &amp; CES-D</b>			
1 min	Edinburgh Postnatal Depression Scale	Assists in identifying postpartum depression (PPD)	Cox ,J.L., Holden, J.M., Sagovsky R. <i>Detection of postnatal depression.</i> <i>Development of the 10-item Edinburgh postnatal depression scale.</i> Br J Psychiatry. 1987;150:782–6.
1 min	Edinburgh Postnatal Depression Scale - Partner (EPDS - P)	Assists in identifying postpartum depression (PPD) - Partner's report	Fisher, S.d., Kopelman, R. & O'Hara, M.W. (2012). Partner eport of Paternal Depression Using the Edinburgh opstnatal Depression Scale-Partner. <i>Arch Womens Mental Health</i> , 15:283-288.
1 min	Perinatal Anxiety Screening Scale	Self-report measure of anxiety during pregnancy and the postpartum period	Somerville, S., Dedman, K., Hagan, R., Oxnam, E., Wettinger, M., Byrne, S., Coo, S., Doherty, D., Page, A.C. (2014). The Perinatal Anxiety Screening Scale: development and preliminary validation. <i>Archives of Women's Mental Health</i> , DOI: 10.1007/s00737-014-0425-8
<b>FAMILY QUESTIONNARES: Child age 0-1.5 years (~ 10 mins)</b>			
5 mins	Infant Behaviour Questionnaire ***Requesting form; see example questions	Parent-report of infant temperament-related behaviours	Rothbart, M. K. (1981). Measurement of temperament in infancy. <i>Child Development</i> , 52, 569-578.
5 mins	Maternal Responsiveness Questionnaire – Non-responsiveness scale	Self-report of maternal responsiveness (to infant)	Leerkes, E.M. & Qu, J. & (2017). The Maternal (Non) Responsiveness Questionnaire: A new self-report of parenting during infancy. <i>Infant and Child Development</i> , 26:e1992 DOI: 10.1002/icd.1992(pdf)
<b>FAMILY QUESTIONNARES: Child age 1.5-8 years (~20 minutes)</b>			
2 mins	Parenting Young Children (PARYC)	Self-report of parenting strategies/behaviours relevant for caregivers of young children	McEachern AD, Dishion TJ, Weaver CM, Shaw DS, Wilson MN, Gardner F. Parenting Young Children (PARYC): Validation of a Self-Report Parenting Measure. <i>J Child Fam Stud</i> . 2012;21(3):498–511. doi:10.1007/s10826-011-9503-y
5 mins	The Parenting Scale	Self-report measure of parenting style	Arnold DS, O'Leary SG, Wolff LS, Acker MM. The Parenting Scale: A measure of dysfunctional parenting in discipline situations. <i>Psychological Assessment</i> . 1993; 5:137– 144.10.1037/1040-3590.5.2.137
1 min	Child Diagnoses Checklist	Checklist of child developmental and behavioural disorders for parent-report of diagnoses	Created for CV-19 Parenting study
10 mins	Child Behaviour Checklist (CBCL)	Parent report of mental health and behaviour challenges in children	Achenbach, T. M. (1999). The Child Behavior Checklist and related instruments. In M. E. Maruish (Ed.), <i>The use of psychological testing for treatment planning and outcomes assessment</i> (pp. 429-466).

			Mahwah, NJ, US: Lawrence Erlbaum Associates Publishers.
10 mins	Child Behaviour Checklist (CBCL) - for School Age Children	Parent report of mental health and behaviour challenges in school age children	Achenbach, T. M. (1999). The Child Behavior Checklist and related instruments. In M. E. Maruish (Ed.), <i>The use of psychological testing for treatment planning and outcomes assessment</i> (pp. 429-466). Mahwah, NJ, US: Lawrence Erlbaum Associates Publishers.
5 min	Food Security Questions	Self-report measures of food security before and during COVID-19	Developed for CV19-Parenting study
<b>OPT IN QUESTIONNAIRES: ASTHMA/ALLERGY (~10 mins)</b>			
5 min	Food Allergy Quality of Life Questionnaire (FAQLQ)	Parent-report of children's food allergies	Flokstra-de Blok B.M.J. (2014) Food Allergy Quality of Life Questionnaires (FAQLQ). In: Michalos A.C. (eds) Encyclopedia of Quality of Life and Well-Being Research. Springer, Dordrecht
5 min	Asthma Quality of Life Questionnaire ***Requesting form; see example questions	Measure of physical and emotional impact of asthma	Juniper EF, Buist AS, Cox FM, Ferrie PJ, King DR. Validation of a standardized version of the Asthma Quality of Life Questionnaire. Chest 1999; 115, 5: 1265-1270.
<b>OPT IN QUESTIONNAIRES: MARRIED/COHABITATING</b>			
2 mins	Revised-Dyadic Adjustment Scale	Brief self-report measure of marital quality	Busby, D. M., Christensen, C., Crane, D. R., & Larson, J. H. (1995). A revision of the Dyadic Adjustment Scale for use with distressed and nondistressed couples: Construct hierarchy and multidimensional scales. Journal of Marital and Family Therapy, 21, 289-308.
<b>OPT IN QUESTIONNAIRES: PET SUPPORT</b>			
5 mins	Pet Attachment Scale	Self-report measure of attachment to pets	Munsell, K.L.; Canfield, M.; Templar, D.I.; Tangan, K.; Arikawa, H. Modification of the Pet Attitude Scale. Soc. Anim. 2004, 12, 137-142.

## Parent and Family Socio-demographics Form

### Where do you currently live?

Country \_\_\_\_\_ Province \_\_\_\_\_ City \_\_\_\_\_

### How many adults and children currently live in your household?

\_\_\_\_\_ # of adults \_\_\_\_\_ # of children

Child #1 birth date: \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Age in years \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

Child #2 birth date: \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Age in years \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

Child #3 birth date: \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Age in years \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

Child #4 birth date: \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Age in years \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

Adult #1(you): Age \_\_\_\_\_ Relation to child(ren) \_\_\_\_\_

Adult #2: Age \_\_\_\_\_ Relation to child(ren) \_\_\_\_\_

Adult #3: Age \_\_\_\_\_ Relation to child(ren) \_\_\_\_\_

Adult #4: Age \_\_\_\_\_ Relation to child(ren) \_\_\_\_\_

### Are you pregnant now?

Yes

No

### If you answered "yes" to the previous question:

How far along are you in your pregnancy? \_\_\_\_\_ weeks

### What is your legal marital status?

- |   |   |
|---|---|
| <input type="checkbox"/> Married/Common Law | <input type="checkbox"/> Widowed                |
| <input type="checkbox"/> Divorced           | <input type="checkbox"/> Single (never married) |
| <input type="checkbox"/> Separated          | <input type="checkbox"/> Prefer not to answer   |

### What is your education level?

*Parent #1:*

- |   |   |
|---|---|
| <input type="checkbox"/> Some high-school | <input type="checkbox"/> Masters Degree |
|---|---|

- High school diploma
- Professional Degree
- College/Technical school
- PhD
- Bachelors degree
- Prefer not to answer

*Parent #2:*

- Some high-school
- Masters Degree
- High school diploma
- Professional Degree
- College/Technical school
- PhD
- Bachelors degree
- Prefer not to answer

**Which of the following best describes your (past year) annual household income:**

- \$1 – \$10,000
- \$10,001 – \$20,000
- \$20,001 – \$30,000
- \$30,001 – \$40,000
- \$40,001 – \$50,000
- \$50,001 – \$60,000
- \$60,001 – \$70,000
- \$70,001 – \$80,000
- \$80,001 - \$90,000
- \$90,001 - \$100,000
- \$100,001 - \$110,000
- \$110,001 - \$120,000
- \$120,001 - \$130,000
- \$130,001 - \$140,000
- \$140,001+
- Prefer not to answer

**COVID-19 Specific Questions**

1. Are you currently practicing social-distancing measures?       Yes       No
2. How many people are you in regular physical contact with? \_\_\_\_\_
3. Do you or someone else who lives in your home leave your home for essential services (groceries, medical, etc.)?  Yes       No  
If yes, how often?

1 Once per month	2 2-3 times per month	3 Once per week	4 Multiple times per week	5 Daily
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**4. Do you leave your home for non-essential services (retail shopping, coffee shop, etc.)?**

Yes  No

If yes, how often?

1 Once per month	2 2-3 times per month	3 Once per week	4 Multiple times per week	5 Daily
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**5. Do you leave your home because you are an essential worker or other professional reason?**

Yes  No  Decline to Respond

**6. Do you fall within one of the following vulnerable populations related to COVID-19?**

- Underlying medical condition (heart disease, hypertension, diabetes, chronic respiratory diseases, cancer) List: \_\_\_\_\_
- Compromised immune system from a medical condition or treatment
- I do not fall within one of the vulnerable populations

**7. If you have a partner/someone with whom you are co-parenting, do they fall within one of the vulnerable populations related to COVID-19?**

- Underlying medical condition (heart disease, hypertension, diabetes, chronic respiratory diseases, cancer) List: \_\_\_\_\_
- Compromised immune system from a medical condition or treatment
- My partner does not fall within one of the vulnerable populations
- Not applicable

**8. Do you have a child with any chronic medical conditions?**

- Underlying medical condition (heart condition, diabetes, asthma, cancer, other) List: \_\_\_\_\_
- Compromised immune system from a medical condition or treatment
- My child does not have a chronic medical condition
- Not applicable

**9. Have any of the medical services that you or your child were accessing been impacted by COVID-19?  Yes       No**

If yes, what changes have you faced and how as this affected your family?

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**10. How much of the time do you spend watching the news or reading coverage about COVID-19?**

- Rarely (1 time a day or less)
- Occasionally (2 – 3 times a day)
- Some of the time (4 - 8 times a day)
- Often (8 – 12 times per day)
- All of the time (> 12 times per day)

**11. Have you tried to limit the time that you spend watching the news or reading coverage about COVID-19?**

- Yes
- No

**12. Have you tried to reduce touching your face due to COVID-19?**

- Yes
- No

**13. Have you increased your hand-washing behavior as a result of COVID-19?**

- Yes
- No

**14. Have you or someone in your immediate household been diagnosed with COVID-19?**

Yes/No/Decline to Respond

**IF YES, then:**

**b) Were they hospitalized?**

Yes/No/Decline to Respond

**c) Have they recovered?**

Yes/No/Other/Decline to Respond

**If OTHER, then:**

**d) Please comment on your "Other" response to the above question, if comfortable.**

**15. Do you know anyone personally (outside of your immediate household) who has been diagnosed with COVID-19?**

Yes/No/Decline to Respond

**IF YES, then:**

**14. a) Were they hospitalized?**

Yes/No/Decline to Respond

**14. c) Have they recovered?**

Yes/No/Other/Decline to Respond

**IF OTHER, then:**

**14. c) Please comment on your "Other" response to the above question, if comfortable.**

### **Financial & Housing Support**

**1. Have you or someone in your household been laid off or lost hours due to the COVID-19 outbreak?**

- No, I am employed and paid by salary
- No, my hours have been consistent.
- Somewhat, but I am still working more than half my regular hours.
- Yes, I am working less than half of my regular hours
- Yes, I have been laid off

**If answer is, Yes, I have been laid off then**

**1a. Do you or someone in your household expect to receive salary from their employer by means of the Canada Emergency Wage Subsidy program?**

- Yes, the employer has confirmed or communicated that I or someone in my household will receive 100% of my regular salary or pay cheque (75% from the program and 25% from the employer).
- Yes, the employer has confirmed or communicated that I or someone in my household will receive 75% of my regular salary or pay cheque (from the program).
- No, the employer has not confirmed or communicated that they will apply for the Canada Emergency Wage Subsidy.

No, the employer will not be applying or is not eligible for the program

**2. How likely is that you or someone in your household will apply for federal insurance benefits (EI) and/or The Canadian Emergency Response Benefit due to CV19?**

1 Extremely unlikely	2 Unlikely	3 Neutral	4 Likely	5 Extremely likely
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**3. How difficult would it be able to manage any unexpected expense (e.g. vet bills, housing repairs)?**

1 Very difficult	2 Difficult	3 Neutral	4 Easy	5 Very easy
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**4. Which best describes the type of housing you currently live in?**

- House or Semi-detached house (eg. duplex, townhouse)
- Apartment/suite in a house or building with 4 stories or fewer
- Apartment in building with 5 or more stories
- Room in rooming house, transitional, alternative; or supportive housing
- No housing, Shelter or emergency shelter
- I prefer not to answer

**5. Approximately how much of your monthly household income is spent on housing every month (including rent, mortgage, electricity, water, heating, and all other utilities and housing costs)?**

- Zero to 30 percent (0%-30%)
- From 31 to 50 percent (31%-50%)
- From 51 to 75 percent (51%-75%)
- Over 75% (76%-100%)

**Parenting**

**1. What most accurately describes your childcare situation prior to CV19?**

- Centre-Based Child Care
- Home-Based Daycare
- Nanny or Babysitter
- Relatives or Friends
- Providing Own Child Care

**2. What most accurately describes your childcare situation as a result of CV19 ?**

- Centre-Based Child Care
- Home-Based Daycare
- Nanny or Babysitter
- Relatives or Friends
- Providing Own Child Care

**3. What best describes your current childcare needs?**

- I have no childcare and need childcare.
- I have some childcare but need more.
- My child(ren) are being cared for but it is not an ideal situation (e.g. by elderly parents).
- I have sufficient childcare for my child(ren).

**4. How many hours per day are you typically spending doing hands-on play with your children?**

**5. How many hours per day are you spending doing supervision while children are engaged in screen time?**

**6. How many hours per day are you spending doing supervision while children are doing an activity (other than screen time) while mostly independent?**

**7. What best describes your child(ren)'s current involvement with their teacher(s) or school (videoconferencing lectures or meetings, schedules, deadlines, lesson plans, assignments, etc.)**

- Daily
- More than once per week (less than daily)
- Once per week
- Less than once per week
- As needed (available through email, phone, etc)
- No involvement

**8. What best describes the parental involvement in your home for your child(ren)'s schooling since COVID-19?**

- I am responsible for the child(ren)'s learning each day
- My partner is responsible for the child(ren)'s learning each day
- Both parents are responsible for the child(ren)'s learning each day
- I provide some support for the child(ren)'s schoolwork
- My partner provides some support for the child(ren)'s schoolwork
- Both parents provide some support for the child(ren)'s schoolwork
- Someone else is responsible or provides support for my child(ren)'s schooling (e.g., teacher, daycare worker, sibling)
- My child(ren)'s is/are not currently engaging in schoolwork

**Does your family follow a structured daily routine?**

1	2	3	4	5
Never	Rarely	Sometimes	Often	Always

**What are some of the best things about parenting right now?**

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**What are some of the hardest things about parenting right now?**

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**What are some things you wish you had that could help you with parenting right now?**

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**How much have you been talking with your child about people being treated differently during the COVID pandemic because of their race or ethnicity?**

*(not at all, very little, somewhat, quite a bit, a lot)*

1 Not at all	2 Very Little	3 Somewhat	4 Quite a bit	5 A lot
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**All racial/ethnic groups have the same access to COVID-related resources in our society.**

*(strongly disagree, disagree, neutral, agree, strongly agree)*

1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
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**Do you identify as someone coming from a racial/ethnic minority background?**

Yes  No

## **Multidimensional Scale of Perceived Social Support**

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the "1" if you **Very Strongly Disagree**  
Circle the "2" if you **Strongly Disagree**  
Circle the "3" if you **Mildly Disagree**  
Circle the "4" if you are **Neutral**  
Circle the "5" if you **Mildly Agree**  
Circle the "6" if you **Strongly Agree**  
Circle the "7" if you **Very Strongly Agree**

	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
1. There is a special person who is around when I am in need.	1	2	3	4	5	6	7
2. There is a special person with whom I can share joys and sorrows.	1	2	3	4	5	6	7
3. My family really tries to help me.	1	2	3	4	5	6	7
4. I get the emotional help & support I need from my family.	1	2	3	4	5	6	7
5. I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7
6. My friends really try to help me.	1	2	3	4	5	6	7
7. I can count on my friends when things go wrong.	1	2	3	4	5	6	7
8. I can talk about my problems with my family.	1	2	3	4	5	6	7
9. I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
10. There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7
11. My family is willing to help me make decisions.	1	2	3	4	5	6	7
12. I can talk about my problems with my friends.	1	2	3	4	5	6	7

## Recent Stressful Experiences

Which events happened to you in the **PAST MONTH**? (Mark as **MANY** as apply.)

- Life-threatening illness or accidental injury to you or someone close to you.
- Death of someone close to you.
- Moved to a different home or apartment.
- Family violence or abuse to you or someone close to you.
- Had to take care of a seriously ill or disabled member of the family.
- Started back to school.
- Separated, divorced or broke up with a spouse or romantic partner.
- You or someone in your home lost a job or tried to get a job and failed.
- Government agency funds were cut off for you or someone in your home.
- Anything else bad happened to you or someone close to you that upset you a lot.

Which events happened to you in the **PAST 2-12 MONTHS**? (Mark as **MANY** as apply.)

- Life-threatening illness or accidental injury to you or someone close to you.
- Death of someone close to you.
- Moved to a different home or apartment.
- Family violence or abuse to you or someone close to you.
- Had to take care of a seriously ill or disabled member of the family.
- Started back to school.
- Separated, divorced or broke up with a spouse or romantic partner.
- You or someone in your home lost a job or tried to get a job and failed.
- Government agency funds were cut off for you or someone in your home.
- Anything else bad happened to you or someone close to you that upset you a lot.

**Instructions:** The following statements describe how some individuals may think, feel, or act during and after the most stressful events in life. Please indicate how well each of these statements describes you during and after life's most stressful events according to the 5-point scale below.

1	2	3	4	5
Not at all like me	A little like me	Sometimes like me	Mostly like me	Exactly like me

**“During and after life’s most stressful events, I tend to...”**

1	...find a way to do what's necessary to carry on.	1	2	3	4	5
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2	...know I will bounce back.	1 2 3 4 5
3	...learn important and useful life lessons.	1 2 3 4 5
4	...practice ways to handle it better next time.	1 2 3 4 5

**“During and after life’s most stressful events, ...”**

5	... do you have someone with whom you can share your deepest thoughts and feelings?	Yes	No
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## Parenting Stress Index (Short Form)

**Instructions:** Please keep your **MOST CHALLENGING** child in the 1-8 year old age range in mind when answering these questions. The following questions ask you to select an answer which best describes your feelings. While you may not find an answer which exactly states your feelings, please select the answer which comes closest to describing how you feel.

**Your first reaction to each question should be your answer.** Please mark the degree to which you agree or disagree with the following statements by circling the number which best matches how you feel. If you are not sure, please circle #3. If there are any questions you would prefer not to answer, feel free to CROSS OUT these questions.

