



File No.:

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Interview Language:

2

Interviewer No:

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# Self-administered questionnaire for father (Saaf)



## Québec Longitudinal Study of Child Development (QLSCD – E6) – ROUND 2003

This questionnaire must be filled out by the child's father (child aged ABOUT 5 YEARS OLD)

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 Direction Santé Québec of Institut de la statistique du Québec (toll-free) 1 877 677-2087 or (514) 873-4749.

This questionnaire will remain strictly anonymous and confidential.

IT'S IMPORTANT TO FILL OUT THE QUESTIONNAIRE BY YOURSELF WITHOUT CONSULTING THE MOTHER OF YOUR CHILD 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  
(interviewer):

--	--

(Day)

--	--

(Month)

--	--

(Year)

Questionnaire status:	Completed	1
	Partially completed	2
	Not completed	3

Date received (firm):

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(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

# Instructions

You will find that there are several possible answers to the following questions. Unless otherwise indicated, we ask that you choose 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. Please consider the instructions following your choice (ex.: **Go to Q ...**).

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

## Example 1

IN THE PAST 12 MONTHS, how often would you say that your child (of ABOUT 5 YEARS)...	Never or not true	Sometimes or somewhat true	Often or very true	Not applicable
2. ... could not sit still, was restless or hyperactive?	1	2	3	
4. ... tried to help someone who was hurt?	1	2	3	7

## Example 2

IN THE PAST 12 MONTHS, how often did you...	Never	About once a month or less	About once per 2 weeks	About once a week	A few times a week	One or two times a day	Many times each day
61. ...do something special with him/her that he/she enjoys	1	2	3	4	5	6	7

**Let's begin...**



First name – Child (of ABOUT 5 YEARS)



## Section 1

### About your child's (of about 5 years) behaviour...

1. What is your relationship with the child (of ABOUT 5 YEARS)?

You are his/her biological father ..... 1

You are the current spouse or partner of the child's mother but **not** his/her biological father.... 2

You are someone else (that is, grandfather, uncle, baby-sitter, etc.)..... 3

We would like to ask you some questions about how your child (of ABOUT 5 YEARS) has been feeling or acting **IN THE PAST 12 MONTHS**.

You may wonder why we ask all these questions at each interview and why this section includes questions that may not seem appropriate for your child's age. The answers you provide us with each year are very important because they allow us to better understand how children's behaviour develops, when certain behaviours first appear and when they become less frequent.

By circling the number corresponding to the following answers...

- 1 ► Never or not true
- 2 ► Sometimes or somewhat true
- 3 ► Often or very true

Indicate the statement which in your opinion best describes your child's behaviour.

It is possible that some of the following may not apply to your particular situation. On such cases, please circle "7" (not applicable).

IN THE PAST 12 MONTHS, how often would you say that your child (of ABOUT 5 YEARS)...	Never or not true	Sometimes or somewhat true	Often or very true	Not applicable
2. ... could not sit still, was restless or hyperactive?	1	2	3	
3. ... damaged or broke his/her own things?	1	2	3	
4. ... tried to help someone who was hurt?	1	2	3	7
5. ... was shy with children he/she didn't know?	1	2	3	
6. ... stole things?	1	2	3	
7. ... was defiant or refused to comply with adults' requests or rules?	1	2	3	

See the next page...



First name – Child (of ABOUT 5 YEARS)



