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Self-Administered Questionnaire for Father (SAQF)



Québec Longitudinal Study of Child Development (QLSCD – E11) - Round 2008

This questionnaire must be filled out by the child's father (ABOUT 10 YEARS OLD)

Thank you for your cooperation which is so essential to the success of this study. It is important to answer all questions to the best of your knowledge. There are no right or wrong answers.

If you have any questions or require additional information concerning this study, please contact Direction Santé Québec of Institut de la statistique du Québec (toll-free) 1 877 677-2087 or (514) 873-4749.

This questionnaire will remain strictly anonymous and confidential.

IT'S IMPORTANT TO FILL OUT THE QUESTIONNAIRE BY YOURSELF 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

Reception received:
(Interviewer)

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Day

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Month

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Year

Reception received:
(BIP)

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Day

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Month

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Year

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Instructions and examples

You will find that 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. Please consider the instructions following your choice (**ex.: Go to question...**).

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

Example 1

In the past 12 months, how often would you say that your child (of ABOUT 10 YEARS)...	Never or not true	Sometimes or somewhat true	Often or very true	Not applicable
a) ... could not sit still, was restless or hyperactive?	1	2	3	
c) ... tried to help someone who was hurt?	1	2	3	7

Example 2

In the past 12 months, how often did you...	Never	About once a month or less	About once per two weeks	About once a week	A few times a week	One or two times a day	Many times each day
a) ... and your child (of ABOUT 10 YEARS) talk or play with each other, focusing attention on each other for five minutes or more, just for fun?	1	2	3	4	5	6	7

Let's begin...

Section 1

About your child's (of about 10 years) behaviour...

1. What is your relationship with the child (of ABOUT 10 YEARS)?

♦ Circle only one answer

You are his/her biological father 1

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

You are someone else (that is, grandfather, uncle, legal guardian, etc.) 3

You are the adoptive father of the child 4

2. We would like to ask you some questions about how your child (of ABOUT 10 YEARS) has been feeling or acting **IN THE PAST 12 MONTHS**. Indicate the statement which in your opinion best describes your child's behaviour.

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

♦ Circle only one answer to each statement

In the past 12 months, how often would you say that your child (of ABOUT 10 YEARS)...	Never or not true	Sometimes or Somewhat true	Often or very true	Not applicable
a) ... could not sit still, was restless or hyperactive?	1	2	3	
b) ... damaged or broke his/her own things?	1	2	3	
c) ... tried to help someone who has been hurt?	1	2	3	7
d) ... was shy with children he/she didn't know?	1	2	3	
e) ... stole things?	1	2	3	
f) ... was defiant or refused to comply with adults' requests or rules?	1	2	3	
g) ... seemed to be unhappy or sad?	1	2	3	
h) ... got into fights?	1	2	3	
i) ... showed little interest for activities involving other children?	1	2	3	

Continued on the next page...

In the past 12 months , how often would you say that your child (of ABOUT 10 YEARS)...	Never or not true	Sometimes or Somewhat true	Often or very true	Not applicable
j) ... encouraged other children to pick on a particular child?	1	2	3	
k) ... was easily distracted, had trouble sticking to any activity?	1	2	3	
l) ... when mad at someone, tried to get others to dislike that person?	1	2	3	
m) ... didn't seem to feel guilty after misbehaving?	1	2	3	
n) ... preferred to play alone rather than with other children?	1	2	3	
o) ... as not as happy as other children?	1	2	3	
p) ... readily approached children he/she didn't know?	1	2	3	
q) ... damaged or broke things belonging to others?	1	2	3	
r) ... reacted in an aggressive manner when teased? (For example, hit, push or slap another child.)	1	2	3	
s) ... couldn't stop fidgeting?	1	2	3	
In the past 12 months , how often you say that your child...				
t) ... was unable to concentrate, could not pay attention for long?	1	2	3	
u) ... was too fearful or anxious?	1	2	3	
v) ... tried to dominate other children?	1	2	3	
w) ... was unable to wait when someone promised him/her something?	1	2	3	
x) ... when mad at someone, became friends with another as revenge?	1	2	3	
y) ... punishment didn't change his/her behaviour?	1	2	3	
z) ... took a long time to warm up to children he/she didn't know?	1	2	3	
aa) ... was impulsive, acted without thinking?	1	2	3	
bb) ... told lies or cheated?	1	2	3	
cc) ... had temper tantrums or hot temper?	1	2	3	

Continued on the next page...

