



SANTÉ QUÉBEC

In
2002...
I'll be 5 years old!

SELF-ADMINISTERED QUESTIONNAIRE FOR FATHER (SAQF)

Interview language :

File no: - - - - - -

1 2 3 4 5 6 7 8 9 10 11 12 13 14

Questionnaire status: Completed 1
Partially completed 2
Not completed 3

Interviewer no:

« IN THE YEAR 2002... I'LL BE FIVE YEARS OLD! »

**Longitudinal Study of the Development of Children in Québec
(ÉLDEQ) - VOLET 1998**

This questionnaire must be filled out by the baby's father (aged about 5 months).

Thank you for your cooperation which is so essential to the success of this study. It is important to answer all questions to the best of your knowledge. There are no right or wrong answers. If you have any questions or require additional information concerning this study, please contact Santé Québec (514) 873-1769. Please call collect if you live outside of the greater Montréal area. This questionnaire will remain strictly anonymous and confidential.

IT IS IMPORTANT TO FILL OUT THE QUESTIONNAIRE BY YOURSELF WITHOUT CONSULTING THE MOTHER OF YOUR BABY and if it is possible while the interviewer is present. Then place it in the enclosed envelope and seal it before giving it back to the interviewer or sending by mail as soon as possible.

Date received:

(day) (months) (year)

SANTÉ QUÉBEC
1200, McGill College Avenue
Suite 1620
Montréal (Québec) H3B 4J8
Tél. : (514) 873-4749

BIP Bureau d'intervieweurs professionnels
630, West Sherbrooke Street
Suite 210
Montréal (Québec) H3A 1E4
Tél. : (514) 288-1980

For consultation only

INSTRUCTIONS

You will find that there are several possible answers to the questions. Unless otherwise indicated, we ask that you choose only one answer for each question. As there are no right or wrong answers, the idea is to choose the answer best suited to your personal situation.

Here are a few sample questions and answers to illustrate what we mean:

EXAMPLE 1 12- Please rate the overall degree of difficulty he/she would present for the average parent? *[Circle only one answer]*

Very easy	1
	2
	3
	4
	5
	6
Highly difficult to deal with	7

EXAMPLE 2 13- I get the impression that my baby/twin is particularly curious compared with other children his/her age.

0	1	2	3	4	5	6	7	8	9	10
Not at all what I think										Exactly what I think

EXAMPLE 3 58- **Since leaving or finishing school**, have you ever taken part in any clubs, groups or community programs with leadership, such as the Optimists, Lions, Knights of Columbus, etc.? *[Circle "1" for yes or "2" for no]*

Yes	1
No	2

For consultation only

First name - Baby/twin

SINGLETONS/TWINS AGED ABOUT 5 MONTHS

1- What is your relationship with the baby/twin (of about 5 months)?

- | | |
|--|---|
| You are his/her biological father | 1 |
| You are the current spouse or partner of the baby/twin's mother | |
| but not his/her biological father | 2 |
| You are someone else (e.g. grandfather, uncle, babysitter, etc.) | 3 |

SECTION I - ABOUT THE TEMPERAMENT OF YOUR BABY/TWIN AGED BETWEEN 4 AND 9 MONTHS...

THE FOLLOWING QUESTIONS ARE ABOUT HOW YOUR BABY/TWIN (AGED BETWEEN 4 AND 9 MONTHS) BEHAVES. PLEASE ANSWER THEM FOR HIM/HER IN COMPARISON TO OTHERS. "ABOUT AVERAGE" MEANS HOW YOU THINK THE TYPICAL CHILD WOULD BE SCORED.

2- How many times per day, on average, does he/she get fussy and irritable - for either short or long periods of time? *[Circle only one answer]*

- | | |
|--------------------------|---|
| Never | 1 |
| 1-2 times per day | 2 |
| 3-4 times per day | 3 |
| 5-6 times per day | 4 |
| 7-9 times per day | 5 |
| 10-14 times per day | 6 |
| 15 times per day or more | 7 |

First name - Baby/twin

3- How much does he/she cry and fuss in general? ***[Circle only one answer]***

Very little; much less than the average baby

1
2
3
4
5
6
7

A lot; much more than the average baby

4- How easily does he/she get upset? ***[Circle only one answer]***

Very hard to upset - even by things that upset most babies

1
2
3
4
5
6
7

Very easily upset by things that wouldn't bother most babies

5- When he/she gets upset (e.g. before feeding, during, diapering, etc.), how vigorously or loudly does he/she cry and fuss? ***[Circle only one answer]***

