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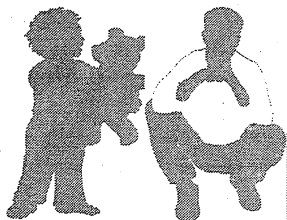
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Interview language:

2

Interviewer no.:

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Self-Administered Questionnaire for Father (SAQF)

Longitudinal Study of Child Development in Québec (ÉLDEQ - E4) - VOLET 2001

This questionnaire must be filled out by the child's father (child aged ABOUT 3½ 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 Santé Québec of Institut de la statistique du Québec (514) 873-4749 or (toll-free) 1 877 677-2087.

This questionnaire will remain strictly anonymous and confidential.

IT IS IMPORTANT TO FILL OUT THE QUESTIONNAIRE BY YOURSELF WITHOUT CONSULTING THE MOTHER OF YOUR CHILD and if it is possible while the interviewer is present. Then place it in the enclosed envelope and seal it before giving it back to the interviewer or sending by mail as soon as possible.

Questionnaire status :	Completed	1
	Partially completed	2
	Not completed	3

Date received (interviewer) :

(Day)	(Month)	(Year)			

Date received (BIP) :

(Day)	(Month)	(Year)			

Direction Santé Québec

Institut de la statistique du Québec

1200, McGill College Avenue

Suite 1620

Montréal (Québec) H3B 4J8

Tél. : (514) 873-4749 or (free-of-charge) 1 877 677-2087

Bip Bureau d'intervieweurs professionnels

630, West Sherbrooke Street

Suite 210

Montréal (Québec) H3A 1E4

Tél. : (514) 238-1980 or (free-of-charge) 1 877 843-7304

Instructions

You will find that there are several possible answers to the following questions. Unless otherwise indicated, we ask that you 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.

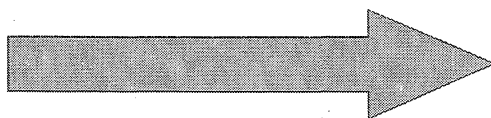
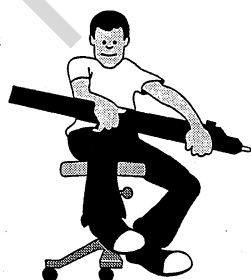
Here are a few sample questions and answers to illustrate what we mean.

Example 1

In the past 12 months, how often would you say that your child (of ABOUT 3½ YEARS)...	Never or not true	Sometimes or somewhat true	Often or very true	Not applicable
2. ... could not sit still, was restless or hyperactive?	1	2	3	
4. ... tried to help someone who was hurt?	1	2	3	7

Example 2

In the past 12 months, how often did you...	Never	About once a week or less	A few times a week	One or two times a day	Many times each day
56. ... do something special with him/her that he/she enjoys?	1	2	3	4	5



Let's begin...

First name - Child (of ABOUT 3½ YEARS)



Section 1

About your child's (of ABOUT 3½ YEARS) behaviour...

1. What is your relationship with the child (of ABOUT 3½ YEARS)?

- Your are his/her biological father 1
 Your are the current spouse or partner of the child's mother but **not** his/her biological father 2
 You are someone else (that is, grandfather, uncle, baby-sitter, etc.) 3

We would like to ask you some questions about how your child (of ABOUT 3½ YEARS) has been feeling or acting in the past 12 months.

By circling the number corresponding to the following answers...

- 1 ➤ Never or not true
 2 ➤ Sometimes or somewhat true
 3 ➤ Often or very true

Indicate the statement which in your opinion best describes your child's behaviour.

It is possible that some of the following may not apply to your particular situation. On such cases, please circle "7" (not applicable).

