

Family no.:

Interviewer no. :

Language :  2



# Self-Administred Questionnaire for mother (SAQM)

Québec Longitudinal Study of Child Development  
(QLSCD - E9) - Round 2006

This questionnaire must be filled out by the child's mother (child AGED ABOUT 8 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 sending it by mail or please give it back to the interviewer when she will visit you.

Questionnaire status:	Completed	1
	Partially completed	2
	Not completed	3

Date received:        
(Interviewer) (Day) (Month) (Year)

Date received:        
(BIP) (Day) (Month) (Year)

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

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

# 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

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

♦ Circle only one answer by line

During the week:  
(Monday to Friday)

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

During the week-end:  
(Saturday to Sunday)

c) ... playing computer or video games?	1	2	3	4	5	6
d) ... watching TV or videos/DVD?	1	2	3	4	5	6

Let's begin...



## Child of ABOUT 8 YEARS

### Section 1

#### About sleeping habits...

The following questions concern your child of ABOUT 8 YEARS and refer to his/her sleeping habits.

1. What is your relationship with the child (of ABOUT 8 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, legal guardian, etc.) ..... 3

You are the adoptive mother of the child ..... 4

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

\_\_\_\_\_ hour(s) \_\_\_\_\_ minute(s)

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

♦ Do not count the time that your child is awake

\_\_\_\_\_ hour(s) \_\_\_\_\_ minute(s)

First name - Child (of ABOUT 8 YEARS)

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

Circle only one answer	Never	Sometimes	Often	Always
5. Does your child (of ABOUT 8 YEARS) <b>snore</b> during his/her sleep?	1	2	3	4
6. Does your child (of ABOUT 8 YEARS) <b>talk</b> in his/her sleep?	1	2	3	4
7. Does your child <b>walk</b> in his/her sleep?	1	2	3	4
8. Does your child have <b>nightmares</b> ?	1	2	3	4
9. Does your child have <b>night terrors</b> (wakes up suddenly, crying, sometimes drenched in sweat and confused)?	1	2	3	4
10. Does your child (of ABOUT 8 YEARS) <b>rock</b> himself/herself or <b>bang</b> his/her head against his/her pillow, his/her bed or the wall in a repetitive fashion either while falling asleep or during sleep?	1	2	3	4
11. Does your child (of ABOUT 8 YEARS) <b>grind</b> his/her teeth during the NIGHT?	1	2	3	4
12. Does your child <b>pee</b> in his/her bed at NIGHT?	1	2	3	4

First name - Child (of ABOUT 8 YEARS)

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

## Section 2

### 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.

Circle only one answer	Strongly agree	Agree	Disagree	Strongly disagree
15. I have family and friends who help me feel safe, secure and happy.	1	2	3	4
16. There is someone I trust whom I would turn to for advice if I were having problems.	1	2	3	4
17. There are people I can count on in an emergency.	1	2	3	4

18. 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 3

### About your child's (of ABOUT 8 YEARS) grandparents...

This section is about the support you receive from the grandparents of your child (of ABOUT 8 YEARS).

19. Please indicate what type of support you receive from the **maternal** grandparents (that is from your parents).

◆ Please circle one of the following if applicable

Both my parents are deceased.....97 ► Go to Q. 21

Only one of my parents is deceased ..... 96

◆ Circle only one number

- a. Material help/support (money, articles of value, food, clothing, furniture, etc.)

(gifts included) ..... 1 2 3 4 5  
None A lot

20. Please indicate how often you receive the following types of support from the **maternal** grandparents?

◆ Circle only one number by line

Every day	More than once a week	Once a week	Once a month	Less than once a month	Never
-----------	-----------------------	-------------	--------------	------------------------	-------

- |               | 1 | 2 | 3 | 4 | 5 | 6 |
|---------------|---|---|---|---|---|---|
| a. Child care |   |   |   |   |   |   |

- b. Home maintenance (housework, cooking, repairs, etc.)

