



**Institut de  
la statistique  
du Québec**

Direction Santé Québec

In  
**2002**...  
I'll be 5 years old!

## Paper Questionnaire Completed by the Interviewer (PQCI)

**Longitudinal Study of Child Development in Québec  
ÉLDEQ (E3) - Volet 2000**

File No.:

2	-	0	0	-		-		-			-				-				
1		2	3		4		5		6	7		8	9	10	11		12	13	14

Interviewer No.:

--	--

Interview language:

2

Questionnaire status:	Completed	1
	Partially completed	2
	Not completed	3

Starting time of questionnaire (international hour):

--	--

Hour/s

--	--

Minute/s

Date of interview:

--	--

Day

--	--

Month

--	--

Year

**Direction Santé Québec**  
Institut de la statistique du Québec  
1200 McGill College Avenue  
Suite 1620  
Montréal (Québec) H3B 4J8  
Tel.: (514) 873-4749

**Bip Bureau d'intervieweurs professionnels**  
630, Sherbrooke West Street  
Suite 210  
Montréal (Québec) H3A 1E4  
Tel.: (514) 288-1980 or (877) 843-7304

## SINGLETONS AGED ABOUT 29 MONTHS

### 1. Respondent status:

Biological mother of the child .....	1
Current spouse or partner of the biological mother of the child (not the biological father) .....	2
Biological father of the child .....	3
Current spouse or partner of the biological father of the child (not the biological mother) .....	4
Other .....	5

## Section 1

### About the teeth of \_\_\_\_\_ (of ABOUT 29 MONTHS)...

This first section is about \_\_\_\_\_'s (of ABOUT 29 MONTHS) habits related to brushing his/her teeth.

### 2. How old was \_\_\_\_\_ (of ABOUT 29 MONTHS) when his/her teeth were brushed for the first time?

_____ months .....	01
His/her teeth were never brushed .....	02 → Go to Q6
Do not know .....	98
Refusal .....	99

### 3. Who usually brushes \_\_\_\_\_'s teeth?

He/she brushes them him/herself .....	1
He/she brushes them under an adult's supervision (adult watches the child) .....	2
He/she brushes them with an adult's help (adult brushes with the child) .....	3
Adult brushes them .....	4
Do not know .....	8
Refusal .....	9

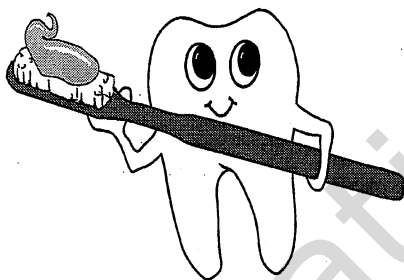
### 4. Yesterday, for instance, how many times were \_\_\_\_\_'s teeth brushed?

Teeth were not brushed .....	1
Once .....	2
Twice .....	3
3 times or more .....	4
Do not know .....	8
Refusal .....	9

5. In general, how much toothpaste is used when brushing \_\_\_\_\_'s teeth?

[1 → If the amount of toothpaste is smaller than a small pea or a thin smear, circle 2 or 3 anyway - Show Response Card "D"]

- |  |   |
|--|---|
| No toothpaste .....                                  | 1 |
| A small amount , about the size of a small pea ..... | 2 |
| A small amount, equivalent to a thin smear .....     | 3 |
| More than the size of a small pea .....              | 4 |
| The whole length of the toothbrush .....             | 5 |
| Do not know .....                                    | 8 |
| Refusal .....  | 9 |



## Section 2

### About the feeding profile of \_\_\_\_\_ (of ABOUT 29 MONTHS)...

This section will enable you to draw up a feeding profile for your child (of ABOUT 29 MONTHS) by determining his/her feeding habits and addressing the introduction of beverages and new foods into his/her diet.

6. When \_\_\_\_\_ (of ABOUT 29 MONTHS) is at home with you for the main meal of the day, how often does he/she eat a meal that is different from the other members of your family?

Almost never .....	4
Sometimes .....	3
Almost always .....	2
Always .....	1
Refusal .....	9

7. In the past seven days, how many times has \_\_\_\_\_ (of ABOUT 29 MONTHS) had his/her main meals (NOT INCLUDING snacks)...

