



SANTÉ QUÉBEC

BMA Yes ☐ No ☐

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

SELF-ADMINISTERED QUESTIONNAIRE FOR MOTHER (SAQM)

Interview language:

2

File no.:

2	-	9	9	-		-		-			-				-				
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 2002... I'LL BE FIVE YEARS OLD! »

Longitudinal Study of Child Development in Québec
(ÉLDEQ - E2) - VOLET 1999

*This questionnaire must be filled out by the child/twin's mother
(AGED ABOUT 17 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.

Please fill out the questionnaire as soon as possible. Then place it in the enclosed pre-paid envelope and seal it before sending by mail.

Date received:

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(day)

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(month)

--	--

(year)

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

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

INSTRUCTIONS

You will find that there are several possible answers to the following questions. Unless otherwise indicated, we ask that you choose only one answer for each question. As there are no right of 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 10- When you put your child/twin OF ABOUT 17 MONTHS to bed for the NIGHT, most often you... *[Circle only one answer, namely 1 or 2 or 3]*

- ...lull him/her to sleep before putting him/her down 1
- ...put him/her to bed awake and stay with him/her
until he/she falls asleep (2)
- ...put him/her to bed awake and let him/her fall
asleep on his/her own 3

EXAMPLE 2 12- Does your child/twin OF ABOUT 17 MONTHS have one or more object(s) in particular that help/s him/her to fall asleep when he/she is in bed *[Circle all applicable answers]*

- None 1
- Soother (pacifier) 2
- Bottle (4)
- Any other object (teddy bear, blanket, mobile, etc.) (8)

EXAMPLE 3 24- I get the impression that my child/twin (OF ABOUT 17 MONTHS) is particularly curious 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 | | | |

First name - Child/twin

SINGLETONS/TWINS AGED ABOUT 17 MONTHS

1- What is your relationship with the child/twin (OF ABOUT 17 MONTHS)?

- You are his/her biological mother 1
- You are the current spouse or partner of the child/twin's father
but **not** his/her biological mother 2
- You are someone else (example: grandmother, aunt, babysitter, etc.) 3

SECTION 1 - ABOUT YOUR PLANS...

THE FOLLOWING QUESTIONS ARE ABOUT FAMILY PLANNING.

2- When you were pregnant with your child/twin OF ABOUT 17 MONTHS, would you say that :
[Circle only one answer, namely 1 or 2 or 3 or 4 or 5]

- It was a planned pregnancy 1
- You had been trying to get pregnant for some time 2
- You wanted a child, but not yet 3
- You did not want this pregnancy 4
- I am not the biological mother 5

3- Are you pregnant right now? [Circle "1" for yes or "2" for no]

- Yes 1
- No 2

First name - Child/twin

4- Do you intend to give birth to another child some day? *[Circle "1" for yes or "2" for no]*

Yes 1

No 2

SECTION 2 - ABOUT SLEEPING HABITS...

THE FOLLOWING QUESTIONS CONCERN YOUR CHILD/TWIN (OF ABOUT 17 MONTHS) AND REFER TO HIS/HER SLEEPING HABITS.

5- In your opinion, does your child/twin OF ABOUT 17 MONTHS sleep undisturbed (straight) through the night? *[Circle "1" for Yes or "2" for No]*

Yes 1

No 2

6- In general, how many hours in a row does your child/twin OF ABOUT 17 MONTHS sleep at NIGHT? *[Circle only one answer]*

Less than 4 hours 01

From 4 hours to less than 5 hours 02 ➡ *(Go to Q.7)*

From 5 hours to less than 6 hours 03

From 6 hours to less than 7 hours 04

From 7 hours to less than 8 hours 05

From 8 hours to less than 9 hours 06

From 9 hours to less than 10 hours 07

10 hours and more 08

First name - Child/twin

6a- Since what age has your child/twin OF ABOUT 17 MONTHS been sleeping at least 6 hours straight during the NIGHT ? *[Circle only one answer]*