- |                  | 1 | 2 | 3 | 4 | 5 | 6 |
|------------------|---|---|---|---|---|---|
| c. Moral support |   |   |   |   |   |   |

- | d. Advice about your child's development | 1 | 2 | 3 | 4 | 5 | 6 |
|--|---|---|---|---|---|---|
|--|---|---|---|---|---|---|

First name - Child (of ABOUT 8 YEARS)

21. Please indicate what type of support you receive from the **paternal** grandparents (that is from the father's parents) of your child (of about 8 years)?

♦ Please circle one of the following if applicable

Both my parents are deceased.....97 ► Go to Q.23

Only one of the father's parents is deceased.....96

♦ Circle only one number

a. Material help/support (money, articles of value, food, clothing, furniture, etc.)  
(gifts included).....

1  
None

2

3

4

5  
A lot

22. Please indicate how often you receive the following types of support from the **paternal** grandparents?

♦ Circle only one number by line

Every day	More than once a week	Once a week	Once a month	Less than once a month	Never
-----------	-----------------------	-------------	--------------	------------------------	-------

a. Child care	1	2	3	4	5	6
---------------	---	---	---	---	---	---

b. Home maintenance (housework, cooking, repairs, etc.)	1	2	3	4	5	6
---	---	---	---	---	---	---

c. Moral support	1	2	3	4	5	6
------------------	---	---	---	---	---	---

d. Advice about your child's development	1	2	3	4	5	6
--	---	---	---	---	---	---



## Section 4

### About your well-being...

The following questions bear on certain experiences.

23. Do you fear and avoid certain places (like: elevators, planes, heights, water), animals (like: dogs, insects, or spiders) or situations involving blood or medical or dental procedures?

♦ Circle only one answer

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

24. Are you very anxious in some social situations and do you avoid them due to the fear of making a blunder or of being judged by others? Those situations may involve starting or carrying on a conversation, eat or write in public, speak to a group, etc.

♦ Circle only one answer

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

25. Do you ever feel a sudden rush of intense fear or discomfort that comes out of the blue (the attack may involve palpitations, shortness of breath, chest pains, dizziness, fear of dying, etc.)?

♦ Circle only one answer

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

26. Do you avoid situations due to the fear of not being able to leave or receive help if you develop symptoms such as diarrhea, vomiting, dizziness or a panic attack?

♦ Circle only one answer

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

27. Do you experience muscle tension or feel restless or on edge when you worry?

♦ Circle only one answer

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

28. Do you worry excessively or in an exaggerated fashion to the extent that you find it hard to control your worries?

♦ Circle only one answer

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

29. Are you bothered by thoughts, images, or impulses that keep on recurring and may seem inappropriate, bizarre, or non-sensical, but that you can't stop from coming into your mind?

♦ Circle only one answer

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

30. Do you feel driven to repeat some behaviour (like: wash, check, or arrange in order) or to repeat something in your mind over and over again to control a thought, prevent something bad from happening, or to feel less uncomfortable?

♦ Circle only one answer

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

31. Is your daily life still affected by memories, dreams, or other signs of distress about an event that you experienced or witnessed and which was traumatic or life-threatening for yourself or others?

♦ Circle only one answer

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

32. Are you strongly preoccupied by the idea that you have a serious disease despite medical reassurance?

♦ Circle only one answer

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

33. To what extent does one or other of the above signs (questions 23 to 32) interfere with your life in some way, that is your work, social life, family life, etc.?

♦ Circle only one answer

0	1	2	3	4	5	6	7	8
Not at all		Mildly		Moderately		Severely		Totally

## Section 5

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

34. 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 8 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? .....

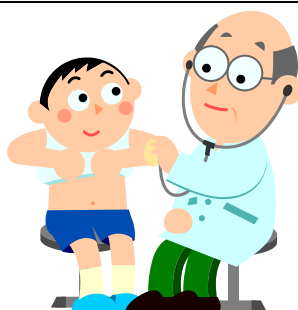
♦ Enter 0 if none

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 6

### About your conjugal situation...

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

♦ Circle only one answer

I live with the child's (of ABOUT 8 YEARS) biological father and

I am the biological mother ..... 1

I am the spouse/partner of the child's (of ABOUT 8 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.44

☐ 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:

36. 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

37. 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

38. 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

39. 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

40. 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?