IN THE PAST 12 MONTHS, how often would you say that your child (of ABOUT 5 YEARS)...	Never or not true	Sometimes or somewhat true	Often or very true	Not applicable
8. ... seemed to be unhappy or sad?	1	2	3	
9. ... got into fights?	1	2	3	
10. ... showed little interest for activities involving other children?	1	2	3	
11. ... encouraged other children to pick on a particular child?	1	2	3	
12. ... was easily distracted, had trouble sticking to any activity?	1	2	3	
13. ... was made fun of by other children?	1	2	3	
14. ... when mad at someone, tried to get others to dislike that person?	1	2	3	
IN THE PAST 12 MONTHS, how often would you say that your child (of ABOUT 5 YEARS)...				
15. ... didn't seem to feel guilty after misbehaving?	1	2	3	
16. ... preferred to play alone rather than with other children?	1	2	3	
17. ... was preoccupied by the loss or that something could happen to one of his/her parents?	1	2	3	
18. ... was not as happy as other children?	1	2	3	
19. ... readily approached children he/she didn't know?	1	2	3	
20. ... damaged or broke things belonging to others?	1	2	3	
21. ... reacted in an aggressive manner when teased?	1	2	3	
22. ... couldn't stop fidgeting?	1	2	3	
23. ... was hit or pushed by other children?	1	2	3	
24. ... was not feeling well, for example, had stomach aches, headaches, nausea, when separated from his/her parents?	1	2	3	
25. ... was unable to concentrate, could not pay attention for long?	1	3	3	
26. ... was too fearful or anxious?	1	2	3	
27. ... tried to dominate other children?	1	2	3	

See the next page...



First name – Child (of ABOUT 5 YEARS)



IN THE PAST 12 MONTHS, how often would you say that your child (of ABOUT 5 YEARS)...	Never or not true	Sometimes or somewhat true	Often or very true	Not applicable
28. ... when mad at someone, became friends with another as revenge?	1	2	3	
29. ... punishment didn't change his/her behaviour?	1	2	3	
30. ... took a long time to warm up to children he/she didn't know?	1	2	3	
31. ... was impulsive, acted without thinking?	1	2	3	
32. ... had no energy, was feeling tired?	1	2	3	
33. ... told lies or cheated?	1	2	3	
34. ... reacted in an aggressive manner when contradicted?	1	2	3	
IN THE PAST 12 MONTHS, how often would you say that your child (of ABOUT 5 YEARS)...				
35. ... was worried?	1	2	3	
36. ... scared other children to get what he/she wanted?	1	2	3	
37. ... had difficulty waiting for his/her turn in games?	1	2	3	
38. ... tended to do things on his/her own, was rather solitary?	1	2	3	
39. ... when somebody accidentally hurt him (such as by bumping into him/her), he/she reacted with anger and fighting?	1	2	3	
40. ... when mad at someone, said bad things behind the other's back?	1	2	3	
41. ... physically attacked others?	1	2	3	
42. ... comforted a child (friend, brother or sister) who was crying or upset?	1	2	3	7
43. ... cried a lot?	1	2	3	
44. ... has committed any acts of vandalism?	1	2	3	
45. ... clung to adults or was too dependent?	1	2	3	
46. ... was called names by other children?	1	2	3	
47. ... sought the company of other children?	1	2	3	
48. ... couldn't settle down to do anything for more than a few moments?	1	2	3	

See the next page...



First name – Child (of ABOUT 5 YEARS)



IN THE PAST 12 MONTHS, how often would you say that your child (of ABOUT 5 YEARS)...	Never or not true	Sometimes or somewhat true	Often or very true	Not applicable
49. ... was nervous, highstrung or tense?	1	2	3	
50. ... hit, bit, or kicked other children?	1	2	3	
51. ... reacted in an aggressive manner when something was taken away from him/her?	1	2	3	
52. ... didn't want to sleep alone?	1	2	3	
53. ... was unable to wait when someone promised him/her something?				
IN THE PAST 12 MONTHS, how often would you say that your child (of ABOUT 5 YEARS)...				
54. ... was inattentive?	1	2	3	
55. ... had trouble enjoying him/herself?	1	2	3	
56. ... helped other children (friends, brother or sister) who were feeling sick?	1	2	3	7
57. ... got very upset when separated from his/her parents?	1	2	3	



First name – Child (of ABOUT 5 YEARS)



## Section 2

### About contacts with your child (of about 5 years)...

The following questions have to do with things that your child (of ABOUT 5 YEARS) may have done **IN THE PAST 12 MONTHS** and ways that you reacted to him/her.

For each question, circle the following answer...

- 1 ► Never
- 2 ► About once a month or less
- 3 ► About once per 2 weeks
- 4 ► About once a week
- 5 ► A few times a week
- 6 ► One or two times a day
- 7 ► Many times each day

which best describes how often you acted in the manner described.