1	2	3	4	5
Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree

1	I often have the feeling that I cannot handle things very well.	1    2    3    4    5
2	I find myself giving up more of my life to meet this child's needs than I ever expected.	1    2    3    4    5
3	I feel trapped by my responsibilities as a parent.	1    2    3    4    5
4	Since having this child in my home I have been unable to do new and different things.	1    2    3    4    5
5	Since having this child in my home I feel that I am almost never able to do things that I like to do.	1    2    3    4    5
6	I am unhappy with the last purchase of clothing I made for myself.	1    2    3    4    5
7	There are quite a few things that bother me about my life.	1    2    3    4    5
8	Having this child in my home has caused more problems than I expected in relationship with my spouse (male/female friend).	1    2    3    4    5
9	I feel alone and without friends.	1    2    3    4    5
10	When I go to a party I usually expect not to enjoy myself.	1    2    3    4    5
11	I am not as interested in people as I used to be.	1    2    3    4    5
12	I don't enjoy things as I used to.	1    2    3    4    5
13	This child rarely does things for me that make me feel good.	1    2    3    4    5

1	2	3	4	5
Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree

14	Most times I feel that this child does not like me and does not want to be close to me.	1 2 3 4 5
15	This child smiles at me much less than I expected.	1 2 3 4 5
16	When I do things for this child I get the feeling that my efforts are not appreciated very much.	1 2 3 4 5
17	When playing, this child doesn't often giggle or laugh.	1 2 3 4 5
18	This child doesn't seem to learn as quickly as most children.	1 2 3 4 5
19	This child doesn't seem to smile as much as most children.	1 2 3 4 5
20	This child is not able to do as much as I expected.	1 2 3 4 5
21	It takes a long time and it is very hard for this child to get used to new things.	1 2 3 4 5
22	I feel that I am (choose from the options below): 1. a very good parent 2. a better than average parent 3. an average parent 4. a person who has some trouble being a parent 5. not very good at being a parent	1 2 3 4 5
23	I expected to have closer and warmer feelings for this child than I do and this bothers me.	1 2 3 4 5
24	Sometimes this child does things that bother me just to be mean.	1 2 3 4 5
25	This child seems to cry or fuss more often than most children.	1 2 3 4 5
26	This child generally wakes up in a bad mood.	1 2 3 4 5
27	I feel that this child is very moody and easily upset.	1 2 3 4 5
28	This child does a few things which bother me a great deal.	1 2 3 4 5
29	This child reacts very strongly when something happens that he/she doesn't like.	1 2 3 4 5
30	This child gets upset easily over the smallest thing.	1 2 3 4 5

1	2	3	4	5
Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree

31	This child's sleeping or eating schedule was much harder to establish than I expected.	1    2    3    4    5
32	I have found that getting this child to do something or stop doing something is (choose from the options below): <ol style="list-style-type: none"> <li>1. much easier than I expected</li> <li>2. somewhat easier than I expected</li> <li>3. about as hard as I expected</li> <li>4. somewhat harder than I expected</li> <li>5. much harder than I expected</li> </ol>	1    2    3    4    5
33	Think carefully and count the number of things which this child does that bother you. For example: dawdles, refuses to listen, overactive, cries, interrupts, fights, whines, etc. Please circle the number which includes the number of things you counted: <ol style="list-style-type: none"> <li>1. 1-3</li> <li>2. 4-5</li> <li>3. 6-7</li> <li>4. 8-9</li> <li>5. 10+</li> </ol>	1    2    3    4    5
34	There are some things this child does that really bother me a lot.	1    2    3    4    5
35	This child turned out to be more of a problem than I had expected.	1    2    3    4    5
36	This child makes more demands on me than most children.	1    2    3    4    5
37.	How old was the child you had in mind while answering the Parenting Stress Index (PSI) questions above?	1    2    3    4    5

### Social connection strategies during Covid-19

**Instructions:** The following are a number of statements about your social connection activities with other adults, including family or friends,OVER THE LAST WEEK. Please rate how often you do each of these activities. For each activity please rate how much you enjoy each activity from 1 (minimal) to 5 (very much)

		# of days per week (0 - 7)	average time per day	average enjoyment (1-5)
1	Connect over video-communication (e.g. Facetime, Skype)			
2	Connect over texting chat services (e.g. Facebook chat, text)			
3	Connect over the phone			
4	Do indoor activities together (games, crafts)			
5	Cook or make meals together			
6	Do outdoor activities together (e.g. gardening, chatting)			
7	Do outdoor exercise together (running, walking, biking)			
8	Do indoor exercise together (yoga, dancing, weights)			
9	Play games/apps together on tablet, phone or computer (e.g.,online games, iPhone apps)			
10	Deliver food, gifts, or essential services for others			
11	Spend time watching TV or movies.			
12	Live group online classes			
13	Live online worship (sermon, group study etc.)			
14	Other ( <i>free response option</i> )			

### Parenting Strategies during Covid-19

**Instructions:** The following are a number of statements about your family's activities OVER THE LAST WEEK. Please rate how often you and your 2-8 year old child do each of these activities. For each activity please rate how much you enjoy each activity from 1 (minimal) to 5 (very much)

		# of days per week (0 - 7)	average time per day	average enjoyment (1-5)
1	Spend time doing arts and crafts			
2	Connect with family or friends over phone or video-chat			
3	Read books together			
4	Play with toys (e.g. blocks, dolls, puzzles, trucks)			
5	Play games on a tablet, phone or computer			
6	Do educational activities on a tablet, phone, or computer			
7	Do educational workbook pages on paper			
8	Participate in music or dance activities			
9	Make meals or snacks together			
10	Spend time watching TV or movies.			
11	Ride a bike, trike, or scooter outside			
12	Go for a walk or run outside			
13	Spend other time playing or explore outside			
14	Other ( <i>free response option</i> )			

### Mental Health during Covid-19

**Instructions:** The following are a number of mental health services that you may have accessed. Please rate how often you have utilized these services OVER THE LAST MONTH. . For each service please rate how much you enjoy each from 1 (minimal) to 5 (very much)

		# of days per month?	Average time spent per use	average enjoyment (1-5)
1	Virtual or in person <u>individual</u> counselling			
2	Virtual or in person <u>group</u> counselling			
2	Instant messaging mental health services			
3	Mental health crisis line (e.g., Crisis Services Canada)			
4	Seeking mental health information online			
5	Well-being phone apps (e.g., guided meditation)			
6	Faith-based counselling services with religious leaders			
7	Other ( <i>free response option</i> )			

If you have not accessed any mental health services, please indicate the reasons why (select all that apply):

- Too costly
- Do not believe it would help
- Unsure of how to access mental health services
- Do not have time or energy
- Not interested in seeking services
- Do not believe I need services

**Please indicate which of the following you have received a diagnosis or treatment for based on the rating scale below.**

3 <b>Past Month</b>	2 <b>2 to 12 Months Ago</b>	1 <b>1+ Years Ago</b>	0 <b>Never</b>
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Major depressive disorder	3	2	1	0
Bipolar disorder	3	2	1	0
Panic disorder	3	2	1	0
Social anxiety disorder	3	2	1	0
Generalized anxiety disorder	3	2	1	0
Post-traumatic stress disorder	3	2	1	0
Anorexia nervosa	3	2	1	0
Bulimia nervosa	3	2	1	0
Binge eating disorder	3	2	1	0
Schizophrenia	3	2	1	0
Attention deficit hyperactive disorder	3	2	1	0
Substance use disorder	3	2	1	0
Other	3	2	1	0

If other, please indicate: \_\_\_\_\_

### Center for Epidemiologic Studies Depression Scale (CES-D), NIMH

Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.

	During the Past			
	Week	Rarely or none of the time (less than 1 day )	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)
1. I was bothered by things that usually don't bother me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I did not feel like eating; my appetite was poor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I felt that I could not shake off the blues even with help from my family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I felt I was just as good as other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I had trouble keeping my mind on what I was doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I felt depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I felt that everything I did was an effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I felt hopeful about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I thought my life had been a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I felt fearful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My sleep was restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I was happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I talked less than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. People were unfriendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I enjoyed life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I had crying spells.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I felt sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I felt that people dislike me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I could not get "going."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCORING: zero for answers in the first column, 1 for answers in the second column, 2 for answers in the third column, 3 for answers in the fourth column. The scoring of positive items is reversed. Possible range of scores is zero to 60, with the higher scores indicating the presence of more symptomatology.

### **Difficulties in Emotion Regulation Scale (DERS-16)**

Please indicate how often the following statements apply to you by writing the appropriate number from the scale below on the line beside each item.

<b>1 Almost Never (0-10%)</b>	<b>2 Sometimes (11-35%)</b>	<b>3 About Half the Time (36-65%)</b>	<b>4 Most of the Time (66-90%)</b>	<b>5 Almost Always (91-100%)</b>
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_____	<b>1.</b> I have difficulty making sense out of my feelings.
_____	<b>2.</b> I am confused about how I feel.
_____	<b>3.</b> When I am upset, I have difficulty getting work done.
_____	<b>4.</b> When I am upset, I become out of control.
_____	<b>5.</b> When I am upset, I believe that I will remain that way for a long time.
_____	<b>6.</b> When I am upset, I believe that I'll end up feeling very depressed.
_____	<b>7.</b> When I am upset, I have difficulty focusing on other things.
_____	<b>8.</b> When I am upset, I feel out of control
_____	<b>9.</b> When I am upset, I feel ashamed with myself for feeling that way.
_____	<b>10.</b> When I am upset, I feel like I am weak.
_____	<b>11.</b> When I am upset, I have difficulty controlling my behaviors.
_____	<b>12.</b> When I am upset, I believe that there is nothing I can do to make myself feel better.
_____	<b>13.</b> When I am upset, I become irritated with myself for feeling that way.
_____	<b>14.</b> When I am upset, I start to feel very bad about myself.
_____	<b>15.</b> When I am upset, I have difficulty thinking about anything else.
_____	<b>16.</b> When I am upset, my emotions feel overwhelming.

**Generalized Anxiety Disorder 7-Item (GAD-7) Scale**

	<b>Over the last 2 weeks, how often have you been bothered by the following problems?</b>	<b>Not at all sure</b>	<b>Several days</b>	<b>Over half the days</b>	<b>Nearly every day</b>
<b>1.</b>	Feeling nervous, anxious, or on edge	0	1	2	3
<b>2.</b>	Not being able to stop or control worrying	0	1	2	3
<b>3.</b>	Worrying too much about different things	0	1	2	3
<b>4.</b>	Trouble relaxing	0	1	2	3
<b>5.</b>	Being so restless that it's hard to sit still	0	1	2	3
<b>6.</b>	Becoming easily annoyed or irritable	0	1	2	3
<b>7.</b>	Feeling afraid as if something awful might happen	0	1	2	3

	<b>Not difficult at all</b>	<b>Somewhat difficult</b>	<b>Very difficult</b>	<b>Extremely difficult</b>
<b>If you have checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?</b>	0	1	2	3

## Substance Use

1. Has your alcohol or drug use changed since the COVID-19 outbreak began?

1 <b>Use much more</b>	2 <b>Use slightly more</b>	3 <b>No change</b>	4 <b>Use slightly less</b>	5 <b>Use much less</b>
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2. Please check which of the following you use most often?

- Alcohol
- Marijuana
- Other
- Decline to Respond

3. Here is a list of reasons people give for using alcohol and drugs. Thinking of the times you have used alcohol/drugs since the COVID-19 outbreak, how often would you say that you use alcohol/drugs for each of the following reasons?

1 <b>Almost never/never</b>	2 <b>Some of the time</b>	3 <b>Half of the time</b>	4 <b>Most of the time</b>	5 <b>Almost always/always</b>
--------------------------------	------------------------------	------------------------------	------------------------------	----------------------------------

<b>3a.</b>	To relax	1	2	3	4	5
<b>3b.</b>	Because I feel more self-confident or sure of myself	1	2	3	4	5
<b>3c.</b>	Because it helps me when I am feeling nervous	1	2	3	4	5
<b>3d.</b>	To reduce my anxiety	1	2	3	4	5
<b>3e.</b>	To cheer me up when I'm in a bad mood	1	2	3	4	5
<b>3f.</b>	Because it helps me when I am feeling depressed	1	2	3	4	5
<b>3g.</b>	To turn off negative thoughts about myself	1	2	3	4	5
<b>3h.</b>	To stop me from dwelling on things	1	2	3	4	5
<b>3i.</b>	Because you wanted something to do	1	2	3	4	5
<b>3j.</b>	To relieve boredom	1	2	3	4	5
<b>3k.</b>	Because you had nothing better to do	1	2	3	4	5
<b>3l.</b>	To spend time	1	2	3	4	5

4. Please clarify how many units of the substance you currently use per week (e.g. alcohol - 1 glass of wine, 1 shot, 1 beer; marijuana - 1 gram, 1 joint).

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## Edinburgh Postnatal Depression Scale

**Instructions:** As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS.**

Here is an example, already completed.

<b>I have felt happy</b>			
Yes, all of the time	Yes, most of the time	No, not very often	No, not at all

If you were to select, "Yes, most of the time" this would mean: "I have felt happy most of the time" during the past week. Please complete the other questions in the same way.

<b>1. I have been able to laugh and see the funny side of things</b>			
As much as I always could	Not quite so much now	Definitely not so much now	Not at all

<b>2. I have looked forward with enjoyment to things.</b>			
As much as I ever did	Rather less than I used to	Definitely less than I used to	Hardly at all

<b>3. I have blamed myself unnecessarily when things went wrong.</b>			
Yes, most of the time	Yes, some of the time	Not very often	No, never

<b>4. I have been anxious or worried for no good reason</b>			
No, not at all	Hardly ever	Yes, sometimes	Yes, very often

<b>5. I have felt scared or panicky for no very good reason</b>			
Yes, quite a lot	Yes, sometimes	No, not much	No, not at all

<b>6. Things have been getting on top of me</b>			
Yes, most of the time I haven't been able to cope at all	Yes, sometimes I haven't been coping as well as usual	No, most of the time I have coped quite well	No, I have been coping as well as ever

<b>7. I have been so unhappy that I have had difficulty sleeping</b>			
Yes, most of the time	Yes, sometimes	Not very often	No, not at all

<b>8. I have felt sad or miserable</b>			
Yes, most of the time	Yes, quite often	Not very often	No, not at all

<b>9. I have been so unhappy that I have been crying</b>			
Yes, most of the time	Yes, quite often	Only occasionally	No, never

**10. The thought of harming myself has occurred to me**

Yes, quite often	Sometimes	Hardly ever	Never
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## **Edinburgh Postnatal Depression Scale- Partner (EPDS-P)**

**(Moran T.E. and O'Hara M.W., 2006)**

As you have recently had a baby, we would like to know how your partner is feeling. Please check the answer that comes closest to how she has felt **IN THE PAST 7 DAYS**, not just how she feels today.

In the past 7 days:

1. My partner has been able to laugh and to see the funny side of things.

- As much as she always could
- Not quite so much now
- Definitely not so much now
- Not at all

2. My partner has mentioned looking forward with enjoyment to things.

- As much as she ever did
- Rather less than she used to
- Definitely less than he used to
- Hardly at all

3. She has been blaming herself unnecessarily when things went wrong.

- Yes, most of the time
- Yes, some of the time
- Not very often
- No, never

4. She has seemed anxious or worried.

- No, not at all
- Hardly ever
- Yes, sometimes
- Yes, very often

5. She has felt scared or panicky.

- Yes, quite a lot
- Yes, sometimes
- No, not so much
- No, not at all

6. She was not able to cope with or complete tasks in a timely manner.

- Yes, most of the time, she hasn't been able to cope at all
- Yes, sometimes she hasn't been coping as well as usual
- No, most of the time she has coped quite well
- No, she has been coping as well as ever

7. She has had difficulty sleeping.

- Yes, most of the time
- Yes, sometimes
- Not very often
- No, not at all

8. She has been feeling sad or miserable.

- Yes, most of the time
- Yes, quite often
- Not very often
- No, not at all

9. She has been crying.

- Yes, most of the time
- Yes, quite often
- Only occasionally
- No, never

10. She has been having thoughts of harming herself.

- Yes, quite often
- Sometimes
- Hardly ever
- Never

### Perinatal Anxiety Screening Scale

**Antenatal**       Yes       No  
 Weeks Pregnant (\_\_\_\_\_)

**Postnatal**       Yes       No  
 Baby's age (\_\_\_\_\_)

**OVER THE PAST MONTH, How often have you experienced the following? Please select the response that most closely describes your experience for every question.**

		<b>Not at all</b>	<b>Sometimes</b>	<b>Often</b>	<b>Almost always</b>
1.	Worry about the baby/pregnancy	0	1	2	3
2.	Fear that harm will come to the baby	0	1	2	3
3.	A sense of dread that something bad is going to happen	0	1	2	3
4.	Worry about many things	0	1	2	3
5.	Worry about the future	0	1	2	3
6.	Feeling overwhelmed	0	1	2	3
7.	Really strong fears about things, e.g., needles, blood, birth, pain, etc.	0	1	2	3
8.	Sudden rushes of extreme fear or discomfort	0	1	2	3
9.	Repetitive thoughts that are difficult to stop or control	0	1	2	3
10.	Difficulty sleeping even when I have the chance to sleep	0	1	2	3
11.	Having to do things in a certain way or order	0	1	2	3
12.	Wanting things to be perfect	0	1	2	3
13.	Needing to be in control of things	0	1	2	3
14.	Difficulty stopping checking, or doing things over and over	0	1	2	3
15.	Feeling jumpy or easily startled	0	1	2	3
16.	Concerns about repeated thoughts	0	1	2	3
17.	Being 'on guard' or needing to watch out for things	0	1	2	3
18.	Upset about repeated memories, dreams, or nightmares	0	1	2	3
19.	Worry that I will embarrass myself in front of others	0	1	2	3
20.	Fear that others will judge me negatively	0	1	2	3
21.	Feeling really uneasy in crowds	0	1	2	3
22.	Avoiding social activities because I might be nervous	0	1	2	3
23.	Avoiding things which concern me	0	1	2	3
24.	Feeling detached like you're watching yourself in a movie	0	1	2	3

25.	Losing track of time and can't remember what happened	0	1	2	3
26.	Difficulty adjusting to recent changes	0	1	2	3
27.	Anxiety getting in the way of being able to do things	0	1	2	3
28.	Racing thoughts making it hard to concentrate	0	1	2	3
29.	Fear of losing control	0	1	2	3
30.	Feeling panicky	0	1	2	3
31.	Feeling agitated	0	1	2	3

## **EXAMPLE QUESTIONS from Infant Behaviour Questionnaire (IBQ)**

Example IBQ Questions retrieved from:

Gartstein, M. A., & Rothbart, M. K. (2003). Studying infant temperament via the revised infant behavior questionnaire. *Infant Behavior and Development*, 26(1), 64-86.

1. When given a new toy, how often did the baby get very excited about getting it
2. When being dressed undressed during the last week, how often did the baby coo or vocalize?
3. During a peek-a-boo game, how often did the baby smile?
4. How often during the last week did the baby smile or laugh when given a toy?
5. When put into the bath water, how often did the baby splash or kick?
6. How often did the baby notice fabrics with scratchy texture (e.g., wool)?
7. Did the baby seem sad when the caregiver was gone for an unusually long period of time?
8. When placed on his/her back, how often did the baby fuss or protest?
9. How often during the last week did the baby startle to a sudden or loud noise?
10. When frustrated with something, how often did the baby calm down within 5 min?
11. When playing quietly with one of his/her favorite toys, how often did the baby show pleasure?"")
12. When rocked or hugged, during the last week, how often did the baby seem to enjoy him/herself?
13. How often during the last week did the baby stare at a mobile, crib bumper or picture for 5 min or longer?
14. When patting or gently rubbing some part of the baby's body, how often did s/he soothe immediately?

## 6 Month MS (nonresponsiveness scale only 2015 version)

Mothers experience all different types of situations with their babies. Please rate how often you respond to your baby in each the following ways for each situation or a similar situation below on a 5-point scale, where 1 = never and 5 = always.

### **1. When you are trying to do housework, pay the bills, or make dinner, how often do you...**

	Never	Rarely	Sometimes	Often	Always
a. Let your baby cry for 10 minutes while you finish what you are doing.	1	2	3	4	5
b. Let your baby cry until you are done, no matter how long that takes.	1	2	3	4	5

### **2. When your baby is crying because he/she is frustrated by something (e.g., can't reach a toy he/she wanted), how often do you**

a. Let your baby cry for 10 or more minutes before responding.	1	2	3	4	5
b. Let your baby cry until your baby stops crying on his or her own, no matter how long that takes.	1	2	3	4	5

### **3. When your baby is crying because he or she is sick or ill (e.g., has a cold, is teething, is feeling poorly after shots), how often do you...**

a. Let your baby cry for 10 or more minutes before responding.	1	2	3	4	5
b. Let your baby cry until your baby stops crying on his or her own, no matter how long that takes.	1	2	3	4	5

### **4. When you have a few free minutes to relax to yourself, how often do you...**

a. Let your baby cry for 10 or more minutes before responding.	1	2	3	4	5
b. Let your baby cry until your are done, no matter how long that takes.	1	2	3	4	5

### **5. When your baby awakens in the middle of the night and cries, how often do you...**

a. Let your baby cry for 10 or more minutes before responding.	1	2	3	4	5
b. Let your baby cry himself or herself back to sleep, no matter how long that takes.	1	2	3	4	5

### **6. When your baby is crying because he/she is afraid of something or someone (e.g., loud toy, a dog, an unfamiliar person), how often do you...**

a. Let your baby cry for 10 or more minutes before responding.	1	2	3	4	5
b. Let your baby cry until your baby stops crying on his or her own, no matter how long that takes.	1	2	3	4	5

### **7. When your baby is crying even though he or she is well fed, well-rested, and has a fresh diaper, how often do you...**

a. Let your baby cry until your baby stops crying on his or her own, no matter how long that takes.	1	2	3	4	5
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**Parenting Young Children (PARYC): Self-Report Parenting Measure**  
 (McEachern, Dishion, Weaver, Shaw, Wilson & Gardner, 2012)

Instructions: During the last month, rate how often you are able to engage in each of the following parenting strategies with your child.