41. ...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

42. ....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

43. 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.

♦ Circle only one answer

1  
Extremely  
unhappy

2  
Quite  
unhappy

3  
A little  
unhappy

4  
Happy

5  
Very  
happy

6  
Extremely  
happy

7  
Perfectly  
happy





## Section 7

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

44. 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

45. **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 Q47  
 I don't remember.....3 ► Go to Q47

46. Did you find someone to help you?

♦ Circle "1" for Yes or "2" for No;

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

47. 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

48. 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.50

49. By whom were you hurt?

♦ Circle all that apply

Spouse/partner.....1

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

Boyfriend.....3

Other.....4

→ Specify: \_\_\_\_\_

## Section 9

### About the activities of your child (of ABOUT 8 YEARS)...

The next questions are about \_\_\_\_\_'s interests and activities  
(of ABOUT 8 YEARS)

50. **In the last 12 months, outside of school hours**, how often has your child (of ABOUT 8 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

51. **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

52. **During de past 12 months, outside class-time**, how many sessions of sports classes or physical activity classes with a duration of 8 to 12 weeks has your child participated in? (Sessions, not individual classes. For example, a session can comprise 10 classes, but counts as one (1) session).

♦ **Circle only one answer**

- No session.....1 ► **Go to Q.54**  
One (1) session.....2  
Two (2) sessions .....3  
Three (3) sessions .....4  
Four (4) sessions .....5  
Five (5) sessions .....6  
More than five (5) sessions .....7

53. **During the past 12 months**, on average, how many hours a week did your child spend in these classes?

♦ **Circle only one answer**

- Less than an hour a week .....1  
Approximately 1 hour a week .....2  
Approximately 2 hours a week.....3  
Approximately 3 hours a wee .....4  
Approximately 4 or more hours a week .....5

54. **In the last 12 months, outside of school hours**, how often has your child (of ABOUT 8 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

55. During the past 12 months, how many sports clubs or teams has your child (of ABOUT 8 YEARS) participated in?

(For example, soccer, baseball, swimming, hockey, etc.)

♦ Circle only one answer

- No club or team ..... 1 ► Go to Q.58
- One (1) club or team ..... 2
- Two (2) clubs or teams ..... 3
- Three (3) or more clubs or teams ..... 4

56. Was at least one of these teams or clubs in your child's school? (Intramural (internal in the school) or extramural (representing the whole school in an inter-school league, for example)

If your child's school has no sports clubs or teams, please circle 3

♦ Circle only one answer

- Yes ..... 1
- No ..... 2
- There are no sports clubs or teams  
in my child's school ..... 3

57. On regular school days (Monday to Friday), what is the average number of minutes a day your child (of ABOUT 8 YEARS) is physically active before school begins? (for example, walks or rides a bike to school, participates in a sports activity at the daycare, etc.)

♦ Circle only one answer

- My child (of ABOUT 8 YEARS)  
is never active before school ..... 1
- Less than 15 minutes a day ..... 2
- From 15 to 29 minutes a day ..... 3
- 30 minutes or more a day ..... 4

58. On **regular school days (Monday to Friday)**, what is the average number of minutes a day your child (of ABOUT 8 YEARS) is physically active **after school**?

♦ Circle only one answer

My child (of ABOUT 8 YEARS)  
is never active after school..... 1  
Less than 15 minutes a day ..... 2  
From 15 to 29 minutes a day ..... 3  
From 30 to 59 minutes a day ..... 4  
60 minutes or more a day..... 5

59. On a **regular weekend**, what is the average number of minutes a day your child is physically active?

♦ Circle only one answer

My child (of ABOUT 8 YEARS)  
is never active on the weekend..... 1  
Less than 15 minutes a day ..... 2  
From 15 to 29 minutes a day ..... 3  
From 30 to 59 minutes a day ..... 4  
From 60 minutes (1 hour) to 120 minutes (2 hours) a day... 5  
120 minutes (2 hours) or more a day..... 6

First name - Child (of ABOUT 8 YEARS)

60. Which of the following sentences best describes your (of ABOUT 8 YEARS) child's **free time during regular week days**?

