

Family No:

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Self-Administered Questionnaire for Mother (SAQM)



Interviewer No.:

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Language:

2

Québec Longitudinal Study of Child Development (QLSCD – E14) – Round 2011

This questionnaire must be filled out by the child's mother (child aged of ABOUT 13 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 des études longitudinales et sociales* of Institut de la statistique du Québec (toll-free) 1 877 677-2087 or 514 873-4749.

This questionnaire will remain strictly confidential.

IT'S IMPORTANT TO FILL OUT THE QUESTIONNAIRE BY YOURSELF as soon as possible. Make sure to seal the enclosed envelope before giving it back to the interviewer or sending it by mail.

Questionnaire status :	Completed	1
	Partially completed	2
	Not completed	3

Date received :
(Interviewer)

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Day

--	--

Month

--	--

Year

Date received :
(DSOC)

--	--

Day

--	--

Month

--	--

Year

Return address of the questionnaire

Direction des stratégies et des opérations de collecte
Institut de la statistique du Québec
200, chemin Ste-Foy, 1^{er} étage
Québec (Québec) G1R 5T4
Tel. : (toll free) 1 800 561-0213 ou 418 691-2404

Information on the study

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Institut de la statistique du Québec
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Montréal (Québec) H3B 4J8
Tél. : (toll free) 1 877 677-2087 ou 514 873-4749

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

3. In general, at what time does he/she go 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. How many days a week do you and your child (of ABOUT 13 YEARS OLD)...
♦ 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

Let's begin...

Section 1

About your child's sleeping habits...

1. What is your relationship with the child (of ABOUT 13 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 (e.g.: grandmother, aunt, legal
guardian, etc.)..... 3
- You are the adoptive mother of the child 4

2. Indicate how long in total your child sleeps during the NIGHT (on average):

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

_____ hour(s) _____ minute(s)

3. In general, at what time does he/she go to bed for the NIGHT?

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

4. 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)

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

_____ hour(s) _____ minute(s)

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

_____ hour(s) _____ minute(s)

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

♦ **Circle only one answer**

- Never..... 1
 Sometimes..... 2
 Often 3
 Always 4
 Don't know88

8. In general, does your child (of ABOUT 13 YEARS)...

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

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

9. Does your child (of ABOUT 13 YEARS) have unpleasant sensations in his/her legs at bedtime that force him/her to move?

♦ **Circle only one answer**

Yes 1

No 2 → **Go to question 11**

10a. Is it worst in the evening or at night than in the day?

♦ **Circle only one answer**

Yes..... 1

No..... 2

10b. Is it worst while resting or during an inactivity period (sitting or lying down)?

♦ **Circle only one answer**

Yes..... 1

No..... 2

10c. Are the unpleasant sensations relief by activity?

♦ **Circle only one answer**

Yes..... 1

No..... 2

Section 2

About the purchase 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.

11. 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

12. **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

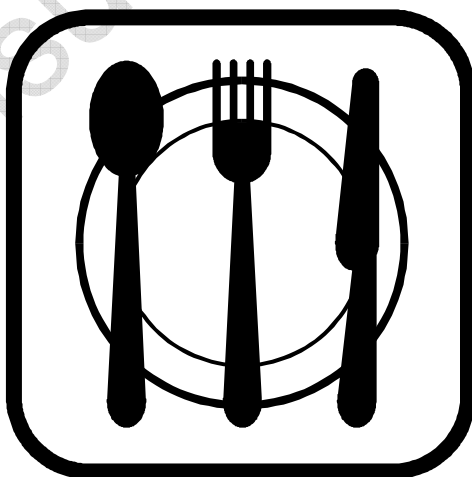
Yes, occasionally, but not regularly..... 4

No 5 → **Go to section 3**

13. 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 13 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 3

About the relationship with your child...

The next few questions are about the time your child (of ABOUT 13 YEARS) spends with you, including times when others are present.

14. 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

The next questions focus more on your relationship with your child (of ABOUT 13 YEARS).

15. How often... ♦ Circle only one answer to each statement	Never	Seldom	Some-times	Often	Very often
a) ... does your child talk to you about his/her personal affairs, his/her feelings?	1	2	3	4	5
b) ... do you talk to your child about his/her plans for future (education, career, family, etc.)?	1	2	3	4	5
c) ... is the time you spend with your child pleasant?	1	2	3	4	5
d) ... do you ever punish your child?	1	2	3	4	5
e) ... do you ever argue with your child about school?	1	2	3	4	5
f) ... does your child talk to you about what he/she does outside of school ?	1	2	3	4	5

Continued on the next page...