1	2	3	4	5
Never	Rarely	Sometimes	Often	Always

1	Play with your child in a way that was fun for both of you?	1    2    3    4    5
2	Stand back and let your child work through problems s/he might be able to solve?	1    2    3    4    5
3	Invite your child to play a game with you or share an enjoyable activity?	1    2    3    4    5
4	Notice and praise your child's good behavior?	1    2    3    4    5
5	Teach your child new skills?	1    2    3    4    5
6	Involve your child in household chores?	1    2    3    4    5
7	Reward your child when s/he did something well or showed a new skill?	1    2    3    4    5
8	Stick to your rules and not change your mind?	1    2    3    4    5
9	Speak calmly with your child when you were upset with him or her?	1    2    3    4    5
10	Explain what you wanted your child to do in clear and simple ways?	1    2    3    4    5
11	Tell your child what you wanted him or her to do rather than tell him/her to stop doing something?	1    2    3    4    5
12	Tell your child how you expected him or her to behave?	1    2    3    4    5
13	Set rules on your child's problem behavior that you were willing/able to enforce?	1    2    3    4    5

1	2	3	4	5
Never	Rarely	Sometimes	Often	Always

14	Make sure your child followed the rules you set all or most of the time?	1    2    3    4    5
15	Avoid struggles with your child by giving clear choices?	1    2    3    4    5
16	Warn your child before a change of activity was required?	1    2    3    4    5
17	Plan ways to prevent problem behavior?	1    2    3    4    5
18	Give reasons for your requests?	1    2    3    4    5
19	Make a game out of everyday tasks to your child followed through?	1    2    3    4    5
20	Break a task into small steps?	1    2    3    4    5
21	Prepare your child for a challenging situation?	1    2    3    4    5

Time	1	CID			
Mom	<input type="radio"/>	Dad/Other	<input type="radio"/>		

# Parenting Scale

At one time or another, all children misbehave or do things that could be harmful, are "wrong," or that parents don't like. Examples include: hitting someone, forgetting homework, having a tantrum, whining, throwing food, lying, arguing back, not picking up things, refusing to go to bed, coming home late. Parents have many different ways or styles of dealing with these types of problems. Below are items that describe some styles of parenting.

For each item, fill in the bubble that best describes your style of parenting during the **PAST TWO MONTHS** with the child with you here today.

Ex.

At meal time...

*I let my child decide how much to eat*        *I decide how much my child eats*

## IN THE PAST TWO MONTHS

1. When my child misbehaves...  
*I do something right away*        *I do something later*
2. Before I do something about a problem... *I give my child several reminders and warnings*         *I use only one reminder or warning*
3. When I'm upset or under stress... *I am picky and on my child's back*         *I am not more picky than usual*
4. When I tell my child NOT to do something... *I say very little*         *I say a lot*
5. When my child pesters me...  
*I can ignore the pestering*         *I can't ignore the pestering*
6. When my child misbehaves...  
*I usually get into a long argument with my child*         *I don't get into an argument*
7. I threaten to do things that...  
*I'm sure I can carry out*         *I know I won't actually do*
8. I am the kind of parent that... *Sets limits on what my child is allowed to do*         *Lets my child do whatever he/she wants*
9. When my child misbehaves...  
*I give my child a long lecture*         *I keep my talks short and to the point*
10. When my child misbehaves... *I raise my voice or yell*         *I speak to my child calmly*
11. If saying no doesn't work right away... *I take some other kind of action*         *I keep talking and try to get through to my child*
12. When I want my child to stop doing something... *I firmly tell my child to stop*         *I coax or beg my child to stop*
13. When my child is out of sight... *I often don't know what my child is doing*         *I always have a good idea of what my child is doing*

**IN THE PAST TWO MONTHS****Parenting Scale, page 2**

14. After there's been a problem with my child... <i>I often hold a grudge</i>	<input type="radio"/>	Things get back to normal quickly
15. When we're not at home... <i>I handle my child the way I do at home</i>	<input type="radio"/>	<i>I let my child get away with a lot more</i>
16. When my child does something I don't like... <i>I do something about it every time it happens</i>	<input type="radio"/>	<i>I often let it go</i>
17. When there is a problem with my child... <i>Things build up and I do things I don't mean to do</i>	<input type="radio"/>	<i>Things don't get out of hand</i>
18. When my child misbehaves I spank, slap, grab, or hit my child... <i>Never or rarely</i>	<input type="radio"/>	<i>Most of the time</i>
19. When my child doesn't do what I ask... <i>I often let it go or end up doing it myself</i>	<input type="radio"/>	<i>I take some other action</i>
20. When I give a fair threat or warning... <i>I often don't carry it out</i>	<input type="radio"/>	<i>I always do what I said</i>
21. If saying "no" doesn't work... <i>I take some other kind of action</i>	<input type="radio"/>	<i>I offer my child something nice so he/she will behave</i>
22. When my child misbehaves... <i>I handle it without getting upset</i>	<input type="radio"/>	<i>I get so frustrated or angry that my child can see I'm upset</i>
23. When my child misbehaves... <i>I make my child tell me why he/she did it</i>	<input type="radio"/>	<i>I say "no" or take some other action</i>
24. If my child misbehaves and then acts sorry... <i>I handle the problem like I usually would</i>	<input type="radio"/>	<i>I let it go that time</i>
25. When my child misbehaves... <i>I rarely use bad language or curse</i>	<input type="radio"/>	<i>I almost always use bad language</i>
26. When I say my child can't do something... <i>I let my child do it anyway</i>	<input type="radio"/>	<i>I stick to what I said</i>
27. When I have to handle a problem... <i>I tell my child I'm sorry about it</i>	<input type="radio"/>	<i>I don't say I'm sorry</i>
28. When my child does something I don't like, I insult my child, say mean things, or call my child names <i>Never or rarely</i>	<input type="radio"/>	<i>Most of the time</i>
29. If my child talks back or complains when I handle a problem... <i>I ignore the complaining and stick to what I said</i>	<input type="radio"/>	<i>I give my child a talk about not complaining</i>
30. If my child gets upset when I say "no"... <i>I back down and give in to my child</i>	<input type="radio"/>	<i>I stick to what I said</i>

## **Scoring Instructions for the Parenting Scale**

Each item receives a 1-7 score, where 7 is the "ineffective" end of the item.

Thus, the following items have 7 on the left side (the others on the right): 2, 3, 6, 9, 10, 13, 14, 17, 19, 20, 23, 26, 27, 30

To compute the total score, average the responses on all items.

To compute a factor score, average the responses on the items on that factor.

Laxness:	7, 8, 12, 15, 16, 19, 20, 21, 24, 26, 30 (11 items)
Overreactivity:	3, 6, 9, 10, 14, 17, 18, 22, 25, 28 (10 items)
Verbosity:	2, 4, 7, 9, 11, 23, 29 (7 items)
Items not on a factor:	1, 5, 13, 27 (4 items)

## **Demographics, Parenting Scale & CBCL Scores for a clinic and control group**

(Standard deviations are in parentheses).

<u>Category</u>	<u>Clinic Group</u> (n=26)	<u>Control Group</u> (n=51)
Child's age (months)	29.9 (4.5)	28.6 (3.3)
Mother's age (years)	29.6 (6.7)	31.7 (3.9)
Mother's education (years)	13.6 (1.7)	15.5 (2.6)*
Family Income (thousands)	33.4 (9.3)	33.4 (10.2)

### Parenting Scale Scores:

Laxness	2.8 (1.0)	2.4 (.8)*
Overreactivity:	3.0 (1.0)	2.4 (.7)**
Verbosity:	3.4 (1.0)	3.1 (1.0)
Total	3.1 (1.7)	2.6 (.6)

CBCL Externalizing Scale (T-Score)	58.7 (10.3)	47.7 (8.4)***
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\*p<.05, \*\*p<.01, \*\*\*p<.001

Child Diagnoses:

Instructions: Below is the list of child diagnoses. If these apply to a child in your household, please check all that apply for each child.

Child 1: \_\_ Age

- Attention-Deficit Hyperactivity Disorder
- Autism Spectrum Disorder
- Down Syndrome
- Enuresis/Encopresis
- Fetal Alcohol Spectrum Disorder
- Global Developmental Delay
- Intellectual Development Disorder (Intellectual Disability)
- Oppositional Defiant Disorder
- Selective Mutism
- Separation Anxiety Disorder
- Specific Learning Disorder
- Speech/Language Delay
- Tic Disorder
- Other

[Opt-in if more than one child have diagnoses] Child 2: \_\_ Age .....

## Child Behaviour Checklist

**Instructions:** Please fill out this form to reflect your view of the child's behavior even if other people might not agree.

Below is a list of items that describes children. For each item that describes the child **now or within the past 2 months**, please circle the **2** if the item is very true or often true of the child. Circle the **1** if the item is somewhat or sometimes true of the child. If the item is not true of the child, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to the child.

0	1	2
Not True (as far as you know)	Somewhat or Sometimes True	Very True or Often True

1	Aches or pains (without medical cause; <b>do not</b> include stomach or headaches)	0    1    2	16	Demands must be met immediately	0    1    2
2	Acts too young for age	0    1    2	17	Destroys his/her own things	0    1    2
3	Afraid to try new things	0    1    2	18	Destroys things belonging to his/her family or other children	0    1    2
4	Avoids looking others in the eye	0    1    2	19	Diarrhea or loose bowels (when not sick)	0    1    2
5	Can't concentrate, can't pay attention for long	0    1    2	20	Disobedient	0    1    2
6	Can't sit still, restless, or hyperactive	0    1    2	21	Disturbed by any changes in routine	0    1    2
7	Can't stand having things out of place	0    1    2	22	Doesn't want to sleep alone	0    1    2
8	Can't stand waiting, wants everything now	0    1    2	23	Doesn't answer when people talk to him/her	0    1    2
9	Chews on things that aren't edible	0    1    2	24	Doesn't eat well (describe):	0    1    2
10	Clings to adults or too dependent	0    1    2	25	Doesn't get along with other children	0    1    2
11	Constantly seeks help	0    1    2	26	Doesn't know how to have fun; acts like a little adult	0    1    2
12	Constipated doesn't move bowels (when not sick)	0    1    2	27	Doesn't seem to feel guilty after misbehaving	0    1    2
13	Cries a lot	0    1    2	28	Doesn't want to go out of home	0    1    2
14	Cruel to animals	0    1    2	29	Easily frustrated	0    1    2
15	Defiant	0    1    2			

0	1	2
Not True (as far as you know)	Somewhat or Sometimes True	Very True or Often True

30	Easily jealous	0 1 2	48	Nightmares	0 1 2
31	Eats or drinks things that are not food – <b>do not</b> include sweets (describe):	0 1 2	49	Overeating	0 1 2
32	Fears certain animals, situations, or places (describe):	0 1 2	50	Overtired	0 1 2
33	Feelings are easily hurt	0 1 2	51	Shows panic for no good reason	0 1 2
34	Gets hurt a lot, accident-prone	0 1 2	52	Painful bowel movements (without medical cause)	0 1 2
35	Gets in many fights	0 1 2	53	Physically attacks people	0 1 2
36	Gets into everything	0 1 2	54	Picks nose, skin, or other parts of body (describe):	0 1 2
37	Gets too upset when separated from parents	0 1 2	55	Plays with own sex parts too much	0 1 2
38	Has trouble getting to sleep	0 1 2	56	Poorly coordinated or clumsy	0 1 2
39	Headaches (without medical cause)	0 1 2	57	Problems with eyes (without medical cause) (describe):	0 1 2
40	Hits others	0 1 2	58	Punishment doesn't change his/her behaviour	0 1 2
41	Holds his/her breath	0 1 2	59	Quickly shifts from one activity to another	0 1 2
42	Hurts animals or people without meaning to	0 1 2	60	Rashes or other skin problems (without medical cause)	0 1 2
43	Looks unhappy without good reason	0 1 2	61	Refuses to eat	0 1 2
44	Angry moods	0 1 2	62	Refuses to play active games	0 1 2
45	Nausea, feels sick (without medical cause)	0 1 2	63	Repeatedly rocks head or body	0 1 2
46	Nervous movements or twitching (describe):	0 1 2	64	Resists going to bed at night	0 1 2
47	Nervous, high-strung or tense	0 1 2	65	Resists toilet training (describe):	0 1 2

0	1	2
Not True (as far as you know)	Somewhat or Sometimes True	Very True or Often True

66	Screams a lot	0    1    2	83	Sulks a lot	0    1    2
67	Seems unresponsive to affection	0    1    2	84	Talks or cries out in sleep	0    1    2
68	Self-conscious or easily embarrassed	0    1    2	85	Temper tantrums or hot temper	0    1    2
69	Selfish or won't care	0    1    2	86	Too concerned with neatness or cleanliness	0    1    2
70	Shows little affection towards people	0    1    2	87	Too fearful or anxious	0    1    2
71	Shows little interest in things around him/her	0    1    2	88	Uncooperative	0    1    2
72	Shows too little fear of getting hurt	0    1    2	89	Underactive, slow moving, or lacks energy	0    1    2
73	Too shy or timid	0    1    2	90	Unhappy, sad, or depressed	0    1    2
74	Sleeps less than most children during the day and/or night (describe):	0    1    2	91	Unusually loud	0    1    2
75	Smears or plays with bowel movements	0    1    2	92	Upset by new people or situations (describe):	0    1    2
76	Speech problem (describe):	0    1    2	93	Vomiting, throwing up (without medical cause)	0    1    2
77	Stares into space or seems preoccupied	0    1    2	94	Wakes up often at night	0    1    2
78	Stomach-aches or cramps (without a medical cause)	0    1    2	95	Wanders away	0    1    2
79	Rapid shifts between sadness and excitement	0    1    2	96	Wants a lot of attention	0    1    2
80	Strange behavior (describe):	0    1    2	97	Whining	0    1    2
81	Stubborn, sullen, or irritable	0    1    2	98	Withdrawn, doesn't get involved with others	0    1    2
82	Sudden changes in mood or feelings	0    1    2	99	Worries	0    1    2
Please write in any problems the child has that were not listed above.			100		0    1    2
			101		0    1    2
			102		0    1    2

Does the child have any illness or disability (either physical or mental)?

No       Yes – please describe:

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What concerns you most about the child?

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Please describe the best things about the child:

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Please print

# CHILD BEHAVIOR CHECKLIST FOR AGES 6-18

For office use only  
ID # \_\_\_\_\_

CHILD'S First Middle Last			PARENTS' USUAL TYPE OF WORK, even if not working now. (Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)																																																																	
CHILD'S GENDER		CHILD'S AGE	CHILD'S ETHNIC GROUP OR RACE		PARENT 1 (or FATHER) TYPE OF WORK _____																																																															
TODAY'S DATE		CHILD'S BIRTHDATE		PARENT 2 (or MOTHER) TYPE OF WORK _____																																																																
Mo. ____ Day ____ Year ____		Mo. ____ Day ____ Year ____		THIS FORM FILLED OUT BY: (print your full name)																																																																
GRADE IN SCHOOL _____		Please fill out this form to reflect your view of the child's behavior even if other people might not agree. Feel free to print additional comments beside each item and in the space provided on page 2. <b>Be sure to answer all items.</b>		Your gender: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Other (specify) _____																																																																
NOT ATTENDING SCHOOL <input type="checkbox"/>				Your relation to the child: <input type="checkbox"/> Biological Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (specify): _____																																																																
<b>I. Please list the sports your child most likes to take part in.</b> For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.				<b>Compared to others of the same age, about how much time does he/she spend in each?</b> <table border="1"> <thead> <tr> <th></th> <th>Less Than Average</th> <th>Average</th> <th>More Than Average</th> <th>Don't Know</th> <th></th> <th>Below Average</th> <th>Average</th> <th>Above Average</th> <th>Don't Know</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>a. _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>b. _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>c. _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>					Less Than Average	Average	More Than Average	Don't Know		Below Average	Average	Above Average	Don't Know	<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. _____	<input type="checkbox"/>	b. _____	<input type="checkbox"/>	c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Compared to others of the same age, how well does he/she do each one?</b> <table border="1"> <thead> <tr> <th></th> <th>Below Average</th> <th>Average</th> <th>Above Average</th> <th>Don't Know</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>					Below Average	Average	Above Average	Don't Know	<input type="checkbox"/>																											
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<b>II. Please list your child's favorite hobbies, activities, and games, other than sports.</b> For example: video games, dolls, reading, piano, crafts, cars, computers, singing, etc. (Do <b>not</b> include listening to radio, TV, or other media.)				<b>Compared to others of the same age, about how much time does he/she spend in each?</b> <table border="1"> <thead> <tr> <th></th> <th>Less Than Average</th> <th>Average</th> <th>More Than Average</th> <th>Don't Know</th> <th></th> <th>Below Average</th> <th>Average</th> <th>Above Average</th> <th>Don't Know</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>a. _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>b. _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>c. _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>					Less Than Average	Average	More Than Average	Don't Know		Below Average	Average	Above Average	Don't Know	<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. _____	<input type="checkbox"/>	b. _____	<input type="checkbox"/>	c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Compared to others of the same age, how well does he/she do each one?</b> <table border="1"> <thead> <tr> <th></th> <th>Below Average</th> <th>Average</th> <th>Above Average</th> <th>Don't Know</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>					Below Average	Average	Above Average	Don't Know	<input type="checkbox"/>																											
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<b>III. Please list any organizations, clubs, teams, or groups your child belongs to.</b>				<b>Compared to others of the same age, how active is he/she in each?</b> <table border="1"> <thead> <tr> <th></th> <th>Less Active</th> <th>Average</th> <th>More Active</th> <th>Don't Know</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>					Less Active	Average	More Active	Don't Know	<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																															
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<b>IV. Please list any jobs or chores your child has.</b> For example: doing dishes, babysitting, making bed, working in store, etc. (Include both paid and unpaid jobs and chores.)				<b>Compared to others of the same age, how well does he/she carry them out?</b> <table border="1"> <thead> <tr> <th></th> <th>Below Average</th> <th>Average</th> <th>Above Average</th> <th>Don't Know</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>					Below Average	Average	Above Average	Don't Know	<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																															
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*Be sure you answered all items. Then see other side.*

*Please print. Be sure to answer all items.*

V. 1. About how many close friends does your child have? (Do *not* include brothers & sisters)

None     1     2 or 3     4 or more

2. About how many times a week does your child do things with any friends outside of regular school hours?  
(Do *not* include brothers & sisters)     Less than 1     1 or 2     3 or more

VI. Compared to others of his/her age, how well does your child:

- |   | Worse                    | Average                  | Better                   |   |
|---|--------------------------|--------------------------|--------------------------|---|
| a. Get along with his/her brothers & sisters? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Has no brothers or sisters |
| b. Get along with other kids?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| c. Behave with his/her parents?               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| d. Play and work alone?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |

VII. 1. Performance in academic subjects.

Does not attend school because \_\_\_\_\_

*Check a box for each subject that child takes*

Other academic subjects—for example: computer courses, foreign language, business. Do *not* include gym, shop, driver's ed., or other nonacademic subjects.

- a. Reading, English, or Language Arts  
b. History or Social Studies  
c. Arithmetic or Math  
d. Science  
e. \_\_\_\_\_  
f. \_\_\_\_\_  
g. \_\_\_\_\_

	Failing	Below Average	Average	Above Average
a. Reading, English, or Language Arts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. History or Social Studies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Arithmetic or Math	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Science	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Does your child receive special education or remedial services or attend a special class or special school?

No     Yes—kind of services, class, or school:

3. Has your child repeated any grades?

No     Yes—grades and reasons:

4. Has your child had any academic or other problems in school?     No     Yes—please describe:

When did these problems start?

Have these problems ended?     No     Yes—when?

Does your child have any illness or disability (either physical or mental)?     No     Yes—please describe:

What concerns you most about your child?

Please describe the best things about your child.

**Please print. Be sure to answer all items.**

Below is a list of items that describe children and youths. For each item that describes your child **now or within the past 6 months**, please circle the **2** if the item is **very true or often true** of your child. Circle the **1** if the item is **somewhat or sometimes true** of your child. If the item is **not true** of your child, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to your child.