♦ Circle only one answer

Read all 5 sentences before deciding which one best describes your child.

- a) All or most of his/her free time is spent doing things that do not require much physical effort ..... 1
- b) During his/her free time, he/she does some physical activity a few times a week (once or twice a week). (for example sports, running, swimming, bike rides, aerobic dance, skating, hockey, etc.) ..... 2
- c) During his/her free time, he/she does some physical activity fairly often (3 to 4 times a week). ..... 3
- d) During his/her free time, he/she does some physical activity often (5 to 6 times a week). ..... 4
- e) During his/her free time, he/she does some physical activity very often (7 or more times a week). ..... 5

61. 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

First name - Child (of ABOUT 8 YEARS)

62. In the last 12 months, outside of school hours, how often has your child (of ABOUT 8 YEARS) taken part in any clubs, or groups or community programs with leadership, such as Beavers, Sparks, Québec breakfast club or church groups?

♦ 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

63. Outside of school hours, how often does your child 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

64. 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



First name - Child (of ABOUT 8 YEARS)

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

♦ Circle only one answer by line

	None	Hours (per day)				
		Less than 1 h.	From 1 h. less than 3	From 3 h. less than 5 h.	From 5 h. less than 7h.	7 h. and more
<b>During the week:</b> (Monday to Friday)						
a) ... playing computer or video games?	1	2	3	4	5	6
b) ... watching TV or videos/DVD?	1	2	3	4	5	6
<b>During the week-end:</b> (Saturday to Sunday)						
c) ... playing computer or video games?	1	2	3	4	5	6
d) ... watching TV or videos/DVD?	1	2	3	4	5	6

66. During the past three months, how often did you engage in physical activity for at least 20 to 30 minutes a session?

♦ Circle only one answer

- Not once..... 1
- Approximately once a month..... 2
- Approximately two to three times a month..... 3
- Approximately once a week..... 4
- Approximately twice a week..... 5
- Approximately three times a week..... 6
- Four or more times a week..... 7

First name - Child (of ABOUT 8 YEARS)

67. During the past three months, how often has your spouse/partner engaged in physical activity for at least 20 to 30 minutes a session?

♦ Circle only one answer

- I do not have any spouse/partner..... 8
- Not once..... 1
- Approximately once a month ..... 2
- Approximately two to three times a month..... 3
- Approximately once a week ..... 4
- Approximately twice a week..... 5
- Approximately three times a week..... 6
- Four or more times a week ..... 7



## Section 10

### About \_\_\_\_\_'s reading habits ...

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

68. How often does your child (of ABOUT 8 YEARS) read for pleasure?

♦ 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

69. Currently, how often do you (or any other adult of the household) read aloud to your child (of about 8 years) or listen to him/her read?

♦ Circle only one answer

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

70. 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<br>never | Less than once<br>a month | Once a<br>month | A few times<br>a month | Once a<br>week | A few times<br>a week | Daily |

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First name - Child (of ABOUT 8 YEARS)

71. How often does your child (of ABOUT 8 YEARS) go to the public library?

♦ Circle only one answer

- Rarely or never ..... 1
- Less than once a month ..... 2
- Once a month ..... 3
- A few times a month ..... 4
- Once a week ..... 5
- A few times a week ..... 6
- Daily ..... 7
- There is no library ..... 9

## Section 11

### About your relationship with your child's (of ABOUT 8 YEARS) teacher...

72. 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

73. 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

74. 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



## Section 12

### About insecurity caused by running out of food...

High unemployment and a tight job market have made it hard for an increasing number of families to make ends meet. They even run out of food at times. We would like to know whether your family has experienced a similar situation.

♦ Circle only one answer to each statement

Often true	Sometimes true	Never true
---------------	-------------------	---------------

75. We eat the same thing several days in a row because we only have a few different kinds of food on hand, and don't have enough money to buy more.

