

Interviewer no. :

Language : 2

Self-Administered Questionnaire for mother (SAQM)

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

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

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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 question...**).

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

Example 1

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

- a) Week: 20 hour(s) 30 minute(s)
(Sunday to Thursday)
- b) Weekend: 21 hour(s) 30 minute(s)
(Friday, Saturday)

Example 2

14. **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 your child (of ABOUT 10 YEARS) eaten the following foods:

- ♦ If you have joint custody of the child, please refer to the most recent week spent with the child
- ♦ 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) Yogurt, milk desserts (example: Laura Secord milk puddings)								
♦ Excluding ice cream	1	2	3	4	5	6	7	8

Let's begin...

Section 1

About your child's (of ABOUT 10 YEARS) sleeping habits...

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

You are his/her biological mother1

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

You are someone else (e.g.: grandmother, aunt, legal
guardian, etc.)3

You are the adoptive mother of the child4

2. In general, at what time does your child go to bed for the NIGHT?

a) Week: _____ hour(s) _____ minute(s)
(Sunday to Thursday)

b) Weekend: _____ hour(s) _____ minute(s)
(Friday, Saturday)

3. In general, how long does it take your child (of ABOUT 10 YEARS) to go to sleep at NIGHT?

- ♦ **If less than an hour, write 0 on the line for hours end write the number of minutes on the line for minutes.**

_____ hour(s) _____ minute(s)

4. 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)

5. 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)

6. In general, at what time does your child wake up in the MORNING?

- a) Week: _____ hour(s) _____ minute(s)
(Monday to Friday)
- b) Weekend: _____ hour(s) _____ minute(s)
(Saturday, Sunday)

7. If given the choice, your child would rather go to bed around :

_____ hour(s) _____ minute(s)

8. If given the choice, your child would rather get up around :

_____ hour(s) _____ minute(s)

9. 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

10. In general ...

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

	Never	Sometimes	Often	Always
a) Does your child (of ABOUT 10 YEARS) talk in his/her sleep?	1	2	3	4
b) Does your child walk in his/her sleep?	1	2	3	4
c) Does your child have night terrors (wakes up suddenly, crying, sometimes drenched in sweat and confused)?	1	2	3	4
d) Does your child (of ABOUT 10 YEARS) grind his/her teeth during the NIGHT?	1	2	3	4
e) Does your child pee in his/her bed at NIGHT?	1	2	3	4

11. Does your child have **bad dreams**?

♦ **Circle only one answer**

- Never1 → **Go to question 13**
Sometimes2
Often3
Always4

12. What level of distress does your child experience because of his/her bad dreams?

♦ **Circle only one answer**

- No distress1
Mild distress2
Moderate distress3
Severe distress4
Very severe distress5

13. Is either parent suffering from sleepwalking or did either suffer from sleepwalking as a child?

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

	Yes	No	Don't know
a) biological mother	1	2	8
b) biological father	1	2	8

First Name - Child (of ABOUT 10 YEARS)

Section 2

About your child's (of ABOUT 10 YEARS) eating habits...

14. **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 your child (of ABOUT 10 YEARS) eaten the following foods:

- ♦ **If you have joint custody of the child, please refer to the most recent week spent with the child**
- ♦ **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) Yogurt, milk desserts (example: Laura Secord milk puddings)								
♦ Excluding ice cream	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								
♦ Don't count SUGAR-FREE chewing gum	1	2	3	4	5	6	7	8

15. Does your child eat breakfast in the morning?

◆ **Circle only one answer**

Yes, every morning.....1

Regularly, but not every day.....2

On occasion only3

Never4

16. 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
------------	----------------	------------

a) 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

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

1

2

3

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

1

2

3

17. **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 month1

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

Yes, certain months only3

Yes, occasionally, but not regularly4

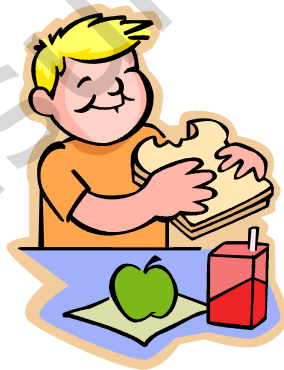
No.....5

→ **Go to section 3**

18. 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 10 YEARS) skips meals or eats less.....2
- The other children skip meals or eat less3
- The family eats the same food more often4
- Relatives are called upon for assistance.....5
- Friends are called upon for assistance6
- One seeks help from the CLSC7
- One seeks help from food bank (Emergency food assistance program)8
- The children have access to a school meal program9
- The family participates in food-related activities through community groups.....10



Section 3

About your perceptions...

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

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

	Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly disagree
a) At home, I feel I have control over what 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 4

About the support of your family...

20. 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

21. 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 5

About your lifestyle...