Number of meals eaten...	Breakfast	Lunch	Supper
a) ... outside the home (restaurant, daycare, private babysitter, home of absent biological mother/father, grandparents, uncle, aunt, etc.)			
b) ... at home			

[ → The total should add up to 7 if the child does not skip meals. However, the total cannot be more than 7]

<u>      </u>	<u>      </u>	<u>      </u>
7	7	7

8. In general, does \_\_\_\_\_ ... [I → Show Response Card "H"]

	Never	Rarely	Sometimes	Often	Refusal
a) ... eat enough? .....	1	2	3	4	9
b) ... refuse to eat the right food? .....	1	2	3	4	9
c) ... over-eat? .....	1	2	3	4	9
d) ... eat too fast? .....	1	2	3	4	9
[I → In general...]					
e) ... eat between meals so is not hungry at mealtime? .....	1	2	3	4	9
f) ... eat at regular hours? .....	1	2	3	4	9
g) ... refuse to eat? .....	1	2	3	4	9

9. At the present time, is \_\_\_\_\_ still drinking from a bottle?

- Yes ..... 1 → Go to Q. 9b  
 No ..... 2 → Go to Q. 9a  
 Never drank from a bottle ..... 3  
 Do not know ..... 8 → Go to Q. 10  
 Refusal ..... 9

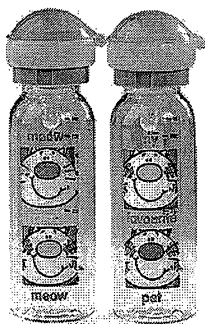
9a. At what age did he/she stop completely? \_\_\_\_\_ months → Go to Q. 10

9b. How often does he/she want a bottle... [I → Show Response Card "H"]

	Never	Rarely	Sometimes	Often	Refusal
1. ... to get to sleep during the day (naptime) and/or to get to sleep at night? .....	1	2	3	4	9
2. ... during his/her nap and/or while he/she sleeps at night? .....	1	2	3	4	9
3. ... when he/she is awake (example: when playing, watching television, walking around, etc.)? .....	1	2	3	4	9

9c. What do you put in the bottle most often? [I → Write just one response → Do not read the choices of answers]

- Water ..... 1  
 Breast milk ..... 2  
 Commercial infant formula ..... 3  
 Cow's milk ..... 4  
 Juice ..... 5  
 Juice with water added ..... 6  
 Other (specify) \_\_\_\_\_ 7



10. In the past week, on average, how many times during the week or how many times per day has \_\_\_\_\_  
(of ABOUT 29 MONTHS) eaten the following foods? [I → Show Response Card "B"]

	None	Times a week			Times a day		DNK
		1-2	3-4	5-6	1	2 and +	
a) Milk .....	1	2	3	4	5	6	8
b) Cheese .....	1	2	3	4	5	6	8
c) Yoghurt, milk desserts (example: Laura Secord milk puddings) [I → Excluding ice-creams] .....	1	2	3	4	5	6	8
[I → In the past week...]							
d) Fruit .....	1	2	3	4	5	6	8
e) Juice/Fruit drinks .....	1	2	3	4	5	6	8
f) Vegetables/Potatos .....	1	2	3	4	5	6	8
g) Poultry .....	1	2	3	4	5	6	8
h) Meat (example: pork, beef, veal, etc.) ....	1	2	3	4	5	6	8
i) Fish/Seafood .....	1	2	3	4	5	6	8
[I → In the past week...]							
j) Legumes, pulses (example: lentils, tofu) .....	1	2	3	4	5	6	8
k) Bread .....	1	2	3	4	5	6	8
l) Baby cereal .....	1	2	3	4	5	6	8
m) Cereal other than baby cereal (example: Corn Flakes, Froot Loops, etc.) .....	1	2	3	4	5	6	8
[I → In the past week...]							
n) Pasta/Rice .....	1	2	3	4	5	6	8
o) Pastries/Candies/Cookies/Chips .....	1	2	3	4	5	6	8

11. What type or brand of fluoride supplements (alone or in combination with vitamins and/or minerals) are you currently giving to \_\_\_\_\_ (of ABOUT 29 MONTHS)? [I → Show Response Card "C"]

Name on box ..... 1

Currently, not taking any ..... 2 → Go to Q.12

11a. How often is he/she taking them now?