In the past 12 months , how often would you say that your child (of ABOUT 10 YEARS)...	Never or not true	Sometimes or Somewhat true	Often or very true	Not applicable
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dd) ... reacted in an aggressive manner when contradicted? (For example, hit, push or slap another child.)	1	2	3	
ee) ... was worried?	1	2	3	
ff) ... scared other children to get what he/she wanted?	1	2	3	
gg) ... had difficulty waiting for his/her turn in games?	1	2	3	
hh) ... when somebody accidentally hurt him/her (such as by bumping into him/her) he/she reacted with anger and fighting?	1	2	3	
ii) ... tended to do things on his/her own, was rather solitary?	1	2	3	
jj) ... when mad at someone, said bad things behind the other's back?	1	2	3	
kk) ... physically attacked people?	1	2	3	
ll) ... comforted a child (friend, brother or sister) who was crying or upset?	1	2	3	7

In the past 12 months , how often you say that your child...				
mm) ... cried a lot?	1	2	3	
nn) ... committed any acts of vandalism?	1	2	3	
oo) ... couldn't settle down to do anything for more than a few moments?	1	2	3	
pp) ... was nervous, highstrung or tense?	1	2	3	
qq) ... hit, bit, or kicked other children?	1	2	3	
rr) ... reacted in an aggressive manner when something was taken away from him/her? (For example, hit, push or slap another child.)	1	2	3	
ss) ... was inattentive?	1	2	3	
tt) ... had trouble enjoying him/herself?	1	2	3	
uu) ... helped other children (friends, brother or sister) who were feeling sick?	1	2	3	7

Section 2

About contacts with your child (of about 10 years)...

3. The following questions have to do with things that your child (of ABOUT 10 YEARS) may have done **IN THE PAST 12 MONTHS** and ways that you reacted to him/her. Which best describes how often you acted in the manner described.

♦ Circle only one answer to each statement

In the past 12 months, how often did you...	Never	About once a month or less	About once per two weeks	About once a week	A few times a week	One or two times a day	Many times each day
a) ... and your child (of ABOUT 10 YEARS) talk or play with each other, focusing attention on each other for five minutes or more, just for fun?	1	2	3	4	5	6	7
b) ... play fight with him/her for fun?	1	2	3	4	5	6	7
c) ... grab firmly or shake your child when he/she was difficult?	1	2	3	4	5	6	7
d) ... say to your child that you were proud of him/her?	1	2	3	4	5	6	7
e) ... do something special with him/her that he/she enjoys?	1	2	3	4	5	6	7
f) ... play sports activities, hobbies, or play games with him/her?	1	2	3	4	5	6	7
g) ... hit your child when he/she was difficult?	1	2	3	4	5	6	7

4. We know that when parents spend time with their children, sometimes things go well, sometimes they don't. Indicate what proportion of the time things turned out in different ways, **IN THE PAST 12 MONTHS...**

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

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

In the past 12 months...	Never	Less than half the time	About half the time	More than half the time	All the time	Not applicable
a) ... how often did you tell him/her exactly what to do in a situation that was new for him/her?	1	2	3	4	5	
b) ... if you have told your child he/she would get punished if he/she did not stop doing something, and he/she kept doing it, how often did you punish him/her? <i>(For example, even after you told your child that he/she would be punished, he/she went on hitting another child.)</i>	1	2	3	4	5	7
c) ... when he/she hesitated in the presence of children or adults he/she didn't know, how often did you insist that he/she stops being embarrassed?	1	2	3	4	5	7
d) ... how often did he/she get away with things that you felt should have been punished? <i>(For example, your child disobeys a command but you don't punish him/her though you should have)</i>	1	2	3	4	5	7
e) ... in situations that made him/her uneasy, how often did you insist that he/she "go ahead" or stop being scared?	1	2	3	4	5	7
f) ... how often was he/she able to get out of a punishment when he/she really had set his/her mind to it?	1	2	3	4	5	7
g) ... when you were playing with your child, how often did you tell him/her exactly what to do?	1	2	3	4	5	

5. Just about all children break rules or do things they are not supposed to. Parents react in different ways... **DURING THE PAST 12 MONTHS**, how often did you do each of the following when your child (ABOUT 10 YEARS) disobeyed rules or did things he/she was not allowed to.