IN THE PAST 12 MONTHS, how often did you...	Never	About once a month or less	About once per 2 weeks	About once a week	A few times a week	One or two times a day	Many times each day
58. ... and your child (of ABOUT 5 YEARS) talk or play with each other, focussing attention on each other for fives minutes or more, just for fun?	1	2	3	4	5	6	7
59. ... get angry with him/her for saying or doing something he/she was not supposed to?	1	2	3	4	5	6	7
60. ... say to your child that you were proud of him/her?	1	2	3	4	5	6	7
61. ... do something special with him/her that he/she enjoys?	1	2	3	4	5	6	7
62. ... help your child doing tasks that were difficult for him/her?	1	2	3	4	5	6	7
63. ... play sports, hobbies or games with him/her?	1	2	3	4	5	6	7
64. ... hit him/her when he/she was difficult?	1	2	3	4	5	6	7

See the next page...



First name – Child (of ABOUT 5 YEARS)



IN THE PAST 12 MONTHS, how often did you...	Never	About once a month or less	About once per 2 weeks	About once a week	A few times a week	One or two times a day	Many times each day
65. ... play fight with him/her just for fun?	1	2	3	4	5	6	7
66. ... grab firmly or shake your child when he/she was difficult?	1	2	3	4	5	6	7
67. ... comfort your child when he/she was sad?	1	2	3	4	5	6	7

We know that when parents spend time with their children, sometimes things go well, sometimes they don't. Circle the number which best describes what happened in the following types of situations:

- 1 ► Never
- 2 ► Less than half the time
- 3 ► About half the time
- 4 ► More than half the time
- 5 ► All the time

Indicate what proportion of the time, or how often, things turned out in different ways, **IN THE PAST 12 MONTHS...**

IN THE PAST 12 MONTHS ...	Never	Less than half the time	About half the time	More than half the time	All the time
68. ... if you told your child (of ABOUT 5 YEARS) he/she would get punished if he/she did not stop doing something, and he/she kept doing it, how often did you punish him/her?	1	2	3	4	5
69. ... how often did he/she get away with things that you feel should have been punished?	1	2	3	4	5
70. ... how often did you get angry when you were punishing him/her?	1	2	3	4	5
71. ... how often was he/she able to get out of a punishment when he/she really had set his/her mind to it?	1	2	3	4	5
72. ... when you had disciplined him/her, how often did he/she ignore the punishment?	1	2	3	4	5
73. ... how often did you tell him/her exactly what to do in a situation that was new for him/her?	1	2	3	4	5

See the next page...



First name – Child (of ABOUT 5 YEARS)



**IN THE PAST 12 MONTHS ...**

	Never	Less than half the time	About half the time	More than half the time	All the time
74. ... when he/she hesitated in the presence of children or adults he/she didn't know, how often did you insist that he/she stops being embarrassed?	1	2	3	4	5
75. ... how often did you decide for your child which sports, hobbies or games he/she would do?	1	2	3	4	5
76. ... in situations that made him/her uneasy, how often did you insist that he/she "go ahead" or stop being scared?	1	2	3	4	5
77. ... how often did you have to discipline him/her for the same thing?	1	2	3	4	5



First name – Child (of ABOUT 5 YEARS)



Just about all children break rules or do things they are not supposed to. Parents react in different ways. For each statement, circle the following number which best describes how often you acted with your child (of ABOUT 5 YEARS) in the way described:

- 1 ► Never
- 2 ► Rarely
- 3 ► Sometimes
- 4 ► Often
- 5 ► Always

**IN THE PAST 12 MONTHS**, when your child (of ABOUT 5 YEARS) broke the rules or did things that he/she was not supposed to, how often did you...

	Never	Rarely	Sometimes	Often	Always
78. ... ignore it, do nothing?	1	2	3	4	5
79. ... raise your voice, scold or yell at him/her?	1	2	3	4	5
80. ... calmly discuss the problem?	1	2	3	4	5
81. ... use physical punishment?	1	2	3	4	5
82. ... describe alternative ways of behaving that are acceptable?	1	2	3	4	5

We would like now to ask you some questions about your child's (of ABOUT 5 YEARS) environment...