15. How often... ♦ Circle only one answer to each statement	Never	Seldom	Some-times	Often	Very often
g) ... do you ever argue with your child about his/her friends (acquaintances)?	1	2	3	4	5
h) ... does your child talk to you about what happens to him/her at school?	1	2	3	4	5
i) ... do you know where your child is when he/she is not at home?	1	2	3	4	5
j) ... do you know with whom your child is with when he/she is not at home?	1	2	3	4	5



Section 4

About the support of your family...

The following statements are about relationships and the support you get from others.

16. 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

17. 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 habits...

The next questions are about cigarette smoking and alcohol and drug consumption. Your answers will remain strictly confidential.

18. 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

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 per 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 6**

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, peyote, psilocybin, DMT, PCP.....5

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.

26. 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 7

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

27. **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 13 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) An optometrist or an optician?.....
 ♦ **Enter 0 if none**
- h) Any other person trained to provide treatment or counsel, for example a speech therapist, a physiotherapist, a social worker, a child welfare worker or children's aid worker?
 ♦ **Enter 0 if none**
- i) Which one?



Section 8

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

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

28. DURING THE PAST 12 MONTHS...

- ♦ Circle only one answer to each statement

Always	Often	Some-times	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

29. 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 remember 3

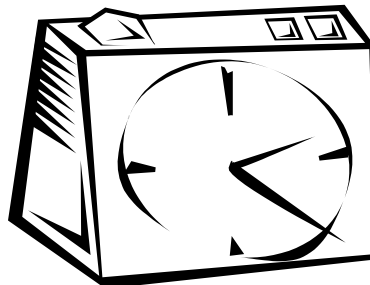
} Go to section 9

30. Did you find someone to help you?

- ♦ Circle "1" for Yes or "2" for No

Yes..... 1

No..... 2



Section 9

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.

31. 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

32. **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 question 34**

33. By whom were you hurt?

♦ **Circle all answers that apply**

Spouse/partner 1

Ex-spouse/ex-partner 2

Boyfriend 3

Other 4

→ Specify: _____

34. **IN THE PAST 12 MONTHS**, how many times did your partner (or ex-partner) insult you or swear at you when there was a problem?

♦ **Circle only one answer**

- Once 1
- Twice 2
- 3 to 5 times 3
- 6 to 10 times 4
- 11 to 20 times 5
- More than 20 times 6
- Never 7

35. **IN THE PAST 12 MONTHS**, how many times did your partner (or ex-partner) either leave the room angry or stomp out of the house when experiencing a problem with you?

♦ **Circle only one answer**

- Once 1
- Twice 2
- 3 to 5 times 3
- 6 to 10 times 4
- 11 to 20 times 5
- More than 20 times 6
- Never 7

Section 10

About your child's school life...

With the next questions, we would like to find out how often you talk to your child (of ABOUT 13 YEARS) about the following subjects.

36. Do you ever tell your child (of ABOUT 13 YEARS) that... ♦ Circle only one answer	Never	Seldom	Sometimes	Often
a)... it is important to you that he/she succeed in school?	1	2	3	4
b)... it is important to you that he/she works hard in school?	1	2	3	4
c)... knowing Mathematics is important for his/her future?	1	2	3	4
d)... knowing English is important for his/her future?	1	2	3	4
e)... it is important to you that he/she respects their teachers?	1	2	3	4
f)... it is important to you that he/she respects the other students?	1	2	3	4

37. How far would you want your child (of ABOUT 13 YEARS) to go in school?

♦ Circle only one answer

That he/she finishes high school (general education) (SSD)..... 1

That he/she does vocational training in high school (DVS)..... 2

That he/she does technical training at the CEGEP level (junior college) (DCS) 3

That he/she attends university 4

38. In reality, how far do you think your child (of ABOUT 13 YEARS) will go in school?

♦ Circle only one answer

That he/she will leave before completing high school..... 1

That he/she will finish high school (general education) (SSD) 2

That he/she will do vocational training in high school (DVS) 3

That he/she will do technical training at the CEGEP level (junior college) (DCS)..... 4

That he/she will attends university..... 5

41. During the last school year, **have you participated** in a meeting about your child's (of ABOUT 13 YEARS) **school progress** (meeting about grades, choice of courses, meeting with teachers, the administration, other school professionals such as a psychologist, remedial teacher, psychoeducator)?

♦ **Circle only one answer**

0 1 2 3 4 5 6 7 8 9 10
never time times times times times times times times times times or
more

42. During the last school year, **have you participated** in **general meetings** for parents that **were not** specifically about your child (of ABOUT 13 YEARS) (parents' committee, general information sessions)?