- He/she does not sleep 6 hours straight 01
Since birth to less than 2 weeks 02
From the age of 2 weeks to less than 3 months 03
From the age of 3 months to less than 6 months 04
From the age of 6 months to less than 9 months 05
From the age of 9 months to less than 1 year 06
From the age of 1 year to less than 15 months 07
From the age of 15 months up until now 08

7- In general, how long does it take your child/twin OF ABOUT 17 MONTHS to go to sleep at NIGHT? *[Circle only one answer]*

- Less than 15 minutes 1
From 15 minutes to less than 30 minutes 2
From 30 minutes to less than 45 minutes 3
From 45 minutes to less than 60 minutes 4
60 minutes or more 5

8- When putting your child/twin OF ABOUT 17 MONTHS down for the NIGHT, how often does he/she have difficulty falling asleep? *[Circle only one answer, namely 1 or 2 or 3 or 4]*

- Never 1
Sometimes 2
Often 3
Always 4
-

First name - Child/twin

- 9- In general, how many hours in a row does your child/twin OF ABOUT 17 MONTHS sleep during the DAY? *[Circle only one answer]*

Less than 1 hour 1
From 1 hour to less than 2 hours 2
From 2 hours to less than 3 hours 3
From 3 hours to less than 4 hours 4
4 hours and more 5

- 10- When you put your child/twin OF ABOUT 17 MONTHS to bed for the NIGHT, most often you...
[Circle only one answer, namely 1 or 2 or 3]

... lull him/her to sleep before putting him/her down 1
... put him/her to bed awake and stay with him/her
until he/she falls asleep 2
... put him/her to bed awake and let him/her fall
asleep on his/her own 3

- 11- In general, where does your child/twin OF ABOUT 17 MONTHS sleep? *[Circle all applicable answers]*

Alone in a bedroom 1
In his/her parent's bedroom 2
Shares his/her bedroom but NOT his/her bed with a brother or sister 3
Shares his/her bedroom AND bed with a brother or sister 4

FOR TWINS ONLY:

Shares his/her bedroom BUT not his/her bed with his/her twin brother/sister 5
Shares his/her bedroom AND bed with his/her twin brother/sister 6

First name - Child/twin

- 12- Does your child/twin OF ABOUT 17 MONTHS have one or more object(s) in particular that help/s him/her to fall asleep when he/she is in bed? *[Circle all applicable answers]*

None 1
Soother (pacifier) 2
Bottle 4
Any other object (teddy bear, blanket, mobile, etc.) 8

- 13- When your child/twin OF ABOUT 17 MONTHS is healthy, what do you *currently* do when he/she wakes up at NIGHT? *[Circle only one answer]*

You let him/her cry 1
You comfort him/her but leave him/her **in** his/her bed 2
You bring him/her into your bed 3
You give him/her something to eat or drink 4
You take him/her **out** of bed to comfort him/her 5
You do something else 6
Your child/twin OF ABOUT 17 MONTHS does not wake up at **night** 7

- 14- On average over the past month, how many times per NIGHT has your child/twin OF ABOUT 17 MONTHS woken up? *[Circle only one answer]*

Does not wake up 1
Less than once a night 2
1-2 times 3
3-4 times 4
5 times and more 5

First name - Child/twin

- 15- Does your child/twin OF ABOUT 17 MONTHS breathe *noisily* during his/her sleep? *[Circle only one answer, namely 1 or 2 or 3 or 4]*

Never 1
Sometimes 2
Often 3
Always 4

- 16- Does your child/twin OF ABOUT 17 MONTHS have night terrors (wakes up suddenly, crying, sometimes drenched in sweat and confused)? *[Circle only one answer, namely 1 or 2 or 3 or 4]*

Never 1
Sometimes 2
Often 3
Always 4

- 17- Does your child/twin OF ABOUT 17 MONTHS rock himself/herself to sleep or during sleep? *[Circle only one answer, namely 1 or 2 or 3 or 4]*