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

22. 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

23. **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 25**

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

Number of cigarettes per day: _____

25. **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 question 27**

26. 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: _____

27. **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 6**

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

Number of times: _____

29. 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, grass1

Cocaine, crack, free base.....2

Amphetamines, stimulants, speed3

Heroin, opiates like codeine, demerol, morphine, methadone,
darvon, opium4

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

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

Section 6

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.**

30. 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

First Name - Child (of ABOUT 10 YEARS)

Section 7

About health professionals your have consulted for your child (of ABOUT 10 YEARS) ...

31. **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 10 YEARS)** physical, emotional or mental health?

Number of
times

a) A general practitioner, family physician?

◆ Enter 0 if none

b) A pediatrician?

◆ Enter 0 if none

c) Another medical doctor (such as an orthopedist, ophthalmologist)?

◆ Enter 0 if none

d) A public health nurse or nurse practitioner?

◆ Enter 0 if none

e) A dentist, pedodontist (children dentist) or orthodontist?

◆ Enter 0 if none

f) A psychiatrist or psychologist?

◆ Enter 0 if none

g) Any other person trained to provide treatment or counsel, for example a speech therapist, a optometrist, a physiotherapist, a social worker, a child welfare worker or children's aid worker?

◆ Enter 0 if none

h) Which one?



Section 8

About the perception of socioeconomic situation...

The following questions focus upon your assessment of the financial situation of **YOUR HOUSEHOLD** compared with that of your parents and peers in your age group.

Not your personal financial situation

32. Do you consider yourself better or worse off financially than your parents were at your age?

♦ **Circle only one answer**

Better off 1

Neither better or worse off 2

Worse off 3

33. How do you perceive your financial situation compared with that of people in your age group?

♦ **Please note that we are not referring to your personal financial situation, but the financial situation of YOUR HOUSEHOLD.**

♦ **Circle only one answer**

I feel comfortable financially 1

I feel that my income is sufficient to meet the basic needs of my family and myself 2

I feel that my income is not sufficient to meet the basic needs of my family and myself 5

I consider myself poor 3

I consider myself very poor 4

34. How long have you felt this way?

♦ **Circle only one answer**

Less than a year..... 1

Between 1 and 4 years 2

Between 5 and 9 years 3

10 years and more 4

35. Do you feel that your financial situation is likely to improve?

♦ **Circle only one answer**

Yes, in the near future 1

Yes, I don't know when, but I am confident that
it will improve 2

No, I don't think it's likely to change 3

No, I think it's likely to get worse 4

Section 9

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

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

♦ Circle only one answer to each statement

	Always	Often	Sometimes	Rarely	Never
a) I felt that I had to rush to get everything done each day.	1	2	3	4	5
b) By the time supper time arrived, I was physically exhausted.	1	2	3	4	5
c) I felt that I had enough time for myself.	1	2	3	4	5

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

♦ Help can be provided by anyone in or out the household

♦ Circle only one answer

Yes.....1
No.....2
I don't remember3

} Go to section 10

38. Did you find someone to help you?

♦ Circle "1" for Yes or "2" for No

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

Section 10

About situation or 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.

39. 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

40. **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 section 11**

41. By whom were your hurt?

♦ **Circle all that apply**

Spouse/partner.....1

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

Boyfriend.....3

Other.....4

→ Specify: _____

Section 11

About your relationship with your child's (of ABOUT 10 YEARS) teacher...

42. Please indicate whether you agree or disagree with each of the following statements. Do you: Totally agree, Somewhat agree, Somewhat disagree, Totally disagree?

♦ **If the following does not apply to your situation, circle "7" not applicable**

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

Totally Agree	Somewhat Agree	Somewhat Disagree	Totally Disagree	Not applicable
---------------	----------------	-------------------	------------------	----------------

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

1 2 3 4 7

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

1 2 3 4

c) Conflicts between the teacher and myself get settled quickly

1 2 3 4 7

Section 12

About your conjugal situation...

43. 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 father and I am the biological mother..... 1

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

I live with a spouse/partner who is not my child's biological father3

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

Other..... 6

→ Specify: _____

Section 13

About family climate...

44. 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 14

About child care for your child (of ABOUT 10 YEARS OLD), during the two main holiday periods of the school year, namely Christmas and spring break in March, ...

45. During the two main holiday periods of the **current school year** (Christmas and spring break in March), what was the **MAIN** type of child care you used for your child (of ABOUT 10 YEARS OLD), including you or your spouse/partner taking care of the child?

a) During the **CHRISTMAS HOLIDAYS** (from December 23, 2007 to January 7, 2008):

♦ **Circle only one answer**



- School daycare service..... 1
- Camp or special activity 2
- Care in someone else's home by a non-relative (ex. neighbour, friend, etc.) 3
- Care in someone else's home by a relative (ex. aunt, cousin, grandparents, etc.) 4
- Care in child's home by a non-relative..... 5
- Care in child's home by his/her brother or sister..... 6
- Care in child's home by a relative (**except by his/her parents or brothers/sisters**) 7
- Child takes care of himself or herself (**responsible for taking care of his brothers/sisters if applicable**)..... 8
- One of the parents took care of the child 9
- Other..... 10

