



Institut de
la statistique
du Québec

Direction Santé Québec

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

BMA Yes 1 No 2

File No.:

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



Interview language:

2

Interviewer No.:

Self-Administered Questionnaire for mother (SAQM)

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

This questionnaire must be filled out by the child's mother (of ABOUT 29 MONTHS).

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 survey, please contact *Direction Santé Québec* (514) 873-4749. Please call collect if you live outside of the greater Montréal area. This questionnaire will remain strictly anonymous and confidential.

Please fill out the questionnaire as soon as possible. Then place it in the enclosed envelope and seal it before giving it back to the interviewer or sending by mail.

Questionnaire status:	Completed	1
	Partially completd	2
	No completed	3

Date received (interviewer):

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(Day)

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(Month)

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(Year)

Date received (BIP):

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(Day)

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(Month)

--	--

(Year)

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Instructions and example

You will find that there are several possible answers to the following questions. Unless otherwise indicated, we ask that you choose only once 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 Q...**).

Example 1

7. In general, how many naps does your child have during the DAY? **[Circle only one answer]**

- 1 nap 1
2 naps 2
3 naps and more 3
Does not sleep during the day **4** → **Go to Q.8**

7b. Indicate how long in total he/she sleeps during the DAY (on average): **[Total of all naps]**

_____ hours _____ minutes

Example 2

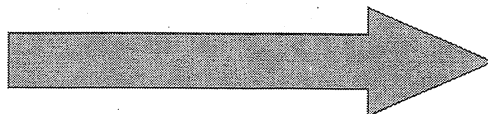
18. For each statement, please circle the number that best describes how you feel in general.
[Circle only one answer for each statement]

- | | Always | Often | Sometimes | Rarely | Never |
|---|--------|----------|-----------|--------|-------|
| a. I feel that I have to rush to get everything done each day | 1 | 2 | 3 | 4 | 5 |

Example 3

34. I feel that I am very good at keeping my child amused.

- 0 1 2 3 4 5 6 7 **8** 9 10
Not at all Exactly
what I think what I think



Let's begin...

First name - Child



SINGLETONS AGED ABOUT 29 MONTHS

1. What is your relationship with the child (of ABOUT 29 MONTHS)?

- 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, babysitter, etc.) 3

Section 1

About sleeping habits...

The following questions are about your child of ABOUT 29 MONTHS and refer to his/her sleeping habits.

2a. In general, at what time do you put your child (of ABOUT 29 MONTHS) to bed for the NIGHT?

_____ hours _____ minutes

2b. In general, at what time does your child wake up in the MORNING?

_____ hours _____ minutes

2c. In your opinion, does your child sleep undistracted through the NIGHT? **[Circle "1" for Yes or "2" for No]**

- Yes 1
No 2

3. In general, how long does it take your child to go to sleep at NIGHT? **[Circle only one answer]**

- Less than 15 minutes 1
From 15 minutes to less than 30 minutes 2
From 30 minutes to less than 45 minutes 3
From 45 minutes to less than 60 minutes 4
60 minutes and more 5



First name - Child

4. In general, how many hours IN A ROW does your child sleep at NIGHT? **[Circle one answer only]**

- Less than 4 hours 01
From 4 hours to less than 5 hours 02
From 5 hours to less than 6 hours 03
From 6 hours to less than 7 hours 04
From 7 hours to less than 8 hours 05
From 8 hours to less than 9 hours 06
From 9 hours to less than 10 hours 07
10 hours and more 08

4a. Indicate how long in total he/she sleeps during the NIGHT (on average):

[Do not count the hours that your child is awake]

_____ hours _____ minutes

5. On average over the past month, how many times per NIGHT has your child (of ABOUT 29 MONTHS) woken up?

[Circle only one answer]

- Does not wake up 1
Less than once a night 2
1-2 times 3
3-4 times 4
5 times or more 5

5a. Indicate how long in total he/she is awake during the NIGHT (on average):

_____ hours _____ minutes

6. When you put your child, to bed for the NIGHT, most often you... **[Circle only one answer, namely 1 or 2 or 3]**

- ... lull him/her to sleep before putting him/her down 1
... put him/her to bed awake and stay with him/her until he/she falls asleep 2
... put him/her to bed awake and let him/her fall asleep on his/her own 3