Never 1
Sometimes 2
Often 3
Always 4

- 18- Does your child/twin OF ABOUT 17 MONTHS bang his/her head against his/her bed or pillow in a repetitive fashion either while falling sleep or during sleep? *[Circle only one answer, namely 1 or 2 or 3 or 4]*

Never 1
Sometimes 2
Often 3
Always 4

First name - Child/twin

19- Does your child/twin OF ABOUT 17 MONTHS grind his/her teeth during the night? *[Circle only one answer, namely 1 or 2 or 3 or 4]*

Never 1
Sometimes 2
Often 3
Always 4

20- During the day or night, whether awake or asleep, does your child/twin OF ABOUT 17 MONTHS currently use a pacifier? *[Circle "1" for yes or "2" for no]*

Yes 1
No 2 ➡ *(Go to Q.21)*

20a- Have you ever dipped it in something sweet (honey, sugar, brown sugar, syrup, etc.)? *[Circle "1" for yes or "2" for no]*

Yes 1
No 2 ➡ *(Go to Q.21)*

20b- How many times A DAY do you give him/her a sweetened pacifier?

Number of times/day _____

First name - Child/twin

**SECTION 3 - ABOUT INSECURITY CAUSED
BY RUNNING OUT OF FOOD...**

HIGH UNEMPLOYMENT AND A TIGHT JOB MARKET HAVE MADE IT HARD FOR AN INCREASING NUMBER OF FAMILIES TO MAKE ENDS MEET. THEY EVEN RUN OUT OF FOOD AT TIMES. WE WOULD LIKE TO KNOW WHETHER YOUR FAMILY HAS EXPERIENCED A SIMILAR SITUATION.

- 21- **Since the birth** of your child/twin (OF ABOUT 17 MONTHS), has a member of your family ever experienced being hungry because the family had run out of food or money to buy food? *[Circle "1" for Yes or "2" for No]*

Yes 1

No 2 ➡ *(Go to Q. 24)*

- 22- How often has your family run out of food, **since the birth** of your child/twin? *[Circle only one answer, namely 1 or 2 or 3 or 4]*

Regularly, once a month 1

More than once a month 2

Certain months only 3

Occasionally, but not regularly 4

First name - Child/twin

23- How do you cope with feeding your children when this happens? *[Circle all answers that apply]*

- The adults (parents, guardian, etc.) skip meals
or eat less 01
- Your child/twin (OF ABOUT 17 MONTHS) skips meals or eats less 02
- The other children skip meals or eat less 03
- The family eats the same food more often 04
- Relatives are called upon for assistance 05
- Friends are called upon for assistance 06
- One seeks help from the CLSC 07
- One seeks help from food bank
(Emergency food assistance program) 08
- The children have access to a school meal program 09
- The family participates in food-related activities
through community groups 10
-

First name - Child /twin

SECTION 4 - ABOUT RELATIONSHIPS BETWEEN MOTHER AND CHILD/TWIN...

GENERALLY SPEAKING, THE BEHAVIOURS AND ATTITUDES DEMONSTRATED BY MOTHERS TOWARDS THEIR CHILDREN VARY CONSIDERABLY FROM ONE MOTHER TO ANOTHER AND FROM ONE CHILD TO ANOTHER. WE WOULD LIKE TO GET AND OVERVIEW OF YOUR INTERACTIONS WITH _____ (OF ABOUT 17 MONTHS).
(First name of child/twin)

PLEASE INDICATE TO WHAT EXTENT EACH STATEMENT ACCURATELY DESCRIBES YOUR ACTIONS, YOUR THOUGHTS OR YOUR FEELINGS TOWARDS YOUR CHILD/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

- 24- I get the impression that my child/twin (OF ABOUT 17 MONTHS) 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

- 25- My behaviour has little effect on the development of my child/twin's personality.

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

First name - Child / twin

26- I take really great pleasure in "talking" (babbling, using baby-talk) with my child/twin (OF ABOUT 17 MONTHS) when he/she wakes up.