♦ **Circle only one answer**

0 1 2 3 4 5 6 7 8 9 10
never time times times times times times times times times times or
more



Section 11

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 biological father and I am the biological mother 1

I am the spouse/partner of the child's 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 question 51**

Other 6

→ Specify: _____

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

45. 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

46. 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

47. 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

48. 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

Generally...

49. How often would you say the following events occur between you and your mate?
 ♦ **Circle only one answer to each statement**

Never	Less than once in a month	Once or twice in a month	Once or twice a week	Once a day	More often
-------	---------------------------	--------------------------	----------------------	------------	------------

a) Calmly discuss something?	1	2	3	4	5	6
b) Work together on a project or common activity?	1	2	3	4	5	6

50. 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 2 3 4 5 6 7
 Extremely Quite A little Happy Very Extremely Perfectly
 unhappy unhappy unhappy happy happy happy

Section 12

About the family climate...

The following statements are about the family you are currently living with.

51. 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 13

About life events...

The next few questions are about events that may have occurred **during the last year**. For each event, please indicate "Yes" if you experienced it in the last 12 months or indicate "No" if you did not. If you indicate "Yes", you will also indicate how negative, undesirable or difficult the event was for you.

52. **During the last 12 months**, have you moved or looked for a new home?

Yes 1

No 2 → **Go to question 53**

52a. **If yes**, how undesirable or negative was this experience?

Not at all 1

Somewhat 2

Moderately 3

Very much 4

53. **During the last 12 months**, did you get married or start living with a partner?

Yes 1

No 2 → **Go to question 54**

53a. **If yes**, how undesirable or negative was this experience?

Not at all 1

Somewhat 2

Moderately 3

Very much 4

54. **During the last 12 months**, have you been burglarized or robbed?

Yes.....1

No.....2 → **Go to question 55**

54a. **If yes**, how undesirable or negative was this experience?

Not at all1

Somewhat2

Moderately3

Very much4

55. **During the last 12 months**, have you or a family member or a close friend been diagnosed with a disease, severely injured or hospitalized?

Yes 1

No 2 → **Go to question 56**

55a. **If yes**, who?

♦ **If more than one of the above, indicate the person whose experience was the most serious**

Myself 1

Member of my immediate family 2

Relative 3

Close friend..... 4

Other 5

→ Specify: _____

55b. **If yes**, how undesirable or negative was this for you?

♦ **If more than one of the above, indicate the person whose experience was the most serious**

Not at all..... 1

Somewhat..... 2

Moderately 3

Very much 4

56. **During the last 12 months**, has any other important event occurred that has affected you?

Yes 1

No 2 → **Go to the next page**

56a. **If yes**, please specify.

♦ **If more than one, indicate the most important**

Loss of someone close to you 1

Birth of a child 2

Job loss 3

Loss of a pet 4

Other 5

→ Specify: _____

56b. **If yes**, how undesirable or negative was this experience?

♦ **If more than one, indicate the most important**

Not at all 1

Somewhat 2

Moderately 3

Very much 4

Dear respondent...

If you are **not** living with THE BIOLOGICAL FATHER of your child (of ABOUT 13 YEARS), please FILL OUT THE FOLLOWING SECTION (section 14).

If, however, you are living **with** THE BIOLOGICAL FATHER of your child (of ABOUT 13 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 13 YEARS) is **deceased**, please GO DIRECTLY TO THE LAST PAGE OF THE QUESTIONNAIRE to share your comments with us, if any.



Section 14

About the biological father of your child...

The following questions concern your relationship with the biological father of your child (of ABOUT 13 YEARS) **who does not live with you**, either because you never lived with him or because you are separated or divorced.

57. If you have separated from the biological father of your child (of ABOUT 13 YEARS) **since our last interview** last year, how would you describe the emotional atmosphere surrounding the separation?

- ♦ **If separation occurred before the last interview, circle "5" I was already separated at the time of the last interview**
- ♦ **Circle only one answer**

I was already separated at the time of the last interview 5

Good 1

Fairly good 2

Bad 3

Very bad 4

I never maintained an ongoing relationship with
the biological father 6

58. 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 60**

59. How would you describe the **current** situation between you and the biological father of your child (of ABOUT 13 YEARS)?

- ♦ **Circle only one answer**

Good 1

Fairly good 2

Bad 3

Very bad 4

60. How much contact does the biological father have with his child (of ABOUT 13 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

61. How do you feel about... ♦ Circle only one answer	Very satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Very unsatisfactory
a) ... the extent of biological father's involvement as a parent with your child (example: contact, custody arrangements, etc.)?	1	2	3	4
b) ... the extent of financial support from the biological father of your child?	1	2	3	4

Your comments

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

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

Thank you for your cooperation!