

Family No:

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Self-Administered Questionnaire for Mother (SAQM)



Intervieweur No.:

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Language : 2

Québec Longitudinal Study of Child Development (QLSCD – E16) – Round 2013

This questionnaire must be filled out by the child's mother, child aged of about 15 years.

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

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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
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Information on the study

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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

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: 22 hour(s) 00 minute(s)
(**Friday, Saturday**)

Example 2

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

Let's begin...

Section 1

About your child's sleeping habits...

1. What is your relationship with the child of about 15 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. In general, is your child sleepy during the day?

♦ **Circle only one answer**

Never 1

Sometimes 2

Often 3

Always 4

Don't know 88

6. In general, does your child of about 15 years...

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

Never	Sometimes	Often	Always
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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 his/her sleep?

1 2 3 4

e) does your child have **bad dreams**?

1 2 3 4

7. Does your child of about 15 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 9**

- 8a. Is it worst in the evening or at night than in the day?

♦ **Circle only one answer**

Yes 1

No 2

- 8b. Is it worst while resting or during an inactivity period (sitting or lying down)?

♦ **Circle only one answer**

Yes 1

No 2

- 8c. Are the unpleasant sensations relief by activity?

♦ **Circle only one answer**

Yes 1

No 2



Section 2

About the relationship with your child...

The next few questions are about the time your child of about 15 years spends with you, including times when others are present.

9. 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 15 years.

10. How often... ♦ Circle only one answer to each statement	Never	Seldom	Sometimes	Often	Very often
a) does your child of <u>about 15 years</u> 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

Continued on the next page...

10. How often ... (suite)
 ♦ **Circle only one answer to each statement**

	Never	Seldom	Sometimes	Often	Very often
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 of <u>about 15 years</u> 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
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 3

About the support of your family...

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

11. 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

12. Besides your friends and family, did community or social service professionals help with your personal problems **during the past 12 months**?

Yes 1

No 2

Section 4

About your well-being...

The following questions bear on certain experiences.

13. Do you **fear** or **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

14. 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

15. 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

16. 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

17. 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

18. 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

19. 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

20. 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

21. 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

22. 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

23. To what extent does one or other of the above signs (questions 13 to 22) **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 your child's school life...

With the next questions, we would like to find out how often you talk to your child of about 15 years about the following subjects.

24. Do you ever tell your child of <u>about 15 years</u> 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

25. How far **would you want** your child of about 15 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 university4

26. In reality, how far **do you think** your child of about 15 years will go in school?

♦ **Circle only one answer**

That he/she will leave before completing high school1

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 university5

27. Since september, how often do you...	Never	Seldom	Sometimes	Often	Very often
a) ask your child how things are going at school?	1	2	3	4	5
b) ask your child if he/she has done his/her schoolwork (homework or studying)?	1	2	3	4	5
c) ask your child questions about how he/she is doing at school (tests, assignments, grades, etc.)?	1	2	3	4	5
d) congratulate your child for his/her accomplishments at school (test results, assignments, etc.)?	1	2	3	4	5
e) commend your child for his/her effort at school (test results, assignments, etc.)?	1	2	3	4	5
f) help your child with homework or an assignment (help find information, prepare material for a presentation, etc.)?	1	2	3	4	5
g) help your child get ready (review, popquiz) for a test or exam?	1	2	3	4	5
h) help your child when he/she doesn't understand something about his/her schoolwork (e.g. help understand the instructions for an assignment, the meaning of a text, etc.)?	1	2	3	4	5

28. During the last school, year **have you attended activities** in which your child of about 15 years was involved at school (sports, drama, concert, etc.)?

♦ **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

29. During the last school year, have you participated in a meeting about your child's of about 15 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

30. During the last school year, have you participated in **general meetings for parents that were not** specifically about your child of about 15 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 6

About your conjugal situation...

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

♦ **Circle only one answer**

I live with the biological father of the child of about 15 years
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 39**

Other..... 6

→ Specify: _____

32. 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

33. 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

34. 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

35. 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

36. 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...

37. 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

38. 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 happy

Section 7

About the family climate...

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

39. For each one, please indicate which response best describes your family. ♦ 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 8

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.

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

Yes 1

No..... 2 → **Go to question 41**

40a. **If yes**, how undesirable or negative was this experience?

Not at all 1

Somewhat 2

Moderately..... 3

Very much 4

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

Yes..... 1

No..... 2 → **Go to question 42**

41a. **If yes**, how undesirable or negative was this experience?

Not at all 1

Somewhat 2

Moderately 3

Very much..... 4

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

Yes.....1

No.....2 → **Go to question 43**

42a. **If yes**, how undesirable or negative was this experience?

Not at all 1

Somewhat 2

Moderately 3

Very much 4

43. **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 44**

43a. **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: _____

43b. **If yes**, how undesirable or negative was this for you?

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

Not at all..... 1
Somewhat..... 2
Moderately..... 3
Very much 4

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

Yes1

No.....2 → **Go to the next page**

44a. **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: _____

44b. **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 15 years :

Please fill out the **following section** (section 9).

- If you are living **with** the BIOLOGICAL FATHER of your child of about 15 years :

Please go directly to the **last page** of the questionnaire to share your comments with us, if any.

- If the BIOLOGICAL FATHER of your child of about 15 years is **deceased** :

Please go directly to the **last page** of the questionnaire to share your comments with us, if any.



Section 9

About the biological father of your child...

The following questions concern your relationship with the biological father of your child of about 15 years **who does not live with you**, either because you never lived with him or because you are separated or divorced.

45. If you have separated from the biological father of your child of about 15 years **since our last interview** two years ago, 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

46. Are you still in touch with the biological father of your child?

Yes..... 1

No..... 2 → **Go to question 48**

47. How would you describe the **current** situation between you and the biological father of your child of about 15 years?

♦ **Circle only one answer**

Good 1

Fairly good 2

Bad 3

Very bad 4

48. How much contact does the biological father have with his child of about 15 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

49. How do you feel about...	Very satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Very unsatisfactory
♦ Circle only one answer				
a) the extend 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

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

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

Thank you for your cooperation!