	Never	Rarely	Sometimes	Often
83. ... <b>IN THE PAST 12 MONTHS</b> , how often did he/she saw television shows or movies that have a lot of violence in them?	1	2	3	4
84. ... <b>IN THE PAST 12 MONTHS</b> , how often did he/she saw adults or teenagers in your house physically fighting, hitting or otherwise trying to hurt others?	1	2	3	4

	All	Most	About half	Only a few	None
85. ... How many of his/her close friends do you know by sight and by first and last name?	1	2	3	4	5



First name – Child (of ABOUT 5 YEARS)



If your child (of ABOUT 5 YEARS) is attending **DAY CARE, PREKINDERGARTEN OR KINDERGARTEN**, please answer the following section.  
If not, go to **Q. 87, SECTION 4**.

## Section 3

**Concerning contacts you have had with or things you have done at the day care or the school of your child of about 5 years...**

86. During THIS school year, have you done any of the following:

- Please circle only one answer per statement

	Yes	No
a. Spoken to, visited or corresponded with child's educator or teacher	1	2
b. Visited child's day care or class	1	2
c. Attended a day care or school event which your child participated, for example a play, sports competition or science fair	1	2
d. Volunteered in child's day care or class or helped with a class trip	1	2
e. Helped elsewhere in the day care or school, such as library or computer room	1	2
f. Attended a meeting at the day care or school (parent meeting, Governing Board, parent committee)	1	2
g. Fund-raising	1	2
h. Other activities	1	2
i. No activities	1	2

## Section 4

### About your conjugal situation...

87. Which of the following best describes your current situation?

- Circle only one answer

I live with the child's (of ABOUT 5 YEARS) biological mother..... 1

I live with a spouse/partner who is not the child's (of ABOUT 5 YEARS) biological mother..... 2

I have a spouse/partner who is not my child's biological mother but we don't live together ..... 3

I don't live with the child's biological mother and I don't have a spouse/partner presently ..... 4

► Go to Section 5, Q. 96

Other ..... 5

► Specify: \_\_\_\_\_

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

88. Demonstration of affection?

- Circle only one answer

Always agree ..... 1

Almost always agree ..... 2

Occasionally agree ..... 3

Frequently disagree ..... 4

Almost always disagree ..... 5

Always disagree ..... 6

89. How often do you discuss or have you considered divorce, separation, or terminating your relationship?

- Circle only one answer

All the time ..... 1

Most of the time ..... 2

More often than not ..... 3

Occasionally ..... 4

Rarely ..... 5

Never ..... 6

90. In general, how often do you think that things between you and your spouse/partner are going well?

- Circle only one answer

All the time ..... 1  
Most of the time ..... 2  
More often than not ..... 3  
Occasionally..... 4  
Rarely..... 5  
Never ..... 6

91. Do you confide in your mate?

- Circle only one answer

All the time ..... 1  
Most of the time ..... 2  
More often than not ..... 3  
Occasionally..... 4  
Rarely..... 5  
Never ..... 6

92. Do you ever regret that you married (or lived together) or that you are in this relationship?

- Circle only one answer

All the time ..... 1  
Most of the time ..... 2  
More often than not ..... 3  
Occasionally..... 4  
Rarely..... 5  
Never ..... 6

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

93. ...calmly discuss something?

- Circle only one answer

Never ..... 1  
Less than once a month..... 2  
Once or twice a month..... 3  
Once or twice a week..... 4  
Once a day ..... 5  
More often..... 6

94. ...work together on a project or common activity?

- Circle only one answer

Never ..... 1  
Less than once a month ..... 2  
Once or twice a month ..... 3  
Once or twice a week ..... 4  
Once a day ..... 5  
More often ..... 6

95. 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

## Section 5

### About your current job...

96. Do you **CURRENTLY** have a paying job (whether part-time, full-time, on salary, wages, or self-employed, even though you may be on vacation, parental or sick leave, leave due to a workplace accident, on strike or locked-out)?