**0 = Not True (as far as you know)**

**1 = Somewhat or Sometimes True**

**2 = Very True or Often True**

<p>0    1    2    1. Acts too young for his/her age</p> <p>0    1    2    2. Drinks alcohol without parents' approval (describe):</p> <hr/> <p>0    1    2    3. Argues a lot</p> <p>0    1    2    4. Fails to finish things he/she starts</p> <p>0    1    2    5. There is very little he/she enjoys</p> <p>0    1    2    6. Bowel movements outside toilet</p> <p>0    1    2    7. Bragging, boasting</p> <p>0    1    2    8. Can't concentrate, can't pay attention for long</p> <p>0    1    2    9. Can't get his/her mind off certain thoughts; obsessions (describe):</p> <hr/> <p>0    1    2    10. Can't sit still, restless, or hyperactive</p> <p>0    1    2    11. Clings to adults or too dependent</p> <p>0    1    2    12. Complains of loneliness</p> <p>0    1    2    13. Confused or seems to be in a fog</p> <p>0    1    2    14. Cries a lot</p> <p>0    1    2    15. Cruel to animals</p> <p>0    1    2    16. Cruelty, bullying, or meanness to others</p> <p>0    1    2    17. Daydreams or gets lost in his/her thoughts</p> <p>0    1    2    18. Deliberately harms self or attempts suicide</p> <p>0    1    2    19. Demands a lot of attention</p> <p>0    1    2    20. Destroys his/her own things</p> <p>0    1    2    21. Destroys things belonging to his/her family or others</p> <p>0    1    2    22. Disobedient at home</p> <p>0    1    2    23. Disobedient at school</p> <p>0    1    2    24. Doesn't eat well</p> <p>0    1    2    25. Doesn't get along with other kids</p> <p>0    1    2    26. Doesn't seem to feel guilty after misbehaving</p> <p>0    1    2    27. Easily jealous</p> <p>0    1    2    28. Breaks rules at home, school, or elsewhere</p> <p>0    1    2    29. Fears certain animals, situations, or places, other than school (describe):</p> <hr/> <p>0    1    2    30. Fears going to school</p> <p>0    1    2    31. Fears he/she might think or do something bad</p>	<p>0    1    2    32. Feels he/she has to be perfect</p> <p>0    1    2    33. Feels or complains that no one loves him/her</p> <p>0    1    2    34. Feels others are out to get him/her</p> <p>0    1    2    35. Feels worthless or inferior</p> <p>0    1    2    36. Gets hurt a lot, accident-prone</p> <p>0    1    2    37. Gets in many fights</p> <p>0    1    2    38. Gets teased a lot</p> <p>0    1    2    39. Hangs around with others who get in trouble</p> <p>0    1    2    40. Hears sound or voices that aren't there (describe):</p> <hr/> <p>0    1    2    41. Impulsive or acts without thinking</p> <p>0    1    2    42. Would rather be alone than with others</p> <p>0    1    2    43. Lying or cheating</p> <p>0    1    2    44. Bites fingernails</p> <p>0    1    2    45. Nervous, highstrung, or tense</p> <p>0    1    2    46. Nervous movements or twitching (describe):</p> <hr/> <p>0    1    2    47. Nightmares</p> <p>0    1    2    48. Not liked by other kids</p> <p>0    1    2    49. Constipated, doesn't move bowels</p> <p>0    1    2    50. Too fearful or anxious</p> <p>0    1    2    51. Feels dizzy or lightheaded</p> <p>0    1    2    52. Feels too guilty</p> <p>0    1    2    53. Overeating</p> <p>0    1    2    54. Overtired without good reason</p> <p>0    1    2    55. Overweight</p> <p>0    1    2    56. Physical problems <b>without known medical cause:</b></p> <p>0    1    2    a. Aches or pains (<b>not</b> stomach or headaches)</p> <p>0    1    2    b. Headaches</p> <p>0    1    2    c. Nausea, feels sick</p> <p>0    1    2    d. Problems with eyes (<b>not</b> if corrected by glasses) (describe):</p> <p>0    1    2    e. Rashes or other skin problems</p> <p>0    1    2    f. Stomachaches</p> <p>0    1    2    g. Vomiting, throwing up</p> <p>0    1    2    h. Other (describe):</p>
--	--

*Please print. Be sure to answer all items.*

**0 = Not True (as far as you know)**

**1 = Somewhat or Sometimes True**

**2 = Very True or Often True**

0    1    2	57. Physically attacks people
0    1    2	58. Picks nose, skin, or other parts of body (describe):  _____
0    1    2	59. Plays with own sex parts in public
0    1    2	60. Plays with own sex parts too much
0    1    2	61. Poor school work
0    1    2	62. Poorly coordinated or clumsy
0    1    2	63. Prefers being with older kids
0    1    2	64. Prefers being with younger kids
0    1    2	65. Refuses to talk
0    1    2	66. Repeats certain acts over and over; compulsions (describe):  _____
0    1    2	67. Runs away from home
0    1    2	68. Screams a lot
0    1    2	69. Secretive, keeps things to self
0    1    2	70. Sees things that aren't there (describe):  _____
0    1    2	71. Self-conscious or easily embarrassed
0    1    2	72. Sets fires
0    1    2	73. Sexual problems (describe):  _____
0    1    2	74. Showing off or clowning
0    1    2	75. Too shy or timid
0    1    2	76. Sleeps less than most kids
0    1    2	77. Sleeps more than most kids during day and/or night (describe):  _____
0    1    2	78. Inattentive or easily distracted
0    1    2	79. Speech problem (describe):  _____
0    1    2	80. Stares blankly
0    1    2	81. Steals at home
0    1    2	82. Steals outside the home
0    1    2	83. Stores up too many things he/she doesn't need (describe):  _____

0    1    2	84. Strange behavior (describe):  _____
0    1    2	85. Strange ideas (describe):  _____
0    1    2	86. Stubborn, sullen, or irritable
0    1    2	87. Sudden changes in mood or feelings
0    1    2	88. Sulks a lot
0    1    2	89. Suspicious
0    1    2	90. Swearing or obscene language
0    1    2	91. Talks about killing self
0    1    2	92. Talks or walks in sleep (describe):  _____
0    1    2	93. Talks too much
0    1    2	94. Teases a lot
0    1    2	95. Temper tantrums or hot temper
0    1    2	96. Thinks about sex too much
0    1    2	97. Threatens people
0    1    2	98. Thumb-sucking
0    1    2	99. Smokes, chews, or sniffs tobacco
0    1    2	100. Trouble sleeping (describe):  _____
0    1    2	101. Truancy, skips school
0    1    2	102. Underactive, slow moving, or lacks energy
0    1    2	103. Unhappy, sad, or depressed
0    1    2	104. Unusually loud
0    1    2	105. Uses drugs for nonmedical purposes ( <b>don't</b> include alcohol or tobacco) (describe):  _____
0    1    2	106. Vandalism
0    1    2	107. Wets self during the day
0    1    2	108. Wets the bed
0    1    2	109. Whining
0    1    2	110. Wishes to be of opposite sex
0    1    2	111. Withdrawn, doesn't get involved with others
0    1    2	112. Worries
0    1    2	113. Please write in any problems your child has that were not listed above:  _____
0    1    2	_____
0    1    2	_____
0    1    2	_____

## **Food Security Questions**

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**NOTE:**

This questionnaire is based on the food security questions from the 2015 Canadian Community Health Survey, and tailored to the CV19 pandemic, with supplemental questions specific to food allergy. See:  
[https://www23.statcan.gc.ca/imdb/p3Instr.pl?Function=getInstrumentList&Item\\_Id=202664&UL=1V&](https://www23.statcan.gc.ca/imdb/p3Instr.pl?Function=getInstrumentList&Item_Id=202664&UL=1V&)

**Please think about your food situation in the 12 months prior to the CV19 pandemic. Each statement has three possible answers: often true, sometimes true or never true. Please select the answer that best reflects your family's situation in the 12 months prior to the CV19 pandemic.**

1. The food that you and/or other household members bought just didn't last, and there wasn't any money to get more. Was that often true, sometimes true, or never true in the 12 months prior to the CV19 pandemic?
  - a. Often true
  - b. Sometimes true
  - c. Never true
  
2. You and other household members couldn't afford to eat balance meals. Was that often true, sometimes true, or never true in the 12 months prior to the CV19 pandemic?
  - a. Often true
  - b. Sometimes true
  - c. Never true
  
3. You and other adults in your household couldn't feed the children in your home a balanced meal because you couldn't afford it. Was that often true, sometimes true, or never true in the 12 months prior to the CV19 pandemic?
  - a. Often true
  - b. Sometimes true
  - c. Never true
  
4. The children were not eating enough because you and other adults in your household just couldn't afford enough food. Was that often true, sometimes true, or never true in the 12 months prior to the CV19 pandemic?
  - a. Often true
  - b. Sometimes true
  - c. Never true

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5. You personally were hungry but didn't eat because you couldn't afford enough food. Was that often true, sometimes true, or never true in the 12 months prior to the CV19 pandemic?
  - a. Often true
  - b. Sometimes true
  - c. Never true
  
6. Children in your home were hungry but you just couldn't afford more food. Was that often true, sometimes true, or never true in the 12 months prior to the CV19 pandemic?
  - a. Often true
  - b. Sometimes true
  - c. Never true

**Now think about your food situation since the start of the CV19 pandemic. Each statement has three possible answers: often true, sometimes true or never true. Please select the answer that best reflects your family's situation since the start of the CV19 pandemic.**

7. The food that you and/or other household members bought just didn't last, and there wasn't any money to get more. Was that often true, sometimes true, or never true since the start of the CV19 pandemic?
  - a. Often true
  - b. Sometimes true
  - c. Never true
  
8. You and other household members couldn't afford to eat balance meals. Was that often true, sometimes true, or never true since the start of the CV19 pandemic?
  - a. Often true
  - b. Sometimes true
  - c. Never true
  
9. You and other adults in your household couldn't feed the children in your home a balanced meal because you couldn't afford it. Was that often true, sometimes true, or never true since the start of the CV19 pandemic?
  - a. Often true
  - b. Sometimes true
  - c. Never true

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10. The children were not eating enough because you and other adults in your household just couldn't afford enough food. Was that often true, sometimes true, or never true since the start of the CV19 pandemic?
- Often true
  - Sometimes true
  - Never true
11. You personally were hungry but didn't eat because you couldn't afford enough food. Was that often true, sometimes true, or never true in the 12 months since the start of the CV19 pandemic?
- Often true
  - Sometimes true
  - Never true
12. Children in your home were hungry but you just couldn't afford more food. Was that often true, sometimes true, or never true since the start of the CV19 pandemic?
- Often true
  - Sometimes true
  - Never true

**The following questions are only for families who have at least one child with a food allergy.**

1. To what foods is she/he allergic?
- Peanut
  - Tree Nuts \*
  - Sesame
  - Milk
  - Egg
  - Fish (e.g. trout, salmon)
  - Crustaceans (e.g. lobster, shrimp, crab) or Molluscs (e.g. scallops, clams, oysters, mussels) \*\*
  - Soy
  - Wheat or Triticale
  - Mustard
  - Other **Food** – Please Specify: \_\_\_\_\_

\* Tree nuts include almonds, Brazil nuts, cashews, hazelnuts, macadamia nuts, pecans, pine nuts, pistachios and walnuts.

\*\*Crustaceans and molluscs are sometimes collectively referred to as shellfish.

CV19 Food Security Questions

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2. How old was your child when she/he was diagnosed with food allergy?

- 0-2 years
- 3-5 years
- 6-10 years
- 11-14 years
- 15-18 years
- Don't remember
- Prefer to not answer

3. Does your child have an epinephrine autoinjector?

- No
- Yes
- Don't remember

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Centre-No. WP-No. Patient Number

# **FAQLQ-CF**

## **Food Allergy Quality of Life Questionnaire – Parent Form (FAQoL-PF) Children aged 0-12 years**



This questionnaire has been given to you by your doctor as part of your participation in the EuroPrevall project. The questionnaire should be returned to researchers at the University Medical Centre Groningen (UMCG). Researchers at UMCG do not have access to any personal information (name or address). All information that you provide will be encrypted using a code number and only your doctor will know the connection between your number and your name. The information that you give in the questionnaire will only be read by researchers at UMCG and will be analysed scientifically and anonymously. The results from the study will be published in such a way that all information gathered from all participants will be summarised. All information that you provide will be kept CONFIDENTIAL and will be completely anonymous.



## **Instructions to parents**

- Below are some scenarios that parents have said affect their children's quality of life as a result of food allergies.
- Try to picture each scenario from your child's perspective.
- Indicate how great the affect of each scenario is on your child's quality of life by marking an 'x' in one of the boxes numbered 0-6.

*Answer choices:*

0=Not at all

1=A little

2=Somewhat

3=Noticeably

4=Quite a lot

5=Very much

6=Extremely

All information is strictly confidential. The questionnaire will be identified using a number.

There are 4 sections in this questionnaire: A, B, C and D.

If your child is aged 0-3, please answer section A.

- If your child is aged 4-6, please answer sections A and B.
- If your child is aged 7 and above, please answer sections A, B and C.

Section D: To be answered for all age groups.

## Section A – For all age groups

<b>As a result of food allergies my child feels.....</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
1	Nervous/anxious at mealtimes	<input type="checkbox"/>						
2	Different compared to other children	<input type="checkbox"/>						
3	Frustrated by dietary restrictions	<input type="checkbox"/>						
4	Scared of trying new foods	<input type="checkbox"/>						
5	Worried that I am anxious about him/her having an allergic food reaction.	<input type="checkbox"/>						
<b>As a result of food allergies my child experiences...</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
6	Physical symptoms	<input type="checkbox"/>						
7	Emotional symptoms	<input type="checkbox"/>						
8	A lack of dietary variation	<input type="checkbox"/>						
<b>As a result of food allergy my child has been affected negatively by.....</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
9	Receiving more attention than other children of the same age	<input type="checkbox"/>						
10	Having to mature faster than other children of the same age	<input type="checkbox"/>						
11	Being more restricted than other children of the same age	<input type="checkbox"/>						
<b>As a result of food allergy my child's social environment is more limited regarding</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
12	The restaurants we can visit	<input type="checkbox"/>						
13	The holidays we can go on	<input type="checkbox"/>						
<b>As a result of the food allergy my child's ability to participate in ..... have been limited</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
14	Social activities with other children (sleepovers, parties, play etc.)	<input type="checkbox"/>						

## **Section B – For children aged 4-12 years**

<b>As a result of the food allergy my child's ability to participate in ..... have been limited</b>	<b>0    1    2    3    4    5    6</b>
14 Activities at school/nursery that involve food (parties/lunches)	<input type="checkbox"/>
<b>As a result of the food allergy my child feels.....</b>	<b>0    1    2    3    4    5    6</b>
1 Worried when he/she is visiting new places	<input type="checkbox"/>
2 Worried because he/she always has to be careful with food	<input type="checkbox"/>
3 Isolated during activities where food is involved	<input type="checkbox"/>
4 That the social activities of the family have been limited by the need to plan ahead	<input type="checkbox"/>
5 Worried about eating something by mistake that he/she is allergic to	<input type="checkbox"/>
6 Worried about eating with people that he/she doesn't normally eat with	<input type="checkbox"/>
7 Frustrated about the social restrictions	<input type="checkbox"/>
<b>As a result of the food allergy my child is/has....</b>	<b>0    1    2    3    4    5    6</b>
1 Generally more anxious than other children of the same age	<input type="checkbox"/>
2 Generally more careful than other children of the same age	<input type="checkbox"/>
3 A different level of self-confidence in social situations compared to other children of the same age	<input type="checkbox"/>
4 A wish that his/her food allergy will disappear	<input type="checkbox"/>

## **Section C – For children aged 7-12 years**

As a result of food allergies my child feels.....		0	1	2	3	4	5	6
1	Worried about his/her future (possibilities, relationships)	<input type="checkbox"/>						
2	That a lot of people do not understand the potential severity involved in having food allergies	<input type="checkbox"/>						
3	Sad/worried about the difficulty of interpreting lists of ingredients	<input type="checkbox"/>						
4	That the food allergy limits daily life	<input type="checkbox"/>						

Thank you for your participation in this questionnaire. It continues on the next page with questions about your child's allergies!

## Section D – For children of all ages

### Section 1: My child's food allergy

1. I am a                    man    woman

2. My child is a            boy    girl

3. How old is your child with food allergies? \_\_\_\_\_ Years \_\_\_\_\_ Months

4. What type of food is your child allergic to? Check all that apply.

Peanuts

Egg

Nuts

Wheat

Milk

Soya

Sesame seeds

Fish

Shell fish

Vegetables

Fruit

Other:.....

5. After the ingestion of which type of food has your child had his/her worst food allergy reaction?

6. Has your child ever had an allergic shock, a so called anaphylactic reaction? Yes

No

7. If yes, how recently did this occur?

Very recently           

6–12 months ago       

About a year ago       

About 2 years ago       

More than 2 years ago   

8(a). Does your child have an AnaPen/EpiPen? Yes  No

8(b). Does having an AnaPen/EpiPen provide...

security ... for you \_\_\_\_\_, for your child \_\_\_\_\_

worry... for you \_\_\_\_\_, for your child \_\_\_\_\_

9. Who diagnosed the allergy? (Check all that apply!)

GP

allergy specialist

practitioner of  
alternative/complementary  
medicine

dietitian

dermatologist

pediatrician

10. Which symptoms does your child display?

(Check all that apply!)

itchy mouth

red eyes

worsening of eczema

itchy throat

swollen throat

stomach ache and nausea

itchy ears

difficulty swallowing

stomach cramp

itchy tongue

hoarseness

vomiting

itchy lips

breathing difficulty

diarrhea

swollen tongue

dizziness

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> swollen lips | <input type="checkbox"/> wheezy/squeaky breathing | <input type="checkbox"/> feeling a rapid heartbeat |
| <input type="checkbox"/> runny nose   | <input type="checkbox"/> cough                    | <input type="checkbox"/> loss of sight             |
| <input type="checkbox"/> blocked nose | <input type="checkbox"/> itchy skin               | <input type="checkbox"/> inability to stand up     |
| <input type="checkbox"/> sneezing     | <input type="checkbox"/> red rash                 | <input type="checkbox"/> "light headed"/fainting   |
| <input type="checkbox"/> itchy eyes   | <input type="checkbox"/> swollen skin             | <input type="checkbox"/> collapse                  |
| <input type="checkbox"/> runny eyes   | <input type="checkbox"/> nässelutslag             | <input type="checkbox"/> loss of consciousness     |

**11. How often does your child meet other children with food allergies?**

- |           |                          |
|-----------|--------------------------|
| Never     | <input type="checkbox"/> |
| Seldom    | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> |
| Often     | <input type="checkbox"/> |

**Section 2: You and your child's concerns about food**

**Answer the following questions by using the reference scale listed below.**

*Answer choices:*

- 0=Extremely unlikely
- 1=Very unlikely
- 2=Fairly unlikely
- 3=Likely
- 4=Fairly likely
- 5=Very likely
- 6=Extremely likely

**1. How likely do you think it is that your child will...**

**0    1    2    3    4    5    6**

- 1 Eat food that he/she is allergic too by mistake?
- 2 Have a severe allergic reaction caused by food eaten by mistake?
- 3 Die because of food that he/she may eat in the future?
- 4 Be able to treat them self or be treated by someone else (including by EpiPen/AnaPen) if he/she eats something they are allergic to?

**2. How likely does your child think it is that he/she.....**

**0    1    2    3    4    5    6**

- 1 Will eat food by mistake that he/she is allergic to?
- 2 Have a serious allergic reaction caused by food eaten by mistake?
- 3 Will die due to food that he/she will eat in the future?
- 4 Will be able to treat them self or receive treatment by someone else

(including EpiPen/AnaPen ), if he/she eats something that he/she is allergic to by mistake?

**3. How many types of food must your child avoid?**

- 0-2        
3-6        
7-10       
10+

**Section 3: Your concerns as a parent**

**1. How would you describe ...**

	<b>(A) Your own health?</b>	<b>(B) Your child's health?</b>
Excellent	<input type="checkbox"/>	<input type="checkbox"/>
Very good	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input type="checkbox"/>	<input type="checkbox"/>
Fairly good	<input type="checkbox"/>	<input type="checkbox"/>
Not so good	<input type="checkbox"/>	<input type="checkbox"/>
Bad	<input type="checkbox"/>	<input type="checkbox"/>
Very bad	<input type="checkbox"/>	<input type="checkbox"/>

**2. As a result of the food allergy, how concerned/worried are you about the following?**

	<b>(A) Your child's physical health?</b>	<b>(B) Your child's emotional health?</b>
Not at all	<input type="checkbox"/>	<input type="checkbox"/>
A little	<input type="checkbox"/>	<input type="checkbox"/>
Somewhat	<input type="checkbox"/>	<input type="checkbox"/>
Quite a lot	<input type="checkbox"/>	<input type="checkbox"/>
A lot	<input type="checkbox"/>	<input type="checkbox"/>

**3. How much stress arises as a result of your child's allergy in...**

	<b>(A) You?</b>	<b>(B) Your partner?</b>	<b>(C) Your family?</b>
None at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A little	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quite a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. How much has the food allergy limited activities...**

**(A) that you can participate in as a family?      (B) that your child can participate in?**

not at all	<input type="checkbox"/>	<input type="checkbox"/>
a little	<input type="checkbox"/>	<input type="checkbox"/>
somewhat	<input type="checkbox"/>	<input type="checkbox"/>
quite a lot	<input type="checkbox"/>	<input type="checkbox"/>
a lot	<input type="checkbox"/>	<input type="checkbox"/>

**5. Are you the mother \_\_\_\_\_ father \_\_\_\_\_**

This is the end of the questionnaire.

**Thank you for your participation!**

## Asthma Quality of Life Questionnaire

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### Reference:

Marks GB, Dunn SM, Woolcock AJ. A scale for the measurement of quality of life in adults with asthma. J Clin Epidemiol. 1992;45(5):461-72.

For each question below, there are 5 possible answers: not at all; mildly; moderately; severely; or very severely.

1. I have been troubled by episodes of shortness of breath. [B]
2. I have been troubled by wheezing attacks. [B] .
3. I have been troubled by tightness in the chest. [B]
4. I have been restricted in walking down the street on level ground or doing light housework because of asthma. [B]
5. I have been restricted in walking up hills or doing heavy housework because of asthma. [B]
6. I have felt tired or a general lack of energy. [M]
7. I have been unable to sleep at night. [M]
8. I have felt sad or depressed. [M]
9. I have felt frustrated with myself. [M and C]
10. I have felt anxious, under tension or stressed. [M]
11. I have felt that asthma is preventing me from achieving what I want from life. [S and C]
12. Asthma has interfered with my social life. [S]
13. I have been limited in going to certain places because they are bad for my asthma. [S]
14. I have been limited in going to certain places because I have been afraid of getting an asthma attack and not being able to get help. [S and C]
15. I have been restricted in the sports, hobbies or other recreations I can engage in because of my asthma. [S]
16. I have felt generally restricted. [S]
17. I have felt that asthma is controlling my life. [S and C]
18. I have been worried about my present or future health because of asthma. [C]
19. I have worried about asthma shortening my life. [C]
20. I have felt dependent on my asthma sprays. [C]

The subscale to which each item contributes is indicated by the accompanying letter: B = Breathlessness; M = Mood; S = Social; C = Concerns.