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

27- I feel that I am very good at keeping my child/twin amused.

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

28- I get the impression that my child/twin is particularly lovable (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

29- I feel that I am very good at calming my child/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

30- I often play with my child/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

31- I have been angry with my child/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 - Child /twin

32- I feel that I am very good at keeping my child/twin (OF ABOUT 17 MONTHS) 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

33- I feel that I am very good at attracting and keeping the attention of my child/twin.

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

34- I have raised my voice with or shouted at my child/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

35- Regardless of what I do as a parent, my child/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

36- I often feel the urge to kiss my child/twin.

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

37- I have spanked my child/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 - Child / twin

38- I insist upon keeping my child/twin (OF ABOUT 17 MONTHS) 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 what I think										Exactly what I think

39- I have lost my temper when my child/twin was particularly fussy.

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

40- My behaviour has little effect on the intellectual development of my child/twin.

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

41- I usually feel very great pleasure when holding my child/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

42- I consider myself a "real mother hen".

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

43- When I leave my child/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 how I feel										Exactly how I feel

First name - Child / twin

- 44- My behaviour has little effect on the development of emotions (for example, happiness, fear, anger) in my child/twin (OF ABOUT 17 MONTHS).

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

- 45- I can never bring myself to leave my child/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

- 46- My behaviour has little effect on how my child/twin will behave 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

- 47- I get the impression that my child/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

- 48- I feel a very intense joy and I sort of "melt down" whenever my child/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

- 49- All in all, how good a job do you think you do as a mother?

0	1	2	3	4	5	6	7	8	9	10
A very bad job										A very good job

SECTION 5 - ABOUT YOUR DAY-TO-DAY LIFE...

THE FOLLOWING QUESTIONS CONCERN THE PACE OF YOUR DAY-TO-DAY LIFE.

50- For each statement, please circle the number that best describes how you feel in general. *[Circle only one answer for each statement]*

	Always	Often	Sometimes	Rarely	Never
a. I feel that I have to rush to get everything done each day	1	2	3	4	5
b. By the time supper time arrives, I am physically exhausted	1	2	3	4	5
c. I feel that I have enough time for myself ...	1	2	3	4	5
d. I wonder if I should spend more time with my children	1	2	3	4	5

SECTION 6 - ABOUT ALCOHOL AND DRUGS ...

MANY PEOPLE CONSUME ALCOHOL OR DRUGS OR HAVE CONSUMED THEM IN THE PAST. THE FOLLOWING QUESTIONS RELATE TO ALCOHOL AND DRUG CONSUMPTION.

- 51- Have you ever drunk 20 drinks or more *in one day* (that is, 3 or more bottles of wine, or a fifth of liquor, or 20 bottles or cans of beer? *[Circle "1" for yes or "2" for no]*

Yes 1

No 2

- 52- Has there ever been a period of two (2) weeks or more when, *every day*, you were drinking at least 7 drinks, that could include 7 beers, or 7 glasses of wine, or alcoholic beverages of any kind? *[Circle "1" for yes or "2" for no]*

Yes 1

No 2

53- Alcohol can cause problems in social relationships. Were there ever objections about your drinking from... *[Circle "1" for yes or "2" for no]*

- | | Yes | No |
|---|-----|----|
| a. ... your family? | 1 | 2 |
| b. ... your friends, your doctor, your boss, or people at work or at school? | 1 | 2 |
| c. Did you ever get into fights while drinking? | | |
| Yes | 1 | |
| No | | 2 |
| d. Have the police ever stopped or arrested you or taken you to a treatment centre because of drinking? | | |
| Yes | 1 | |
| No | | 2 |

54- People who cut down or stop drinking after drinking for a considerable time often have withdrawal symptoms. Common ones are the "shakes" (hand tremble), being unable to sleep, feeling anxious or depressed, sweating, heart beating fast or have convulsions or seeing or hearing things that are not really there. Have you had any problems like that when you stopped or cut down on drinking? *[Circle "1" for yes or "2" for no or "7" for never cut down or stopped drinking]*

