



Institut de
la statistique
du Québec

Direction Santé Québec

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

File no. :

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

Interview language:

2

Interviewer no.:



Self-Administered Questionnaire for Mother (SAQM)

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

This questionnaire must be filled out by the child's mother (AGED ABOUT 3½ 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 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.

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 completed	2
	Not completed	3

Date received (interviewer) :

(Day)	

(Month)	

(Year)	

Date received (BIP) :

(Day)	

(Month)	

(Year)	

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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 **and circle the corresponding number**. Please consider the instructions following your choice (ex.: **Go to Q...**)

Example 1

2a. In general, at what time does your child wake up or that you wake up your child in the MORNING?

7 hours 15 minutes

Example 2

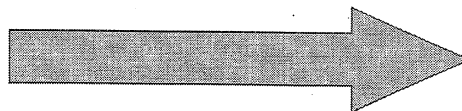
3. On average **over the past month**, how many times per NIGHT has your child woken up?

■ Circle only one answer

- | | | |
|------------------------------|---|---------------|
| Does not wake up | 1 | → Go to Q. 4 |
| Less than once a night | ② | |
| 1-2 times | 3 | → Go to Q. 3a |
| 3-4 times | 4 | |
| 5 times or more | 5 | |

3a. Indicate how long in total he/she is awake during the NIGHT (on average):

- hours 5 minutes



Let's begin...

First name - Child (of ABOUT 3½ YEARS)



Child of ABOUT 3½ YEARS

Section 1

About sleeping habits...

The following questions concern you child of ABOUT 3½ YEARS and refer to his/her sleeping habits.

1. What is your relationship with the child (of ABOUT 3½ 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 (that is, grandmother, aunt, baby-sitter, etc.) 3

2. In general, at what time do you put your child to bed for the NIGHT?

_____ hours _____ minutes

2a. In general, at what time does your child wake up or that you wake up your child in the MORNING?

_____ hours _____ minutes

3. On average **over the past month**, how many times per NIGHT has your child woken up?

■ Circle only one answer

- | | | |
|------------------------------|---|----------------|
| Does not wake up | 1 | } → Go to Q. 4 |
| Less than once a night | 2 | |
| 1-2 times | 3 | |
| 3-4 times | 4 | |
| 5 times or more | 5 | |
- Go to Q. 3a

3a. Indicate how long in total he/she is awake during the NIGHT (on average):

_____ hours _____ minutes



First name - Child (of ABOUT 3½ YEARS) _____

4. 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. 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

6. When you put your child (of ABOUT 3½ YEARS) 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

7. When your child 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 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
You lay down with him/her in his/her bed until he/she falls asleep 7

First name - Child (of ABOUT 3½ YEARS)



8. In general, how many naps does your child have during the DAY?

■ Circle only one answer

- 1 nap 1
2 naps 2
3 naps or more 3
Does not sleep during the day 4 → Go to Q. 10

9. In general, how many hours does your child (of ABOUT 3½ YEARS) sleep during the DAY (total of all naps)?

■ 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

10. Does your child **snore** during his/her sleep?

■ Circle only one answer

- Never 1
Sometimes 2
Often 3
Always 4

11. Does your child **talk** in his/her sleep?

■ Circle only one answer

- Never 1
Sometimes 2
Often 3
Always 4

12. Does your child **walk** in his/her sleep?

■ Circle only one answer

- Never 1
Sometimes 2
Often 3
Always 4



First name - Child (of ABOUT 3½ YEARS)

13. Does your child have **nightmares**?

■ Circle only one answer

Never 1
Sometimes 2
Often 3
Always 4

14. Does your child (of ABOUT 3½ YEARS) 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

15. Does your child **rock** himself/herself or **bang** his/her head against his/her pillow, his/her bed 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

16. Does your child **grind** his/her teeth during the NIGHT?

■ Circle only one answer

Never 1
Sometimes 2
Often 3
Always 4

17. Does your child **pee** in his/her bed at NIGHT?

■ Circle only one answer

Never 1
Sometimes 2
Often 3
Always 4

First name - Child (of ABOUT 3½ YEARS)



18. Does your child have unpleasant sensations in his/her legs at bedtime that **force him/her to move**?

■ Circle only one answer

Never 1
 Sometimes 2
 Often 3
 Always 4

Section 2

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

19. For each statement, please circle the number that best describes how you felt 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 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

20. 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

21. During the last two weeks, did it happen that you needed something like help to baby-sit children, run errands, or clean the house?

■ Circle only one answer

Yes 1
No 2 → Go to Q. 22
I don't remember 3 → Go to Q. 22

- 21a. Did you find someone to help you?

■ Circle "1" for Yes or "2" for No

Yes 1
No 2

Section 3

About your conjugal situation...

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

■ Circle only one answer

I live with my child's (of ABOUT 3½ YEARS) biological father 1
I live with a spouse/partner who is not my child's biological father 2
I have a spouse/partner who is not my child's biological father and we don't live together 3
I don't live with my child's biological father and I don't have a spouse/partner presently 4 → Go to Q.31
Other 5

→ Specify: _____

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

23. 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

24. 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

25. 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

26. 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

27. 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?

28. ... 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

29. ... 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

30. 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...

31. 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 am working at the present time 1
 - Yes, but I am currently on leave (paid or unpaid) 3
 - No, I don't have a job presently 2
- Go to Q. 32a
- Go to Q. 32b

32a. Are you happy with your current employment situation (If on leave, refer to your employment situation **before** the leave)?

■ **Circle only one answer**

- | | | |
|--------------------------------------------------|---|-----------------|
| Yes, absolutely | 1 | } → Go to Q. 33 |
| Yes, but I'd like to be working less hours | 3 | |
| Yes, but I'd like to be working more hours | 4 | |
| No, I'd prefer not to be working | 2 | |

32b. Would you like to have a paying job at the **present time**?

■ **Circle only one answer**

- | | | |
|----------------------------|---|-----------------|
| Yes, a part-time job | 1 | } → Go to Q. 35 |
| Yes, a full-time job | 2 | |
| No | 3 | |

33. **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 6
- Specify: _____

34. To what extent are you satisfied with 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 | 2 | 3 | 4 | 5 |
| Very
satisfied | | | | Very
unsatisfied |

Section 5

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.

35. 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

36. 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. 37

36a. By whom were you hurt?

■ Circle all that apply

Husband/partner 1
Ex-husband/ex-partner 2
Boyfriend 3
Other 4

→ specify type of relationship _____

37. 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

37a. By whom were you hurt?

■ Circle all that apply

Husband/partner 1
Ex-husband/ex-partner 2
Boyfriend 3
Other 4

→ specify type of relationship _____

Dear respondent...

If you are not living with THE BIOLOGICAL FATHER of your child of ABOUT 3½ YEARS, please FILL OUT THE FOLLOWING SECTION (beginning at question 38).

If, however, you are living with THE BIOLOGICAL FATHER 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 father 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.**



First name - Child (of ABOUT 3½ YEARS)

Section 6

About the child's biological father of _____ (of ABOUT 3½ YEARS)...

The following questions concern your relationship with the biological father of your child of ABOUT 3½ YEARS who does not live with you, either because you never lived with him or because you are separated or divorced.

38. If you have separated from the biological father 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 good 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 father 6

39. 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. 41

40. 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

First name - Child (of ABOUT 3½ YEARS)



41. How much contact does the biological father have with his child of ABOUT 3½ 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

42. Does the biological father provide any financial support for his child?

■ Circle only one answer

Yes - regularly 1
Yes - irregularly 2
No 3

43. 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

44. 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.

For consultation only

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!

