



Paper Questionnaire Completed by the Interviewer (PQCI)

Longitudinal Study of Child Development in Québec
(ÉLDEQ – E5) – VOLET 2002

File No.:

2	-	0	2	-		-		-			-				-				
1		2	3		4		5		6	7		8	9	10	11		12	13	14

Interviewer No.:

--	--

Interview language:

2

Questionnaire Status:

Completed	1
Partially completed	2
Not completed	3

Starting time (*heure internationale*) of questionnaire:

Hours	

Minute/s	

Date of interview:

Day	

Month	

Year	

Direction Santé Québec
Institut de la statistique du Québec
1200 McGill College Avenue
Montréal (Québec) H3B 4J8
Tel.: (toll-free) 1 877 677-2087 or (514) 873-4749

BIP Bureau d'intervieweurs professionnels
630 West Sherbrooke Street
Suite 210
Montréal (Québec) H3A 1E4
Tel.: (toll-free) 1 877 843-7304 or (514) 288-1980

Child aged ABOUT 4 YEARS OLD

Section 1

About the feeding profile of _____ (of ABOUT 4 YEARS)...

This section will enable you to draw up a feeding profile for your child of ABOUT 4 YEARS by determining his/her feeding habits.

1. Respondent status:

- Biological mother of the child 1
 Current spouse or partner of the biological mother of the child (**not** the biological father) 2
 Biological father of the child 3
 Current spouse or partner of the biological father of the child (**not** the biological mother) 4
 Other 5

2. When _____ is at home with you for the main meal of the day, how often does he/she eat a meal that is different from the other members of your family?

- Almost never 4
 Sometimes 3
 Almost always 2
 Always 1
 Refusal 9

3. In the past seven days, how many times has _____ (of ABOUT 4 YEARS) had his/her main meals (NOT INCLUDING snacks)...

Number of meals eaten...	Breakfast	Lunch	Supper
a) ... at home			
b) ... outside the home, <u>in childcare</u> (daycare, private baby-sitter, mother, mother-in-law, etc.)			
c) ... outside the home, <u>in situations other than child care</u> (restaurant, home of absent biological mother/father, visiting friends or family, etc.)			
[1 → The total should add up to 7 if the child does not skip meals. However, the total cannot be more than 7]	7	7	7

4. In general, does _____ (of ABOUT 4 YEARS)...
[I → Show Response Card "H"]

Never	Rarely	Sometimes	Often	Refusal
-------	--------	-----------	-------	---------

a) ... eat enough?	1	2	3	4	9
b) ... refuse to eat the right food?	1	2	3	4	9
c) ... over-eat?	1	2	3	4	9

[I → In general...]

d) ... eat too fast?	1	2	3	4	9
e) ... eat between meals so is not hungry at mealtime?	1	2	3	4	9
f) ... eat at regular hours?	1	2	3	4	9

[I → In general...]

g) ... refuse to eat?	1	2	3	4	9
-----------------------	---	---	---	---	---

- 5aa. In general, do you know what he/she eats at the daycare or at the baby-sitter's place?

Yes 1
No 2
NA 3

5. In the past week at home and in childcare (daycare, baby-sitter), on average, how many times during the week or how many times per day has _____ eaten the following foods?
[I → Show Response Card "B"]

[I → In the past week...]	None	Times (During the week)			Times (Per day)		DNK	R
		1-2	3-4	5-6	1	2 and +		
a) Milk	1	2	3	4	5	6	8	9
b) Cheese	1	2	3	4	5	6	8	9
c) Yoghurt, milk desserts (example: Laura Secord milk puddings) [I → Excluding ice-creams]	1	2	3	4	5	6	8	9
d) Fruits	1	2	3	4	5	6	8	9
e) Juice/Fruit drinks	1	2	3	4	5	6	8	9
f) Vegetables/Potatoes	1	2	3	4	5	6	8	9
g) Poultry	1	2	3	4	5	6	8	9
h) Meat (example: pork, beef, veal, etc.)	1	2	3	4	5	6	8	9
i) Fish/Seafood	1	2	3	4	5	6	8	9

Continued on the next page...