- Circle only one answer

Yes, I work presently ..... 1  
Yes, but I am currently on leave (paid or unpaid) ..... 3  
No, I don't have a job presently ..... 2 ► Go to Q. 98

97. **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 ..... 6  
➡ Specify: \_\_\_\_\_

## Section 6

### About the pace of your day-to-day life...

98. For each statement, please circle the number that best describes how you feel in general, **DURING THE PAST 12 MONTHS**.

- Circle only one answer to each statement

	Always	Often	Sometimes	Rarely	Never
a. I felt that I had to rush to get everything done each day	1	2	3	4	5
b. By the time supper time arrived, I was physically exhausted	1	2	3	4	5
c. I felt that I had enough time for myself	1	2	3	4	5

## Section 7

### About your lifestyle habits...

The next questions are about cigarette smoking and alcohol and drug consumption.

99. **AT THE PRESENT TIME**, do you smoke cigarettes daily, occasionally or not at all?

- Circle only one answer

Daily ..... 1  
Occasionally ..... 2  
Not at all ..... 3 } ► Go to Q. 101

100. How many cigarettes do you smoke each day **NOW**?

Number of cigarettes per day: \_\_\_\_\_

101. **DURING THE PAST 12 MONTHS**, how often did you drink beer, wine, liquor or any other alcoholic beverage?

- Circle only one answer

Every day ..... 1  
4-6 times a week..... 2  
2-3 times a week..... 3  
Once a week ..... 4  
2-3 times a month..... 5  
Once a month..... 6  
Less than once a month ..... 7  
Never ..... 8 ► Go to Q. 103

102. How many times **IN THE PAST 12 MONTHS**, have you had 5 or more drinks on one occasion?

- Write down "0" if none

Number of times: \_\_\_\_\_

103. **IN THE PAST 12 MONTHS**, have you used drugs (such as marijuana, cocaine, psychedelics, etc.) and/or medication **WITHOUT** a prescription or doctor's orders: tranquilizers, sedatives, barbiturates, downers, sleeping pills like Seconal, Qaaludes, pills for your nerves like Valium, Librium, Ativan?

- Circle only one answer

Yes ..... 1  
No ..... 2 ► Go to Section 8, Q. 106

104. **IN THE PAST 12 MONTHS**, how many times have you used these drugs and/or medications?

Number of times: \_\_\_\_\_

105. Which drugs and/or medication **WITHOUT** a prescription did you use **IN THE PAST 12 MONTHS**?

- Circle more than one if applicable

Marijuana, hashish, pot, grass ..... 1  
Cocaine, crack, free base ..... 2  
Amphetamines, stimulants, speed ..... 3  
Heroin, opiates like codeine, demerol, morphine, methadone, darvon, opium..... 4  
Psychedelics like LSD, mescaline, poyote, psilocybin, DMT, PCP ..... 5  
The following **non prescription** drugs: barbiturates, sedatives, downers,  
sleeping pills like Seconal, Qaaludes, tranquilizers,  
pills for your nerves like Valium, Librium, Ativan (**no prescription**)..... 6

## Section 8

### About your social activities...

The next questions are about your social activities, volunteer work, and the organizations in which you participate.

106. **DURING THE LAST 12 MONTHS**, how often did you do any of the following as a leisure activity? Would that be every week, a few times a month, a few times during the year, once a year or less or not at all?

- Circle only one answer to each statement

	Every week	A few times a month	A few times during the year	Once a year or less	Not at all
a. Visit relatives	1	2	3	4	5
b. Have relatives over for a visit	1	2	3	4	5
c. Visit friends and acquaintances	1	2	3	4	5
d. Have friends and acquaintances over for a visit	1	2	3	4	5

107. **DURING THE LAST 12 MONTHS**, did you participate in any of the following groups or organizations?