Very mild intensity or loudness

1
2
3
4
5
6
7

Very loud or intense, really cuts loose

First name - Baby/twin

6- How excited does he/she become when people play with or talk to him/her? **[Circle only one answer]**

Very excited	1
	2
	3
	4
	5
	6
Not at all	7

7- On the average, how much attention does he/she require, other than for caregiving (feeding, bathing, diaper, changes, etc.)? **[Circle only one answer]**

Very little - much less than the average baby	1
	2
	3
	4
	5
	6
A lot - much more than the average baby	7

8- When left alone, he/she plays well by him/herself? **[Circle only one answer]**

Almost always	1
	2
	3
	4
	5
	6
Almost never - won't play by self	7

First name - Baby/twin

9- How does he/she typically respond to a new person? **[Circle only one answer]**

- | | |
|--|---|
| Almost always responds favorably | 1 |
| | 2 |
| | 3 |
| | 4 |
| | 5 |
| | 6 |
| Almost always responds negatively at first | 7 |
-

10- How does he/she typically respond to being in a new place? **[Circle only one answer]**

- | | |
|--|---|
| Almost always responds favorably | 1 |
| | 2 |
| | 3 |
| | 4 |
| | 5 |
| | 6 |
| Almost always responds negatively at first | 7 |
-

11- How well does he/she adapt to new experiences (such as new playthings, new foods, new persons, etc.) eventually? **[Circle only one answer]**

- | | |
|--|---|
| Very well - always likes it eventually | 1 |
| | 2 |
| | 3 |
| | 4 |
| | 5 |
| | 6 |
| Almost always dislikes it in the end | 7 |
-

First name - Baby/twin

- 12- Please rate the overall degree of difficulty he/she would present for the average parent? **[Circle only one answer]**

Very easy

1

2

3

4

5

6

Highly difficult to deal with

7

First name - Baby/twin

SECTION II - ABOUT RELATIONSHIPS BETWEEN FATHER AND BABY/TWIN (OF ABOUT 5 MONTHS)...

GENERALLY SPEAKING, THE BEHAVIOURS AND ATTITUDES DEMONSTRATED BY FATHERS TOWARDS THEIR BABIES VARY CONSIDERABLY FROM ONE FATHER TO ANOTHER AND FROM ONE CHILD TO ANOTHER. WE WOULD LIKE TO GET AND OVERVIEW OF YOUR INTERACTIONS WITH _____ (OF ABOUT 5 MONTHS).
First name of baby/twin

PLEASE INDICATE TO WHAT EXTENT EACH STATEMENT ACCURATELY DESCRIBES YOUR ACTIONS, YOUR THOUGHTS OR YOUR FEELING TOWARDS YOUR BABY/TWIN.

USE THE FOLLOWING SCALE TO RATE EACH ANSWER:

0	1	2	3	4	5	6	7	8	9	10
Not at all what you do, what you think, how you feel										Exactly what you do, what you think, how you feel

13- I get the impression that my baby/twin is particularly curious compared with other children his/her age.

0	1	2	3	4	5	6	7	8	9	10
Not at all what I think										Exactly what I think

14- My behaviour has little effect on the personal development of my baby/twin.

0	1	2	3	4	5	6	7	8	9	10
Not at all what I think										Exactly what I think

First name - Baby/twin

14a- I take really great pleasure in “talking” (babbling, using baby-talk) with my baby/twin.

0	1	2	3	4	5	6	7	8	9	10
Not at all how I feel										Exactly How I feel

14b- I often play with my baby/twin. For example, I regularly take the time to amuse him/her or make him/her laugh when I change his/her diaper.

0	1	2	3	4	5	6	7	8	9	10
Not at all what I do										Exactly what I do

15- I feel that I am very good at keeping my baby/twin amused.

0	1	2	3	4	5	6	7	8	9	10
Not at all what I think										Exactly what I think

16- I get the impression that my baby/twin is particularly endearing compared with other children his/her age.

0	1	2	3	4	5	6	7	8	9	10
Not at all what I think										Exactly what I think

17- I feel that I am very good at calming my baby/twin down when he/she is upset, fussy or crying.