[I → In the past week...]	None	Times (During the week)			Times (Per day)		DNK	R
		1-2	3-4	5-6	1	2 and +		
j) Legumes, pulse (example: lentils, tofu)	1	2	3	4	5	6	8	9
k) Bread	1	2	3	4	5	6	8	9
l) Cereal (example: Corn Flakes, Froot Loops, baby cereal, etc.)	1	2	3	4	5	6	8	9
m) Pasta/Rice	1	2	3	4	5	6	8	9
n) Pastries/Candies/Cookies/Chips/Chewing gum containing sugar	1	2	3	4	5	6	8	9
[I → Don't count sugar-free chewing gum]								

6. Compared with other children of the same age and size, would you say that _____ (of ABOUT 4 YEARS):

Is overweight..... 1
 Is thin/slim..... 2
 Has a normal weight..... 3
 Refusal..... 9

7. When you have children, mealtimes are not always the most relaxing times. How often would you describe meal times with _____ in the following ways:
 [I → Show Response Card "O"]

Never	Occasionally	Quite often	Always or almost always	NA	DNK	R
-------	--------------	-------------	-------------------------	----	-----	---

a) Mealtimes are enjoyable for everyone	1	2	3	4		8	9
b) Mealtimes are a rush	1	2	3	4		8	9
c) Mealtimes give us time to talk to each other	1	2	3	4		8	9
d) Mealtimes include arguments between the children	1	2	3	4	7	8	9
e) Mealtimes include arguments between adults and children	1	2	3	4	7	8	9
f) Mealtimes include arguments between adults	1	2	3	4	7	8	9

8. What type or brand of fluoride supplement (alone or in combination with vitamins and/or minerals) are you **currently** giving _____ (of ABOUT 4 YEARS)?
 [I → Show Response Card "C"]

Name on box 1
 Currently, not taking any 2

9. In the past three months (namely since ...), how many times has _____ suffered from...
[I → Show Response Card "I"]

None	Once	Twice	3 times	4 times and +	DNK	Refusal
------	------	-------	---------	---------------	-----	---------

a) gastrointestinal infection (gastro-enteritis ("stomach flu") lasting one day or more, vomiting and/or diarrhoea)?

1 2 3 4 5 8 9

b) ear infection (otitis)?

1 2 3 4 5 8 9

[I → In the past three months...]

c) respiratory infection with fever (cold, flu, pneumonia)?

1 2 3 4 5 8 9

d) another infection (example: urinary tract infection)?

1 2 3 4 5 8 9

specify: _____

10a. Does your child have a health condition or other type of problem that might affect his/her participation in today's session?

Yes 1 → Go to Q. 10b

No 2 → Go to Q. 11

10b. What is the nature of the condition and has it been diagnosed? Is it:

[I → Read each response; circle more than one if applicable; indicate whether or not the condition or problem has been diagnosed by a health professional]

			Diagnosed		
	YES	NO	YES	NO	NA
1) an ear infection?	1	2	1	2	
2) asthma?	1	2	1	2	
3) a gastrointestinal illness?	1	2	1	2	
4) a respiratory illness (bronchitis, pneumonia)?	1	2	1	2	
5) an urinary infection?	1	2	1	2	
6) another type of viral or bacterial infection (such as: influenza [flu], streptococcus infection, whooping cough, German measles, chickenpox, meningitis)?	1	2	1	2	
7) allergies?	1	2	1	2	
8) the after-effects of meningitis or some other illness?	1	2	1	2	
9) a fever?	1	2	1	2	
10) a recent surgical procedure?	1	2	1	2	

Continued on the next page...

[I → Is it...]	YES	NO	Diagnosed		
			YES	NO	NA
11) an injury?	1	2	1	2	
12) a developmental problem (autism, speech)?	1	2	1	2	
13) other → specify: _____	1	2	1	2	7

11. In the past six months (namely since...), how many times has _____ (of ABOUT 4 YEARS) taken antibiotics?

[I → Including the interview day - Show Response Card "N"]

[I → An antibiotic treatment generally lasts less than 15 days.

Long-term treatments have a duration of more than a month without interruption.

In cases where the child may have had more than one long-term antibiotic treatment in the past 6 months, circle 6 and enter the duration and number of treatments in the "Feuille de suivi informatique".]

- None 1
- Once 2
- Twice..... 3
- 3 times 4
- 4 times and + 5
- One or more long-term (more than a month) antibiotic 6
- Continuous treatment 7
- Do not know 8
- Refusal..... 9

12. At what age did he/she stop completely drinking from a bottle?

_____ months 1 → Go to Q.15

Still drinking from a bottle 2 → Go to Q.13

13. How often does he/she want a bottle...

[I → Show Response Card "H"]

	Never	Rarely	Sometimes	Often	Refusal
a) ... to get to sleep during the day (naptime) and/or to get to sleep at night?	1	2	3	4	9
b) ... during his/her nap and/or while he/she sleeps at night?	1	2	3	4	9
c) ... when he/she is awake (example: when playing, watching television, walking around, etc.)?	1	2	3	4	9

14. What do you put in the bottle most often?

[I → Write just one response → Do not read the choices of answers]

- Water1
 Cow's milk2
 Juice3
 Juice with water added4
 Other5
 specify: _____

Section 2

About the teeth of _____ (of ABOUT 4 YEARS)...

15. In the past week at home and in childcare (daycare, baby-sitter), on average, how many times during the week or how many times per day has _____ (of ABOUT 4 YEARS) eaten the following foods as a **snack**, in other words, between meals or immediately before bedtime?