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

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

In the past 12 months , when your child broke the rules or did things that he/she was not supposed to, how often did you...	Never	Rarely	Sometimes	Often	Always	Not applicable
a) ... ignore it, do nothing?	1	2	3	4	5	7
b) ... raise your voice, scold or yell at him/her?	1	2	3	4	5	7
c) ... calmly discuss the problem?	1	2	3	4	5	7
d) ... use physical punishment?	1	2	3	4	5	7
e) ... describe alternative ways of behaving that are acceptable?	1	2	3	4	5	7

6. How many of his/her close friends do you know by sight and by first and last name?

♦ **Circle only one answer**

All1
 Most.....2
 About half3
 Only a few4
 None5
 Not applicable (no friends)6

7. How often does he/she hang around with kids you think are frequently in trouble?

♦ **Circle only one answer**

Often.....1
 Sometimes.....2
 Rarely3
 Never.....4

8. When your child goes out with friends, do you ask where they are going and what they are going to do?

♦ **Circle only one answer**

Always.....1

Sometimes.....2

Rarely3

Never4

9. If your child wants to go out with friends at night during the week, should he/she ask your permission?

♦ **Circle only one answer**

Always.....1

Sometimes.....2

Rarely3

Never4

10. If your child wants to go out with friends at night during the week, how likely is it that he/she gets your permission (for things other than school work)?

♦ **Circle only one answer**

It is out of the question1

Unlikely2

Likely3

Very likely4

Section 3

About activities...

The next few questions are about the time your child (of ABOUT 10 YEARS) spends with you, including times when others are present.

11. How many days a week do you and your child...

♦ Circle only one answer to each statement

Every day	Days per week			Days per month	Rarely or never
	5 to 6	3 to 4	1 to 2	1 to 2	

a) ... eat together?	1	2	3	4	5	6
b) ... play sports together?	1	2	3	4	5	6
c) ... play cards or games together?	1	2	3	4	5	6
d) ... talk about things together?	1	2	3	4	5	6
e) ... do a project or chores together?	1	2	3	4	5	6
f) ... go on a outing together?	1	2	3	4	5	6



Section 4

Concerning your contacts with the school of your child (of about 10 years)...

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

♦ Circle only one answer to each statement

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

13. At home, do you usually monitor (help with and/or check) the homework your child has?

♦ Circle "1" for Yes or "2" for No

Yes..... 1

No..... 2 → Go to section 5

14. How often this statement illustrates the atmosphere surrounding child's homework: "Checking or helping my child with his/her homework is a pleasant activity for both of us".

♦ Circle only one answer

Never1

Rarely2

About half of the time.....3

Most of the time4

Always.....5

Section 5

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

15. 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

Section 6

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.

16. 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

17. **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

Yes1

No.....2 → **Go to section 7**

18. By whom were you hurt?

♦ Circle all that apply

Spouse/partner.....1

Ex-spouse/ex-partner2

Girlfriend3

Other4

→ Specify: _____

Section 7

About your lifestyle habits...

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

19. **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 question 21

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

Number of cigarettes per day: _____

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

♦ Circle only one answer

Every day..... 1

4-6 times a week 2

2-3 times a week 3

Once a week..... 4

2-3 times a month..... 5

Once a month 6

Less than once a month 7

Never 8

→ Go to question 23

22. 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: _____

23. **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 "1" for Yes or "2" for No**

Yes 1

No 2 → **Go to section 8**

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

Number of times: _____

25. 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,
opium4

Psychedelics like LSD, mescaline, poyote, psilocybin, DMT, PCP5

The following **non prescription** drugs: barbiturates, sedatives,
downers, sleeping pills like Seconal, Qaaludes, tranquilizers, pills for
your nerves like Valium, Librium, Ativan (*no prescription*).....6

Section 8

About your conjugal situation...