Date: \_\_\_\_\_

Client Number: \_\_\_\_\_

Test (please circle one): Pre Post

Gender (please circle one): M F

## REVISED DYADIC ADJUSTMENT SCALE (RDAS)

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

	Always Agree	Almost Always Agree	Occa-sionally Agree	Fre-quently Disagree	Almost Always Disagree	Always Disagree
1. Religious matters	5	4	3	2	1	0
2. Demonstrations of affection	5	4	3	2	1	0
3. Making major decisions	5	4	3	2	1	0
4. Sex relations	5	4	3	2	1	0
5. Conventionality (correct or proper behavior)	5	4	3	2	1	0
6. Career decisions	5	4	3	2	1	0

	All the time	Most of the time	More often than not	Occa-sionally	Rarely	Never
7. How often do you discuss or have you considered divorce, separation, or terminating your relationship	0	1	2	3	4	5
8. How often do you and your partner quarrel?	0	1	2	3	4	5
9. Do you ever regret that you married (or lived together)?	0	1	2	3	4	5
10. How often do you and your mate "get on each other's nerves"?	0	1	2	3	4	5

	All the time	Most of the time	More often than not	Occa-sionally	Never
11. Do you and your mate engage in outside interests together?	4	3	2	1	0

**(PLEASE TURN PAGE OVER AND COMPLETE BACK SIDE)**

How often would you say the following events occur between you and your mate?

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
12. Have a stimulating exchange of ideas	0	1	2	3	4	5
13. Work together on a project	0	1	2	3	4	5
14. Calmly discuss something	0	1	2	3	4	5

## THE FOLLOWING SECTION IS FOR COUNSELOR USE ONLY:

**SCORING** (Please sum the following items.):

**CONSENSUS:**

Decision Making (#3+#6) \_\_\_\_  
 Values (#1+#5) \_\_\_\_  
 Affection (#2+#4) \_\_\_\_  
 Sub-Total \_\_\_\_

**SATISFACTION:**

Stability (#7+#9) \_\_\_\_  
 Conflict (#8+#10) \_\_\_\_  
 Sub-Total \_\_\_\_

**COHESION:**

Activities (#11+#13) \_\_\_\_  
 Discussion (#12+#14) \_\_\_\_  
 Sub-Total \_\_\_\_

**GRAND TOTAL** \_\_\_\_

### Pet Attachment Scale

Please indicate here whether you, or someone you live with, owns a pet/pets

<b>1. Yes</b>	<b>2. No</b>
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If you chose “no”, do not respond to the following section. If you chose “yes”, please continue.

Please rate the following statements regarding your pet(s), according to the provided scale.

1 Strongly Disagree	2 Moderately Disagree	3 Slightly Disagree	4 Unsure	5 Slightly Agree	6 Moderately Agree	7 Strongly Agree
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<b>1.</b>	I really like seeing pets enjoy their food	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>2.</b>	My pet means more to me than any of my friends	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>3.</b>	I would like to have a pet in my home	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>4.</b>	Having pets is a waste of money	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>5.</b>	House pets add happiness to my life	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>6.</b>	I feel that pets should always be kept outside	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>7.</b>	I spend time every day playing with my pet	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>8.</b>	I have occasionally communicated with my pet and understood what it was trying to express	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>9.</b>	The world would be a better place if people would stop spending so much time caring for their pets and started caring more for other human beings instead	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>10.</b>	I like to feed animals out of my hand	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>11.</b>	I love pets	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>12.</b>	Animals belong in the wild or in zoos, but not in the home	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>13.</b>	If you keep pets in the house you can expect a lot of damage to furniture	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>14.</b>	I like house pets	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>15.</b>	Pets are fun but it is not worth the trouble of owning one	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>16.</b>	I frequently talk to my pets	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>17.</b>	I hate animals	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>18.</b>	You should treat your house pets with as much respect as you would a human member of your family	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

How many pets do you own?

1	2	3	4+
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What type of pet(s) do you own? If “other”, please specify.

1. Dog	2. Cat	3. Other
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Other: \_\_\_\_\_

If you have multiple pets, list the rest here:

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Brief Description of this Questionnaire:

This questionnaire is designed to assess an individual's attachment to their pets. Possible scores can range from 18-126 – higher scores indicate higher attachment to pets. Factor loadings include i) Love and Interaction, ii) Pets in the Home, iii) Joy of Pet Ownership.

Time to complete: 5 minutes

Citation:

Munsell, K.L.; Canfield, M.; Templer, D.I.; Tangan, K.; Arikawa, H. Modification of the Pet Attitude Scale. *Soc. Anim.* 2004, 12, 137–142.

## **Appendix D.**

### **Qualitative Questions**

#### **1) Example Questions for Follow-up Interviews**

## **The Impact of COVID-19 Pandemic on Family Stress & Well-Being**

### **Example Qualitative Questions to Draw From**

#### **A) Stressors/Challenges**

1. How has your life changed with the onset of CV19 worldwide (or in your community)?
2. What are the hardest changes related to CV19?  
Probes:
  - a. What has that mean to you and your family?
  - b. how has this impacted you and your parenting?
3. What are your biggest stressors at this, as they related to CV19?
4. How are you coping with stressors on a good day?  
Probes:
  - a. what does that look like?
  - b. How are you coping/what are you doing to manage stress on good days?
  - c. What makes 'good days'?
5. How are you coping with stressors on a not-so-good day?

#### **B) Parenting**

1. In what way has the onset of CV-19 affected your time or activities related to parenting?
2. What changes in your child(ren)'s behavior or mood have you observed since the outbreak of COVID 19?
3. How are you feeling about your parenting at the moment?  
Probes:
  - a. Do you feel as though you have the parenting skills required during this time? If yes, please tell us what those skills are.
  - a. If no, please tell us what skills you are lacking, what are ways in which the development of these skills could be supported, and how you manage currently.
4. How do you feel your child(ren) is/are adjusting to this change in routine?
5. Has CV19 caused you to lose access to childcare you would otherwise depend upon?  
Probes:
  - a. How are you manage with this lost access?
  - b. How are you coping with changes to your access to childcare?
6. Do you receive any support from your extended family (e.g. grandparents) with childcare during CV19?
7. To what extent are you worried about the health or educational opportunities for your children during this time?

### **C) Social Distancing**

1. How has CV19 affected your relationships with friends and family?  
Probe:
  - a. If you've developed novel ways of connecting with them, please share of these ways with us.
  - b. Do you perceive any difficulties maintaining your relationships during this time? If yes, please share these with us.
2. To what extent are you limiting your interactions with other adults? How challenging is this for you?
3. To what extent are you limiting your child's interactions with other children? How challenging is this for you and for them?
4. What resources have you used to cope with social distancing measures (e.g. social media, telecommunication, indoor activities, etc.)?
5. How helpful were these resources in helping you maintain social relationships during social distancing?
6. How did your daily activities change as the result of social distancing? (e.g. grocery shopping, work, leisure time etc.)? How easy/difficult has been to cope with these changes?

### **D) Protective Factors (e.g. Family Activities, Physical Activities etc.)**

1. What kind of activities are you and your family doing to stay connected to friends and the community?

### **E) Ongoing Needs and Access to Resources (Health, Mental Health, Financial and Housing Support etc.)**

1. What resources (information, activities, services) have you been using to cope?  
Probes:
  - a. What barriers do you experience when trying to access these resources?
  - b. What resources do you wish you had to cope?
2. Has your access to health services changed because of COVID-19?
3. How are you coping with your concerns or changes to health access?
4. Do you have an existing medical condition? If yes, what? How did the CV19 outbreak impact the health care you receive for your existing medical condition?
5. Has your access to mental health services been impacted by CV19?
6. Do you have an existing mental health condition, e.g. anxiety, that makes coping with the CV19 challenging?
7. What mental health resources have you tried to access?

8. How helpful were the existing mental health resources in meeting your current mental health needs?
9. Has your employment situation been affected by CV19? In what way (e.g. lost job, hours, laid off)?
10. Has your financial situation been impacted by CV19? In what way?
11. Have you tried to access any income assistance programs? How successful were you in accessing these programs?
12. Has your housing situation been impacted by CV19? In what way?

#### **F) Plans for Future**

1. How has CV19 affected your short-term and long-term plans for leisure, work, and professional/personal development?
2. Do you perceive any difficulties in your ability to sustain social-distancing for a long period of time? If yes, please share these with us.

Probes:

Tell me more about that.

What does that mean to you?

How does that impact you?

Can you give me an example of that?

What does that look like for you and your family?

**Appendix E.**  
**RESOURCES**

- 1) Canadian Mental Health Resources
- 2) Family Resources
- 3) Financial Resources
- 4) Parenting Resources

## Canadian Clinical Resources

<b>Crisis Lines</b>	
<i>Note: In the case of an emergency, call 911.</i>	
Canadian Mental Health Association Crisis Services	1-888-617-7715 (toll-free)
Crisis Services Canada	1-733-456-4566 (toll-free) <i>Website:</i> <a href="http://crisiservicescanada.ca/en/">crisiservicescanada.ca/en/</a>
<b>Mental Health Services</b>	
Kids Help Phone	<i>Call:</i> 1-800-668-6868 <i>Text:</i> CONNECT to 686868 <i>Website:</i> <a href="http://kidshelpphone.ca">kidshelpphone.ca</a>
Mothers & Babies	<i>Website:</i> <a href="http://mothersandbabiesprogram.org">mothersandbabiesprogram.org</a>
Beyond Blue	<i>Website:</i> <a href="http://beyondblue.org.au">beyondblue.org.au</a>
<b>Helpful Information and Networks</b>	
Mental Health First Aid Canada	<i>Website:</i> <a href="http://mhfa.ca/en/general-resources">mhfa.ca/en/general-resources</a>
Canada's Mental Health & Addiction Network	<i>Website:</i> <a href="http://porticonetwork.ca/services/mental-health-and-addiction-clinical-services">porticonetwork.ca/services/mental-health-and-addiction-clinical-services</a>
Centre for Addiction and Mental Health	<i>Website:</i> <a href="http://camh.ca">camh.ca</a>
<b>Stress- and Anxiety-Related COVID-19 Resources</b>	
Centers for Disease Control and Prevention	<i>Website:</i> <a href="http://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html">www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html</a>
Government of Canada	<i>Website:</i> <a href="http://www.canada.ca/en/department-national-defence/maple-leaf/defence/2020/03/mental-health-covid-19.html">www.canada.ca/en/department-national-defence/maple-leaf/defence/2020/03/mental-health-covid-19.html</a>

## Online Resources

*Raising Children – Creating Family Routines:* <https://raisingchildren.net.au/grown-ups/family-life/routines-rituals-relationships/family-routines>

\* It may be helpful to think about creating a routine and using these resources to help guide what that routine will look like!

### Managing Tough Kiddo Behaviour

\*there are lots of other great family resources on this website!

*Healthychildren.org:* <https://www.healthychildren.org/English/family-life/family-dynamics/communication-discipline/Pages/How-to-Shape-Manage-Young-Child-Behavior.aspx>

\*There's a downloadable PDF and several videos at the bottom of this page

*Child Mind Institute:* <https://childmind.org/article/managing-problem-behavior-at-home/>

\*As you go through this, try to come up with examples of your child's behaviour and how you could handle the situation differently that may improve behavioural difficulties

*Clarity Child Guidance Centre:* <https://www.youtube.com/watch?v=ws1Y4pPsarE>

*Rethinking Challenging Kids TEDx Talk:* <https://www.youtube.com/watch?v=zuoPZkFcLVs>

\*Pause this video at certain points stand out to you so you have notes to refer back to later!

### Fun Family Activities

*At-Home Activities* <https://www.buzzfeed.com/melissaharrison/educational-resources-activities-kids-coronavirus>

\*try one or all of these fun, interactive activities!

*Family Workout Video:* <https://www.youtube.com/watch?v=5if4cjO5nxo>

*Family Yoga:* <https://www.youtube.com/watch?v=4H05z7ePsjs>

*Family – Indoor Activities:* <https://www.parents.com/fun/activities/indoor/kids-indoor-games-activities/>

\*plenty of other great activity resources on the website!

*Indoor Activities:* <https://mommypoppins.com/ny-kids/50-indoor-activities-for-a-rainy-day>

\*click on the links for explanation of different activities

### Talking to Your Kiddos About COVID-19

*Nationwide Children's Video:* <https://www.youtube.com/watch?v=CdwewemBIkuw>

*Family Education:* <https://www.familyeducation.com/at-home-learning-resources-for-the-covid-19-outbreak>

*Common Sense Media – Helping Your Family De-Stress:*

<https://www.commonsensemedia.org/blog/help-your-family-de-stress-during-coronavirus-uncertainty>

**Resource list for working-age adults impacted by COVID 19.**

<b>I need to take sick leave because I'm ill or self-isolating.</b>		
<i>Did you pay into Employment Insurance and did you work at least 600 hours in the last 52 weeks?</i>	<b>Yes</b>	<b>No</b>
	<p><b>Apply for EI Sickness Benefits</b></p> <p>Step 1: Ask your employer for a RECORD OF EMPLOYMENT.</p> <p>Step 2: Apply</p> <p>If you can apply online (computer or mobile phone) go to:  <a href="https://srv270.hrdc-drhc.gc.ca/AW/introduction?GoCTemplateCulture=en-CA">https://srv270.hrdc-drhc.gc.ca/AW/introduction?GoCTemplateCulture=en-CA</a></p> <p>If you can't apply online, call 1-833-381-2755</p> <p>DO NOT GO TO A SERVICE CANADA OFFICE IF YOU ARE ILL</p> <p><b>Important to know:</b></p> <p><u>You DO NOT need a doctor's note for COVID-19.</u></p> <p>You can prove your identity to the government faster online if you use online banking through your bank or credit union.</p> <p>Check the labour rules on job protection for your province or federally (if you work in banking, transportation, telecommunications or other federally regulated industries). **SEE LINKS ON THE LAST PAGE</p> <p>You can ask your employer if they offer paid sick leave or will top-up the EI benefit.</p>	<p><b>Emergency Care Benefit</b></p> <p>Step 1: Get ready to apply</p> <p>If you can apply online (computer or mobile phone) go to and make sure you have a MyAccount with the Canada Revenue Agency:</p> <p><a href="https://www.canada.ca/en/revenue-agency/services/e-services/e-services-individuals/account-individuals.html">https://www.canada.ca/en/revenue-agency/services/e-services-e-services-individuals/account-individuals.html</a></p> <p>If you can't apply online, there will be a dedicated 1-800 number you can call. Keep listening to the news or, in early April, call 1-800-O-Canada (1-800-622-6232).</p> <p>DO NOT GO TO A SERVICE CANADA OFFICE IF YOU ARE ILL</p> <p><b>Important to know:</b></p> <p><u>You DO NOT need a doctor's note for COVID-19.</u></p> <p>You can prove your identity to the government faster online if you use online banking through your bank or credit union.</p> <p>Check the labour rules on job protection for your province or federally (if you work in banking, transportation, telecommunications or other federally regulated industries). **SEE LINKS ON THE LAST PAGE</p> <p>If you have an employer, you can ask them if they offer paid sick leave or will top-up the new benefit.</p>
	<p>What you could receive:</p> <p>15 weeks of payments (directly into your bank account) worth up to 55% of your usual pay or \$573 per week, whichever is less.</p>	<p>What you could receive:</p> <p>15 weeks of payments (directly into your bank account) worth up to \$450 per week, but stay tuned for more details.*</p>
	<p>Find out more:  <a href="https://www.canada.ca/en/services/benefits/ei/ei-sickness/apply.html">https://www.canada.ca/en/services/benefits/ei/ei-sickness/apply.html</a></p>	<p>More information coming soon.*</p>

\*We don't know the exact details yet because Parliament has to pass a new law to make this possible.

**I can't work because I'm caring for someone who is sick.**

<i>Did you pay into Employment Insurance and did you work at least 600 hours in the last 52 weeks?</i>	<b>Yes and I'm caring for someone who is critically ill</b>	<b>No</b>
	<p><b>Apply for EI Caregiver Benefits (if someone is critically ill)</b></p> <p>Step 1: Ask your employer for a RECORD OF EMPLOYMENT.</p> <p>Step 2: Apply</p> <p>If you can apply online (computer or mobile phone) go to:  <a href="https://srv270.hrdc-drhc.gc.ca/AW/introduction?GoCTemplateCulture=en-CA">https://srv270.hrdc-drhc.gc.ca/AW/introduction?GoCTemplateCulture=en-CA</a></p> <p>I you can't apply online, call 1-833-381-2755</p> <p>DO NOT GO TO A SERVICE CANADA OFFICE IF YOU ARE ILL OR IN SELF-ISOLATION</p> <p><b>Important to know:</b></p> <p>You can prove your identity to the government faster online if you use online banking through your bank or credit union.</p> <p>Check the labour rules on job protection for your province or federally (if you work in banking, transportation, telecommunications or other federally regulated industries). **SEE LINKS ON THE LAST PAGE</p> <p>You can ask your employer if they offer paid family leave or will top-up the EI benefit.</p>	<p><b>Emergency Care Benefit</b></p> <p>Step 1: Get ready to apply</p> <p>If you can apply online (computer or mobile phone) go to and make sure you have a MyAccount with the Canada Revenue Agency:</p> <p><a href="https://www.canada.ca/en/revenue-agency/services/e-services/e-services-individuals/account-individuals.html">https://www.canada.ca/en/revenue-agency/services/e-services-individuals/account-individuals.html</a></p> <p>If you can't apply online, there will be a dedicated 1-800 number you can call. Keep listening to the news or, in early April, call 1-800-O-Canada (1-800-622-6232).</p> <p>DO NOT GO TO A SERVICE CANADA OFFICE IF YOU ARE ILL OR IN SELF-ISOLATION</p> <p><b>Important to know:</b></p> <p><u>You DO NOT need a doctor's note</u> for COVID-19.</p> <p>You can prove your identity to the government faster online if you use online banking through your bank or credit union.</p> <p>Check the labour rules on job protection for your province or federally (if you work in banking, transportation, telecommunications or other federally regulated industries). **SEE LINKS ON THE LAST PAGE</p> <p>If you have an employer, you can ask them if they offer paid sick leave or will top-up the new benefit.</p>
	<p>What you could receive:</p> <p>Between 15 and 35 weeks of payments (directly into your bank account) worth up to 55% of your usual pay or \$573 per week, whichever is less.</p>	<p>What you could receive:</p> <p>15 weeks of payments (directly into your bank account) worth up to \$450 per week, but stay tuned for more details.*</p>
	<p>Find out more:  <a href="https://www.canada.ca/en/services/benefits/ei/caregiving/apply.html">https://www.canada.ca/en/services/benefits/ei/caregiving/apply.html</a></p>	<p>More information coming soon.*</p>

\*We don't know the exact details yet because Parliament has to pass a new law to make this possible.

## I lost my job.

<i>Did you pay into Employment Insurance and do you work about 700 hours** in the last 52 weeks?</i>	<b>Yes</b>	<b>No</b>
	<p><b>Apply for EI Regular Benefits</b></p> <p>Step 1: Ask your employer for a RECORD OF EMPLOYMENT.</p> <p>Step 2: Apply</p> <p>If you can apply online (computer or mobile phone) go to: <a href="https://www.canada.ca/en/services/benefits/privacy-notice.html">https://www.canada.ca/en/services/benefits/privacy-notice.html</a></p> <p>I you can't apply online, call 1-800-O-Canada (1-800-622-6232).</p> <p>DO NOT GO TO A SERVICE CANADA OFFICE IF YOU ARE ILL OR IN SELF-ISOLATION</p> <p><b>Important to know:</b></p> <p>You can prove your identity to the government faster online if you use online banking through your bank or credit union.</p> <p>Check the labour rules on job protection for your province or federally (if you work in banking, transportation, telecommunications or other federally regulated industries). **SEE LINKS ON THE LAST PAGE</p>	<p><b>Emergency Support Benefit</b></p> <p>Step 1: Get ready to apply</p> <p>If you can apply online (computer or mobile phone) go to and make sure you have a MyAccount with the Canada Revenue Agency:</p> <p><a href="https://www.canada.ca/en/revenue-agency/services/e-services/e-services-individuals/account-individuals.html">https://www.canada.ca/en/revenue-agency/services/e-services-e-services-individuals/account-individuals.html</a></p> <p>If you can't apply online, there will be a dedicated 1-800 number you can call. Keep listening to the news or, in early April, call 1-800-O-Canada (1-800-622-6232).</p> <p>DO NOT GO TO A SERVICE CANADA OFFICE IF YOU ARE ILL OR IN SELF-ISOLATION</p> <p><b>Important to know:</b></p> <p><u>You DO NOT need a doctor's note for COVID-19.</u></p> <p>You can prove your identity to the government faster online if you use online banking through your bank or credit union.</p> <p>Check the labour rules on job protection for your province or federally (if you work in banking, transportation, telecommunications or other federally regulated industries). **SEE LINKS ON THE LAST PAGE</p>
	<p>What you could receive:</p> <p>Between 14 and 45 weeks of payments (directly into your bank account) worth up to 55% of your pay in your last job or \$573 per week, whichever is less.</p>	<p>What you could receive:</p> <p>Stay tuned for more details.*</p>
	<p>Find out more:</p> <p><a href="https://www.canada.ca/en/services/benefits/ei/ei-regular-benefit.html">https://www.canada.ca/en/services/benefits/ei/ei-regular-benefit.html</a></p>	<p>More information coming soon.*</p>

\*\*The exact hours depends on where you live. If you have access to a computer or mobile phone, use this search tool to find out the rules where you live: [https://srv129.services.gc.ca/ei\\_regions/eng/postalcode\\_search.aspx](https://srv129.services.gc.ca/ei_regions/eng/postalcode_search.aspx)

\*We don't know the exact details yet because Parliament has to pass a new law to make this possible.