0	1	2	3	4	5	6	7	8	9	10
Not at all what I think										Exactly what I think

18- I have been angry with my baby/twin when he/she was particularly fussy.

0	1	2	3	4	5	6	7	8	9	10
Not at all what I did										Exactly what I did

First name - Baby/twin

19- I feel that I am very good at keeping my baby/twin busy while I am doing other things.

0	1	2	3	4	5	6	7	8	9	10
Not at all what I think										Exactly what I think

20- When my baby/twin cries, he/she gets on my nerves.

0	1	2	3	4	5	6	7	8	9	10
Not at all how I feel										Exactly how I feel

21- I feel that I am very good at attracting the attention of my baby/twin.

0	1	2	3	4	5	6	7	8	9	10
Not at all what I think										Exactly what I think

22- I have raised my voice with or shouted at my baby/twin when he/she was particularly fussy.

0	1	2	3	4	5	6	7	8	9	10
Not at all what I did										Exactly what I did

23- Regardless of what I do, my baby/twin will develop on his/her own.

0	1	2	3	4	5	6	7	8	9	10
Not at all what I think										Exactly what I think

24- I feel that I am very good at feeding my baby/twin, changing his/her diapers and giving him/her his/her bath.

0	1	2	3	4	5	6	7	8	9	10
Not at all what I think										Exactly what I think

First name - Baby/twin

25- I have spanked my baby/twin when he/she was particularly fussy.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly
what I did what I did

26- I insist upon keeping my baby/twin close to me at all times, within my eyesight and in the same room as I am.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly
what I think what I think

27- I get the impression that my baby/twin is particularly cute compared with other children his/her age.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly
what I think what I think

28- I have lost my temper when my baby/twin was particularly fussy.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly
what I did what I did

29- My behaviour has little effect on the intellectual development of my baby/twin.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly
what I think what I think

30- I consider myself a “real mother hen”.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly
what I think what I think

First name - Baby/twin

31- I prefer that my baby/twin sleeps in the same room as me at night.

0	1	2	3	4	5	6	7	8	9	10
Not at all what I think										Exactly what I think

32- I have left my baby/twin alone in his/her bedroom when he/she was particularly fussy.

0	1	2	3	4	5	6	7	8	9	10
Not at all what I did										Exactly what I did

33- When I leave my baby/twin with a baby-sitter, I miss him/her so much that I cannot enjoy myself.

0	1	2	3	4	5	6	7	8	9	10
Not at all what I feel										Exactly what I feel

34- My behaviour has little effect on the development of emotions (for example, happiness, fear, anger) in my baby/twin.

0	1	2	3	4	5	6	7	8	9	10
Not at all what I think										Exactly what I think

35- I have shaken my baby/twin when he/she was particularly fussy.

0	1	2	3	4	5	6	7	8	9	10
Not at all what I did										Exactly what I did

36- I can never bring myself to leave my baby/twin with a baby-sitter.

0	1	2	3	4	5	6	7	8	9	10
Not at all how I feel										Exactly how I feel

First name - Baby/twin

37- My behaviour has little effect on how my baby/twin will interact with others in the future.

0	1	2	3	4	5	6	7	8	9	10
Not at all what I think										Exactly what I think

38- I get the impression that my baby/twin is particularly intelligent compared with other children his/her age.

0	1	2	3	4	5	6	7	8	9	10
Not at all what I think										Exactly what I think

38a- I often feel the urge to kiss my baby/twin.

0	1	2	3	4	5	6	7	8	9	10
Not at all how I feel										Exactly how I feel

38b- I usually feel very great pleasure when holding my baby/twin in my arms.

0	1	2	3	4	5	6	7	8	9	10
Not at all how I feel										Exactly how I feel

38c- I feel very intense joy and I sort of “melt down” whenever my baby/twin smiles at me.

0	1	2	3	4	5	6	7	8	9	10
Not at all how I feel										Exactly how I feel

39- In general, do you think you are a “good father”?

0	1	2	3	4	5	6	7	8	9	10
I’m a very bad father										I’m a very good father

First name - Baby/twin

SECTION III- ABOUT THE FATHER'S WELLBEING...

