



Family no. :

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Interviewer no. :

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Language:

2

Self-Administered Questionnaire for Mother (SAQM)



Québec Longitudinal Study of Child Development (QLSCD – E7) - Round 2004

This questionnaire must be filled out by the child's mother (child AGED ABOUT 6 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.

IT'S IMPORTANT TO FILL OUT THE QUESTIONNAIRE BY YOURSELF WITHOUT CONSULTING THE FATHER OF YOUR CHILD and as soon as possible. Make sure to seal the enclosed envelope, before sending it by mail.

Questionnaire status:	Completed	1
	Partially completed	2
	Not completed	3

Date received:
(Firm)

(Day)	

(Month)	

(Year)	

Direction Santé Québec

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Instructions and examples

You will find there are several possible answers to the following questions. Unless otherwise indicated, we ask you to 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...**).

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

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: 6 hours 15 minutes
b) Weekend: 8 hours 05 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 up1 ▶ **Go to Q. 5**
Less than once a night.....2
1-2 times.....3
3-4 times.....4 } ▶ **Go to Q. 4a**
5 times or more5

4a. Indicate how long in total he/she is awake during the NIGHT (on average):

1 hours 15 minutes



Let's begin...

First name - Child (of ABOUT 6 YEARS)

Child of ABOUT 6 YEARS

Section 1

About sleeping habits...

The following questions concern your child of ABOUT 6 YEARS and refer to his/her sleeping habits.

1. What is your relationship with the child (of ABOUT 6 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 (that is, grandmother, aunt, legal guardian, 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 at what time 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 ► **Go to Q. 5**
Less than once a night2
1-2 times3
3-4 times4 ► **Go to Q. 4a**
5 times or more5

4a. Indicate how long in total he/she is awake during the NIGHT (on average):

_____ hours _____ minutes

First name - Child (of ABOUT 6 YEARS)

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

♣ **Do not count the time that your child is awake**

_____ hours _____ minutes

6. In general, how long does it take your child (of ABOUT 6 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

7. Does your child sleep during the day (nap)?

♣ **Circle only one answer**

Never..... 1
Less than once a week 2
From 1 to 3 times per week 3
From 4 to 6 times per week 4
Every day 5

8. In general, is your child sleepy during the day ?

♣ **Circle only one answer**

Never..... 1
Sometimes..... 2
Often 3
Always 4
Don't know..... 7

9. Does your child sleep with one of his parent?

♣ **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 6 YEARS)

10. Does your child (of ABOUT 6 YEARS) **snore** during his/her sleep?

♣ **Circle only one answer**

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

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

♣ **Circle only one answer**

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

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

♣ **Circle only one answer**

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

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

♣ **Circle only one answer**

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

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

♣ **Circle only one answer**

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

First name - Child (of ABOUT 6 YEARS)

15. Does your child (of ABOUT 6 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 books and reading...

Children can show their interest in reading or sharing books in different ways. The following are some questions about books and reading.

19. Currently, how often do you or another adult of the household read aloud to your child (of ABOUT 6 YEARS) or listen to your child read or try to read?

♣ Circle only one answer

1	2	3	4	5	6	7
Rarely or never	Less than once a month	Once a month	A few times a month	Once a week	A few times a week	Daily

20. How often do you or another adult of the household teach him/her to NAME printed letters or to read words?

♣ Circle only one answer

1	2	3	4	5	6	7
Rarely or never	Less than once a month	Once a month	A few times a month	Once a week	A few times a week	Daily

21. How often do you or another adult of the household teach him/her to PRINT letters or words?

♣ Circle only one answer

1	2	3	4	5	6	7
Rarely or never	Less than once a month	Once a month	A few times a month	Once a week	A few times a week	Daily

22. Approximately how many books do you have in your home for your child's use?

♣ Circle only one answer

1	2	3	4	5
0-2 books	3-10 books	11-20 books	21-40 books	More than 40 books

23. How often does your child ask to be read to (a book or a story)?

♣ Circle only one answer

1	2	3	4
Hardly never	Once or twice a month	Once or twice a week	Almost daily

First name - Child (of ABOUT 6 YEARS)

24. How many minutes did you or another family member read to your child (of ABOUT 6 YEARS) yesterday?

♣ Circle only one answer

1	2	3	4
0 minute	1-10 minutes	11-20 minutes	More than 20 minutes

25. At home, how often does your child play with pencils or markers doing real or pretend writing?

♣ Circle only one answer

1	2	3	4	5	6	7
Rarely or never	Less than once a month	Once a month	A few times a month	Once a week	A few times a week	Daily