- | | |
|---|---|
| Yes | 1 |
| No | 2 |
| I have never cut down or stopped drinking | 7 |

55- Have you ever sought help or treatment for drinking (from a doctor, a psychologist, an alcohol counsellor, a hospital, a CLSC, an alcohol treatment centre, or by attending Alcoholics Anonymous)? *[Circle "1" for yes or "2" for no]*

- | | |
|-----------|---|
| Yes | 1 |
| No | 2 |
-

- 56- Have any of your immediate blood relatives (BROTHER, SISTER, FATHER, MOTHER) ever sought treatment for alcoholism *or* had AT LEAST 2 of the following problems with alcohol: 1) family problems; 2) problems with the law; 3) violent behaviour because of drinking; 4) problems at work; 5) could not stop drinking after 1 or 2 drinks? *[Circle "1" for yes, "2" for no or "8" for do not know]*

Yes 1
No 2
Do not know 8

- 57- Have any of your GRANDPARENTS ever sought treatment for alcoholism *or* had AT LEAST 2 of the following problems with alcohol: 1) family problems; 2) problems with the law; 3) violent behaviour because of drinking; 4) problems at work; 5) could not stop drinking after 1 or 2 drinks? *[Circle "1" for yes, "2" for no or "8" for do not know]*

Yes 1
No 2
Do not know 8

NOW WE WOULD LIKE TO KNOW ABOUT YOUR EXPERIENCE WITH DRUGS, MEDICATIONS (OTHER THAN THOSE TAKEN AS PRESCRIBED BY YOUR DOCTOR) AND OTHER SUBSTANCES.

58- Have you ever used at least one drug on this list MORE THAN 5 TIMES IN YOUR LIFE? [Circle "1" for yes or "2" for no]

	Yes	No
a. Marijuana, hashish, pot, grass	1	2
b. Cocaine, crack, free base	1	2
c. Amphetamines, stimulants, speed	1	2
d. Heroin, opiates like codeine, demerol, morphine, methadone, darvon, opium	1	2
e. Psychedelics like LSD, mescaline, peyote, psilocybin, DMT, PCP	1	2
f. The following <i>non-prescription drugs</i> : barbiturates, sedatives, downers, sleeping pills like Seconal, Qaaludes, tranquilizers, pills for your nerves like Valium, Librium, Ativan (<i>without a prescription</i>)	1	2

DEAR RESPONDENT... If you answered "1 - Yes" to one or other of the drugs mentioned in this page, please GO TO QUESTION 59.

If you answered "2 - No" to all drugs, GO TO QUESTION 65.

59- Have you ever used any of these drugs *almost every day for 2 weeks or more*? [Circle "1" for yes, "2" for no]

Yes 1
No 2

60- After taking one of these drugs, have you ever stayed high *for a whole day or more*? [Circle "1" for yes, "2" for no]

Yes 1

No 2

61- Have you ever tried to cut down on any of these drugs but found you couldn't? [Circle "1" for yes, "2" for no]

Yes 1

No 2

62- Did using any of these drugs cause you considerable problems with your family, friends, on the job, at school, or with the police? [Circle "1" for yes, "2" for no]

Yes 1

No 2

63- Did you have any emotional or psychological problems from using drugs (such as feeling uninterested in things, depressed, suspicious of people, paranoid or having strange ideas)? [Circle "1" for yes, "2" for no]

Yes 1

No 2

64- Have you ever given up or greatly reduced important activities in order to use a drug (activities like sports, work, or associating with your friends or relatives)? [Circle "1" for yes, "2" for no]

Yes 1

No 2

SECTION 7 - ABOUT YOU AND YOUR SPOUSE/PARTNER ...

THE FOLLOWING QUESTIONS CONCERN YOUR RELATIONSHIP WITH YOUR SPOUSE/PARTNER AND THE SHARING OF DOMESTIC CHORES.