- Twice a day ..... 1  
 Once a day ..... 2  
 Less than once a day ..... 3  
 Less than once a week ..... 4  
 Do not know ..... 8  
 Refusal ..... 9

11b. At what age did you start giving him/her THESE fluoride supplements?

- When he/she was born ..... 1  
 \_\_\_\_\_ days ..... 2  
 \_\_\_\_\_ week/s ..... 3  
 \_\_\_\_\_ month/s ..... 4  
 Do not know ..... 8  
 Refusal ..... 9

12. In the past week, on average, how many times during the week or how many times per day has \_\_\_\_\_ eaten the following foods as a snack, in other words, between meals or immediately before bedtime?

[I → Show Response Card "L"]

	None	Times a week		Times a day				DNK
		1-3	4-6	1	2	3	4 and +	
a) Dried fruits (example: raisins, dates, apricots, etc.) .....	1	2	3	4	5	6	7	8
b) Ice cream, sherbet, frozen yoghurt, popsicles .....	1	2	3	4	5	6	7	8
c) Fruit drinks, soft drinks .....	1	2	3	4	5	6	7	8
d) Cookies, pastries, granola bars .....	1	2	3	4	5	6	7	8
e) Candies, jam, syrup, honey .....	1	2	3	4	5	6	7	8

13. In the past three months (namely since...), how many times has \_\_\_\_\_ (of ABOUT 29 MONTHS) suffered from...  
[I → Show Response Card "I"]

	None	Once	Twice	3 times	4 times and +	DNK	Refusal
a) gastro-intestinal infection (gastro-enteritis ("stomach flu") lasting one day or more, vomiting and/or diarrhoea) .....	1	2	3	4	5	8	9
b) ear infection (otitis)? .....	1	2	3	4	5	8	9
[I → In the past three months...]							
c) respiratory infection with fever (cold, flu, pneumonia)? .....	1	2	3	4	5	8	9
d) another infection (example: urinary tract infection) .....	1	2	3	4	5	8	9
specify _____							

14. In the past six months (namely since last...), how many times has \_\_\_\_\_ taken antibiotics?  
[I → Including the interview day - This refers to a treatment of antibiotics; a treatment can last for several days - Show Response Card "I"]

None .....	1
Once .....	2
Twice .....	3
3 times .....	4
4 times and + .....	5
Do not know .....	8
Refusal .....	9



## Section 3

### About your child (of ABOUT 29 MONTHS) grandparents...

This section is about the support you receive from the grandparents of your child (of ABOUT 29 MONTHS).

- 15a. Please indicate what type of support you receive from the **maternal** grandparents (that is from the mother's parents) of \_\_\_\_\_ (of ABOUT 29 MONTHS)?

[I → Circle "97" if the maternal grandparents are deceased]

Deceased ..... 97 → Go to Q.16a

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

1      2      3      4      5      8      9  
None      A lot      DNK      Refusal

- 15b. Please indicate how often you receive the following types of support from the **maternal** grandparents?

[I → Show Response Card "J"]

	Every day	More than once/ week	Once/ week	Once/ month	Less than once/ month	Never	DNK	Refusal
1. Child care .....	1	2	3	4	5	6	8	9
2. Home maintenance (housework, cooking, repairs, etc.) .....	1	2	3	4	5	6	8	9
3. Moral support .....	1	2	3	4	5	6	8	9
4. Advice about your child's development .....	1	2	3	4	5	6	8	9

- 16a. Please indicate what type of support you receive from the **paternal** grandparents (that is from the father's parents) of \_\_\_\_\_ (of ABOUT 29 MONTHS)?

[I → Circle "97" if the paternal grandparents are deceased]

Deceased ..... 97 → Go to Q.17

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

1      2      3      4      5      8      9  
None      A lot      DNK      Refusal

- 16b. Please indicate how often you receive the following types of support from the paternal grandparents?  
 [I → Show Response Card "J"]

	Every day	More than once/ week	Once/ week	Once/ month	Less than once/ month	Never	DNK	Refusal
1. Child care .....	1	2	3	4	5	6	8	9
2. Home maintenance (housework, cooking, repairs, etc.) .....	1	2	3	4	5	6	8	9
3. Moral support .....	1	2	3	4	5	6	8	9
4. Advice about your child's development .....	1	2	3	4	5	6	8	9

## Section 4

### About the vocabulary of your child (of ABOUT 29 MONTHS)...

This section is about the words that are **understood** and **said** by your child (of ABOUT 29 MONTHS).