First name - Child



7. In general, how many naps does your child have during the DAY? **[Circle only one answer]**

- 1 nap 1
2 naps 2
3 naps and more 3
Does not sleep during the day 4 → Go to Q.8

7a. In general, how many hours IN A ROW does your child sleep during the DAY?
[Circle only one answer]

- Less than 1 hour 1
From 1 hour to less than 2 hours 2
From 2 hours to less than 3 hours 3
From 3 hours to less than 4 hours 4
4 hours and more 5

7b. Indicate how long in total he/she sleeps during the DAY (on average): **[Total of all naps]**

_____ hours _____ minutes

8. In the present time, when your child (of ABOUT 29 MONTHS) is healthy, what do you **currently** do when he/she wakes up at NIGHT? **[Circle only one answer]**

- You let him/her cry 1
You comfort him/her but leave him/her in his/her bed 2
You let him/her sleep in your bed 3
You give him/her something to eat or drink 4
You take him/her out of bed to comfort him/her 5
You do something else 6
Your child does not wake up at night 7

9. Does your child walk in his/her sleep? **[Circle only one answer]**

- Never 1
Sometimes 2
Often 3
Always 4



First name - Child

10. Does your child talk in his/her sleep? **[Circle only one answer]**

Never 1
Sometimes 2
Often 3
Always 4

11. Does your child breathe **noisily** during his/her sleep? **[Circle only one answer]**

Never 1
Sometimes 2
Often 3
Always 4

12. Does your child (of ABOUT 29 MONTHS) have nightmares? **[Circle only one answer]**

Never 1
Sometimes 2
Often 3
Always 4

13. Does your child have night terrors (wakes up suddenly, crying, sometimes drenched in sweat and confused)?
[Circle only one answer]

Never 1
Sometimes 2
Often 3
Always 4

14. Does your child rock himself/herself or bang his/her head against his/her bed or pillow or the wall in a repetitive fashion either while falling asleep or during sleep? **[Circle only one answer]**

Never 1
Sometimes 2
Often 3
Always 4

First name - Child



15. Does your child grind his/her teeth during the NIGHT? **[Circle only one answer]**

Never 1
Sometimes 2
Often 3
Always 4

16. Does your child pee in his/her bed or wet his/her diaper at NIGHT? **[Circle only one answer]**

Never 1
Sometimes 2
Often 3
Always 4

17. At the present time, does your child (of ABOUT 29 MONTHS) have any of the following sucking habits (during the day, at night, when awake or asleep)? **[Circle only one answer, "1" for Yes or "2" for No to each habit]**

	Yes	No
a) Sucks a pacifier	1	2
b) Sucks his/her thumb or one or more fingers	1	2
c) Sucks another object (specify)	1	2

Section 2

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

The following questions are about the pace of your day-to-day life.

18. For each statement, please circle the number that best describes how you feel in general.

[Circle only one answer for each statement]

	Always	Often	Sometimes	Rarely	Never
a. I feel that I have to rush to get everything done each day	1	2	3	4	5
b. By the time supper time arrives, I am physically exhausted	1	2	3	4	5
c. I feel that I have enough time for myself	1	2	3	4	5

Section 3

About relationships between you and your parents...

The following questions list various kinds of behaviours and attitudes of parents.

19. Try to remember YOUR MOTHER (adoptive or other) in your first 16 years, and circle the most appropriate number next to each question, showing whether your mother's behaviour was more or less like the one described.

[Circle only one answer for each statement]

My mother...	Very like	Moderately like	Moderately unlike	Very unlike
a. ... spoke to me with a warm and friendly voice	1	2	3	4
b. ... let me do the things I liked doing	1	2	3	4
c. ... was affectionate to me	1	2	3	4
d. ... let me decide things for myself	1	2	3	4
e. ... could make me feel better when I was upset	1	2	3	4
f. ... gave me as much freedom as I wanted	1	2	3	4
g. ... let me go out as often as I wanted	1	2	3	4

20. Also, try to remember YOUR FATHER (adoptive or other) in your first 16 years, and circle the most appropriate number next to each question, showing whether your father's behaviour was more or less like the one described.