65- How is the spouse/partner with whom you are **currently** living with related to your child/twin (OF ABOUT 17 MONTHS)...

- ...biological father 1
- ...“adoptive” or stepfather 2
- Other (specify) _____ 3
- You have a spouse/partner but you do not live with him .. 4
- You do not have any spouse/partner 6 ➔ (Go to Q.67)

66- The numbers below correspond to the different degrees of happiness in your couple relationship. Number 4, “happy”, corresponds to the level of happiness found in most relationships. Circle the number that corresponds best to your relationship.

- | | | | | | | |
|----------------------|------------------|---------------------|-------|---------------|--------------------|--------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Extremely
unhappy | Quite
unhappy | A little
unhappy | Happy | Very
happy | Extremely
happy | Perfectly
happy |

67- When you or your spouse/partner (if any) are at home, who does the following tasks? *[Circle the appropriate number for each task]*

	You always	You most often	You and your spouse/ partner equally	Your spouse/ partner most often	Your spouse/ partner always	You and another person	Another arrangement
a. Helps the children eat or drink	1	2	3	4	5	6	7
b. Changes diapers, dresses the children	1	2	3	4	5	6	7
c. Bathes the children ...	1	2	3	4	5	6	7
d. Puts the children to bed	1	2	3	4	5	6	7
e. Housework (like preparing meals, tidying up, doing the dishes, etc.	1	2	3	4	5	6	7

SECTION 8 - ABOUT YOUR CURRENT JOB...

IF YOU ARE CURRENTLY WITHOUT WAGE-EARNING EMPLOYMENT, GO TO THE NEXT PAGE. IF YOU ARE CURRENTLY WORKING, ON VACATION, ON PARENTAL LEAVE, ON SICK LEAVE (INCLUDING A WORK ACCIDENT), ON STRIKE OR LOCKED OUT, FILL OUT THIS SECTION ABOUT YOUR JOB.

68- Currently, your principal paid job is... [Circle only one answer. If you hold more than one job, circle the description that corresponds to your principal job.]

- | | |
|--|---|
| ...a permanent job | 1 |
| ...a temporary job with a set termination date | 2 |
| ...a temporary job with no set termination date | 3 |
| ...you are self-employed
(your own business, consultant, freelance, etc.) | 4 |
| ...on call, substitute | 5 |
| Other (specify) | 6 |

69- To what extent are you satisfied with... *[Circle only one answer for each of the following a, b, c and d]*

- a. ...the type of work you do?

1 2 3 4 5
Very satisfied Very unsatisfied

- b. ... the number of hours you work?

1 2 3 4 5
Very satisfied Very unsatisfied

- c. ... your pay?

1 2 3 4 5
Very satisfied Very unsatisfied

- d. ... your job in general?

1	2	3	4	5
Very satisfied				Very unsatisfied

DEAR RESPONDENT...

If you are **NOT LIVING WITH THE BIOLOGICAL FATHER** of your child/twin **OF ABOUT 17 MONTHS**, please fill out the following section (beginning at question 70).

If, however, you are **LIVING WITH THE BIOLOGICAL FATHER** of your child/twin (**OF ABOUT 17 MONTHS**), please go directly to the last page of the questionnaire to share your comments with us, if any.

- ➡ **IF THE BIOLOGICAL FATHER** of your child/twin (**OF ABOUT 17 MONTHS**) is **DECEASED**, please go directly to the last page of the questionnaire to share your comments with us, if any.