In the past 12 months, how often would you say than your child (of ABOUT 3½ YEARS)...	Never or not true	Sometimes or somewhat true	Often or very true	Not applicable
2. ... could not sit still, was restless or hyperactive?	1	2	3	
3. ... damaged or broke his/her own things?	1	2	3	
4. ... tried to help someone who was hurt?	1	2	3	7
5. ... was shy with children he/she didn't know?	1	2	3	
6. ... stole things?	1	2	3	
7. ... was defiant or refused to comply with adults' requests or rules?	1	2	3	
8. ... seemed to be unhappy or sad?	1	2	3	
9. ... got into fights?	1	2	3	
10. ... encouraged other children to pick on a particular child?	1	2	3	
11. ... was easily distracted, had trouble sticking to any activity?	1	2	3	
12. ... was made fun of by other children?	1	2	3	

See the next page...



First name - Child (of ABOUT 3½ YEARS)

In the past 12 months, how often would you say than your child (of ABOUT 3½ YEARS)...

Never or not true	Sometimes or somewhat true	Often or very true	Not applicable
-------------------	----------------------------	--------------------	----------------

13. ... when mad at someone, tried to get others to dislike that person?

1	2	3	
---	---	---	--

14. ... didn't seem to feel guilty after misbehaving?

1	2	3	
---	---	---	--

15. ... preferred to play alone rather than with other children?

1	2	3	
---	---	---	--

16. ... was not as happy as other children?

1	2	3	
---	---	---	--

17. ... readily approached children he/she didn't know?

1	2	3	
---	---	---	--

18. ... damaged or broke things belonging to others?

1	2	3	
---	---	---	--

19. ... reacted in an aggressive manner when teased?

1	2	3	
---	---	---	--

20. ... couldn't stop fidgeting?

1	2	3	
---	---	---	--

In the past 12 months, how often would you say than your child (of ABOUT 3½ YEARS)...

21. ... was hit or pushed by other children?

1	2	3	
---	---	---	--

22. ... was unable to concentrate, could not pay attention for long?

1	2	3	
---	---	---	--

23. ... was too fearful or anxious?

1	2	3	
---	---	---	--

24. ... tried to dominate other children?

1	2	3	
---	---	---	--

25. ... when mad at someone, became friends with another as revenge?

1	2	3	
---	---	---	--

26. ... punishment didn't change his/her behaviour?

1	2	3	
---	---	---	--

27. ... took a long time to warm up to children he/she didn't know?

1	2	3	
---	---	---	--

28. ... was impulsive, acted without thinking?

1	2	3	
---	---	---	--

29. ... had no energy, was feeling tired?

1	2	3	
---	---	---	--

30. ... told lies or cheated?

1	2	3	
---	---	---	--

31. ... reacted in an aggressive manner when contradicted?

1	2	3	
---	---	---	--

See the next page...

First name - Child (of ABOUT 3½ YEARS)



In the past 12 months, how often would you say than your child (of ABOUT 3½ YEARS)...	Never or not true	Sometimes or somewhat true	Often or very true	Not applicable
32. ... was worried?	1	2	3	
33. ... scared other children to get what he/she wanted?	1	2	3	
34. ... had difficulty waiting for his/her turn in games?	1	2	3	
35. ... tended to do things on his/her own, was rather solitary?	1	2	3	
36. ... when somebody accidentally hurt him (such as by bumping into him/her), he/she reacted with anger and fighting?	1	2	3	
37. ... when mad at someone, said bad things behind the other's back?	1	2	3	
38. ... physically attacked others?	1	2	3	
39. ... comforted a child (friend, brother or sister) who was crying or upset?	1	2	3	7
40. ... cried a lot?	1	2	3	
41. ... has committed any acts of vandalism?	1	2	3	
In the past 12 months, how often would you say than your child (of ABOUT 3½ YEARS)...				
42. ... clung to adults or was too dependent?	1	2	3	
43. ... was called names by other children?	1	2	3	
44. ... sought the company of other children?	1	2	3	
45. ... couldn't settle down to do anything for more than a few moments?	1	2	3	
46. ... was nervous, highstrung or tense?	1	2	3	
47. ... hit, bit, or kicked other children?	1	2	3	
48. ... reacted in an aggressive manner when something was taken away from him/her?	1	2	3	
49. ... didn't want to sleep alone?	1	2	3	
50. ... was inattentive?	1	2	3	
51. ... had trouble enjoying him/herself?	1	2	3	
52. ... helped other children (friends, brother or sister) who were feeling sick?	1	2	3	7
53. ... got very upset when separated from his/her parents?	1	2	3	



First name - Child (of ABOUT 3½ YEARS)

Section 2

About contacts between father and child of ABOUT 3½ YEARS ...