## I am at home because my kids cannot go to school or daycare. I need money to make ends meet.

<p><b>Make sure you're getting your Canada Child Benefit</b></p> <p><b>In May, the federal government will automatically pay a lump sum top-up to your Canada Child Benefit (CCB).*</b></p> <p>Step 1: Check your bank account to make sure that you're getting CCB.</p> <p>If yes – you're all set. You'll be getting an extra payment with your CCB in May.</p> <p>If no - Did you file a tax return for 2018?</p> <p>Yes - If you have a computer or a mobile phone, you can also check to see if you are getting the benefit or Apply to get the benefit here: <a href="https://www.canada.ca/en/revenue-agency/services/e-services/e-services-individuals/account-individuals.html">https://www.canada.ca/en/revenue-agency/services/e-services/e-services-individuals/account-individuals.html</a></p> <p>No – Step 2: You need to file a tax return ASAP and then apply. If you can file a return by yourself using a computer, look for free software certified by the Canada Revenue Agency: <a href="https://www.canada.ca/en/revenue-agency/services/e-services/e-services-individuals/netfile-overview/certified-software-netfile-program.html">https://www.canada.ca/en/revenue-agency/services/e-services/e-services-individuals/netfile-overview/certified-software-netfile-program.html</a></p> <p>After you file your return, if you still have computer or mobile access, apply for the CCB online at: <a href="https://www.canada.ca/en/revenue-agency/services/e-services/e-services-individuals/account-individuals.html">https://www.canada.ca/en/revenue-agency/services/e-services/e-services-individuals/account-individuals.html</a></p> <p>If you need help to file your taxes, the agencies that do free income tax clinics are working to find ways to help without breaking public health orders on COVID-19. You can try contacting a clinic near you by searching online at: <a href="https://apps.cra-arc.gc.ca/ebci/oecv/external/prot/cli_srch_01_ld.action">https://apps.cra-arc.gc.ca/ebci/oecv/external/prot/cli_srch_01_ld.action</a> or call 1-800-O-Canada (1-800-622-6232)</p> <p style="text-align: center;"><b>DO NOT GO TO A SERVICE CANADA OFFICE IF YOU ARE ILL OR IN SELF-ISOLATION</b></p> <p><b>Important to know:</b></p> <p>You can prove your identity faster online for tax-filing and applications for the CCB if you use online banking through your bank or credit union.</p> <p>Check the labour rules on job protection for your province or federally (if you work in banking, transportation, telecommunications or other federally regulated industries). **SEE LINKS ON THE LAST PAGE</p> <p>You can ask your employer if they offer paid family leave or are considering the new federal wage subsidy to keep you on the payroll. Your employer can find out about that subsidy here: <a href="https://www.canada.ca/en/department-finance/news/2020/03/canadas-covid-19-economic-response-plan-support-for-canadians-and-businesses.html">https://www.canada.ca/en/department-finance/news/2020/03/canadas-covid-19-economic-response-plan-support-for-canadians-and-businesses.html</a></p>	<p><b>If you aren't eligible for Employment Insurance, you might get the Emergency Care Benefit.</b></p> <p>Step 1: Get ready to apply</p> <p>If you can apply online (computer or mobile phone) go to and make sure you have a MyAccount with the Canada Revenue Agency:</p> <p><a href="https://www.canada.ca/en/revenue-agency/services/e-services-individuals/account-individuals.html">https://www.canada.ca/en/revenue-agency/services/e-services-individuals/account-individuals.html</a></p> <p>If you can't apply online, there will be a dedicated 1-800 number you can call. Keep listening to the news or, in early April, call 1-800-O-Canada (1-800-622-6232).</p> <p style="text-align: center;"><b>DO NOT GO TO A SERVICE CANADA OFFICE IF YOU ARE ILL OR IN SELF-ISOLATION</b></p> <p><b>Important to know:</b></p> <p><b>You DO NOT need a doctor's note for COVID-19.</b></p> <p>You can prove your identity faster online if you use online banking through your bank or credit union.</p> <p>Check the labour rules on job protection for your province or federally (if you work in banking, transportation, telecommunications or other federally regulated industries). **SEE LINKS ON THE LAST PAGE</p> <p>If you have an employer, you can ask them if they offer paid family leave, will top-up the new benefit or will use the new federal wage subsidy to keep you on the payroll. Your employer can find out about that subsidy here: <a href="https://www.canada.ca/en/department-finance/news/2020/03/canadas-covid-19-economic-response-plan-support-for-canadians-and-businesses.html">https://www.canada.ca/en/department-finance/news/2020/03/canadas-covid-19-economic-response-plan-support-for-canadians-and-businesses.html</a></p>
What you could receive:  Up to \$550 per month per child plus provincial amounts.**	What you could receive:  15 weeks of payments (directly into your bank account) worth up to \$450 per week, but stay tuned for more details.*
Find out more: <a href="https://www.canada.ca/en/services/benefits/ei/caregiving/apply.html">https://www.canada.ca/en/services/benefits/ei/caregiving/apply.html</a>	More information coming soon.*

\*\*The exact amount depends on which province or territory you live in and how many children you have. If you have access to a computer or mobile phone, use this online calculator to find out the amount for your family: <https://www.canada.ca/en/revenue-agency/services/child-family-benefits/child-family-benefits-calculator.html>

\*We don't know the exact details yet because Parliament has to pass a new law to make this possible.

## I'm not sure that my employer is following the rules.

<p>Do you work in any of the following? :</p> <ul style="list-style-type: none"><li>- A bank</li><li>- Air transportation including airlines and airports</li><li>- Telephone, cable or tv services</li><li>- Radio or TV</li><li>- Marine shipping or ports</li><li>- Rail or road transportation across provincial borders</li><li>- Other federally-regulated work: <a href="https://www.canada.ca/en/employment-social-development/programs/employment-equity/regulated-industries/apply-labour-standards.html">https://www.canada.ca/en/employment-social-development/programs/employment-equity/regulated-industries/apply-labour-standards.html</a></li></ul> <p>If yes, you are likely covered by the federal labour code.</p> <p>You can find out more about your rights here: <a href="https://www.canada.ca/en/employment-social-development/services/labour-standards/reports.html">https://www.canada.ca/en/employment-social-development/services/labour-standards/reports.html</a></p> <p>If you have more questions, call 1-800-O-Canada (1-800-622-6232)</p>	<p>If you work for another kind of employer, you should be covered by provincial or territorial rules. Check the links or call the toll-free numbers below for where you live:</p> <p>Alberta: <a href="https://www.alberta.ca/employment-standards.aspx">https://www.alberta.ca/employment-standards.aspx</a> Phone: 1-877-427-3731</p> <p>B.C.: <a href="https://www2.gov.bc.ca/gov/content/employment-business/employment-standards-advice/employment-standards">https://www2.gov.bc.ca/gov/content/employment-business/employment-standards-advice/employment-standards</a> Phone: 1-833-236-3700</p> <p>Manitoba: <a href="https://www.gov.mb.ca/labour/standards/index.html">https://www.gov.mb.ca/labour/standards/index.html</a> Phone: 1-800-821-4307</p> <p>New Brunswick: <a href="https://www2.gnb.ca/content/gnb/en/departments/post-secondary-education-training-and-labour/people/content/EmploymentStandards.html">https://www2.gnb.ca/content/gnb/en/departments/post-secondary-education-training-and-labour/people/content/EmploymentStandards.html</a> Phone: 1-888-452-2687</p> <p>Newfoundland and Labrador: <a href="https://www.gov.nl.ca/aesl/labour/">https://www.gov.nl.ca/aesl/labour/</a> Phone: 1-877-563-1063</p> <p>N.W.T: <a href="https://www.ece.gov.nt.ca/en/services/employment-standards">https://www.ece.gov.nt.ca/en/services/employment-standards</a> Phone: 1(888) 700-5707</p> <p>Nova Scotia: <a href="https://novascotia.ca/lae/employmentrights/">https://novascotia.ca/lae/employmentrights/</a> Phone: 1-888-315-0110</p> <p>Nunavut: <a href="http://nu-lsco.ca/">http://nu-lsco.ca/</a> Phone: 1-877-806-8402</p> <p>Ontario: <a href="https://www.ontario.ca/page/ministry-labour-training-skills-development">https://www.ontario.ca/page/ministry-labour-training-skills-development</a> Phone: 1-800-531-5551</p> <p>P.E.I. : <a href="https://www.princeedwardisland.ca/en">https://www.princeedwardisland.ca/en</a> Phone: 1-800-333-4362</p> <p>Québec: <a href="https://www.cnt.gouv.qc.ca/en/accueil/index.html">https://www.cnt.gouv.qc.ca/en/accueil/index.html</a> Phone: 1 844 838-0808</p> <p>Saskatchewan: <a href="https://www.saskatchewan.ca/business/employment-standards">https://www.saskatchewan.ca/business/employment-standards</a> Phone: (306) 787-2438 **NOT TOLL-FREE</p> <p>Yukon: <a href="http://www.community.gov.yk.ca/es.html">http://www.community.gov.yk.ca/es.html</a> Phone: 1-800-661-0408 local 5944</p>
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## Family Activities

There are 6 different categories of activities including Learn & Play, Get Outside, Exercise, Crafts, Kids Cooking and Clean-Up!

### Learn & Play

#### **1. Popsicle Stick Shape Game**

*Supplies:* popsicle sticks and markers

*Instructions:* Using three popsicle sticks, draw different shapes across the three popsicle sticks, all in different colours. You do this part, then you mix up the popsicle sticks and have your kiddo try to figure out which ones go together, like a puzzle!

*Link:* <https://toddleratplay.com/2019/01/31/popsiclestickshapepuzzles/>

#### **2. Weather Station**

*Supplies:* paper, markers/crayons

*Instructions:* On a single sheet of paper have your child draw the following: snow, rain, sunny, cloudy. Hang this near a window in the home. Have your child tell you what the weather is like that day! Leave their drawing up for as long as you like and have them check outside everyday to see what the weather is like!

#### **3. Colour Sorting**

*Supplies:* Fruit loops or any colourful cereal

*Instructions:* Have your child sort all of the cereal into piles that are all the same colour. Enjoy a snack of colourful cereal once they are done!

#### **4. Q-Tip Number Painting**

*Supplies:* markers/crayons, paper, q-tips, paint

*Instructions:* Write out the numbers 1-10 on a piece of paper for your child. Have them 'trace' the letters using a q-tip that they have dipped in paint!

*Link:* <https://toddleratplay.com/2018/10/05/qtipnumbertracingactivity/>

**Tip:** Use different coloured paints if you have so the child also has to pick the matching colour of paint to the number you drew!

#### **5. Caterpillar Counting**

*Supplies:* paper, markers/crayons, pom poms (or anything else that is round - beads, etc.)

*Instructions:* Get 10 small pieces of paper and draw a caterpillar head on them (antennae, smiley face, etc.) Then, to the side, number each card 1-10 and draw in empty circles corresponding to the number of the card. Have your child try to put the right number of pom poms on each card with one going in each circle!

*Link:* <https://toddleratplay.com/2019/06/20/pompomcaterpillarscountingactivity/>

#### **6. Make Your Name!**

*Supplies:* playdough, paper, markers/crayons

*Instructions:* Write your child's name across a large piece of paper. Using the playdough, have them mold and create the letters of their name!

#### **7. Patterning Lego**

*Supplies:* lego

*Instructions:* While building lego with your child have them try to create a pattern. So first have them place a red piece, then a green piece, then a blue piece and repeat! Also try building the tallest tower they can!

### **8. Drawing Animals**

*Supplies:* paper, markers/crayons

*Instructions:* Have your child draw an animal of their choosing. Next, help them write out the name of that animal. For example if they drew a dog, have them write out 'd o g'. Repeat! Do this activity with as many animals as possible.

### **9. Indoor Garden**

*Supplies:* gardening seeds, potting soil, cups

*Instructions:* Create an indoor garden by planting cucumber, green bean, tomato, pumpkin, pepper, or basically whatever seeds you want in cups (they'll be ready to transplant in the spring!)

### **10. Scientist for the Day**

*Supplies:* ---

*Instructions:* Try out a variety of different science experiments with one another using the link above. Before starting, go through the supplies list in each of the activities to ensure you have them. Go outside if possible when trying messy experiments.

*Link:* <https://www.thoughtco.com/safe-science-experiments-604178>

**Tip:** Try out a variety of different science experiments with one another using the link above. Before starting, go through the supplies list in each of the activities to ensure you have them. Go outside when trying messy experiments.

### **11. Paper Plate Memory Game**

*Supplies:* paper plates, markers

*Instructions:* Draw different shapes on each paper plate. Ensure that 2 plates have the same shape (example: 2 plates have the same square on them). Spread out the paper plates and make sure the same shape plates are away from one another. Your kiddo can look at the paper plates for 45 seconds, then flip the plates upside down. Your kiddo has to match the plates from memory.

*Link:*

[https://www.pinterest.ca/pin/537265430546601621/?nic\\_v1=1ajptrxGnf4Jw830mETvBgWFdhqMcw6ZdBCnnBmnwNDTJmpgg8RxHISE5Sm75SHOhM](https://www.pinterest.ca/pin/537265430546601621/?nic_v1=1ajptrxGnf4Jw830mETvBgWFdhqMcw6ZdBCnnBmnwNDTJmpgg8RxHISE5Sm75SHOhM)

### **12. Colour Sorting with Toys/Cars**

*Supplies:* paper, assorted toys

*Instructions:* Spell out the name of colours on pieces of paper (or use coloured paper). Arrange them in a row on the ground and add tape to separate them into columns. Ask your child to go around the house and find objects that fit into each colour column. Make this more tricky by using a theme, such as "things with wheels".

*Link:* <https://messymotherhood.com/color-sorting-graph/>

### **13. Runaway Letter**

*Supplies:* Letters (magnetic, puzzle, foam etc)

*Instructions:* Place the letters in alphabetical order. Sing the alphabet and instruct your child to select a letter and run away with it. Stop singing and say "Hey, there's a letter missing. Which one is missing?". Have the child call out which one is missing. Then say, "Come back letter \_\_\_\_." Next, name an action that starts with the letter they are holding

and get them to do the action as they bring the letter back. For example for the letter f, you would say, "Letter f, please fly back to the alphabet. /f/ /f/ /f. Encourage your kiddo to say the sound as they bring the letter back to the board.

*Link: <https://growingbookbybook.com/alphabet-games-runaway-letter/>*

#### **14. Monster Munch Fine Motor Game for Kids**

*Supplies:* Chip clips, googly eyes, glue, pipe-cleaners, pom-poms, coloured bowls

*Instructions:* Paste googly eyes to chip clips to create monsters. Have your child use the "monster's mouth" to pick up objects. Use cut up pipe-cleaners, pom-poms or anything else the "monster" can pick up. Get kids to sort the objects into coloured bowls of the same colour.

*Link: <https://lalymom.com/monster-munch-fine-motor-game-for-kids-fine-motor-fridays>*

#### **15. Skip Counting by 5's Game**

*Supplies:* Colorful popsicle sticks, marker, paper lunch bag

*Instructions:* Can choose game 1 or 2 from the link. Before playing, make sure that all the popsicles are labelled 0-100 going up by 5s. In game 1 simply get the child to line up the popsicle sticks from 0-100. In game 2, put all the popsicle sticks in the bag and get the child to pick one. Then the child has to count from the number they picked all the way to 100 going up by 5's. For example, your student pulls out the stick with 75. They'll start at 75 and count to 100 by five. 75, 80, 85, 90, 95, 100. Take turns pulling sticks out of the bag and counting by five.

*Link: [skip-counting-by-five-diy-game](#)*

#### **16. Dots and Boxes**

*Supplies:* Blank piece of paper, 2 coloured pencils, 2 dice

*Instructions:* Create a grid of dots on the paper. Use a different coloured pen so that you can keep track of whose dots belong to who. One person can roll a dice. Then they can draw around the number of dots based on the number on the dice. The next person then rolls the dice and does the same. It can be made competitive by deciding that whoever has covered more space on the paper wins!

*Link: [dots-and-boxes.html](#)*

#### **17. Popsicle Stick Sight Word Puzzles**

*Supplies:* Colourful popsicle sticks, black permanent marker

*Instructions:* Once you decide on the words you will be using, put two matching colored popsicle sticks together and write one word on the two sticks using black permanent marker. Then mix up all of the puzzle sticks and leave them on the floor for the children to put the puzzle together.

*Link: [https://www.andnextcomesl.com/2013/03/sight-word-popsicle-stick-puzzles.html?utm\\_medium=social&utm\\_source=pinterest&utm\\_campaign=tailwind\\_tribes&utm\\_content=tribes&utm\\_term=797726154\\_33238732\\_134452](https://www.andnextcomesl.com/2013/03/sight-word-popsicle-stick-puzzles.html?utm_medium=social&utm_source=pinterest&utm_campaign=tailwind_tribes&utm_content=tribes&utm_term=797726154_33238732_134452)*

#### **18. Ball Drop Game**

*Supplies:* Cardboard Tube, Hole Punch, Wood Beads, Scissors, Straws and Duct Tape (optional)

*Instructions:* First, trim the cardboard tube (about a 1/3rd shorter). Cut two triangles at the bottom of the tube 180 degrees apart (each side of the tube). Then punch holes throughout the tube. Next, trim the straws. Now place the straws through the holes. Place

beads on top. Now you can take turns with your child carefully removing straws trying not to let the beads fall.

*Link: [diy-game-kids-ball-drop-game](#)* (see video for instructions)

### 19. Marshmallow and Toothpick Building Challenge

*Supplies:* Marshmallows, toothpicks

*Instructions:* Build simple shapes for the base (example: squares and triangles). After building a few shapes for the base, move onto connecting them to form a wider base. Next, start building up to make 3D shapes. The challenge is open to creating unique designs.

*Link: [marshmallow-toothpick-building-challenge](#)*

### 10. Virtual Museum Tour

*Supplies:* computer, smart phone, or tablet

*Instructions:* Travel and leisure put together a list of museums that offer virtual tours. Click on the link below to access the list of 12 museums that offer online virtual tours of their exhibits. Take a tour with your child through one of the museums.

*Link: [TravelandLeisure.com](#)*

## Get Outside ☀

### 1. Bubble Blowing

*Supplies:* bubbles, wand

*Instructions:* Catch one on the bubble wand. If it is cold enough, it will freeze like a crystal ball and then shatter!

### 2. Scavenger Walk

*Supplies:* ---

*Instructions:* With the children's help, make a list of five things to look for on a walk. The list can be things like a red door, a mailbox, a dog house, etc. or you can base your list on a theme, such as signs of winter. Look for the things on your list as you take the children on a walk. The first person to find all five things gets to make up a new list of five things to find.

### 3. I-SPY

*Supplies:* ---

*Instructions:* Go on a walk outside and play I-SPY together. You could also go to a park and find a place to sit together while playing.

### 4. Laser Beam

*Supplies:* string

*Instructions:* Tie string between trees at different heights and angles (these will serve as your laser beams). Try to move between the laser beams with your kiddo without touching them. After completing the course, try to go through together as fast as you can!

### 5. Snow Paint

*Supplies:* water, food colouring/sports drink/drink mix, spray bottle (or use a cup and spoon)

*Instructions:* After mixing up your coloured water, take it outside and make cool patterns and designs in the snow. Get creative by using more than one colour in each design.

**6. Stick Maze**

*Supplies:* sticks/stones/leaves/pinecones

*Instructions:* Gather as many sticks as you can (or use stones, etc.). Once you are finished, set them up in a maze pattern and try to get through the maze as fast as you can. Next, try closing your eyes and have mom direct you where to walk.

**7. Snowball Roll**

*Supplies:* snow

*Instructions:* Make a variety of different types of snowballs. Try making small, medium, and large snowballs. Help one another make the largest snowball you have ever seen!