**SECTION 9 - ABOUT YOUR CHILD/TWIN'S
BIOLOGICAL FATHER (AGED ABOUT 17 MONTHS)...**

**THE FOLLOWING QUESTIONS CONCERN YOUR RELATIONSHIP WITH THE
BIOLOGICAL FATHER OF YOUR CHILD/TWIN OF ABOUT 17 MONTHS
WHO DOES NOT LIVE WITH YOU, EITHER BECAUSE YOU HAVE NEVER LIVED
WITH HIM OR BECAUSE YOU ARE SEPARATED OR DIVORCED.**

- 70- If you have been separated from the biological father of your child/twin (OF ABOUT 17 MONTHS) or have broken off the relationship, how would you describe the atmosphere that surrounded this separation? *[Circle only one answer, namely 1 or 2 or 3 or 4]*

Good 1
Fairly good 2
Bad 3
Very bad 4

- 71- Are you still in touch with the biological father of your child/twin OF ABOUT 17 MONTHS? *[Circle "1" for yes or "2" for no]*

Yes 1
No 2 ➔ (Go to Q.73)

- 72- How would you describe the current relations between you and the biological father of your child/twin OF ABOUT 17 MONTHS? *[Circle only one answer, namely 1 or 2 or 3 or 4]*

Good 1
Fairly good 2
Bad 3
Very bad 4

73- How much contact does the biological father have with his child/twin OF ABOUT 17 MONTHS (phone calls, visits, child custody, etc.)? *[Circle only one answer]*

- Never 1
 - Every day 2
 - Several times a week 3
 - Several times a month 4
 - Occasionally 5
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74- Does the biological father provide any financial support for his child/twin OF ABOUT 17 MONTHS? *[Circle only one answer, namely 1 or 2 or 3]*

- Yes, regularly 1
 - Yes, irregularly 2
 - No 3
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75- How do you feel about the extent of the biological father's involvement as a parent, with your child/twin OF ABOUT 17 MONTHS (contact, custody, arrangements, etc.). Is it... *[Circle only one answer, namely 1 or 2 or 3 or 4]*

- Very satisfactory 1
 - Somewhat satisfactory 2
 - Somewhat unsatisfactory 3
 - Very unsatisfactory 4
-

76- How do you feel about the extent of financial support from the biological father of your child/twin OF ABOUT 17 MONTHS? Is it ... *[Circle only one answer, namely 1 or 2 or 3 or 4]*

- Very satisfactory 1
 - Somewhat satisfactory 2
 - Somewhat unsatisfactory 3
 - Very unsatisfactory 4
-

Now here are some questions about the consumption of alcohol and drugs of the biological father of your child/twin (AGED ABOUT 17 MONTHS) WHO DOES NOT LIVE WITH YOU.

- 77- Has the biological father of your child/twin (OF ABOUT 17 MONTHS) ever drunk 20 drinks or more ***in one day*** (that is, 3 or more bottles of wine, or a fifth of liquor, or 20 bottles or cans of beer)? ***[Circle "1" for yes, "2" for no or "8" for do not know]***

Yes 1
No 2
Do not know 8

- 78- Has there ever been a period of two (2) weeks or more when, ***every day***, he was drinking at least 7 drinks, that could include 7 beers, or 7 glasses of wine, or alcoholic beverages of any kind? ***[Circle "1" for yes, "2" for no or "8" for do not know]***

Yes 1
No 2
Do not know 8

- 79- Alcohol can cause problems in social relationships. Were there ever objections to the drinking of the biological father of your child/twin OF ABOUT 17 MONTHS by... *[Circle "1" for yes, "2" for no or "8" for do not know]*

	Yes	No	Do not know
a. ... his family?	1	2	8
b. ... his friends, his doctor, his boss or people at work or at school?	1	2	8

- c. As far as you know, did the biological father of your child/twin OF ABOUT 17 MONTHS ever get into fights while drinking? *[Circle "1" for yes, "2" for no or "8" for do not know]*

Yes	1
No	2
Do not know	8

- d. Have the police ever stopped or arrested the biological father of your child/twin OF ABOUT 17 MONTHS or taken him to a treatment centre because of drinking? *[Circle "1" for yes, "2" for no or "8" for do not know]*