[Circle only one answer for each statement]

I've never known my father (adoptive or other) 97 → Go to Q.21

My father...	Very like	Moderately like	Moderately unlike	Very unlike
a. ... spoke to me with a warm and friendly voice	1	2	3	4
b. ... let me do the things I liked doing	1	2	3	4
c. ... was affectionate to me	1	2	3	4
d. ... let me decide things for myself	1	2	3	4
e. ... could make me feel better when I was upset. ...	1	2	3	4
f. ... gave me as much freedom as I wanted	1	2	3	4
g. ... let me go out as often as I wanted	1	2	3	4

Section 4

About you and your spouse/partner...

The following questions are about your relationship with the spouse/partner with whom you are currently living.

21. How is the spouse/partner with whom you are **currently** living with related to your child (of ABOUT 29 MONTHS)? He is...
[Circle only one answer]

...biological father 1
..."adoptive" or stepfather 2
Other (specify) 3
You have a spouse/partner but you do not live with him 4
You do not have any spouse/partner 6 → Go to Q.30

22. Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your 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

23. 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

24. In general, how often do you think that things between you and your 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

25. 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

26. Do you ever regret that you married (or lived together) or that you are in this relationship? **[Circle only one answer]**

- All the time 1
- Most of the time 2
- More often than not 3
- Occasionally 4
- Rarely 5
- Never 6

How often would you say the following events occur between you and your mate?

27. ... calmly discuss something with your spouse/partner? **[Circle only one answer]**

- Never 1
- Less than once a month 2
- Once or twice a month 3
- Once or twice a week 4
- Once a day 5
- More often 6

28. ... work with your spouse/partner on a project or common activity? **[Circle only one answer]**

- Never 1
- Less than once a month 2
- Once or twice a month 3
- Once or twice a week 4
- Once a day 5
- More often 6

29. 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
unhappy | Quite
unhappy | A little
unhappy | Happy | Very
happy | Extremely
happy | Perfectly
happy |

Section 5

About your current job...

30. Do you **currently** have a paying job (whether part-time, full-time, on salary, wages, or self-employed, even though you may be on vacation, parental or sick leave, leave due to a workplace accident, on strike or locked out)?

[Circle "1" for Yes or "2" for No]

Yes 1
No 2 → Go to Q. 30b

- 30a. Currently, are you happy to be working? **[Circle only one answer]**

Yes 1
No, I'd prefer not to be working 2 → Go to Q. 31

- 30b. Would you like to have a paying job at the **present time**? **[Circle only one answer]**

Yes, a part-time job 1
Yes, a full-time job 2 → Go to Q.33
No 3

31. Currently, your principal paid job is...

[Circle only one answer. If you hold more than one job, circle the description that corresponds to your principal job]

...a permanent job 1
...a temporary job with a set termination date 2
...a temporary job with no set termination date 3
...you are self-employed (your own business, consultant, freelance, etc.) 4
...on call, substitute 5
Other (specify) _____ 6



32. To what extent are you satisfied with...

a. ... the type of work you do? **[Circle only one answer]**

1
Very
satisfied

2

3

4

5
Very
unsatisfied

b. ... the number of hours you work? **[Circle only one answer]**

1
Very
satisfied

2

3

4

5
Very
unsatisfied

c. ... your pay? **[Circle only one answer]**

1
Very
satisfied

2

3

4

5
Very
unsatisfied

d. ... your job in general? **[Circle only one answer]**]

1
Very
satisfied

2

3

4

5
Very
unsatisfied

e. ... your workplace's policies regarding children (examples: maternity leave, time off for family responsibilities, flexible working hours and place of work, etc.)? **[Circle only one answer]**

1
Very
satisfied

2

3

4

5
Very
unsatisfied



First name - Child

Section 6

About relationships between a mother and her child (of ABOUT 29 MONTHS)...

Generally speaking, the behaviours and attitudes demonstrated by mothers towards their children vary considerably from one mother to another and from one child to another. We would like to get an overview of your interactions with _____ (of ABOUT 29 MONTHS).

Please indicate to what extent each statement accurately describes your actions, your thoughts or your feelings towards your child.