- Circle only one answer to each statement

	Yes	No
a. A political organization	1	2
b. A sports or recreation organization (e.g. Baseball League, Tennis Club, etc.)	1	2
c. A cultural, education or hobby group (e.g. Theatre Group, Book Club, Bridge Club, etc.)	1	2
d. A service club (e.g. Kiwanis, Knights of Columbus, Shriners, etc.)	1	2
e. A neighbourhood, civic or community association or a school group (e.g. Parent/Teachers Association, your neighbourhood community association)	1	2
f. A group associated with a community of worship (e.g. a youth group associated with a church)	1	2
g. Any other group or organization	1	2

108. **IN THE LAST 12 MONTHS**, did you do any of the following activities as an UNPAID VOLUNTEER, through a group or organization?

- Circle only one answer to each statement

	Yes	No
a. Fundraising	1	2
b. Serving as an unpaid member of a board	1	2
c. Coaching, teaching or counselling	1	2
d. Collecting food or other goods for charity	1	2
e. Any other activities such as organizing/supervising events, office work or providing information on behalf of an organization	1	2

## Section 9

### *Few things about you...*

Please answer each question by circling "1" for Yes or "2" for No. There are no right or wrong answers, and no trick questions. Work quickly and do not think too long about the exact meaning of the question.

	Yes	No
109. If you say you will do something, do you always keep your promise no matter how inconvenient it might be?	1	2
110. Have you ever blamed someone for doing something you knew was really your fault?	1	2
111. Do you sometimes talk about things you know nothing about?	1	2
112. Do you sometimes boast a little?	1	2
113. As a child did you ever talk back to your parents?	1	2
114. Would you dodge paying taxes if you were sure you could never be found out?	1	2
115. Do you always practice what you preach?	1	2
116. Have you ever been late for an appointment or work?	1	2
117. Do you sometimes put off until tomorrow what you ought to do today?	1	2
118. Are you always willing to admit it when you have made a mistake?	1	2

## Section 10

### About situations of conflict...

The following questions may appear difficult to answer, however, they refer to situations that could happen to anyone. We are interested in your personal experience.

119. Has a spouse/partner or someone important to you ever emotionally or physically abused you?

- Circle "1" for Yes or "2" for No

Yes ..... 1

No ..... 2

120. IN THE PAST 12 MONTHS, have you been hit, slapped, kicked or otherwise physically hurt by someone?

- Circle "1" for Yes or "2" for No

Yes ..... 1

No ..... 2 ► Go to Q. 122

121. By whom were you hurt?

- Circle all that apply

Spouse/partner ..... 1

Ex-spouse/ex-partner ..... 2

Girlfriend ..... 3

Other ..... 4

► Specify: \_\_\_\_\_

## Section 11

### A little quiz...

Please read each of these sentences. In each one there 's a word left out. After reading the sentence, **CIRCLE ONE OF THE WORD** under the sentence to complete it. Pick the word you think makes the best, truest, most sensible complete sentence. If you're not sure of the answer, take a guess.

122. a. Lemons are sour but sugar is \_\_\_\_\_ .

bitter	white	fattening	sweet
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b. We see \_\_\_\_\_ only at night.

children	plants	stars	houses	trees
----------	--------	-------	--------	-------

c. Not every cloud gives \_\_\_\_\_ .

weather	shade	sky	climate	rain
---------	-------	-----	---------	------

d. In the spring the buds form on the branches of the \_\_\_\_\_ .

trees	rivers	bugs	leaves	animals
-------	--------	------	--------	---------

e. There is an old \_\_\_\_\_ , "An apple a day keeps the doctor away."

talk	saying	reader	book	man
------	--------	--------	------	-----

f. The ragged \_\_\_\_\_ may prove a good horse.

puppy	child	calf	lamb	colt
-------	-------	------	------	------

g. The important thing is not so much that every child should be taught as the every child should be given the wish to \_\_\_\_\_ .

learn	play	hope	reject	teach
-------	------	------	--------	-------

h. The person who \_\_\_\_\_ another must make good the damages.

reforms	improves	instructs	injures	delights
---------	----------	-----------	---------	----------

i. False facts are highly \_\_\_\_\_ to the progress of science.