1 2 3

76. We eat less than we should because we don't have enough money for food.

1 2 3

77. We can't provide balanced meals for our children because we can't afford it financially.

1 2 3

78. In the past 12 months, has a member of your family ever experienced being hungry because the family had run out of food or money to buy food?

♦ Circle only one answer

Yes, regularly, once a month..... 1

Yes, more than once month..... 2

Yes, certain months only ..... 3

Yes, occasionally, but not regularly ..... 4

No ..... 5

► Go to Q.80

79. How do you cope with feeding your child/children when this happens?

♦ Circle all answers that apply

- The adults (parents, guardian, etc.) skip meals or eat less ..... 1
- Your child (of ABOUT 8 YEARS) skips meals or eats less .....2
- The other children skip meals or eat less.....3
- The family eats the same food more often.....4
- Relatives are called upon for assistance .....5
- Friends are called upon for assistance .....6
- One seeks help from the CLSC.....7
- One seeks help from food bank (Emergency food assistance program).....8
- The children have access to a school meal program.....9
- The family participates in food-related activities  
through community groups ..... 10

## Section 13

### About tasks sharing...

The next questions are about who does what in your household...

80. When you or your spouse/partner (if any) are at home, who does the following tasks?

♦ Circle the appropriate number for each task

Always you	Usually you	You and your spouse/ partner about equally	Usually your spouse/ partner	Always your spouse/ partner	Always or usually another person in the household	Always or usually someone not living in the household
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a) Dressing the children and/or seeing that the children are properly dressed.

1      2      3      4      5      6      7

b) Putting the children to bed and/or see that they go to bed.

1      2      3      4      5      6      7

c) Staying at home with the children when they are ill.

1      2      3      4      5      6      7

d) Playing with the children and/or taking part in leisure activities with them.

1      2      3      4      5      6      7

e) Helping the children with homework.

1      2      3      4      5      6      7

f) Taking the children to/from school and/or day care.

1      2      3      4      5      6      7

g) Taking care of housework (like preparing meals, tidying up, doing the dishes, etc.).

1      2      3      4      5      6      7



## Section 14

### About the family climate

81. The following statements are about the family you are currently living with. For each one, please indicate which response best describes your family: strongly agree, agree, disagree or strongly disagree.

♦ Circle only one answer to each statement

	Strongly agree	Agree	Disagree	Strongly disagree
a) Individuals (in the family) are accepted for what they are.	1	2	3	4
b) We express feelings to each other.	1	2	3	4
c) There are lots of bad feelings in our family.	1	2	3	4
d) We feel accepted for what we are.	1	2	3	4
e) We are able to make decisions about how to solve problems.	1	2	3	4
f) We don't get along well together.	1	2	3	4
g) We confide in each other.	1	2	3	4



## Section 15

### About your child's (of about 8 years) behaviour...

The following questions are about your child's behaviour. Children are all different and we would like to know more about your child's personality.

82. In the past 12 months, how often would you say your child ...

♦ Circle only one answer by line

For the PAST 12 MONTHS, would you say your child...	Never or not true	Sometimes or somewhat true	Often or very true
a) ...tended to do things on his/her own, was rather solitary.	1	2	3
b) ...reacted in aggressive manner when teased (for example, hit, push or slap another child).	1	2	3
c) ...reacted in an aggressive manner when something was taken away from him/her.	1	2	3
d) ...encouraged other children to pick on a particular child.	1	2	3
e) ...readily approached children he/she didn't know.	1	2	3
f) ...was shy with children he/she didn't know.	1	2	3

For the PAST 12 MONTHS, would you say your child...	Never or not true	Sometimes or somewhat true	Often or very true
g) ... tried to dominate other children.	1	2	3
h) ...showed little interest for activities involving other children.	1	2	3
i) ...reacted in an aggressive manner when contradicted.	1	2	3
j) ...took a long time to warm up to children he/she did not know.	1	2	3
k) ...scared other children to get what he/she wanted.	1	2	3
l) ...preferred to play alone rather than with other children.	1	2	3

## Section 16

About the summer care of \_\_\_\_\_ (of ABOUT 8 YEARS)...