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

♦ **Circle only one answer**

I live with the child's (of ABOUT 10 YEARS) biological mother and I am the biological father 1

I am the spouse/partner of the child's (of ABOUT 10 YEARS) biological mother and we live together 2

I live with a spouse/partner who isn't my child's biological mother 3

I have a spouse/partner who isn't my child's biological mother but we don't live together 4

I don't live with my child's biological mother and I don't have a spouse/partner presently 5 → **Go to section 9**

Other 6

→ Specify: _____

27. Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your spouse/partner for 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

28. 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

29. 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

30. 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

31. 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?

32. ... 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

33. ... 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

34. 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 9

About the family climate...

35. 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 10

About the support of your family...

36. 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 to each statement

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

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

♦ Circle "1" for Yes or "2" for No

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

Section 11

About your perceptions...

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

♦ Circle only one answer

	Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly disagree
a) At home, I feel I have control over that happens in most situations.	1	2	3	4	5	6
b) I feel that what happens in my life is often determined by factors beyond my control.	1	2	3	4	5	6
c) OVER THE NEXT 5 – 10 YEARS , I expect to have many more positive than negative experiences.	1	2	3	4	5	6
d) I often have the feeling that I am being treated unfairly.	1	2	3	4	5	6
e) IN THE PAST 10 YEARS , my life has been full of changes without my knowing what will happen next.	1	2	3	4	5	6
f) I gave up trying to make big improvements or changes in my life a long time ago.	1	2	3	4	5	6

Section 12

About your well-being...

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**.

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

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

	Rarely or none of the time (less than 1 day)	Sometimes or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	Most or all of the time (5-7 days)
a) I did not feel like eating; my appetite was poor	1	2	3	4
b) I felt that I could not shake off the blues even with help from my family or friends	1	2	3	4
c) I had trouble keeping my mind on what I was doing	1	2	3	4
d) I felt depressed	1	2	3	4
e) I felt that everything I did was an effort	1	2	3	4
f) I felt hopeful about the future	1	2	3	4
g) My sleep was restless	1	2	3	4
h) I was happy	1	2	3	4
i) I felt lonely	1	2	3	4
j) I enjoyed life	1	2	3	4
k) I had crying spells	1	2	3	4
l) I felt that people disliked me	1	2	3	4

Section 13

About gambling...

40. Indicate which type(s) of gambling you have done **IN YOUR LIFETIME** and, for each type, specify how often you have participated in the activity **IN THE PAST 12 MONTHS**.

Therefore, for each type of gambling, you will check off two answers. One will be in the section "Life" (0 or 1) and one will be in the section "In the past 12 months" (2, 3, 4, 5 or 6)

	Life		In the past 12 months				
	No	Yes	Never	Less than once a month	Once a month	Once a week	More than once a week
a) Bought lottery tickets	0	1	2	3	4	5	6
b) Gambling at the casino (authorized casinos like the Montreal one, unauthorized casinos or virtual casinos on the internet)	0	1	2	3	4	5	6
c) Played bingo (not Lotto-Bingo) for money	0	1	2	3	4	5	6
d) Played cards for money	0	1	2	3	4	5	6
e) Bet on horse races, dogs or other animals	0	1	2	3	4	5	6
f) Played the stock or commodities markets	0	1	2	3	4	5	6
g) Played slot machines, poker machines or other gambling machines for money	0	1	2	3	4	5	6
h) Bowled, shot pool, played golf, or some other game of skill for money	0	1	2	3	4	5	6
i) Played dice games for money	0	1	2	3	4	5	6
j) Bet on sports	0	1	2	3	4	5	6
k) Played any other game for money	0	1	2	3	4	5	6

Please answer the following questions **only if you circled a number between 3 and 6 in response to the preceding questions**, whatever kind of gambling (including lotteries) you engaged in. **If you did not circle a number between 3 and 6, go to page 26.**

41. **IN THE PAST 12 MONTHS**, what is the largest amount of money that you have gambled or wagered in a single day (including buying lottery tickets)?

