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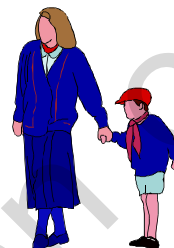
Self-administered questionnaire for mother (Saqm)

Interview language:

2

Interviewer no:

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

This questionnaire must be filled out by the child's mother (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 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.

Please fill out the questionnaire as soon as possible. Then place it in the enclosed envelope and seal it before giving it back to the interviewer or sending by mail.

Date received
(interviewer):

(Day)		(Month)		(Year)	

Questionnaire status::	Completed	1
	Partially completed	2
	Not completed	3

Date received (firm):

(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 and examples

You will find 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 or wrong answers, the idea is to choose the answer best suited to your personal situation **AND CIRCLE THE CORRESPONDING NUMBER**. Please consider the instructions following your choice (ex.: **Go to Q...**)

Example 1

3. In general, at what time does your child wake up or that you wake up your child in the MORNING?

a) Week: _____ hours _____ minutes

b) Weekend: _____ hours _____ minutes
(Saturday, Sunday)

Example 2

4. On average, **OVER THE PAST MONTH**, how many times per NIGHT has your child woken up?

- Circle only one answer

Does not wake up.....	1	▶ Go to Q. 6
Less than once a night.....	2	
1-2 times.....	3	▶ Go to Q. 5
3-4 times.....	4	
5 times or more.....	5	

5. Indicate how long in total he/she is awake during the NIGHT (on average):

_____ hours _____ minutes

Let's begin...



First name – Child (of ABOUT 5 YEARS)



Child of about 5 years

Section 1

About sleeping habits...

The following questions concern your child of ABOUT 5 YEARS and refer to his/her sleeping habits.

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

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

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

You are someone else (example: grandmother, aunt, baby-sitter, etc.)..... 3

2. In general, at what time do you put your child to bed for the NIGHT?

a) Week: _____ hours _____ minutes

b) Weekend: _____ hours _____ minutes
(Friday, Saturday)

3. In general, at what time does your child wake up or that you wake up your child in the MORNING?

a) Week: _____ hours _____ minutes

b) Weekend: _____ hours _____ minutes
(Saturday, Sunday)

4. On average, **OVER THE PAST MONTH**, how many times per NIGHT has your child woken up?

- Circle only one answer

Does not wake up1

Less than once a night2

1-2 times3

3-4 times4

5 times or more.....5

► Go to Q. 6

► Go to Q. 5



First name – Child (of ABOUT 5 YEARS)



5. Indicate how long in total he/she is awake during the NIGHT (on average)

_____ hours _____ minutes

6. Indicate how long in total he/she sleeps during the NIGHT (on average)

- Do not count the hours that your child is awake.

_____ hours _____ minutes

7. In general, how long does it take your child (of ABOUT 5 YEARS) 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 and more 5

8. In general, how many hours does your child sleep during the DAY (total of all naps)?

- 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

Does not sleep during the day 6

9. Does your child sleep with you?

- Circle only one answer

Yes in general: same bed 1

Yes in general: same bedroom but not the same bed 2

Sometimes (for example: in response to an awakening during the night) 3

Never or exceptionally (particular conditions: during a trip, while visiting, etc.) .. 4



First name – Child (of ABOUT 5 YEARS)



10. Does your child (of ABOUT 5 YEARS) **SNORE** during his/her sleep?

- Circle only one answer

Never1
Sometimes2
Often3
Always4

11. Does your child **TALK** in his/her sleep?

- Circle only one answer

Never1
Sometimes2
Often3
Always4

12. Does your child **WALK** in his/her sleep?

- Circle only one answer

Never1
Sometimes2
Often3
Always4

13. Does your child have **NIGHTMARES**?

- Circle only one answer

Never1
Sometimes2
Often3
Always4

14. Does your child have **NIGHT TERRORS** (wakes up suddenly, crying, sometimes drenched in sweat and confused)?

- Circle only one answer

Never1
Sometimes2
Often3
Always4



First name – Child (of ABOUT 5 YEARS)



15. Does your child (of ABOUT 5 YEARS) **ROCK** himself/herself or **BANG** his/her head against his/her pillow, his/her bed or the wall in a repetitive fashion either while falling asleep or during sleep?

- Circle only one answer

Never 1
Sometimes 2
Often..... 3
Always 4

16. Does your child **GRIND** his/her teeth during the NIGHT?

- Circle only one answer

Never 1
Sometimes 2
Often..... 3
Always 4

17. Does your child **PEE** in his/her bed at NIGHT?

- Circle only one answer

Never 1
Sometimes 2
Often..... 3
Always 4

18. Does your child have unpleasant sensations in his/her legs at bedtime that **FORCE HIM/HER TO MOVE**?

- Circle only one answer

Never 1
Sometimes 2
Often..... 3
Always 4

Section 2

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

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

- Circle only one answer to each statement

	Always	Often	Sometimes	Rarely	Never
a) I felt that I need 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

20. **DURING THE LAST TWO WEEKS**, did it happen that you needed something like help to baby-sit children, run errands, or clean the house?

- Note: Help can be provided by anyone in or out the household
- Circle only one answer

Yes1
No.....2
I don't remember3 } ► Go to Q. 21

20a. Did you find someone to help you?

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

Yes1
No.....2

Section 3

About your conjugal situation...

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

- Circle only one answer

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

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

biological father 2

I have a spouse/partner who is not my child's biological father but

we don't live together 3

I don't live with the child's biological father and I don't have

a spouse/partner presently 4 ► Go to Section 4, Q. 30

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:

22. 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

23. 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

24. 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

25. 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

26. 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?