[I → Show Response Card "L"]

None	Times a week		Times a day				DNK	R
	1-3	4-6	1	2	3	4 and +		

a) Dried fruits (example: raisins, dates, apricots, etc.)	1	2	3	4	5	6	7	8	9
b) Ice cream, sherbet, frozen yoghurt, popsicle	1	2	3	4	5	6	7	8	9
c) Fruit drinks, soft drinks	1	2	3	4	5	6	7	8	9
d) Cookies, pastries, granola bars	1	2	3	4	5	6	7	8	9
e) Candies, jam, syrup, honey, chewing gum containing sugar [I → Don't count sugar-free chewing gum]	1	2	3	4	5	6	7	8	9

16. When _____ has one of THESE snacks just before going to bed, does he/she usually brush his/her teeth right after?

- Yes1
 No2
 Does not eat any of these snacks just before going to bed3
 Do not know8
 Refusal9

17. During a normal day (including the night), about how many times does your child _____ (of ABOUT 4 YEARS) suck...

[I → Show Response Card "M"]

[I → Circle only one answer for each habit]

[I → A normal day means a complete 24-hour day where the parent is with the child and the child is not sick. Don't count days where he/she is in child care (daycare or with a baby-sitter)]

	Never	Less than 2 hours	2 to 6 hours	More than 6 hours
a) ... a pacifier	1	2	3	4
b) ... his/her thumb or one or more fingers	1	2	3	4
c) ... another object	1	2	3	4
→ specify: _____				

18. Who usually brushes _____'s teeth?

[I → Circle only one answer]

- He/she brushes them him/herself 1
- He/she brushes them him/herself after an adult has reminded him/her 2
- He/she brushes them under an adult's supervision (adult watches the child) 3
- He/she brushes them with an adult's help (adult brushes with the child) 4
- Adult brushes them 5
- His/her teeth are never brushed (neither by himself/herself or and adult) 6 → Go to Q.21
- Do not know 8
- Refusal 9

19. Yesterday, for instance, how many times _____'s teeth brushed?

- Teeth were not brushed 1
- Once 2
- Twice 3
- 3 times or more 4
- Do not know 8
- Refusal 9

20. In general, how much toothpaste is used when brushing _____'s teeth?

[I → If the amount of toothpaste is smaller than a small pea or a thin smear, circle "2" or "3" anyway]

[I → Show Response Card "D"]

- No toothpaste 1
- A small amount, about the size of a small pea 2
- A small amount, equivalent to a thin smear 3
- More than the size of a small pea 4
- The whole length of the toothbrush 5
- Do not know 8
- Refusal 9

21. At what age did _____ (of ABOUT 4 YEARS) make his/her first visit to the dentist?

Has never seen a dentist..... 97 → Go to Q.23

_____ months

22. What was the main reason for _____'s first visit to the dentist?

[I → Write just one response → Do not read the choice of answer]

To have his/her teeth examined 1

For an accidental injury to the mouth or teeth 2

For a cavity 3

For a problem related to the gums or teeth growing in (teething)..... 4

Other..... 5

→ specify: _____

Do not know..... 8

Refusal..... 9

Section 3

About your socio-economic situation...

The following questions are about your financial situation and the basic needs of your family.

23. In the past 3 months, up to what extent have you ever lacked money to pay housing for you or your family?

[I → Show Response Card "G"]

I didn't lack money..... 1

I lacked somewhat money..... 2

I lacked money more than quite a bit..... 3

I lacked a great deal of money 4

Do not know..... 8

Refusal..... 9

24. In the past 3 months, up to what extent have you ever lacked money to pay electricity, heating or hot water for you or your family? [I → Show Response Card "G"]

I didn't lack money..... 1

I lacked somewhat money..... 2

I lacked money more than quite a bit..... 3

I lacked a great deal of money 4

Do not know..... 8

Refusal..... 9

25. In the past 3 months, up to what extent have you ever lacked money to pay prescribed medications for you or your family?

[I → Show Response Card "G"]

- I didn't lack money 1
I lacked **somewhat** money..... 2
I lacked money more than **quite a bit**..... 3
I lacked **a great deal** of money 4
Do not know..... 8
Refusal 9

26. In the past 3 months, up to what extent have you ever lacked money to pay important expenses (clothes, transportation, etc.) for you or your family?

[I → Show Response Card "G"]

- I didn't lack money 1
I lacked **somewhat** money..... 2
I lacked money more than **quite a bit**..... 3
I lacked **a great deal** of money 4
Do not know..... 8
Refusal 9

CP ➡ ☐ Yes ☐ No

Finishing time (international hour) of questionnaire

Hour/s	

Minute/s	

Our most sincere thanks for your cooperation!