



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

File no.:

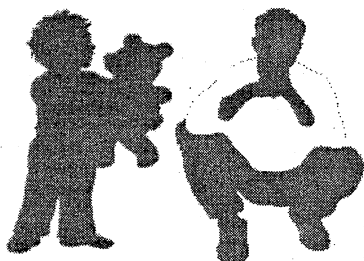
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Interview language:

2

Interviewer no.:

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Self-Administered Questionnaire for Father (SAQF)

Longitudinal Study of Child Development in Québec (ÉLDEQ – E5) – VOLET 2002

This questionnaire must be filled out by the child's mother (CHILD AGED ABOUT 4 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 (toll-free) 1 877 677-2087 or (514) 873-4749.

This questionnaire will remain strictly anonymous and confidential.

IT'S 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.

Date received (interviewer):

(Day)	

(Month)	

(Year)	

Questionnaire status:	Completed	1
	Partially completed	2
	Not completed	3

Date received (BIP):

(Day)	

(Month)	

(Year)	

Direction Santé Québec

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630 West Sherbrooke Street

Suite 210

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Tel. : (toll-free) 1 877 843-7304 or (514) 288-1980

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. Please consider the instructions following your choice (ex.: Go to Q...)

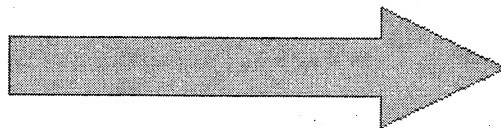
Here are a few sample questions and answers to illustrate what we mean.

Exemple 1

In the past 3 months, how often would you say than your child (of ABOUT 4 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

Exemple 2

In the past 3 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...



Section 1

About your child's (of ABOUT 4 YEARS) behaviour...

1. What is your relationship with the child (of ABOUT 4 YEARS)?

- You are his/her biological father 1
 You 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 4 YEARS) has been feeling or acting in the **past 3 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 3 months, how often would you say that your child (of ABOUT 4 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	
13. ... when mad at someone, tried to get others to dislike that person?	1	2	3	

Continued on the next page...



First name - Child (of ABOUT 4 YEARS)

In the past 3 months, how often would you say that your child (of ABOUT 4 YEARS)...	Never or not true	Sometimes or somewhat true	Often or very true	Not applicable
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	
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	
In the past 3 months, how often would you say that your child (of ABOUT 4 YEARS)...				
30. ... told lies or cheated?	1	2	3	
31. ... reacted in an aggressive manner when contradicted?	1	2	3	
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	

Continued on the next page...

First name - Child (of ABOUT 4 YEARS)



In the past 3 months, how often would you say that your child (of ABOUT 4 YEARS)...	Never or not true	Sometimes or somewhat true	Often or very true	Not applicable
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	

Section 2

About contacts with your child (of ABOUT 4 YEARS)...

The following questions have to do with things that your child (of ABOUT 4 YEARS) may have done in the past 3 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 3 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
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54. ... and your child (of ABOUT 4 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

Continued on the next page...



First name - Child (of ABOUT 4 YEARS)

In the past 3 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
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

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 3 months...

In the past 3 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 4 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 4 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 4 YEARS) in the way described:

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

In the past 3 months, when your child (of ABOUT 4 YEARS) broke the rules or did things that he/she was not supposed to, how often did you...

	Never	Rarely	Sometimes	Often	Always
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' (of ABOUT 4 YEARS)s environment ...

	Never	Rarely	Sometimes	Often
69. ... In the past 3 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 3 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 the pace of your day-to-day life...

72. For each statement, please circle the number that best describes how you felt in general during the past 3 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

73. 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 4

About your conjugal situation...

74. Which of the following best describes your current situation?
■ Circle only one answer

I live with my child' (of ABOUT 4 YEARS)s 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.83
Other..... 5

➡ Specify: _____

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

75. 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

76. 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

77. 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

78. 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

79. 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?

80. ...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

81. ...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

82. 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 5

About your current job...

83. 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.85

84. **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 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. In the past 3 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 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: _____

Section 7

About your well-being...

The following questions bear on certain experiences.

88. Do you fear and 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
Never

1

2
Rarely

3

4
Sometimes

5

6
Often

7

8
Constantly

89. 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

90. Do you ever feel 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

91. 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

92. 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

93. 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

94. 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

95. 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

96. 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

97. To what extent does one or other of the above signs (questions 88 to 96) 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

For consultation only

Dear respondent...

If you are not living with THE BIOLOGICAL MOTHER of your child of ABOUT 4 YEARS, please FILL OUT THE FOLLOWING SECTION (beginning at question 98).

If, however, you are living with THE BIOLOGICAL MOTHER of your child (of ABOUT 4 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 4 YEARS) is deceased, please go directly to the last page of the questionnaire to share your comments with us, if any.**



Section 8

About your relationship with the biological mother and the contact with your child (of ABOUT 4 YEARS)...

The following questions refer to the contact you have with your child (of ABOUT 4 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.

98. If you have separated from the biological mother of your child (of ABOUT 4 YEARS) since our last visit, how would you describe the emotional atmosphere surrounding this separation?

❑ Circle only one answer

- Good 1
 Fairly..... 2
 Bad 3
 Very bad 4
 I was already separated at the time of your last visit..... 5
 I never maintained an ongoing relationship with the biological mother..... 6

99. 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.101

100. 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

101. 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

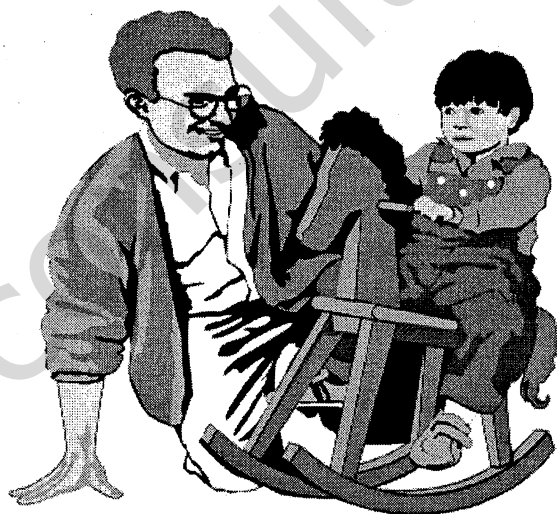


First name - Child (of ABOUT 4 YEARS)

Very unsatisfied 4

102. How satisfied/unsatisfied are you with the quality of your relationship with your child (of ABOUT 4 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.

onsultation 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!