**8. Digging for Treasure**

*Supplies:* toys/rocks/sports equipment (balls, etc.), spoon

*Instructions:* Hide some items in the snow outside. Have your kiddo try to find them by digging in the snow with a spoon.

**9. Snow Bowling**

*Supplies:* snow, cups

*Instructions:* Stack some cups outside. Make several snowballs together, and use them to knock down the stacked cups.

**10. Water Balloon Toss**

*Supplies:* balloons, water

*Instructions:* Fill up balloons with water and toss them with your kiddo. Try different types of throwing strategies (overhand, underhand, between the legs).

**11. Water Cannon Painting**

*Supplies:* paint, water cannon, paper

*Instructions:* Fill up the water cannon with paint. Squirt the paint onto a piece of paper outside.

*Link:*

[https://www.pinterest.ca/pin/51932201940418804/?nic\\_v1=1azeTOtsCNNktJsG3g8y%2F7tjZamHIpEfGJPAMjO5zYm6xEX45%2BXDNluGpqXiA6hEV1](https://www.pinterest.ca/pin/51932201940418804/?nic_v1=1azeTOtsCNNktJsG3g8y%2F7tjZamHIpEfGJPAMjO5zYm6xEX45%2BXDNluGpqXiA6hEV1)

**12. Shoot and Score**

*Supplies:* ball, water bottles/toilet paper rolls/pylons

*Instructions:* Set up water bottles in a line outside. Kick a ball to knock down as many bottles as possible.

**13. What Do You Hear?**

*Supplies:* ---

*Instructions:* Go on a walk outside with your kiddo. On your walk, ask one another what sounds they can hear. Have them describe the sound, imitate the sound, or ask them to give you hints so you have to guess what they are listening to.

**14. Shadow Drawing**

*Supplies:* paper, pencil/markers, various objects

*Instructions:* Set up an object (example: toy) on a piece of paper when the sun is out.

Notice the shadow that is formed on one side. Trace the shadow of the figure.

*Link:*

[https://www.pinterest.ca/pin/288511919880312328/?nic\\_v1=1aBzff6rVPQrGMUJgRQTLB%2BfGnKFgA4VrKHCBtJp4qACp%2FPsXCydg9nSmPiuk2ORU9](https://www.pinterest.ca/pin/288511919880312328/?nic_v1=1aBzff6rVPQrGMUJgRQTLB%2BfGnKFgA4VrKHCBtJp4qACp%2FPsXCydg9nSmPiuk2ORU9)

**15. Nature Bingo**

*Supplies:* bingo card, pencil/markers

*Instructions:* Go for a walk with your kiddo. On your walk, cross off any squares on your bingo card that you see (for example: bird, leaves, rock, car, etc.)

*Link:*

[https://www.pinterest.ca/pin/389139224054426826/?nic\\_v1=1aPP9CT%2Bj%2BWbUgguNmoIY5C45KRJhS16L7GCiBiuthSbKenS8YxGURz9hShC%2Fx1Got](https://www.pinterest.ca/pin/389139224054426826/?nic_v1=1aPP9CT%2Bj%2BWbUgguNmoIY5C45KRJhS16L7GCiBiuthSbKenS8YxGURz9hShC%2Fx1Got)

### **16. Paper Plate Tennis**

*Supplies:* Paper plates, balloons

*Instructions:* Use paper plates as your tennis paddles and have fun!

### **17. Pillow Case Race**

*Supplies:* pillow case

*Instructions:* Everyone needs to be in their own pillow case. Have a race by jumping in the cases to the finish line. See how quickly you can go!

### **18. Red Light, Green Light**

*Supplies:* ---

*Instructions:* Stand apart from your kiddo. When you say “Green light,” your kiddo should run towards you. When you say “Red light,” your kiddo needs to stand still. If you catch them moving, they have to go back to the start line. Keep going until they reach you, and give them a high-five. Switch roles!

### **19. What Time Is It Mr. Wolf?**

*Supplies:* ---

*Instructions:* Start by playing as the wolf. When your kiddo asks, “What time is it Mr. Wolf,” say a number between 1-10. Whatever number you say is the number of steps they are allowed to move in one turn. If you say “Lunch time” instead of a number, your kiddo needs to run to avoid getting caught by you. Switch roles after your kiddo makes it to the finish line.

### **20. Tree Bark Rubbing**

*Supplies:* paper, crayons/markers, tape

*Instructions:* Attach a piece of paper to a tree. Use crayons or markers to colour on the paper and notice the cool designs that are formed.

## Exercise

### **1. Indoor Hopscotch**

*Supplies:* tape, coin/stone/bead

*Instructions:* Set up your hopscotch game on any floor surface. Masking tape will do perfectly to form the nine connecting squares. Boxes 1-3 will be placed in a single line, one on top of the other. The next two boxes (4, 5) will be placed side-by-side, followed by a single box (6), two more boxes (7, 8) and the final half-circle “home” base (9). Next, choose a marker, such as a coin, stone or beanbag. The first player will throw the marker into square 1 without letting it bounce or touch the lines. If successful, the player will then hop — one foot on single squares and two feet on side-by-side squares — avoiding square #1. The player may rest on “home” before hopping back. On the way back, he or

she picks up the marker on square #1 and, if successful (lands within the lines, hops or jumps with proper footing, doesn't fall), takes another turn and throws it into square #2. When the player is unsuccessful, the next player takes a turn. Players resume their turns by throwing the marker on the last box played. The winner is the first player to throw the marker home (#9), and smoothly complete the whole course.

## 2. Tape Balance Beam

*Supplies:* tape, (optional: something to play music with)

*Instructions:* Make a tape "balance beam" by attaching it to the floor, and play fun music or give the kids challenges such as hop on one foot, jump off a pillow, walk backwards, and dance along the line without "falling off"

## 3. Yoga

*Supplies:* A phone or computer to play the yoga instructional videos

*Instructions:* Try out some fun yoga poses with your kiddo. If the activities are challenging for you or your kiddo, feel free to make modifications.

*Link:* [https://www.youtube.com/watch?v=T\\_0P5grVoyg](https://www.youtube.com/watch?v=T_0P5grVoyg)

## 4. Sock Toss

*Supplies:* Socks, bucket/bowl

*Instructions:* Set up a "sock toss" using some folded up socks and a bucket/bowl to make a game of mini basketball. Take turns throwing the sock balls into the bucket, moving further away from the bucket after each turn.

## 5. Bowling

*Supplies:* 6 water bottles (alternatively, you could use toilet paper rolls), ball/rolled up socks

*Instructions:* Use empty water bottles and a ball to transform the family room into a bowling alley. Six bottles should suffice for bowling pins; if the bottles fall over too easily, fill them up with a little water or dry pasta for some extra weight.

## 6. 10 Minute Family Cardio

*Supplies:* A phone or computer to play the instructional videos

*Instructions:* Engage in a 10-minute cardio class with your kiddo. If the activities are challenging for you or your kiddo, feel free to make modifications (example: reducing the number of repetitions, take short breaks in between different exercises).

*Link:* <https://www.youtube.com/watch?v=5if4cj05nxo>

## 7. Cup Stacking

*Supplies:* cups (preferably plastic or paper)

*Instructions:* Start by placing 3 cups beside one another on the bottom row, with 2 cups on top (middle row), and 1 cup on the top row. Unstack the cups as quickly as you can by creating 2 groups of 3 cups, and then combine all cups into 1 stack. Start slowly as you learn how to stack and unstack the cups. Once you become comfortable, try timing how quickly you can stack the cups. Then, have a race against one another!

*Link:* <https://www.youtube.com/watch?v=F89vHYoM8XM>

**Tip:** Use more than 6 cups to make larger stacks.

## 8. Limbo Dance Party

*Supplies:* hockey stick/string/tape (to be used as the limbo pole), music (optional)

*Instructions:* Set-up your limbo pole. Put on some fun music and see how low you can all go.

**9. Animal Dance**

*Supplies:* paper, markers

*Instructions:* Make small cards with names of different animals written on them, and let the children pick one card. After doing so, the kids have to dance to the music, and move like that animal! Ask them to imitate their movement- if they move fast or slow, or do they take big steps or small and if they are loud or quiet!

**10. Ribbon Dance**

*Supplies:* ribbon/string, music (optional)

*Instructions:* Use ribbon and come up with your own ribbon dances to show to one another. Try coming up with a ribbon dance routine together.

**11. Balloon Volleyball**

*Supplies:* balloon, string, chairs

*Instructions:* Tie a string between two chairs to create the volleyball net. Create two teams and hit the ball to one another across the net.

**12. Ring Around the Rosie**

*Supplies:* ---

*Instructions:* Hold hands and sing Ring Around the Rosie while walking in a circle.

*Link:* <https://lyricstranslate.com/en/english-children-songs-ring-around-rosie-lyrics.html>

**13. Penguin Waddle**

*Supplies:* balloons/balls

*Instructions:* Blow up a balloon. Place it between your legs and waddle around like a penguin.

*Link:* <https://whatmomslove.com/kids/active-indoor-games-activities-for-kids-to-burn-energy/>

**14. Don't Let the Balloon Touch the Ground!**

*Supplies:* balloons, timer (optional)

*Instructions:* Blow up a balloon. Help your kiddo keep the balloon from touching the ground. Try counting the number of times you can hit the balloon and keep it in the air without touching the ground. Additionally, try timing how long you can keep the balloon in the air for.

**15. Race Track**

*Supplies:* tape, toy cars

*Instructions:* Tape a race car track onto the floor. Once this is complete, race toy cars along the track with your kiddo.

*Link:* <https://whatmomslove.com/kids/active-indoor-games-activities-for-kids-to-burn-energy/>

**16. Tape Shape Game**

*Supplies:* tape

*Instructions:* Tape different letters and shapes to the floor (Letter A, straight line, square). Give your kiddo directions on how to get from one shape/letter to the next. For example, "bear crawl to the letter A," "hop to the square," and "run to the line."

*Link:* <https://whatmomslove.com/kids/active-indoor-games-activities-for-kids-to-burn-energy/>

**17. Pup Pup Boogie Dance Off Game (Paw Patrol Dance Game)**

*Supplies:* Pup pup boogie dance off game key that outlines which characters go with which dance moves and spinner (both linked above)

*Instructions:* Have a Paw Patrol Dance Party!

*Link:* <https://www.pinterest.ca/pin/749075350507607728/>

<https://www.pinterest.ca/pin/531635931014125496/>

**18. Build Your Own Fort**

*Supplies:* Boxes and household items (blankets/chairs)

*Instructions:* Build a reading fort out of chairs and blankets, or go to a nearby appliance store and see if they have big boxes available to take home to make a playhouse

**19. Ring Toss**

*Supplies:* Paper plates, empty wrapping paper tube, markers, scissors

*Instructions:* Cut out the middle of several paper plates, such that only the outer circumference of the plates remain - these will serve as the "rings." The children can then decorate their rings with markers, stamps, stickers, etc. Half of an empty wrapping-paper tube can be the object that the children try to toss their rings around.

*Link:* <https://www.pinterest.ca/pin/473863192044737890/>

**20. Snowflake Hop**

*Supplies:* Snowflakes with action words and pictures, music

*Instructions:* Print off the cards from the link below and place them on the ground. Put on some music, and then jump from snowflake to snowflake, performing each activity on the snowflake before moving on.

*Link:* <https://www.pinkoatmeal.com/snowflake-hop-winter-gross-motor/>

**Crafts****1. Make Paper Dolls/People**

*Supplies:* markers/crayons, paper, scissors, printer if printing template

*Instructions:* Cut out the paper doll templates from the link below and colour them in.

*Link:* <http://kiddley.com/2006/11/01/diy-paper-doll-templates/>

**2. Handprint Flower Garden**

*Supplies:* crayons/markers (or finger paint), paper

*Instructions:* Trace your hand several times on a piece of paper (these will serve as your flowers). Draw stems and leaves onto the bottom of each handprint. Colour in your hand so it looks like a flower. Add in bees, birds, grass, or anything else!

*Link:* <https://www.pinterest.ca/pin/172755335676322278/>

**3. Avengers Popsicle Stick Bookmarks**

*Supplies:* popsicle sticks, markers

*Instructions:* Draw your favourite superhero characters onto popsicle sticks to create your bookmarks.

*Link:* <https://www.pinterest.ca/pin/780530179153079716/>

**4. Cheerio Bird Feeder**

*Supplies:* cheerios, pipe cleaners, string

*Instructions:* Thread cheerios onto pipe cleaners (3). Take 2 pipe cleaners and attach them by their ends to make a circle. Lay the third pipe cleaner in the middle of the circle. Tie the ends of this third pipe cleaner to the circle. Tie ribbon or yarn onto the ends of the circle so that you can hang it up in a tree.

*Link:* <https://happyhooligans.ca/cheerio-bird-feeders/>

## 5. "How to Draw" Tutorial (Options include: Minecraft, dogs, food, Avengers and more!)

*Supplies:* paper, markers/pencil crayons, electronic device to watch tutorial

*Instructions:* Watch the following videos (link below) to learn how to draw.

*Link:* <https://www.youtube.com/user/ArtforKidsHub/playlists>

## 6. Handprint Flamingo

*Supplies:* paper, scissors, glue

*Instructions:* Trace your hand on a piece of paper and then cut it out. Draw and cut out the flamingo's neck, legs, and beak. Glue these pieces onto the body (your handprint).

*Link:*

[https://www.pinterest.ca/pin/516647388503027035/?nic\\_v1=1aGwu09MXjorm4AYuXyWPzql%2FSORD7kt5cmIebafHWcbd1MQpCkmkEeznk9Up0qufL](https://www.pinterest.ca/pin/516647388503027035/?nic_v1=1aGwu09MXjorm4AYuXyWPzql%2FSORD7kt5cmIebafHWcbd1MQpCkmkEeznk9Up0qufL)

## 7. Paper Plate Snails

*Supplies:* paper plate, scissors, paper, glue, markers/crayons

*Instructions:* Use a paper plate or cut out a circle from a piece of paper for the snail's body. Cut out different sizes of squares to glue to the snail's body. Draw and cut out the snail's head and attach it to the body.

*Link:*

[https://www.pinterest.ca/pin/343540277827309710/?nic\\_v1=1aDHmU58MW97o5Fn1uCy%2FSe6Z2f%2BJbWqjR1BvMSydoHO3LVMljbIsD78Czm%2Fssi%2BZu](https://www.pinterest.ca/pin/343540277827309710/?nic_v1=1aDHmU58MW97o5Fn1uCy%2FSe6Z2f%2BJbWqjR1BvMSydoHO3LVMljbIsD78Czm%2Fssi%2BZu)

## 8. Cup Bunnies

*Supplies:* plastic/styrofoam cup (toilet paper roll), paper, markers/crayons, (googly eyes)

*Instructions:* Cut out bunny ears and feet using paper. Glue them to a plastic or styrofoam cup (alternatively, you could use a toilet paper roll). Draw on eyes (or use googly eyes), smile, nose, and whiskers.

*Link:*

[https://www.pinterest.ca/pin/244390717265860216/?nic\\_v1=1aRPWiMLhc72a3Vwo8bInjmtPaDMB92Pr3PXwVIq%2FMRTgiZO3iklENpneVFiPc0I72](https://www.pinterest.ca/pin/244390717265860216/?nic_v1=1aRPWiMLhc72a3Vwo8bInjmtPaDMB92Pr3PXwVIq%2FMRTgiZO3iklENpneVFiPc0I72)

## 9. Flying Owl

*Supplies:* paper plate, markers/crayons (or paint), paper, scissors, glue, popsicle stick

*Instructions:* Get a paper plate (or cut out a circle from paper) and paint it black to create a night sky or blue for daytime. If you want to create a night sky, you can also splatter on some white or yellow paint to create stars. Once the plate is dry, cut a line through the middle of the plate. Now it's time to make your owl! (Tip: start working on your owl while the plate is drying). Cut out two small circles from a piece of paper (use whatever colour of paper you would like). At the top of the circle, cut out a semi-circle to make the ears. Cut the second circle in half (these will be the wings). Glue the wings onto the sides of the owl body. Draw on eyes, beak, and feathers. Attach the owl to a popsicle stick or

straw. Place the popsicle stick through the hole in the large paper plate. Now your owl can fly in the sky!

*Link:*

[https://www.pinterest.ca/pin/285556432610724545/?nic\\_v1=1a4Elp8K7UNcg33rpsG7l%2FINNcmHPt73VaxhF1DGZKgxnt6NG%2BTgwjrARgF5Eyj6a](https://www.pinterest.ca/pin/285556432610724545/?nic_v1=1a4Elp8K7UNcg33rpsG7l%2FINNcmHPt73VaxhF1DGZKgxnt6NG%2BTgwjrARgF5Eyj6a)

## 10. Homemade Playdough

*Supplies:* 1 cup of flour

¼ cup of salt

1 Tbsp cream of tartar (optional)

½ cup of warm water

5 drops of food coloring

*Instructions:* Mix together the flour, salt, and cream of tartar. Mix together ½ cup of warm water with a few drops of food coloring. Slowly pour the water into the flour mixture, stirring as you pour. Stir until combined, then knead with your hands until the flour is completely absorbed. If the dough is too sticky, add more flour until it doesn't stick at all. Repeat the process for whichever colors you want to make.

**Tip:** Mixing the food coloring with the water before combining with the dry ingredients allows you to blend them by stirring, without staining your hands.

## 11. Octopus

*Supplies:* Paper, markers, tape, scissors, googly eyes (optional)

*Instructions:* Take a piece of paper and cut it across the middle. Roll a piece of paper into a column and attach the sides together using tape. To make the octopus tentacles cut the bottom of the paper column about ⅓ of the way down. Draw on the eyes and smile.

*Link:*

[https://www.pinterest.ca/pin/380132024799211077/?nic\\_v1=1aVtE20CPV39Y0xGMchF2GAi2PI4WxiIbCOgK5F06eU4gl3i6nZUW2lole%2FrhmyLr](https://www.pinterest.ca/pin/380132024799211077/?nic_v1=1aVtE20CPV39Y0xGMchF2GAi2PI4WxiIbCOgK5F06eU4gl3i6nZUW2lole%2FrhmyLr)

## 12. Paper Plate Monsters

*Supplies:* Paper plate, markers/paint, paper, scissors, googly eyes (optional), glue/tape

*Instructions:* Cut a hole in the middle of the paper plate in order to create the monster's mouth. Colour or paint the monster's mouth. Draw and cut out the monster's teeth from another piece of paper and then tape them to the monster's mouth. Draw and cut out monster horns and attach them with tape to the top of the monster's head. Glue on googly eyes to create an extra spooky monster!

*Link:*

[https://www.pinterest.ca/pin/435793701443506103/?nic\\_v1=1af5iGuxWt8inEPnDGevIS9YLe%2FhbEMn0pwD9Ubh9%2B0aMWI7QF2ZftTZBpN6wFkt%2BQ](https://www.pinterest.ca/pin/435793701443506103/?nic_v1=1af5iGuxWt8inEPnDGevIS9YLe%2FhbEMn0pwD9Ubh9%2B0aMWI7QF2ZftTZBpN6wFkt%2BQ)

## 13. Paper Heart Unicorn

*Supplies:* paper, glue/tape, markers, scissors, yarn/string, googly eyes (optional)

*Instructions:* Cut out a heart from a piece of paper to create your unicorn's head. Draw and cut out the following shapes: oval (mouth), unicorn horn, and ears. Tape or glue the oval to the bottom of the heart, and the ears and horn on the top of the heart. Draw the eyes and smile. Glue yarn onto the middle of the top of the heart to create the unicorn's hair.

*Link:*

[https://www.pinterest.ca/pin/363173157453409331/?nic\\_v1=1abqvw55q6ky%2FlvWhSOmtco9YF9cPlvpXoZhrgir4zMiME3ZPgjEe5IjpS%2Fv8vxEO](https://www.pinterest.ca/pin/363173157453409331/?nic_v1=1abqvw55q6ky%2FlvWhSOmtco9YF9cPlvpXoZhrgir4zMiME3ZPgjEe5IjpS%2Fv8vxEO)

#### **14. Handprint Forky**

*Supplies:* Paper, scissors, markers, googly eyes (optional)

*Instructions:* Trace and cut out your hand on a white piece of paper. Draw on red eyebrows, blue mouth, and pink cheeks. Attach googly eyes.

*Link:*

[https://www.pinterest.ca/pin/210613720062235031/?nic\\_v1=1aP28LMmHeAuE4v7kE7kS16jgRit9AjluVjEmHWyBMGow7tc%2BvYqo4AXF1FhIPc9GI](https://www.pinterest.ca/pin/210613720062235031/?nic_v1=1aP28LMmHeAuE4v7kE7kS16jgRit9AjluVjEmHWyBMGow7tc%2BvYqo4AXF1FhIPc9GI)

#### **15. Troll Painted Rocks**

*Supplies:* rocks, paint, markers, googly eyes (optional), paper, scissors

*Instructions:* Paint some rocks any colour you want. Draw on eyes, nose, and a smile. Draw, cut, and attach ears to the rock using tape or glue.