83. During the last summer period (from June 23 to August 30, 2005), was \_\_\_\_\_ (of ABOUT 8 YEARS) cared for regularly because parents were at work or studying?

♦ Circle "1" for Yes or "2" for No

Yes.....1

No .....2 ► Go to Q. 86

84. What was/were the main day care used? (Care that you paid for or not (grandparents, neighbour, etc.)

♦ Circle all that apply

At the child's home .....1

Elsewhere in another house.....2

A day camp in a recreation centre, community or  
municipal organisation or private day camp .....3

An overnight camp (summer camp) .....4

☐ Other .....5

→ Specify : \_\_\_\_\_

85. For how many week(s) did you use this/those different day care(s)?

\_\_\_\_\_ week(s)

First name - Child (of ABOUT 8 YEARS)

86. In the coming summer (from June 23 to August 30, 2006), will your child be cared for regularly because parents are at work or studying?

♦ Circle only one answer

Yes, on a regular basis.....1  
No .....2

87. In the coming summer (from June 23 to August 30, 2006), what type of day care would you choose if it was easily accessible, if a place was available or if it was more affordable?

♦ Circle only one answer

At the child's home.....1  
Elsewhere in another house.....2  
Home child-care (supervised by a child-care centre).....3  
Home child-care (not supervised by a child-care centre)....4  
A day camp operated by a recreation association,  
community centre, municipal organization or  
private day camp .....5  
A summer camp (an overnight camp).....6  
None.....7  
Other .....8

→ Specify \_\_\_\_\_

## Section 17

About \_\_\_\_\_'s home environment...

The following questions are on pets your child (of ABOUT 8 YEARS) has or has had in the past...

88. Since your child's birth (of ABOUT 8 YEARS), did your family have had a or several pets, part of your household (it or they may have access or not to the home)?

♦ Circle only one answer

We always had a or several pets ..... 1

We had a or several pets but not always ..... 2

We never had a pet ..... 3 ► Go to page 39

89. Actually, does your family have a or several pets, considered to be part of your household (it or they may have or not access to the home)?

♦ Circle only one answer

Yes ..... 1

No ..... 2 ► Go to page 39



First name - Child (of ABOUT 8 YEARS)

90. What kind of pet?

♦ Circle all that apply

- a) Dog ..... 1  
b) Cat ..... 2  
c) Rodent (ex. rabbit, hamster, gerbil, etc.) ..... 3  
d) Other house mammal ..... 4  
Specify: .....  
e) Bird ..... 5  
f) Reptile ..... 6  
g) Fish ..... 7

91. Usually, who take/s care of the pet?

♦ Circle only one answer

- The parent/s ..... 1  
The child/children ..... 2  
All the family together ..... 3

## Dear respondent...

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If you are not living with THE BIOLOGICAL FATHER of your child (of ABOUT 8 YEARS), please FILL OUT THE FOLLOWING SECTION (beginning at question 92).

If, however, you are living with THE BIOLOGICAL FATHER of your child (of ABOUT 8 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 8 YEARS) is deceased, please GO DIRECTLY TO THE LAST PAGE OF THE QUESTIONNAIRE TO SHARE YOUR COMMENTS WITH US, IF ANY.



## Section 18

### About the biological father of \_\_\_\_\_ (of ABOUT 8 YEARS)...

The following questions concern your relationship with the biological father of your child (of ABOUT 8 YEARS) who does not live with you, either because you never lived with him or because you are separated or divorced.

92. If you have separated from the biological father of your child (of ABOUT 8 YEARS) since our last **interview a year ago**, how would you describe the emotional atmosphere surrounding this separation?

♦ Circle only one answer

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

93. 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. 95

94. How would you describe the **current** situation between you and the biological father of your child (of ABOUT 8 YEARS)?

♦ Circle only one answer

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



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First name - Child (of ABOUT 8 YEARS)

95. How much contact does the biological father have with his child (of ABOUT 8 YEARS) (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

96. 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

97. 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

Please complete your questionnaire and give it back to the interviewer or place it in the enclosed envelope and forward by mail as soon as possible.

Thank you for your cooperation!