injurious	necessary	devoted	useful	instrumental
-----------	-----------	---------	--------	--------------

j. It is better that ten guilty persons \_\_\_\_\_ , than that one innocent suffers.

suffer	escape	capture	starve	repent
--------	--------	---------	--------	--------

k. The winds and waves are always on the side of the ablest \_\_\_\_\_.

soldiers	statesmen	navigators	students	weathers
----------	-----------	------------	----------	----------

l. The vanquished never yet spoke \_\_\_\_\_ of the conqueror.

ill	well	little	nastily	often
-----	------	--------	---------	-------

m. Think long when you may \_\_\_\_\_ only once.

abstain	live	die	decide	eat
---------	------	-----	--------	-----

n. The coward threatens only when he is \_\_\_\_\_.

afraid	surrounded	safe	conquered	happy
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## Section 12

### About various aspects of your health...

The following is a set of statements that describe feelings or behaviours. Please tell us how often you felt or behaved this way during the past week.

123. How often you felt or behaved this way **DURING THE PAST WEEK:**

a. I felt 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 the time (5-7 days) ..... 4

b. 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 the time (5-7 days) ..... 4

c. 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 the time (5-7 days) ..... 4

d. 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 the time (5-7 days) ..... 4

e. 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 the time (5-7 days) ..... 4

f. 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 the time (5-7 days) ..... 4

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## ***Dear respondent...***

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If you are not living with the BIOLOGICAL MOTHER of your child of ABOUT 5 YEARS, please FILL OUT THE FOLLOWING SECTION (beginning at question 124).

If, however, you are living with the BIOLOGICAL MOTHER of the child (of ABOUT 5 YEARS), PLEASE GO DIRECTLY TO THE LAST PAGE OF THE QUESTIONNAIRE TO SHARE YOUR COMMENTS WITH US, IF ANY.

### ***Attention***

If the biological mother of your child (of ABOUT 5 YEARS) is deceased, PLEASE GO DIRECTLY TO THE LAST PAGE OF THE QUESTIONNAIRE TO SHARE YOUR COMMENTS WITH US, IF ANY.



First name – Child (of ABOUT 5 YEARS)



## Section 13

### About your relationship with the biological mother and the contact with your child \_\_\_\_\_ (of about 5 years)...

The following questions refer to the contact you have with your child (of ABOUT 5 YEARS) and your relationship with his/her biological mother who does not live with you, either because you never lived with her or because you are separated or divorced.

124. If you have separated from the biological mother of your child (of ABOUT 5 YEARS) **SINCE OUR LAST VISIT A YEAR AGO**, how would you describe the emotional atmosphere surrounding this separation?

- Circle only one answer

Good ..... 1  
Fairly ..... 2  
Bad ..... 3  
Very bad ..... 4  
I have been separated for more than a year ..... 5  
I never maintained an ongoing relationship  
with the biological mother ..... 6

125. Are you still in touch with the biological mother of your child?

- Circle "1" for Yes or "2" for No

Yes ..... 1  
No ..... 2 ► Go to Q. 127

126. How would you describe the **CURRENT** situation between you and the biological mother of your child?

- Circle only one answer

Good ..... 1  
Fairly ..... 2  
Bad ..... 3  
Very bad ..... 4



First name – Child (of ABOUT 5 YEARS)



127. How satisfied/unsatisfied are you with the frequency of the contact you have (telephone calls, visits or custody arrangements) with your child (of ABOUT 5 YEARS)?

- Circle only one answer

Very satisfied ..... 1  
Somewhat satisfied ..... 2  
Somewhat unsatisfied ..... 3  
Very unsatisfied ..... 4

128. How satisfied/unsatisfied are you with the quality of your relationship with your child?

- Circle only one answer

Very satisfied ..... 1  
Somewhat satisfied ..... 2  
Somewhat unsatisfied ..... 3  
Very unsatisfied ..... 4



## Your comments

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

Consultation only



Kindly place the completed questionnaire in the pre-paid return envelope and seal it to guarantee confidentiality. Please, give it back to the interviewer or forward by mail as soon as possible.

**Our most sincere thanks for  
your cooperation!**