The following questions have to do with things that your child (of ABOUT 3½ YEARS) may have done in the past 12 months and ways that you reacted to him/her.

For each question, circle the following answer...

- 1 ➤ Never
- 2 ➤ About once a week or less
- 3 ➤ A few times a week
- 4 ➤ One or two times a day
- 5 ➤ Many times each day

which best describes how often you acted in the manner described.

In the past 12 months, how often did you...	Never	About once a week or less	A few times a week	One or two times a day	Many times each day
54. ... and your child (of ABOUT 3½ YEARS) talk or play with each other, focussing attention on each other for five minutes or more, just for fun?	1	2	3	4	5
55. ... get angry with him/her for saying or doing something he/she was not supposed to?	1	2	3	4	5
56. ... do something special with him/her that he/she enjoys?	1	2	3	4	5
57. ... play sports, hobbies or games with him/her?	1	2	3	4	5
58. ... hit him/her when he/she was difficult?	1	2	3	4	5

First name - Child (of ABOUT 3½ YEARS)



We know that when parents spend time with their children, sometimes things go well, sometimes they don't. Circle the number which best describes what happened in the following types of situations:

- 1 ➤ Never
- 2 ➤ Less than half the time
- 3 ➤ About half the time
- 4 ➤ More than half the time
- 5 ➤ All the time

Indicate what proportion of the time things turned out in different ways, in the past 12 months...

In the past 12 months ...	Never	Less than half the time	About half the time	More than half the time	All the time
59. ... if you told your child (of ABOUT 3½ YEARS) he/she would get punished if he/she did not stop doing something, and he/she kept doing it, how often did you punish him/her?	1	2	3	4	5
60. ... how often did he/she get away with things that you feel should have been punished?	1	2	3	4	5
61. ... how often did you get angry when you were punishing him/her?	1	2	3	4	5
62. ... how often was he/she able to get out of a punishment when he/she really had set his/her mind to it?	1	2	3	4	5
63. ... when you had disciplined him/her, how often did he/she ignore the punishment?	1	2	3	4	5





First name - Child (of ABOUT 3½ YEARS)

Just about all children break rules or do things they are not supposed to. Parents react in different ways. For each statement, circle the following number which best describes how often you acted with your child (of ABOUT 3½ YEARS) in the way described:

- 1 ➤ Never
- 2 ➤ Rarely
- 3 ➤ Sometimes
- 4 ➤ Often
- 5 ➤ Always

In the past 12 months, when your child (of ABOUT 3½ YEARS) broke the rules or did things that he/she was not supposed to, how often did you...

Never	Rarely	Sometimes	Often	Always
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64. ... ignore it, do nothing?	1	2	3	4	5
65. ... raise your voice, scold or yell at him/her?	1	2	3	4	5
66. ... calmly discuss the problem?	1	2	3	4	5
67. ... use physical punishment?	1	2	3	4	5
68. ... describe alternative ways of behaving that are acceptable?	1	2	3	4	5

We would like now to ask you some questions about your child's (of ABOUT 3½ YEARS) environment ...

Never	Rarely	Sometimes	Often
-------	--------	-----------	-------

69. ... In the past 12 months, how often did he/she saw television shows or movies that have a lot of violence in them?	1	2	3	4
70. ... In the past 12 months, how often did he/she saw adults or teenagers in your house physically fighting, hitting or otherwise trying to hurt others?	1	2	3	4

All	Most	About half	Only a few	None
-----	------	------------	------------	------

71. ... How many of his/her close friends do you know by sight and by first and last name?	1	2	3	4	5
--	---	---	---	---	---

Section 3

About your conjugal situation...