26. How often does your child look at books or try to read on his/her own?

♣ Circle only one answer

1	2	3	4	5	6	7
Rarely or never	Less than once a month	Once a month	A few times a month	Once a week	A few times a week	Daily

27. How often does your child read for pleasure?

♣ Circle only one answer

1	2	3	4	5	6	7
Rarely or never	Less than once a month	Once a month	A few times a month	Once a week	A few times a week	Daily

28. How often does your child talk about a book with family or friends?

♣ Circle only one answer

1	2	3	4	5	6	7
Rarely or never	Less than once a month	Once a month	A few times a month	Once a week	A few times a week	Daily

29. How often does your child go to the library, including the school library?

♣ Circle only one answer

1	2	3	4	5	6	7
Rarely or never	Less than once a month	Once a month	A few times a month	Once a week	A few times a week	Daily

Section 3

About your relationship with your child's (of ABOUT 6 YEARS) teacher...

30. My child's (of ABOUT 6 YEARS) teacher keeps me informed of his/her behavior during the day.

♣ Circle only one answer

1
Totally
Agree

2
Somewhat
agree

3
Somewhat
disagree

4
Totally
disagree

31. When my child goes through a difficult time at home, I feel at ease to share it with his/her teacher.

♣ Circle only one answer; if the following does not apply to your situation, circle "7" not applicable

1
Totally
Agree

2
Somewhat
agree

3
Somewhat
disagree

4
Totally
disagree

7
Not
applicable

32. My child's teacher keeps me informed of his/her activities in his/her school.

♣ Circle only one answer

1
Totally
Agree

2
Somewhat
agree

3
Somewhat
disagree

4
Totally
disagree

33. I feel at ease to communicate to the teacher that I am dissatisfied with certain aspects concerning the class of my child.

♣ Circle only one answer

1
Totally
Agree

2
Somewhat
agree

3
Somewhat
disagree

4
Totally
disagree

34. Conflicts between the teacher and myself get settled quickly.

♣ Circle only one answer; if the following does not apply to your situation, circle "7" not applicable

1
Totally
Agree

2
Somewhat
agree

3
Somewhat
disagree

4
Totally
disagree

7
Not
applicable

35. My child's teacher use various ways to communicate with me (for example: written reports such as an agenda, daily or weekly follow-up, journal, etc.).

♣ Circle only one answer

1
Totally
Agree

2
Somewhat
agree

3
Somewhat
disagree

4
Totally
disagree

Section 4

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

36. 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 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 |

37. **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**

- Yes 1
 No 2 ► **Go to Q. 39**
 I don't remember 3 ► **Go to Q. 39**

38. Did you find someone to help you?

♣ **Circle "1" for Yes or "2" for No**

- Yes 1
 No 2



Section 5

About your conjugal situation . . .

39. Which of the following best describes your current conjugal situation?

♣ **Circle only one answer**

- I live with the child's (of ABOUT 6 YEARS) biological father and
I am the biological mother 1
- I am the spouse/partner of the child's (of ABOUT 6 YEARS) biological father
and we live together.....2
- I live with a spouse/partner who is not my child's biological father.....3
- I have a spouse/partner who is not my child's biological father but
we don't live together.....4
- I don't live with my child's biological father and I don't have a
spouse/partner presently 5 ► **Go to Q. 48**
- Other 6
- ➡ 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.

40. 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

41. 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 not3
- Occasionally.....4
- Rarely.....5
- Never.....6

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

♣ **Circle only one answer**

- All the time 1
- Most of the time.....2
- More often than not3
- Occasionally.....4
- Rarely.....5
- Never.....6

43. 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

44. 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?

45. ... 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

46. ... 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

47. 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 6

About your perceptions . . .

Please indicate to which extent you agree or disagree with the following statements.

48. At home, I feel I have control over what happens in most situations.

♣ **Circle only one answer**

1	2	3	4	5	6
Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly disagree

49. I feel that what happens in my life is often determined by factors beyond my control.

♣ **Circle only one answer**

1	2	3	4	5	6
Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly disagree

50. Over the next 5 – 10 years I expect to have many more positive than negative experiences.

♣ **Circle only one answer**

1	2	3	4	5	6
Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly disagree

51. I often have the feeling that I am being treated unfairly.

♣ **Circle only one answer**

1	2	3	4	5	6
Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly disagree

52. In the past 10 years, my life has been full of changes without my knowing what will happen next.

♣ **Circle only one answer**

1	2	3	4	5	6
Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly disagree

53. I gave up trying to make big improvements or changes in my life a long time ago.

♣ **Circle only one answer**

1	2	3	4	5	6
Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly disagree


First name - Child (of ABOUT 6 YEARS)

Section 7

About health professionals you have consulted for your child . . .

