

Family no.:

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Interviewer no. :

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Language :

2
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## Self-Administred Questionnaire for mother (SAQM)

### Québec Longitudinal Study of Child Development (QLSCD – E8) - Round 2005

**This questionnaire must be filled out by the child's mother (child AGED ABOUT 7 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** and as soon as possible. Make sure to seal the enclosed envelope, before giving it back to the interviewer or sending it by mail.

Questionnaire status:	Completed	1
	Partially completed	2
	Not completed	3

Date received:  
(Interviewer)

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(Day)

--	--

(Month)

--	--

(Year)

Date received:  
(BIP)

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(Day)

--	--

(Month)

--	--

(Year)

#### Direction Santé Québec

Institut de la statistique du Québec  
1200 McGill College Avenue  
Montréal (Québec) H3B 4J8  
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630 Sherbrooke West  
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Montréal (Québec) H3B 4J8  
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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. Indicate how long in total he/she sleeps during the NIGHT (on average):

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

6 hours 15 minutes

## Example 2

52. **IN THE PAST WEEK at home AND at school (or school's daycare service)**, on average, how many times during the week or how many times per day has \_\_\_\_\_ (of ABOUT 7 YEARS) eaten the following foods:

♦ **If you have joint custody of the child, please refer to the most recent week spent with the child when answering the following questions.**

♦ **Circle only one answer to each statement**

In the past week...	None	Times (in the week)			Times (per day)			
		1-2	3-4	5-6	1	2	3	4 and +
c) Yoghurt, milk desserts (example: Laura Secord milk puddings) ♦ <b>Excluding ice cream</b>	<u>1</u>	2	<u>3</u>	4	5	6	7	8
d) Fruits	1	2	<u>3</u>	4	<u>5</u>	6	7	8
i) Meat (example : pork, beef, veal, etc.)	1	2	3	4	<u>5</u>	6	7	8



Let's begin...

First name - Child (of ABOUT 7 YEARS)



## Child of ABOUT 7 YEARS

### Section 1

#### About sleeping habits...

The following questions concern your child of ABOUT 7 YEARS and refer to his/her sleeping habits.

1. What is your relationship with the child (of ABOUT 7 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. Indicate how long in total he/she is awake during the NIGHT (on average):

♦ **If your child never wakes up, write "0" hour et "0" minute**

\_\_\_\_\_ hours \_\_\_\_\_ minutes

3. 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

4. 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

5. Does your child (of ABOUT 7 YEARS) **snore** during his/her sleep?

♦ **Circle only one answer**

Never ..... 1

Sometimes ..... 2

Often ..... 3

Always ..... 4

First name - Child (of ABOUT 7 YEARS)



6. Does your child (of ABOUT 7 YEARS) **talk** in his/her sleep?

♦ **Circle only one answer**

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

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

♦ **Circle only one answer**

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

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

♦ **Circle only one answer**

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

9. 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

10. Does your child **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

First name - Child (of ABOUT 7 YEARS)



11. Does your child (of ABOUT 7 YEARS) **grind** his/her teeth during the NIGHT?

♦ **Circle only one answer**

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

12. Does your child **pee** in his/her bed at NIGHT?

♦ **Circle only one answer**

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

13. Does your child have unpleasant sensations in his/her legs at bedtime that **force him/her to move**?

♦ **Circle only one answer**

Yes ..... 1 → **Go to Q.14a**  
No ..... 2 → **Go to Section 2**

14a. Is it worst in the evening or at night than in the day?

♦ **Circle only one answer**

Yes ..... 1  
No ..... 2

14b. Is it worst while resting or during an inactivity period (sitting or lying down)?

♦ **Circle only one answer**

Yes ..... 1  
No ..... 2

14c. Are the unpleasant sensations relief by activity?