*Link:*

[https://www.pinterest.ca/pin/308355905737506820/?nic\\_v1=1a62%2FZ9%2BC8gvxcZY5FkBtdzA3F20HewH%2F4ZPWZSzCmtx66Ywww%2BUyOY9aVAc3yPPBy](https://www.pinterest.ca/pin/308355905737506820/?nic_v1=1a62%2FZ9%2BC8gvxcZY5FkBtdzA3F20HewH%2F4ZPWZSzCmtx66Ywww%2BUyOY9aVAc3yPPBy)

#### **16. Slithery Snakes**

*Supplies:* popsicle sticks, paper, markers/paint, scissors, glue, googly eyes (optional)

*Instructions:* Create cool patterns on popsicle sticks using markers or paint. Glue the ends of each popsicle stick together in a zig-zag pattern. Draw, cut out, and glue a head to the first popsicle stick. Draw, cut out, and glue a tongue to the head. Add eyes to the snake's head.

*Link:*

[https://www.pinterest.ca/pin/546202261040535527/?nic\\_v1=1aQPEX80SMdgI%2BbsTwIB%2BgxRgd%2FD66hVRL2c2wRh6TrLjKaCA4OHlun6XWW3kr%2BPr](https://www.pinterest.ca/pin/546202261040535527/?nic_v1=1aQPEX80SMdgI%2BbsTwIB%2BgxRgd%2FD66hVRL2c2wRh6TrLjKaCA4OHlun6XWW3kr%2BPr)

#### **17. Pineapple Pencil Holder**

*Supplies:* Can, paper, scissors, tape/glue, markers

*Instructions:* Take yellow paper and wrap it around the can so it is covered. Tape the sides together. Cut the top of the paper if it goes beyond the can length. Draw criss-cross lines onto the yellow paper. Draw eyes and a mouth onto the yellow paper. Draw and cut out green leaves, and then attach them with tape or glue to the top of the can.

*Link:*

[https://www.pinterest.ca/pin/566116615655921436/?nic\\_v1=1aLs5giXKHnYut9qW9YMTDBxBrd7VB1zBlA0m%2FpQLM6k%2FXm15ga0t3qpR4CspbqLxN](https://www.pinterest.ca/pin/566116615655921436/?nic_v1=1aLs5giXKHnYut9qW9YMTDBxBrd7VB1zBlA0m%2FpQLM6k%2FXm15ga0t3qpR4CspbqLxN)

#### **18. Scribble Art**

*Supplies:* paper, markers

*Instructions:* Scribble away on a piece of paper. Colour in each segment of the scribbled drawing with a different coloured marker.

*Link:*

[https://www.pinterest.ca/pin/546202261038739363/?nic\\_v1=1aBRktZgw%2FfkJV%2F2%2FhowqS2IMm1vaupMd4Zxptwpd%2FH8w%2BmK%2BIFD0hTbEAIClkdxH](https://www.pinterest.ca/pin/546202261038739363/?nic_v1=1aBRktZgw%2FfkJV%2F2%2FhowqS2IMm1vaupMd4Zxptwpd%2FH8w%2BmK%2BIFD0hTbEAIClkdxH)

#### **19. Rainbow Soap Foam**

*Supplies:* ¼ cup water, 2 tablespoons dish soap, food colouring, bowls, hand mixer

*Instructions:* Mix water, dish soap and food colouring on high with hand mixer for 2 minutes or until peaks form. Put the foam in a shallow bowl/cooking sheet or the bathtub to play with!

*Link:* <https://www.thechaosandtheclutter.com/archives/rainbow-soap-foam>

## 20. Pipe Cleaner Sprinkles

*Supplies:* pipe cleaners/straws, container

*Instructions:* Cut pipe cleaners into small pieces. Get kiddos to help put them into a small container to create a sprinkle shaker.

### Kids Cooking



#### 1. Crunchy Granola Pretzel Sticks

*Ingredients:* 1 package (12 ounces) chocolate chips

24 pretzel rods

1 cup granola without raisins

*Instructions:* In a microwave, melt chocolate chips in a glass measuring cup; stir until smooth. Pour into one side of a large shallow dish. Roll each pretzel halfway into chocolate. Allow excess coating to drip off, then sprinkle pretzels with granola. Place on waxed paper until set. Store in an airtight container.

#### 2. Frozen Banana Cereal Pops

*Ingredients:* 3/4 cup yogurt

2 cups cereal

4 medium bananas, peeled and cut crosswise in half

8 wooden pop sticks

*Instructions:* Place yogurt and cereal in separate shallow bowls. Insert pop sticks through the cut side of bananas. Dip bananas in yogurt, then roll in cereal to coat. Transfer to waxed paper-lined baking sheets. Freeze until firm, about 1 hour. Transfer to airtight freezer containers; seal containers and return pops to the freezer.

#### 3. Cereal Yogurt Bark

*Ingredients:* 1 container of yogurt

2 handfuls of favourite cereal

*Instructions:* Lay out a piece of parchment paper across a baking sheet. Put the yogurt on the parchment paper and spread out evenly. Top with the cereal and freeze! Once its frozen, use a wooden spoon to break it into pieces.

**Tip:** You could also use sliced fruit instead of cereal on top of the yogurt.

#### 4. Easy Pizza

*Ingredients:* Bread or bun (any kind)

Pizza sauce

Cheese

Preferred toppings

*Instructions:* Spread the pizza sauce on the bread and top with cheese. Add any other toppings you might like then place in the oven to bake. Enjoy!

**5. Trail Mix**

*Ingredients:* Marshmallows

- Pretzels
- Cheerios
- Chocolate chips/M&Ms
- Nuts (peanuts, etc.)
- Raisins

*Instructions:* Put it all in a plastic bag. Shake it all up and enjoy!

**6. Banana Sushi**

*Ingredients:* Banana

- Tortilla
- Peanut butter/nutella/jam/etc.

*Instructions:* Spread peanut butter or your preferred toppings on one side of the tortilla. Place the banana inside the tortilla and wrap it up. Slice it so it looks like little sushi rolls and enjoy!

**7. Banana Oat Muffins**

*Ingredients:* 4 large ripe bananas (smashed)

- 3 cups oats
- 1 tsp vanilla extract
- Mix-ins of your choice (berries, chocolate chips, etc.)

*Instructions:* Preheat your oven to 350 degrees and generously grease a mini muffin pan. In a large bowl, mix together the mashed banana, oats and vanilla. Add in the mix-ins of your choice; stir to combine. Spoon the mixture into your muffin pan, filling them up close to the top. Bake for 15-18 minutes and allow to cool for 5 minutes. Store any leftover in the fridge for up to 5 days.

**8. Apple Slice Cookies**

*Ingredients:* Apple

- Peanut butter or other spread
- Chocolate chips
- Nuts
- Berries

*Instructions:* Slice the apple so that you're getting "cookie-shaped" pieces. Spread peanut butter or other topping on the apple. Top with berries, nuts, chocolate chips, etc.!

**9. Quesadillas**

*Ingredients:* Tortilla

- Cheese
- Anything else (tomato, corn, salsa, chicken, etc.)

*Instructions:* Allow your kiddo to put all of the fillings in the quesadillas themselves. Then you can cook them up on the stovetop and enjoy them together!

**10. Banana Split Pudding Cups**

*Ingredients:* Chocolate and vanilla pudding

- Whipped topping or whipped cream

Ripe bananas  
Strawberries  
Crushed pineapple  
Sprinkles

*Instructions:* Start by cutting up the fruit. Then let kiddo place the items how they choose in a cup and enjoy! Don't forget the sprinkles on top.

#### **11. PAW Patrol Rice Cereal Treats:**

*Ingredients:* 3 Cups Crispy Rice Cereal  
2 Tablespoons Butter  
5 Ounces Marshmallows  
Bone Cookie Cutter  
Cookie Sheet

*Instructions:* Grease a large cookie sheet with butter. Combine the butter and the marshmallows in a large pot and stir until totally melted. Add the rice cereal and stir until all ingredients have been incorporated. Spread mixture on the prepared cookie sheet, stopping to wet hands every now and then, to prevent sticking. Use the bone cutter to create bone treats.

*Link:* <http://www.nickelodeonparents.com/paw-patrol-pup-pup-goodies-recipe/>

#### **12. M&M Energy Bites (can also be made to be peanut free)**

*Ingredients:* 1 cup rolled oats  
1/2 cup peanut butter  
1/2 cup M&Ms  
1/3 cup honey  
1 teaspoon vanilla extract

*Instructions:* Stir all ingredients together in a medium bowl until thoroughly mixed, saving the M&Ms until last to prevent the colors from bleeding or the shells from cracking. Once you have fully mixed the no-bake dough, cover and chill in the refrigerator for at least half an hour. Once chilled, roll into tablespoon-sized balls. Store in an airtight container and keep refrigerated for up to 1 week. Makes about 20-25 balls.

*Link:* <https://lemonlimeadventures.com/mm-energy-bites/>

#### **13. Fruit & Cracker Pizzas**

*Ingredients:* Crackers, cream cheese, fruit  
*Instructions:* Spread cream cheese on crackers. Cut up some fruit and place it on top of the cracker.

*Link:* <https://www.pinterest.ca/pin/534661787015980294/>

#### **14. No-Bake Honey Nut Cheerios Snack Bars**

*Ingredients:* 1/4 cup creamy unsalted butter (half of one stick)  
1/4 cup honey  
1/4 cup light brown sugar, packed  
1 tablespoon vanilla extract  
3 cups Honey Nut Cheerios  
1 cup raisins, optional  
about 1/2 cup chocolate-covered sunflower seeds, optional  
*Instructions:* Line an 8-inch square pan with aluminum foil leaving overhang, spray with cooking spray; set aside.

In a large microwave-safe bowl, combine butter, honey, brown sugar, and heat on high power for 1 minute to melt.

Stop to stir. Mixture will be on the granular side, this is okay.

Return bowl to microwave and heat for 1 more minute on high power. Stop to stir. Return bowl to microwave and heat for 1 more minute on high power. Stop to stir. On this third and final burst, mixture will become quite bubbly and foamy; use caution when removing from micro because this is boiling hot caramel and can cause burns.

Stir in the vanilla using caution because mixture could bubble up.

Stir in the cereal.

Stir in the optional raisins (or nuts).

Turn mixture out into prepared pan, packing it down firmly with a spatula and smoothing the top.

Optionally, sprinkle evenly with sunflower seeds and salt (the salt cuts some of the sweetness and I recommend it).

Cover pan with a sheet of foil (to prevent fridge smells), and place pan in fridge to set up for at least 2 to 3 hours, or overnight, or until bars are completely set before lifting out with foil overhang, slicing, and serving.

Bars will keep airtight in the refrigerator for up to 2 weeks, or in the freezer for up to 6 months. I recommend storing them in the fridge rather than room temp because they soften and get loose.

*Link: <https://www.averiecooks.com/no-bake-honey-nut-cheerios-snack-bars/>*

## **15. Easy Honey Bread**

*Ingredients:* 1 package active dry yeast  
1 1/4 cup milk, warm 110 to 115 degrees  
1/4 cup honey  
1/8 cup melted butter  
1 teaspoon salt  
3 cups all purpose flour

*Instructions:* Preheat oven to 375 degrees. Dissolve one package of yeast into a bowl of the warmed milk. Next add the honey, melted butter, and salt. Mix to combine. Add 3 cups of flour and mix with hands until a soft dough forms. Use additional flour for dusting. Place the dough on a floured surface and begin kneading for about 10 minutes. When you are done kneading, place the dough in a greased bowl and cover it. Place the bowl in a warm place so it can rise and double. This will take about an hour. Next, punch down the dough and place it in a greased loaf pan. Cover the dough and place in a warm place for another 30 minutes until it rises and doubles. Bake for 30-35 minutes at 375 degrees. You may need to cover the top with foil if it gets too brown. Remove from pan when done and allow to cool.

*Link: <https://www.messforless.net/easy-bread-recipe-honey-bread-for-food-fun-friday/>*

## **16. No-Bake Chewy Oreo Bars**

*Ingredients:* One 16 oz package of Oreo  
5 cups Large Marshmallows  
4 tablespoons butter

*Instructions:* lace Oreos in food processor and pulse until ground. Melt marshmallows and butter in microwave until puffed, about 1 1/2- 2 minutes. Remove and pour in

ground Oreo Cookies. Stir to combine then transfer to a foil lined 8x8 inch baking pan. Let set up for 10 minutes. Remove bars out of pan with edges of foil and cut into squares.  
*Link: <https://picky-palate.com/no-bake-chewy-cookies-and-cream-bars/>*

### **17. Mini Lasagna Cups**

*Ingredients:* marinara sauce, ricotta cheese, mozzarella cheese, Parmesan cheese, won ton wraps, Italian seasoning and ground beef/sausage if desired

*Instructions:* Simply spray the cupcake pan with Pam & place one won ton wrap in each cup. Next layer sauce & cheeses, then repeat. Sprinkle with Italian seasonings & bake at 375 degrees for 18-20 minutes. Let cool for 5 minutes & pop out with a knife. Depending on your appetite, figure 2-4 cups per person for a hearty dinner.

*Link: <http://www.catchingfirefliesgifts.com/blog/2012/06/mighty-tasty-mini-lasagnas/>*

### **18. Pepperoni Pizza Muffins**

*Ingredients:* 1 1/2 cup all-purpose flour

2 teaspoons baking powder

1/2 teaspoon dried Italian herb seasoning

1/4 teaspoon salt

1/2 cup vegetable oil

1/2 cup milk

2 eggs

1/2 cup shredded medium Cheddar cheese

1/2 cup diced sweet red pepper

1/3 cup diced pepperoni

Toppings:

1/3 cup shredded medium Cheddar cheese

36 slices mini pepperoni

6 cherry tomatoes halved

*Instructions:* In large bowl, whisk together flour, baking powder, Italian seasoning and salt; make well in centre. Whisk together oil, milk and eggs; pour into well and stir just until moistened. Stir in Cheddar cheese, red pepper and pepperoni. Divide among 12 large paper-lined muffin cups.

Toppings: Sprinkle Cheddar cheese over muffins. Top each with 3 pepperoni slices and 1 cherry tomato half, cut side up.

Bake in 375°F (190°C) oven until tops are firm to the touch, about 25 minutes.

*Link: <https://www.canadianliving.com/food/baking-and-desserts/recipe/pepperoni-pizza-muffins-1>*

### **19. Veggie-Packed Tater Tot Breakfast Bake**

*Ingredients:* Cooking spray

1 pound frozen broccoli florets

1 medium red bell pepper, diced

1/3 cup thinly sliced scallions

2 cups shredded sharp cheddar cheese (about 8 ounces), divided

10 large eggs

1 cup half-and-half

1 1/2 teaspoons kosher salt

Freshly ground black pepper

1 (32-ounce) bag frozen tater tots

*Instructions:* Arrange a rack in the middle of the oven and heat to 375°F. Coat a 9x13-inch baking dish with cooking spray; set aside.

Place the broccoli in a large microwave-safe bowl and microwave according to package directions until crisp-tender. (Alternatively, bring a large saucepan of water to a boil, add the broccoli, and cook until crisp-tender, about 3 minutes.) Drain well.

Transfer the broccoli to the baking dish in an even layer. Evenly sprinkle the red bell pepper, scallions, and 1 cup of the cheese over the broccoli. Place the eggs, half-and-half, and salt in a large bowl, season with pepper, and whisk until evenly combined. Pour over the broccoli mixture.

Arrange the tater tots in the baking dish side by side in a tight, single layer (you may have a few tater tots left over). Lightly coat the tater tots with cooking spray.

Bake 30 minutes. Sprinkle with the remaining 1 cup cheese. Bake until the eggs are set and the tater tots are crisp and golden-brown, 30 to 40 minutes more (metal pans will bake faster; check on the bake a few minutes early if using). Let sit on a wire rack 10 minutes before serving.

*Link:* <https://www.thekitchn.com/recipe-veggie-packed-tater-tot-breakfast-bake-252576>

## 20. No-bake Raspberry Peanut Butter Granola Bars

*Ingredients:* 1/2 cup natural peanut butter

1/4 cup mild honey

1 cup gluten-free rolled oats

1/2 cup fresh raspberries

1/4 cup golden flaxseed meal

1 tablespoon chia seeds

*Instructions:* Combine peanut butter and honey in a microwave-safe bowl; heat in microwave until melted and smooth, about 30 seconds. Add oats, raspberries, flaxseed meal, and chia seeds and mix well.

Line an 8-inch baking dish with parchment paper.

Press oat mixture into the prepared baking dish, using your fingers to flatten into the corners. Refrigerate until set, about 3 hours. Cut into bars.

*Link:* <https://www.allrecipes.com/recipe/257565/no-bake-raspberry-peanut-butter-granola-bars/?internalSource=staff%20pick&referringId=453&referringContentType=Recipe%20Hub>

## Clean Up

### 1. Kiddo Laundry

*Supplies:* clothes

*Instructions:* Show your kiddo how to fold up clothes. Once they have mastered this skill, have a race by seeing how many clothes they can fold in a minute.

### 2. Wiping Down Toys

*Supplies:* toys, water, soap, washcloth/paper towel

*Instructions:* Wipe down some toys together using a washcloth.

### **3. Mopping with Socks**

*Supplies:* socks

*Instructions:* Put on some socks and mop the floor together. You could also put a little bit of water on the floor to mop up.

### **4. Clean Up Song**

*Supplies:* ---

*Instructions:* Learn the clean-up song and put it to practice after playtime.

*Lyrics:*

Clean up clean up  
everybody everywhere.  
Clean up clean up  
Everybody do your share.

### **5. Clean-up Race**

*Supplies:* toys, bin/bucket, timer

*Instructions:* After playtime, have a clean-up race to see how quickly your kiddo can help clean toys up by placing them in their bin. Use a timer for an extra challenge.

### **6. Reverse Scavenger Hunt**

*Supplies:* toys, clothes, cooking utensils

*Instructions:* Have a pile of things that need to be put away. Walk through the house with your kiddo finding the correct spot for each item.

### **7. Simon Says...Clean-up Time!**

*Supplies:* ---

*Instructions:* Play Simon Says by coming up with tidy-up tasks. For example: Simon says ... Take your clothes to your room. Simon says ... put your plate in the sink.

### **8. I-SPY**

*Supplies:* Anything that needs to be put away

*Instructions:* Play I-SPY by listing off items that need to be put away. For example: I-SPY a red shirt. After your kiddo finds the item, go with them to put it away.

### **9. Mitten Monster**

*Supplies:* Oven mitts/winter gloves

*Instructions:* Put on the oven mitts. You and your kiddo are now mitten monsters! Try picking things up with them and putting them away.

### **10. Clean-up Robot**

*Supplies:* ---

*Instructions:* Pretend that you and your kiddo are robots. Take turns giving one another instructions on where to move. For example: "Take 3 steps to the left. Bend your knees. Pick up the stuffed animal. Place the animal in the bin."

### **11. Floor is Lava!**

*Supplies:* --

*Instructions:* Pretend the floor is lava and clean up everything on the floor before the lava melts the toys!

### **12. Sock Dusting**

*Supplies:* socks

*Instructions:* Put socks on your hands and dust various surfaces in your home

**13. Laundry Sorting**

*Supplies:* --

*Instructions:* Teach your kiddo how to sort laundry into lights/darks/colours/etc. Make it a fun game where they can throw the clothes into the right pile

**14. Wiping Race**

*Supplies:* cloths

*Instructions:* Give your child a wet or dry cloth and set a 2 minute timer. See how many cabinets or cupboards or toys they can wipe down before the timer runs out!

**15. Water the Plants**

*Supplies:* water and a container

*Instructions:* If you have plants in your home, teach your child how to water them! If they spill the water, that is okay. Give them a cloth so they can wipe it up themselves.

**16. Sweep Away!**

*Supplies:* something to make a mess with (uncooked pasta, uncooked rice, etc.) and a broom

*Instructions:* Spread out some uncooked pasta or rice on the floor and have your child try to sweep it up! Next time a mess is made, they'll know how to help clean it up.

**17. Small Spaces**

*Supplies:* cloths

*Instructions:* Clean tight areas (ex. Under the couch) while talking to your child about how they can reach their arms into tighter spaces because their arms are smaller. Explain to your child that this is why you need help with the cleaning!

**18. Sock Matching**

*Supplies:* Freshly cleaned socks

*Instructions:* Show your child how to match and put together socks! This could become their 'super special job' for every load of laundry.

**19. Rinsing Dishes**

*Supplies:* kitchen stool or chair

*Instructions:* While washing dishes, allow your kiddo to be your 'teammate' and rinse all of the bubbles off the clean dishes for you.

**\*Tip:** You can start by doing this with only plastic/unbreakable dishware or cutlery until kiddo is ready. You can also let your kiddo dry the dishes!

**20. Eyes Closed Clean Up**

*Supplies:* --

*Instructions:* You close your eyes and count to 20 while your child cleans up as many toys as they can. See how many times you have to count to 20 before all the toys are cleaned up and see if they can beat their record next time!