Yes	1
No	2
Do not know	8

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- 80- People who cut down or stop drinking after drinking for a considerable time often have withdrawal symptoms. Common ones are the "shakes" (hand tremble), being unable to sleep, feeling anxious or depressed, sweating, heart beating fast or have convulsions or seeing or hearing things that are not really there. Has the biological father of your child/twin OF ABOUT 17 MONTHS had any problems like that when he stopped or cut down on drinking? *[Circle "1" for yes, "2" for no, "7" for never cut down or stopped drinking or "8" for do not know]*

Yes	1
No	2
He has never cut down or stopped drinking	7
Do not know	8

81- Has the biological father of your child/twin (OF ABOUT 17 MONTHS) ever sought help or treatment for drinking (from a doctor, a psychologist, an alcohol counsellor, a hospital, a CLSC, an alcohol treatment centre, or by attending Alcoholics Anonymous)? *[Circle "1" for yes, "2" for no or "8" for do not know]*

Yes 1
No 2
Do not know 8

NOW WE WOULD LIKE TO KNOW ABOUT THE EXPERIENCE OF THE BIOLOGICAL FATHER OF YOUR CHILD/TWIN (OF ABOUT 17 MONTHS) WITH DRUGS, MEDICATIONS(OTHER THAN THOSE TAKEN AS PRESCRIBED BY HIS DOCTOR) AND OTHER SUBSTANCES.

82- Has the biological father of your child/twin OF ABOUT 17 MONTHS ever used at least one drug on this list MORE THAN 5 TIMES IN HIS LIFE? [Circle "1" for yes, "2" for no or "8" for do not know]

	Yes	No	Do not know
a. Marijuana, hashish, pot, grass	1	2	8
b. Cocaine, crack, free base	1	2	8
c. Amphetamines, stimulants, speed	1	2	8
d. Heroin, opiates like codeine, demerol, morphine, methadone, darvon, opium	1	2	8
e. Psychedelics like LSD, mescaline, peyote, psilocybin, DMT, PCP	1	2	8
f. The following <i>non-prescription drugs</i> : barbiturates, sedatives, downers, sleeping pills like Seconal, Qaaludes, tranquilizers, pills for his nerves like Valium, Librium, Ativan (<i>without prescription</i>)	1	2	8

DEAR RESPONDENT... If you answered "1 - Yes" to one or other of the drugs mentioned in this page, please GO TO QUESTION 83.

If you answered "2 - No" or "8 - Do not know" to all drugs, GO DIRECTLY TO THE LAST PAGE OF THE QUESTIONNAIRE to share your comments with us, if any.

83- As far as you know, has the biological father of your child/twin (OF ABOUT 17 MONTHS) ever used any of these drugs *almost every day for 2 weeks or more*? [Circle "1" for yes, "2" for no or "8" for do not know]

Yes 1
No 2
Do not know 8

84- After taking one of these drugs, has he ever stayed high *for a whole day or more*? [Circle "1" for yes, "2" for no or "8" for do not know]

Yes 1
No 2
Do not know 8

85- As far as you know, has the father of your child/twin OF ABOUT 17 MONTHS ever tried to cut down on any of these drugs but found he couldn't? [Circle "1" for yes, "2" for no or "8" for do not know]

Yes 1
No 2
Do not know 8

86- Did using any of these drugs cause him considerable problems with his family, friends, on the job, at school, or with the police? [Circle "1" for yes, "2" for no or "8" for do not know]

Yes 1
No 2
Do not know 8

87- Did he have any emotional or psychological problems from using drugs (such as feeling uninterested in things, depressed, suspicious of people, paranoid or having strange ideas)? *[Circle "1" for yes, "2" for no or "8" for do not know]*

Yes	1
No	2
Do not know	8

88- Has he ever given up or greatly reduced important activities in order to use a drug (activities like sports work, or associating with his friends or relatives)? *[Circle "1" for yes, "2" for no or "8" for do not know]*

Yes	1
No	2
Do not know	8

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 PRE-PAID
RETURN ENVELOPE AND SEAL IT TO GUARANTEE CONFIDENTIALITY.
FORWARD BY MAIL AS SOON AS POSSIBLE.**