17. Please indicate which of the following words your child (of ABOUT 29 MONTHS) **understands** and/or **says**. It doesn't matter whether he/she pronounces it correctly. In general, children understand more words than they use. For example, a child may understand «bathroom» but may use the word «potty» instead. In such cases, you should indicate that your child **understands** the word but doesn't **say** it yet. Some children, in contrast, may repeat words they hear without understanding them. For example, a child could sing a song with words like «the itsy bitsy spider went up the water spout» but not understand what «spout» means. In such cases, you should indicate your child can **say** the word, but doesn't **understand** it.

Does your child <b>understand</b> and/or <b>say</b> ...	<b>Understands</b>		<b>Says</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
a. Chin .....	1	2	1	2
b. Leg .....	1	2	1	2
c. Broom .....	1	2	1	2
d. Plate .....	1	2	1	2
e. Towel .....	1	2	1	2
f. Bedroom .....	1	2	1	2
g. Stairs .....	1	2	1	2
h. Star .....	1	2	1	2
i. Swing .....	1	2	1	2
j. Sky .....	1	2	1	2
k. Party .....	1	2	1	2
l. Shopping .....	1	2	1	2
m. Dump .....	1	2	1	2
n. Listen .....	1	2	1	2
o. Rip .....	1	2	1	2
p. Taste .....	1	2	1	2
q. Gentle .....	1	2	1	2
r. Fast .....	1	2	1	2
s. Happy .....	1	2	1	2
t. After .....	1	2	1	2
u. Yourself .....	1	2	1	2
v. Beside .....	1	2	1	2
w. All .....	1	2	1	2
x. Much .....	1	2	1	2
y. Lemme/let me .....	1	2	1	2

18. Has your child (of ABOUT 29 MONTHS) begun to combine words yet, such as «nother cookie» or «doggie bite»?

Not yet .....	1
Sometimes .....	2
Often .....	3
Do not know .....	8
Refusal .....	9

19. When your child is at home, what proportion of the time does he/she talk in...

	%
a. French .....	_____
b. English .....	_____
c. other language .....	_____

Total 100 %
-------------

## Section 5

### About your socio-economic situation...

The following questions are about your financial situation and the basic needs of your family.

20. In the past 12 months, up to what extent have you ever lacked money to pay housing for you or your family?  
[I → Show Response Card "G"]

I didn't lack money .....	1
I lacked <b>somewhat</b> money .....	2
I lacked money more than <b>quite a bit</b> .....	3
I lacked <b>a great deal</b> of money .....	4
Do not know .....	8
Refusal .....	9

21. In the past 12 months, up to what extent have you ever lacked money to pay electricity, heating or hot water for you or your family? [I → Show Response Card "G"]

I didn't lack money .....	1
I lacked <b>somewhat</b> money .....	2
I lacked money more than <b>quite a bit</b> .....	3
I lacked <b>a great deal</b> of money .....	4
Do not know .....	8
Refusal .....	9

22. In the past 12 months, up to what extent have you ever lacked money to pay prescribed medications for you or your family?  
[I → Show Response Card "G"]

I didn't lack money .....	1
I lacked <b>somewhat</b> money .....	2
I lacked money more than <b>quite a bit</b> .....	3
I lacked <b>a great deal</b> of money .....	4
Do not know .....	8
Refusal .....	9

23. In the past 12 months, up to what extent have you ever lacked money to pay important expenses (clothes, transportation, etc.) for you or your family? [I → Show Response Card "G"]

- I didn't lack money ..... 1
- I lacked somewhat money ..... 2
- I lacked money more than quite a bit ..... 3
- I lacked a great deal of money ..... 4
- Do not know ..... 8
- Refusal ..... 9

CP → 1 Yes 2 No

Finishing time (international hour) of questionnaire:

Hour/s	

Minute/s	

**Our most sincere thanks for your cooperation!**