♦ **Circle only one answer**

I have never played for money1
 \$1 or less.....2
 Over \$1 up to \$10.....3
 Over \$10 up to \$1004
 Over 100\$ up to \$1,000.....5
 Over \$1,000 up to \$10,0006
 More than \$10,000.....7

42. When you gambled **IN THE PAST 12 MONTHS**, how often did you go back another day to re-do things, that is, to win back money you lost (including buying lottery tickets)?

♦ **Circle only one answer**

Never1
 A few time (less than half of the times that I lost)2
 Most of the times that I lost3
 Each time that I lost.....4

43. **IN THE PAST 12 MONTHS**, have you hidden betting slips, lottery tickets, gambling money or other signs of gambling from your parents, spouse/partner, children, or other important people in your life?

♦ **Circle only one answer**

Yes, often.....1
 Yes, only a few times.....2
 No.....3

44. **IN THE PAST 12 MONTHS**, did you lose time from work or school due to gambling (including lotteries)?

♦ **Circle only one answer**

Yes, often.....1
 Yes, sometimes.....2
 No.....3

45. **IN THE PAST 12 MONTHS**, have you borrowed money to gamble or to pay gambling debts (including buying lottery tickets)?

♦ **Circle only one answer**

Yes, often.....1

Yes, only a few times.....2

No.....3

46. **IN THE PAST 12 MONTHS**, were you preoccupied with gambling (for example, preoccupied by past gambling or thinking about future gambles or about how to obtain money for gambling - including lotteries)?

♦ **Circle only one answer**

Yes, often.....1

Yes, sometimes.....2

No.....3

47. **IN THE 12 PAST MONTHS**, did you have to gamble with ever-larger amounts in order to achieve the desired level of excitement (including buying lottery tickets)?

♦ **Circle only one answer**

Yes, strongly.....1

Yes, a little2

No.....3

48. **IN THE PAST 12 MONTHS**, did you make repeated but ineffectual efforts to control, reduce or stop gambling (including buying lottery tickets)?

♦ **Circle only one answer**

Yes, very seriously1

Yes, but not very seriously2

No.....3

49. **IN THE PAST 12 MONTHS**, did you feel agitated or irritated when you tried to stop or reduce the gambling?

♦ **Circle only one answer**

Yes, a lot.....1

Yes, a little2

No.....3

Dear respondent...

If you are not living with THE BIOLOGICAL MOTHER of your child of ABOUT 10 YEARS, please FILL OUT THE FOLLOWING SECTION (Section 14).

If, however, you are living with THE BIOLOGICAL MOTHER of your child (of ABOUT 10 YEARS) please go directly to the LAST PAGE OF THE QUESTIONNAIRE TO SHARE YOUR COMMENTS WITH US, IF ANY.

ATTENTION:

If the biological mother of your child (of ABOUT 10 YEARS) is deceased, please go directly to the LAST PAGE OF THE QUESTIONNAIRE TO SHARE YOUR COMMENTS WITH US, IF ANY.



Section 14

About your relationship with the biological mother and the contact with your child (of about 10 years)...

The following questions refer to the contact you have with your child (of ABOUT 10 YEARS) and your relationship with his/her biological mother who does not live with you, either because you never lived with her or because you are separated or divorced.

50. If you have separated from the biological mother of your child (of ABOUT 10 YEARS) **since 2004** (four years ago), how would you describe the emotional atmosphere surrounding this separation?

♦ **If separation occurred more than four years ago, circle 5 "I have been separated for more than four years"**

♦ **Circle only one answer**

I have been separated for more than four years 5

Good 1

Fairly 2

Bad 3

Very bad 4

I never maintained an ongoing relationship with
the biological mother 6

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

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

Yes 1

No 2

→ **Go to question 53**

52. How would you describe the current situation between you and the biological mother of your child?

♦ **Circle only one answer**

Good..... 1

Fairly good 2

Bad 3

Very bad 4

53. How satisfied/unsatisfied are you with the frequency of the contact you have (telephone calls, visits or custody arrangements) with your child (of ABOUT 10 years)?

♦ **Circle only one answer**

Very satisfied 1

Somewhat satisfied..... 2

Somewhat unsatisfied 3

Very unsatisfied 4

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

♦ **Circle only one answer**

Very satisfied 1

Somewhat satisfied..... 2

Somewhat unsatisfied 3

Very unsatisfied 4

Your comments

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

ation 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!