THE NEXT SET OF STATEMENTS DESCRIBE FEELINGS OR BEHAVIOURS. FOR EACH ONE, PLEASE INDICATE HOW OFTEN YOU FELT OR BEHAVED THIS WAY DURING THE PAST WEEK.

How often have you felt or behaved this way during the PAST WEEK:

40- I did not feel like eating, my appetite was poor. *[Circle only one answer]*

- | | |
|--|---|
| Rarely or none of the time (less than 1 day) | 1 |
| Some or a little of the time (1-2 days) | 2 |
| Occasionally or a moderate amount of time (3-4 days) | 3 |
| Most or all of time (5-7 days) | 4 |

41- I feel that I could not shake off the blues even with help from my family or friends. *[Circle only one answer]*

- | | |
|--|---|
| Rarely or none of the time (less than 1 day) | 1 |
| Some or a little of the time (1-2 days) | 2 |
| Occasionally or a moderate amount of time (3-4 days) | 3 |
| Most or all of time (5-7 days) | 4 |

42- I had trouble keeping my mind on what I was doing. *[Circle only one answer]*

- | | |
|--|---|
| Rarely or none of the time (less than 1 day) | 1 |
| Some or a little of the time (1-2 days) | 2 |
| Occasionally or a moderate amount of time (3-4 days) | 3 |
| Most or all of time (5-7 days) | 4 |

How often have you felt or behaved this way during the PAST WEEK:

43- I felt depressed. ***[Circle only one answer]***

- | | |
|--|---|
| Rarely or none of the time (less than 1 day) | 1 |
| Some or a little of the time (1-2 days) | 2 |
| Occasionally or a moderate amount of time (3-4 days) | 3 |
| Most or all of time (5-7 days) | 4 |
-

44- I felt that everything I did was an effort. ***[Circle only one answer]***

- | | |
|--|---|
| Rarely or none of the time (less than 1 day) | 1 |
| Some or a little of the time (1-2 days) | 2 |
| Occasionally or a moderate amount of time (3-4 days) | 3 |
| Most or all of time (5-7 days) | 4 |
-

45- I felt hopeful about the future. ***[Circle only one answer]***

- | | |
|--|---|
| Rarely or none of the time (less than 1 day) | 1 |
| Some or a little of the time (1-2 days) | 2 |
| Occasionally or a moderate amount of time (3-4 days) | 3 |
| Most or all of time (5-7 days) | 4 |
-

46- My sleep was restless. ***[Circle only one answer]***

- | | |
|--|---|
| Rarely or none of the time (less than 1 day) | 1 |
| Some or a little of the time (1-2 days) | 2 |
| Occasionally or a moderate amount of time (3-4 days) | 3 |
| Most or all of time (5-7 days) | 4 |
-

47- I was happy. ***[Circle only one answer]***

- | | |
|--|---|
| Rarely or none of the time (less than 1 day) | 1 |
| Some or a little of the time (1-2 days) | 2 |
| Occasionally or a moderate amount of time (3-4 days) | 3 |
| Most or all of time (5-7 days) | 4 |
-

How often have you felt or behaved this way during the PAST WEEK:

48- I felt lonely. ***[Circle only one answer]***

- | | |
|--|---|
| Rarely or none of the time (less than 1 day) | 1 |
| Some or a little of the time (1-2 days) | 2 |
| Occasionally or a moderate amount of time (3-4 days) | 3 |
| Most or all of time (5-7 days) | 4 |
-

49- I enjoyed life. ***[Circle only one answer]***

- | | |
|--|---|
| Rarely or none of the time (less than 1 day) | 1 |
| Some or a little of the time (1-2 days) | 2 |
| Occasionally or a moderate amount of time (3-4 days) | 3 |
| Most or all of time (5-7 days) | 4 |
-

50- I had crying spells. ***[Circle only one answer]***

- | | |
|--|---|
| Rarely or none of the time (less than 1 day) | 1 |
| Some or a little of the time (1-2 days) | 2 |
| Occasionally or a moderate amount of time (3-4 days) | 3 |
| Most or all of time (5-7 days) | 4 |
-

51- I felt that people disliked me. ***[Circle only one answer]***

- | | |
|--|---|
| Rarely or none of the time (less than 1 day) | 1 |
| Some or a little of the time (1-2 days) | 2 |
| Occasionally or a moderate amount of time (3-4 days) | 3 |
| Most or all of time (5-7 days) | 4 |
-

51a- I have felt scared or panicky for no very good reason. ***[Circle only one answer]***

- | | |
|--|---|
| Rarely or none of the time (less than 1 day) | 1 |
| Some or a little of the time (1-2 days) | 2 |
| Occasionally or a moderate amount of time (3-4 days) | 3 |
| Most or all of time (5-7 days) | 4 |
-

SECTION IV- ABOUT YOUR CHILDHOOD, YOUR ADOLESCENCE AND YOUR ADULT LIFE...