♦ **Circle only one answer**

Yes ..... 1  
No ..... 2

First name - Child (of ABOUT 7 YEARS)



## Section 2

### About your relationship with your child's (of ABOUT 7 YEARS) teacher...

15. Usually, my child's (of about 7 years) teacher keeps me inform of his/her behaviours in school.

♦ Circle only one answer

1  
Totally  
Agree

2  
Somewhat  
Agree

3  
Somewhat  
Disagree

4  
Totally  
Disagree

16. 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

17. 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

18. 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

First name - Child (of ABOUT 7 YEARS)



19. 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

20. 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 3

### About your lifestyle habits...

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

21. Does one or both of the parents or another person smoke IN the house?

♦ Circle more than one if applicable

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

22. **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.24

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

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

24. **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 per month..... 5

Once a month ..... 6

Less than once a month..... 7

Never ..... 8 → Go to Q. 26



25. 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: \_\_\_\_\_

26. **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 4**

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

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

28. 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<sup>1</sup>

Cocaine, crack, free base<sup>2</sup>

Amphetamines, stimulants, speed<sup>3</sup>

Heroin, opiates like codeine, demerol, morphine, methadone, darvon, opium<sup>4</sup>

Psychedelics like LSD, mescaline, peyote, psilocybin, DMT, PCP<sup>5</sup>

The following **non-prescription** drugs: barbiturates, sedatives, downers, sleeping pills like Seconal, Qaaludes, tranquillizers, pills for your nerves like Valium, Librium, Ativan (**no prescription**)<sup>6</sup>

## Section 4

### 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.

29. 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

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

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

First name - Child (of ABOUT 7 YEARS)



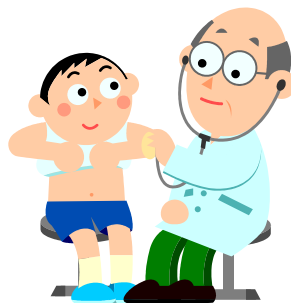
## Section 5

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

30. **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 7 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? .....  
→



First name - Child (of ABOUT 7 YEARS)



## Section 6

### About the support of your family...

The following statements are about relationships and the support you get from others. For each of the following, please tell us whether you strongly agree, agree, disagree, or strongly disagree.

31. I have family and friends who help me feel safe, secure and happy.

♦ Circle only one answer

Strongly agree ..... 1  
Agree ..... 2  
Disagree..... 3  
Strongly disagree ..... 4

32. There is someone I trust whom I would turn to for advice if I were having problems.

♦ Circle only one answer

Strongly agree ..... 1  
Agree ..... 2  
Disagree..... 3  
Strongly disagree ..... 4

33. There are people I can count on in an emergency.

♦ Circle only one answer

Strongly agree ..... 1  
Agree ..... 2  
Disagree..... 3  
Strongly disagree ..... 4

34. Besides your friends and family, did community or social service professionals help with your personal problems **DURING THE PAST 12 MONTHS.**

♦ Circle only one answer

Yes..... 1  
No ..... 2

## Section 7

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

35. 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

36. **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. 37  
 I don't remember ..... 3 → Go to Q. 37

36a. Did you find someone to help you?

♦ Circle "1" for Yes or "2" for No

Yes ..... 1  
 No ..... 2

37. Do you have experienced unpleasant sensations in your legs in the evening or at night that **force you to move**?

♦ Circle only one answer

0      1      2      3      4      5      6      7      8  
 Never      Rarely      Sometimes      Often      Constantly

First name - Child (of ABOUT 7 YEARS)



## Section 8

### About the activities of your child (of ABOUT 7 YEARS)...

The next questions are about \_\_\_\_\_'s interests and activities

38. **IN THE LAST 12 MONTHS**, outside of school hours, how often has your child (of ABOUT 7 YEARS): taken part in sports **with** a coach or instructor (except dance, gymnastics and martial arts)?

♦ Circle only one answer

Most days ..... 1  
A few times a week..... 2  
About once a week..... 3  
About once a month..... 4  
One session (8 to 12 weeks) ..... 6  
Two sessions or more (8 to 12 weeks each) ..... 7  
Never or almost never ..... 5

39. **IN THE LAST 12 MONTHS**, outside of school hours, how often has your child: taken lessons or instruction in other organized physical activities **with** a coach or instructor such as dance, gymnastics, martial arts or circus arts?