54. In the past 12 months, how many times have you SEEN or TALKED ON THE TELEPHONE with any of the following professionals about your child's (of ABOUT 6 YEARS) physical, emotional or mental health?

Number of times

- a) A general practitioner, family physician?
♣ Enter 0 if none
- b) A pediatrician?
♣ Enter 0 if none
- c) Another medical doctor (such as an orthopedist, ophthalmologist)?
♣ Enter 0 if none
- d) A public health nurse or nurse practitioner?
♣ Enter 0 if none
- e) A dentist, pedodontist (children dentist) or orthodontist?
♣ Enter 0 if none
- f) A psychiatrist or psychologist?
♣ Enter 0 if none
- g) Any other person trained to provide treatment or counsel, for example a speech therapist, a optometrist, a physiotherapist, a social worker, a child welfare worker or children's aid worker?
♣ Enter 0 if none
- h) Which one? 

Section 8

About the people around you . . .

55. Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people?

Most people can be trusted..... 1
 We can't be too careful in dealing with people 2
 Don't know..... 8

We would like to know what are the occupations of the people in your family, among your friends and acquaintances.

By "acquaintance" we do not mean the salesperson you come across in a shop, for example. We mean somebody with whom you would share small talk if you saw him/her and whom you know by name.

Here is a list of different occupations that people can have. Is anyone or several members of your family, your friends, or acquaintances who is a ...?

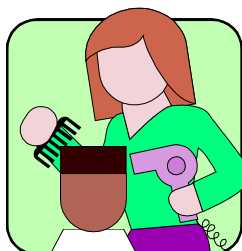
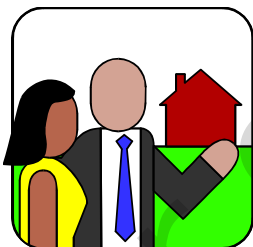
♣ For each of the following job or occupation, please circle **ALL** applicable answers.

Employment/Function	Family	Friend	Acquaintance	No
56. Physician	1	2	3	0
57. Cook	1	2	3	0
58. Engineer	1	2	3	0
59. High ranking public servant	1	2	3	0
60. Construction worker	1	2	3	0
61. Company executive	1	2	3	0
62. Manager	1	2	3	0
63. Teacher	1	2	3	0
64. Real-estate agent	1	2	3	0
65. Union executive	1	2	3	0
66. Lawyer	1	2	3	0
67. Mechanic	1	2	3	0
68. Accountant	1	2	3	0
69. Scientist	1	2	3	0
70. Politician (municipal, provincial or federal)	1	2	3	0
71. Musician/artist/writer	1	2	3	0
72. IT worker	1	2	3	0

Continued on the next page..

73. Police officer	1	2	3	0
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Employment/Function	Family	Friend	Acquaintance	No
74. Secretary	1	2	3	0
75. Insurance agent	1	2	3	0
76. Foreman/woman	1	2	3	0
77. Nurse	1	2	3	0
78. Farmer	1	2	3	0
79. Truck driver	1	2	3	0
80. Postman	1	2	3	0
81. Heavy equipment operator	1	2	3	0
82. Salesperson	1	2	3	0
83. Labor	1	2	3	0
84. Cleaning person	1	2	3	0
85. Hairdresser	1	2	3	0



Dear respondent...

If you are not living with THE BIOLOGICAL FATHER of your child (of ABOUT 6 YEARS), please FILL OUT THE FOLLOWING SECTION (beginning at question 86).

If, however, you are living with THE BIOLOGICAL FATHER of your child (of ABOUT 6 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 6 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 6 YEARS)

Section 9

About the child's biological father of _____ (of ABOUT 6 YEARS)...

The following questions concern your relationship with the biological father of your child (of ABOUT 6 YEARS) who does not live with you, either because you never lived with him or because you are separated or divorced.

86. If you have separated from the biological father of your child (of ABOUT 6 YEARS) **since our last interview 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

87. 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. 89**

88. 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

89. How much contact does the biological father have with his child (example: 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

First name - Child (of ABOUT 6 YEARS)

90. Does the biological father provide any financial support for his child (of ABOUT 6 YEARS)?

♣ Circle only one answer

Yes - regularly..... 1

Yes - irregularly..... 2

No 3

91. 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

92. 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

For consultation only

Your comments

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

nsultation only

**Place the completed questionnaire in the pre-paid return envelope and seal it to guarantee confidentiality.
Please, forward by mail as soon as possible.**

Our most sincere thanks for your cooperation!