THIS YEAR, WE ARE ADDRESSING CERTAIN PERIODS OF YOUR LIFE.

- 52- **Before the end of high school**, did you take part in any clubs, groups or community programs with leadership such as Scouts, etc.? *[Circle “1” for yes or “2” for no]*

Yes	1
No	2

- 53- **Before the end of high school**, did you more than once swipe things from stores or from other children, or steal from your parents or from anyone else? *[Circle “1” for yes or “2” for no]*

Yes	1
No	2

- 54- **Before the end of high school**, did you often get into fights that you had started? *[Circle “1” for yes or “2” for no]*

Yes	1
No	2

- 55 **Before the end of high school**, were you ever involved with Social Services (Department of Youth Protection), in trouble with the police or arrested BECAUSE OF YOUR MISBEHAVIOUR? *[Circle “1” for yes or “2” for no]*

Yes	1
No	2

56- **Before the end of high school**, were you ever expelled or suspended from school? *[Circle "1" for yes or "2" for no]*

Yes	1
No	2

57- **Before the end of high school**, were you involved in an organized sports team (e.g. school volleyball team, local hockey team, etc.)? *[Circle "1" for yes or "2" for no]*

Yes	1
No	2

Now about your ADULT LIFE...

58- **Since leaving or finishing school**, have you ever taken part in any clubs, groups or community programs with leadership, such as the Optimists, Lions, Knights of Columbus, etc.? *[Circle "1" for yes or "2" for no]*

Yes	1
No	2

59- **Since leaving or finishing school**, have you been FIRED from more than one job (do not take into account layoffs resulting from lack of work)? *[Circle "1" for yes or "2" for no or "7" if you have never worked]*

Yes	1
No	2
You have never worked	7

60- **Since leaving or finishing school**, have you ever been arrested for anything OTHER than traffic violations? *[Circle "1" for yes or "2" for no]*

Yes	1
No	2

61- **Since leaving or finishing school**, have you more than once gotten into fights, assaulted or physically hurt anyone? *[Circle “1” for yes or “2” for no]*

Yes	1
No	2

62- **Since leaving or finishing school**, have you ever been in trouble at work, with the police or with your family, or had a car accident BECAUSE OF DRUGS OR ALCOHOL? *[Circle “1” for yes or “2” for no]*

Yes	1
No	2

63- **Since leaving or finishing school**, have you been involved in an organized sports team (e.g. local baseball or hockey team, etc.)? *[Circle “1” for yes or “2” for no]*

Yes	1
No	2

Go to the following section

SECTION V- ABOUT YOUR LEISURE TIME....

64- **Last week**, approximately how many hours did you devote in total each of the following leisure activities? *[Circle only one answer]*

	NONE	LESS THAN 3 HOURS	3 HOURSS OR MORE, BUT LESS THAN 6	6 HOURS OR MORE, BUT LESS THAN 11	11 HOURS OR MORE, BUT LESS THAN 21	21 HOURS OR MORE
a. Television and videos	0	1	2	3	4	5
b. Reading	0	1	2	3	4	5
c. Physical activities or sports	0	1	2	3	4	5
d. Computer (electronic games, internet, etc.)	0	1	2	3	4	5
e. Other leisure activities	0	1	2	3	4	5

YOUR COMMENTS...

Kindly indicate your comments in the space below. Your feedback is appreciated.

Our most sincere thanks for your cooperation!

KINDLY PLACE THE COMPLETED QUESTIONNAIRE IN THE PREPAID ENVELOPE AND SEAL IT GUARANTEE CONFIDENTIALITY. PLEASE, GIVE IT BACK TO THE INTERVIEWER OR FORWARD BY MAIL AS SOON AS POSSIBLE.