Use the following scale to rate each answer:

0
Not at all
what you do,
what you think,
how you feel

1

2

3

4

5

6

7

8

9

10

Exactly
what you do,
what you think,
how you feel

33. My behaviour has little effect on the development of my child's (of ABOUT 29 MONTHS) personality.

0
Not at all
what I think

1

2

3

4

5

6

7

8

9

10
Exactly
what I think

34. I feel that I am very good at keeping my child amused.

0
Not at all
what I think

1

2

3

4

5

6

7

8

9

10
Exactly
what I think

35. I feel that I am very good at calming my child down when he/she is upset, fussy or crying.

0
Not at all
what I think

1

2

3

4

5

6

7

8

9

10
Exactly
what I think

36. I have been angry with my child when he/she was particularly fussy.

0
Not at all
what I did

1

2

3

4

5

6

7

8

9

10
Exactly
what I did

First name - Child



37. I feel that I am very good at keeping my child (of ABOUT 29 MONTHS) busy while I am doing other things.

0	1	2	3	4	5	6	7	8	9	10
Not at all what I think										Exactly what I think

38. I feel that I am very good at attracting and keeping the attention of my child.

0	1	2	3	4	5	6	7	8	9	10
Not at all what I think										Exactly what I think

39. I have raised my voice with or shouted at my child when he/she was particularly fussy.

0	1	2	3	4	5	6	7	8	9	10
Not at all what I did										Exactly what I did

40. Regardless of what I do as a parent, my child will develop on his/her own.

0	1	2	3	4	5	6	7	8	9	10
Not at all what I think										Exactly what I think

41. I have spanked my child when he/she was particularly fussy.

0	1	2	3	4	5	6	7	8	9	10
Not at all what I did										Exactly what I did

42. I insist upon keeping my child close to me at all times, within my eyesight and in the same room as I am.

0	1	2	3	4	5	6	7	8	9	10
Not at all what I think										Exactly what I think

43. I have lost my temper when my child was particularly fussy.

0	1	2	3	4	5	6	7	8	9	10
Not at all what I did										Exactly what I did



First name - Child

44. My behaviour has little effect on the intellectual development of my child (of ABOUT 29 MONTHS).

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly
what I think what I think

45. I consider myself a "real mother hen".

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly
what I think what I think

46. When I leave my child with a baby-sitter, I miss him/her so much that I cannot enjoy myself.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly
how I feel what I feel

47. My behaviour has little effect on the development of emotions (for example, happiness, fear, anger) in my child.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly
what I think what I think

48. I can never bring myself to leave my child with a baby-sitter.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly
how I feel what I feel

49. My behaviour has little effect on how my child will behave with others in the future.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly
what I think what I think



Dear respondent...

If you are not living with THE BIOLOGICAL FATHER of your child of ABOUT 29 MONTHS, Please FILL OUT THE FOLLOWING SECTION (beginning at question 50).

If, however, you are living with THE BIOLOGICAL FATHER of your child (of ABOUT 29 MONTHS), 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 29 MONTHS) is deceased, please go directly to the last page of the questionnaire to share your comments with us, if any.**



First name - Child

Section 7

About your child's biological father (of ABOUT 29 MONTHS)

The following questions are about your relationship with the biological father of your child of ABOUT 29 MONTHS who does not live with you, either because you never lived with him/her or because you are separated or divorced.

50. If you have separated from the biological father of your child (of ABOUT 29 MONTHS) since our last visit a year ago, how would you describe the emotional atmosphere surrounding this separation? **[Circle only one answer]**

Good 1
Fairly good 2
Bad 3
Very bad 4
I have been separated for more than a year 5

51. 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 Q.53

52. How would you describe the current situation between you and the biological father of your child?
[Circle only one answer]

Good 1
Fairly good 2
Bad 3
Very bad 4

53. How much contact does the biological father have with his child (example: phone calls, visits, child custody, etc.)?
[Circle only one answer]

Every day 1
Several times a week 2
Several times a month 3
Occasionally 4
Never 5

First name - Child



54. Does the biological father provide any financial support for his child (of ABOUT 29 MONTHS)? **[Circle only one answer]**

- Yes - regularly 1
Yes - irregularly 2
No 3

55. 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 satisfactory 1
Somewhat satisfactory 2
Somewhat unsatisfactory 3
Very unsatisfactory 4

56. How do you feel about the extent of financial support from the biological father of your child? Is it...
[Circle only one answer]

- Very satisfactory 1
Somewhat satisfactory 2
Somewhat unsatisfactory 3
Very unsatisfactory 4



Your comments...

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

Kindly place the completed questionnaire in the enclosed envelope and seal it to guarantee confidentiality.
Please, give it back to the interviewer or forward by mail as soon as possible.

Our most sincere thanks for your cooperation!