♦ Circle only one answer

Most days ..... 1  
A few times a week..... 2  
About once a week..... 3  
About once a month..... 4  
One session (8 to 12 weeks) ..... 6  
Two sessions or more (8 to 12 weeks each) ..... 7  
Never or almost never ..... 5

First name - Child (of ABOUT 7 YEARS)



40. **IN THE LAST 12 MONTHS**, outside of school hours, how often has your child (of ABOUT 7 YEARS): taken part in unorganized sports or physical activities **without** a coach or instructor? (examples: playing with a ball, skipping, riding a bike, swimming)

♦ **Circle only one answer**

Most days ..... 1  
A few times a week..... 2  
About once a week..... 3  
About once a month..... 4  
Almost never..... 5

41. **IN THE LAST 12 MONTHS**, outside of school hours, how often has your child: taken lessons or instruction in music, art or other non-sport activities?

♦ **Circle only one answer**

Most days ..... 1  
A few times a week..... 2  
About once a week..... 3  
About once a month..... 4  
One session (8 to 12 weeks) ..... 6  
Two sessions or more (8 to 12 weeks each) ..... 7  
Never or almost never ..... 5

42. **IN THE LAST 12 MONTHS**, outside of school hours, how often has your child: taken part in any clubs, or groups or community programs with leadership, such as Beavers, Sparks or church groups (Include Québec breakfast club)?

♦ **Circle only one answer**

Most days ..... 1  
A few times a week..... 2  
About once a week..... 3  
About once a month..... 4  
One session (8 to 12 weeks) ..... 6  
Two sessions or more (8 to 12 weeks each) ..... 7  
Never or almost never ..... 5



First name - Child (of ABOUT 7 YEARS)



43. Outside of school hours, how often does your child (of ABOUT 7 YEARS) spend time on a computer? .

♦ Circle only one answer

- Most days ..... 1  
 A few times a week..... 2  
 About once a week..... 3  
 About once a month..... 4  
 Almost never..... 5

44. **IN THE LAST 12 MONTHS**, has your child had access to a computer in your home, including a laptop you bring home from work?

♦ Circle only one answer

- Yes..... 1  
 No ..... 2

45. **On average**, how much time does your child spend each day...

♦ Circle only one answer

♦ For example, if the child only spends 4 hours on week-end doing one or the other activities mentioned below than divide this number by 7 days to get an average number of hours: 4 hours ) 7 days = less than 1 hour per day

	None	Hours (per day)				
		Less than 1	From 1 less than 3	From 3 less than 5	From 5 less than 7	7 and more
a) playing computer or video games?	1	2	3	4	5	6
b) watching TV or videos/DVD during the week and the week-end?	1	2	3	4	5	6

46. How often does he/she play alone (e.g., riding a bike, doing a craft or hobby, playing with a ball, playing computer games)?

♦ Circle only one answer

- Often ..... 1  
 Sometimes..... 2  
 Rarely..... 3  
 Never ..... 4

First name - Child (of ABOUT 7 YEARS)



47. How many days a week do you and your child (of ABOUT 7 YEARS) play sports together?

- ♦ There may be other people with you and your child
- ♦ Circle only one answer

Every day..... 1  
5 to 6 days per week..... 2  
3 to 4 days per week..... 3  
1 to 2 days per week..... 4  
1 to 2 times per month..... 5  
Rarely or never..... 6

48. How many days a week do you and your child play cards or games together?

- ♦ There may be other people with you and your child
- ♦ Circle only one answer

Every day..... 1  
5 to 6 days per week..... 2  
3 to 4 days per week..... 3  
1 to 2 days per week..... 4  
1 to 2 times per month..... 5  
Rarely or never..... 6

49. How many days a week do you and your child (of ABOUT 7 YEARS) talk about things together?

- ♦ There may be other people with you and your child
- ♦ Circle only one answer

Every day..... 1  
5 to 6 days per week..... 2  
3 to 4 days per week..... 3  
1 to 2 days per week..... 4  
1 to 2 times per month..... 5  
Rarely or never..... 6

First name - Child (of ABOUT 7 YEARS)