72. Which of the following best describes your current situation?

■ Circle only one

- I live with my child's (of ABOUT 3½ YEARS) biological mother 1
I live with a partner who isn't my child's biological mother 2
I have a partner who isn't my child's biological mother and we don't live together 3
I don't live with my child's biological mother and I don't have a partner presently 4 → Go to Q.81
☐ Other 5

→ Specify _____

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreements between you and your partner for each item on the following list.

73. 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

74. 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

75. 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

76. 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

77. 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?

78. ... calmly discuss something?

■ 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

79. ... work together 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

80. 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.

- | | | | | | | |
|----------------------|------------------|------------------|-------|---------------|--------------------|--------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Extremely
unhappy | Quite
unhappy | A little unhappy | Happy | Very
happy | Extremely
happy | Perfectly
happy |

Section 4

About your current job...

81. 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 only one answer

Yes, I work presently 1
Yes, but I am currently on leave (paid or unpaid) 3
No, I don't have a job presently 2 ➔ Go to Q.83

82. **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
...one call, substitute 5
Other 6



Specify _____

Section 5

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

83. For each statement, please circle the number that best describes how you feel 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 times 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

84. Do you have experienced unpleasant sensations in your legs in the evening or at night **that force you to move?**

■ Circle only one answer

0 1 2 3 4 5 6 7 8
Never Rarely Sometimes Often Constantly

Section 6

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.

85. 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

86. Since the birth of your child (of ABOUT 3½ YEARS), 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 Q.88

87. By whom were you hurt?

■ Circle all that apply

Spouse/partner 1

Ex-spouse/ex-partner 2

Girlfriend 3

Other 4

☐ ➔ Specify the type of relationship _____

88. 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 next page

89. By whom were you hurt?

■ Circle all that apply

Spouse/partner 1

Ex-spouse/ex-partner 2

Girlfriend 3

Other 4

☐ ➔ Specify the type of relationship _____

Dear respondent...

If you are not living with THE BIOLOGICAL MOTHER of your child of ABOUT 3½ YEARS, please FILL OUT THE FOLLOWING SECTION (beginning at question 90).

If, however, you are living with THE BIOLOGICAL MOTHER of your child (of ABOUT 3½ YEARS) please go directly to the LAST PAGE of the questionnaire to share your comments with us, if any.

*** ATTENTION ➡ If the biological mother of your child (of ABOUT 3½ YEARS) is deceased, please go directly to the last page of the questionnaire to share your comments with us, if any.**



Section 7

About your relationship with the biological mother and the contact with your child (of ABOUT 3½ YEARS)...

The following questions refer to the contact you have with your child (of ABOUT 3½ YEARS) and your relationship with his/her biological mother who does not live with you, either because you never lived with her or because you are separated or divorced.

90. If you have separated from the biological mother of your child (of ABOUT 3½ YEARS) **since our last visit a year ago**, how would you describe the emotional atmosphere surrounding this separation?

■ Circle only one answer

- Good 1
 Fairly 2
 Bad 3
 Very bad 4
 I have been separated for more than a year 5
 I never maintained an ongoing relationship with the biological mother 6

91. Are you still in touch with the biological mother of your child?

■ Circle « 1 » for Yes or « 2 » for No

- Yes 1
 No 2 → Go to Q. 93

92. How would you describe the current situation between you and the biological mother of your child?

■ Circle only one answer

- Good 1
 Fairly good 2
 Bad 3
 Very bad 4

93. How satisfied/unsatisfied are you with the frequency of the contact you have (telephone calls, visits or custody arrangements) with your child?

■ Circle only one answer

- Very satisfied 1
 Somewhat satisfied 2
 Somewhat unsatisfied 3
 Very unsatisfied 4



First name - Child (of ABOUT 3½ YEARS)

94. How satisfied/unsatisfied are you with the quality of your relationship with your child (of ABOUT 3½ YEARS)?

■ Circle only one answer

- Very satisfied 1
Somewhat satisfied 2
Somewhat unsatisfied 3
Very unsatisfied 4



Your comments...

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

Kindly place the completed questionnaire in the pre-paid return 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!