27. ... 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

28. ... 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

29. 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 4

About your current job...

30. 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 am working at the present time	1	} ► Go to Q. 31a
Yes, but I am currently on leave (paid or unpaid).....	3	
No, I don't have a job presently	2	► Go to Q. 31b

31a. Are you happy with your **CURRENT** employment situation (If on leave, refer to your employment situation **BEFORE** the leave)?

- Circle only one answer

Yes, absolutely	1	} ► Go to Q. 32
Yes, but I'd like to be working less hours.....	3	
Yes, but I'd like to be working more hours	4	
No, I'd prefer not to be working	2	

31b. Would you like to have a paying job at the **PRESENT TIME**?

- Circle only one answer

Yes, a part-time job 1
Yes, a full-time job 2
No 3

} ► Go to Q. 34

32. **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: _____

33. To what extent are you satisfied with your workplace's policies regarding children (example: maternity leave, time off for family responsibilities, flexible working hours and place of work, etc.)?

- Circle only one answer

1 2 3 4 5
Very Very
satisfied unsatisfied

Section 5

About your lifestyle habits...

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

34. Does one or other of the parents or another person smoke IN the house?

- Circle only one answer

Neither person smokes in the house 1
One parent smokes in the house 2
Both parents smoke in the house 3
Another person living in the house smokes in the house 4

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

- Circle only one answer

Daily.....	1	} ► Go to Q. 37
Occasionally	2	
Not at all	3	

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

Number of cigarettes per day: _____

37. **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	} ► Go to Q. 39
4-6 times a week.....	2	
2-3 times a week.....	3	
Once a week.....	4	
2-3 times per month	5	
Once a month.....	6	
Less than once a month	7	
Never	8	

38. 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: _____

39. **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	} ► Go to Section 6, Q. 42
No.....	2	

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

Number of times: _____

41. 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 6

About your social activities...

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

42. **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

43. **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, Shriners, etc.)	1	2
e. A neighbourhood, civic or community association or a school group (e.g. Parent/Teacher 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

44. **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 7

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
45. If you say you will do something, do you always keep your promise no matter how inconvenient it might be?	1	2
46. Have you ever blamed someone for doing something you knew was really your fault?	1	2
47. Do you sometimes talk about things you know nothing about?	1	2
48. Do you sometimes boast a little?	1	2
49. As a child, did you ever talk back to your parents?	1	2
50. Would you dodge paying taxes if you were sure you could never be found out?	1	2
51. Do you always practice what you preach?	1	2
52. Have you ever been late for an appointment or work?	1	2
53. Do you sometimes put off until tomorrow what you ought to do today?	1	2
54. Are you always willing to admit it when you have made a mistake?	1	2

Section 8

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.

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

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

Yes1

No.....2

56. **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. 57

56a. By whom were you hurt?

- Circle all that apply

Spouse/partner 1

Ex-spouse/ex-partner 2

Boyfriend 3

Other..... 4

► Specify: _____

Section 9

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.

57. a. Lemons are sour but sugar is _____ .

bitter	white	fattening	sweet
--------	-------	-----------	-------

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 then 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
--------	------------	------	-----------	-------

Section 10

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.

58. 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.

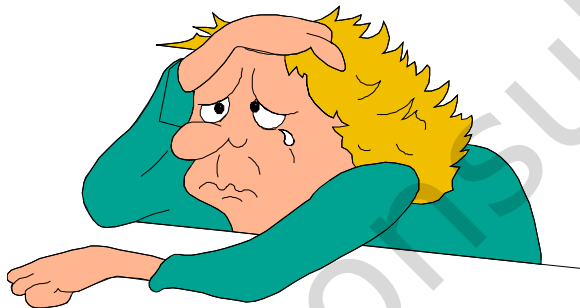
- Circle only one answer

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



Dear respondent...

If you are not living with THE BIOLOGICAL FATHER of your child of ABOUT 5 YEARS, please FILL OUT THE FOLLOWING SECTION (beginning at question 59).

If, however, you are living with THE BIOLOGICAL FATHER 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 father 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 11

About the child's biological father of _____ (of about 5 years)...

The following questions concern your relationship with the biological father of your child of ABOUT 5 YEARS who does not live with you, either because you never lived with him or because you are separated or divorced.

59. If you have separated from the biological father 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 good 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 father 6

60. Are you still in touch with the biological father of your child?

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

Yes 1
No 2 ► Go to Q. 62

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

- Circle only one answer

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



First name – Child (of ABOUT 5 YEARS)



62. How much contact does the biological father have with his child (of ABOUT 5 YEARS) (example: phone calls, visits, child custody, etc.)?

- Circle only one answer

Every day 1
Several times a week 2
Several times a month 3
Occasionally 4
Never 5

63. Does the biological father provide any financial support for his child?

- Circle only one answer

Yes - regularly 1
Yes - irregularly 2
No 3

64. How do you feel about the extent of the biological father's involvement as a parent with your child (example: contact, custody arrangements, etc.)? Is it...

- Circle only one answer

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

65. How do you feel about the extent of financial support from the biological father of your child? Is it...

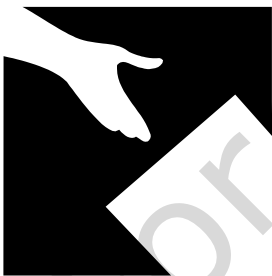
- Circle only one answer

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

Your comments

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

nsultation 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!**