50. How many days a week do you and your child (of ABOUT 7 YEARS) do a project or chores together?

♦ **There may be other people with you and your child**

♦ **Circle only one answer**

- Every day..... 1  
5 to 6 days per week..... 2  
3 to 4 days per week..... 3  
1 to 2 days per week..... 4  
1 to 2 times per month..... 5  
Rarely or never..... 6

51. How many days a week do you and your child go on a outing together?

♦ **There may be other people with you and your child**

♦ **Circle only one answer**

- Every day..... 1  
5 to 6 days per week..... 2  
3 to 4 days per week..... 3  
1 to 2 days per week..... 4  
1 to 2 times per month..... 5  
Rarely or never..... 6

First name - Child (of ABOUT 7 YEARS)



## Section 9

### About eating habits...

The following questions concern your child of ABOUT 7 YEARS and refer to his/her alimentation.

52. **IN THE PAST WEEK at home AND at school (or school's daycare service)**, on average, how many times during the week or how many times per day has \_\_\_\_\_ (of ABOUT 7 YEARS) eaten the following foods:

- ♦ If you have joint custody of the child, please refer to the most recent week spent with the child when answering the following questions.
- ♦ Circle only one answer to each statement

In the past week...	None	Times (in the week)			Times (per day)			
		1-2	3-4	5-6	1	2	3	4 and +
a) Milk	1	2	3	4	5	6	7	8
b) Cheese	1	2	3	4	5	6	7	8
c) Yoghurt, milk desserts (example: Laura Secord milk puddings)								
♦ <b>Excluding ice cream</b>	1	2	3	4	5	6	7	8
d) Fruits	1	2	3	4	5	6	7	8
e) Juice/Fruit drinks	1	2	3	4	5	6	7	8
f) Sweet drinks/Soft drinks	1	2	3	4	5	6	7	8
g) Vegetables/Potatoes	1	2	3	4	5	6	7	8
h) Poultry/Eggs	1	2	3	4	5	6	7	8
i) Meat (example : pork, beef, veal, etc.)	1	2	3	4	5	6	7	8
j) Fish / Seafood	1	2	3	4	5	6	7	8
k) Legumes, pulse (example: lentils, tofu)	1	2	3	4	5	6	7	8
l) Bread	1	2	3	4	5	6	7	8
m) Cereal (example: Corn Flakes, Froot Loops, etc.)	1	2	3	4	5	6	7	8
n) Pasta/Rice, "Couscous"	1	2	3	4	5	6	7	8
o) Pastries/Candies/Cookies/Chips/ Chewing gum containing sugar								
♦ <b>Don't count SUGAR-FREE chewing gum</b>	1	2	3	4	5	6	7	8

First name - Child (of ABOUT 7 YEARS)



53. Does your child eat breakfast in the morning?

♦ Circle only one answer

- Yes, every morning..... 1  
Regularly, but not every day..... 2  
On occasion only ..... 3  
Never ..... 4



## Dear respondent...

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If you are not living with THE BIOLOGICAL FATHER of your child (of ABOUT 7 YEARS), please FILL OUT THE FOLLOWING SECTION (beginning at question 54).

If, however, you are living with THE BIOLOGICAL FATHER of your child (of ABOUT 7 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 7 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 7 YEARS)



## Section 10

### About the biological father of \_\_\_\_\_ (of ABOUT 7 YEARS)...

The following questions concern your relationship with the biological father of your child (of ABOUT 7 YEARS) who does not live with you, either because you never lived with him or because you are separated or divorced.

54. If you have separated from the biological father of your child (of ABOUT 7 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

55. 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. 58

56. 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 7 YEARS)



57. Does the biological father provide any financial support for his child (of ABOUT 7 YEARS)?

♦ Circle only one answer

- Yes - regularly..... 1  
Yes - irregularly..... 2  
No ..... 3

58. 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

59. 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.

Consultation only

Place the completed questionnaire in the envelope  
and seal it to guarantee confidentiality.

Please, give it back to the interviewer or forward by mail as soon as possible.

Thank you for your cooperation!