→ Please specify: _____

b) During the **SPRING BREAK IN MARCH 2008**:

♦ **Circle only one answer**



- School daycare service..... 1
- Camp or special activity..... 2
- Care in someone else's home by a non-relative (ex. neighbour, friend, etc.) 3
- Care in someone else's home by a relative (ex. aunt, cousin, grandparents, etc.) 4
- Care in child's home by a non-relative..... 5
- Care in child's home by his/her brother or sister 6
- Care in child's home by a relative (**except by his/her parents or brothers/sisters**)..... 7
- Child takes care of himself or herself (**responsible for taking care of his brothers/sisters if applicable**)..... 8
- One of the parents took care of the child 9
- Other..... 10

→ Please specify: _____

If for one or the other holiday periods (Christmas and spring break in March) you circled response 9 "**One of the parents took care of the child,**" please answer question 46. If not, go to question 47.

46. How was one or both parents able to take care of your child during each of the two holiday periods (Christmas and spring break in March)?



a) During the **CHRISTMAS HOLIDAYS** (from December 23, 2007 to January 7, 2008):

♦ **Circle all that apply.**

One parent is always at home1

One parent usually works at home.....2

One parent was able to arrange his/her work schedule or have fewer working hours3

One parent was on holidays or leave (with or without pay)4

The parents were able to take time off at different times so the children could be take care of5

Other.....6

→ Please specify: _____



b) During the **SPRING BREAK IN MARCH 2008:**

♦ **Circle all that apply.**

One parent is always at home1

One parent usually works at home.....2

One parent was able to arrange his/her work schedule or have fewer working hours3

One parent was on holidays or leave (with or without pay)4

The parents were able to take time off at different times so the children could be take care of5

Other.....6

→ Please specify: _____

47. **During the current school year**, for each of the two holiday periods (Christmas and spring break in March), what was the main reason you used this type of child care?

a) During the **CHRISTMAS HOLIDAYS** (from December 23, 2007 to January 7, 2008):



◆ **Circle only one answer**

- Close to home..... 1
- Close to work..... 2
- Parent wanted/requested it..... 3
- Child wanted/requested it..... 4
- Affordable cost..... 5
- Other 6

→ Please specify: _____

b) During the **SPRING BREAK IN MARCH 2008**:



◆ **Circle only one answer**

- Close to home..... 1
- Close to work..... 2
- Parent wanted/requested it..... 3
- Child wanted/requested it..... 4
- Affordable cost..... 5
- Other 6

→ Please specify: _____

Section 15

About gambling...

48. 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

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 27.**

49. **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 money.....1
\$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

50. 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 lost.....3
Each time that I lost4

51. **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

52. **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

53. **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

54. **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

55. **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

56. **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

57. **IN THE PAST 12 MONTHS**, did you feel agitated or irritated when you tried to stop or reduce the gambling (including buying lottery tickets)?

♦ **Circle only one answer**

Yes, a lot.....1

Yes, a little2

No.....3

Dear respondent...

If you are not living with THE BIOLOGICAL FATHER of your child (of ABOUT 10 YEARS), please FILL OUT THE FOLLOWING SECTION (section 16).

If, however, you are living with THE BIOLOGICAL FATHER 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 father of your child (of ABOUT 10 YEARS) deceased, please GO DIRECTLY TO THE LAST PAGE OF THE QUESTIONNAIRE TO SHARE YOUR COMMENTS WITH US, IF ANY.



Section 16

About the biological father of your child (of ABOUT 10 YEARS)...

The following questions concern your relationship with the biological father of your child (of ABOUT 10 YEARS) **who does not live with you**, either because you never lived with him or because you are separated or divorced.

58. If you have separated from the biological father of your child (of ABOUT 10 YEARS) **since our last interview** two years ago, how would you describe the emotional atmosphere surrounding the separation?

- ◆ **If separation occurred more than two years ago, circle "5" I have been separated for more than two years**
- ◆ **Circle only one answer**

I have been separated for more than two years5

Good1

Fairly good2

Bad3

Very bad4

I never maintained an ongoing relationship with
the biological father6

59. 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 question 61**

60. How would you describe the **current** situation between you and the biological father of your child (of ABOUT 10 YEARS)?

- ◆ **Circle only one answer**

Good1

Fairly good2

Bad3

Very bad4

61. How much contact does the biological father have with his child (of ABOUT 10 YEARS) (example: phone calls, visits, child custody, etc.)?

♦ **Circle only one answer**

- Never1
- Every day2
- Several times a week3
- Several times a month4
- Occasionally5

62. 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 satisfactory1
- Somewhat satisfactory2
- Somewhat unsatisfactory3
- Very unsatisfactory4

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

♦ **Circle only one answer**

- Very satisfactory1
- Somewhat satisfactory2
- Somewhat unsatisfactory3
- Very unsatisfactory4

Your comments

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

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!