



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

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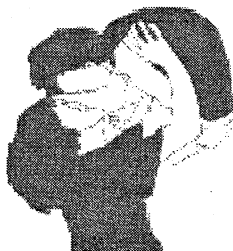
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Interview language:

2

Interviewer no.:

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## Self-Administered Questionnaire for Mother (SAQM)

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

**This questionnaire must be filled out by the child's mother (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.

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.

Date received (interviewer):

(Day)		(Month)		(Year)	

Questionnaire status:	Completed	1
	Partially completed	2
	Not completed	3

Date received (BIP):

(Day)		(Month)		(Year)	

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# Instructions

You will find 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...**).

## Exemple 1

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

a) Week: 6 hours 30 minutes

b) Weekend:  
(Friday, Saturday) 8 hours - minutes

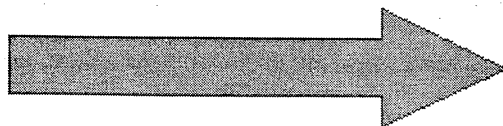
## Exemple 2

4. 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. 4a |
| Less than once a night..... | 2        |                 |
| 1-2 times.....              | <u>3</u> |                 |
| 3-4 times.....              | 4        |                 |
| 5 times or more.....        | 5        |                 |

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

- hours 15 minutes



Let's begin...

First name - Child (of ABOUT 4 YEARS)



## Child of ABOUT 4 YEARS

### Section 1

#### About sleeping habits...

The following questions concern your child of ABOUT 4 YEARS and refer to his/her sleeping habits.

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

a) Week: \_\_\_\_\_ hours \_\_\_\_\_ minutes  
b) Weekend: \_\_\_\_\_ hours \_\_\_\_\_ minutes  
(Friday, Saturday)

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

a) Week: \_\_\_\_\_ hours \_\_\_\_\_ minutes  
b) Weekend: \_\_\_\_\_ hours \_\_\_\_\_ minutes  
(Friday, Saturday)

4. 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. 5  
Less than once a night ..... 2  
1-2 times ..... 3  
3-4 times ..... 4 } → Go to Q. 4a  
5 times or more ..... 5



First name - Child (of ABOUT 4 YEARS)

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

\_\_\_\_\_ hours \_\_\_\_\_ minutes

5. 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

6. 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

7. 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

8. In general, how many hours does your child 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  
Does not sleep during the day ..... 6

First name - Child (of ABOUT 4 YEARS)



9. Does your child (of ABOUT 4 YEARS) **snore** during his/her sleep?

■ Circle only one answer

Never ..... 1  
Sometimes ..... 2  
Often ..... 3  
Always ..... 4

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 **walk** in his/her sleep?

■ Circle only one answer

Never ..... 1  
Sometimes ..... 2  
Often ..... 3  
Always ..... 4

12. Does your child 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



First name - Child (of ABOUT 4 YEARS)

14. Does your child (of ABOUT 4 YEARS) **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

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 at NIGHT?

■ Circle only one answer

Never ..... 1  
Sometimes ..... 2  
Often ..... 3  
Always ..... 4

17. 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 books and reading...

Children can show their interest in reading or sharing books in different ways. The following are some questions about books and reading.

18. Currently, how often do you or another adult of the household read aloud to your child (of ABOUT 4 YEARS) or listen to your child read or try to read?

■ Circle only one answer

1  
Rarely or  
never

2  
A few times  
a month

3  
Once  
a week

4  
A few times  
a week

5  
Daily

19. How often do you or another adult of the household teach him/her to name printed letters or to read words?

■ Circle only one answer

1  
Rarely or  
never

2  
Less than  
once a month

3  
Once  
a month

4  
A few times  
a month

5  
Once a week

6  
A few times  
a week

7  
Daily

20. Approximately how many books do you have in your home for your child's use?

■ Circle only one answer

1  
0-2 books

2  
3-10 books

3  
11-20 books

4  
21-40 books

5  
More than  
40 books

21. How often does your child ask to be read to?

■ Circle only one answer

1  
Hardly ever

2  
Once or twice  
a month

3  
Once or twice  
a week

4  
Almost daily

22. How many minutes did you or another family member read to your child yesterday?

■ Circle only one answer

1  
0 minute

2  
1-10 minutes

3  
11-20 minutes

4  
Plus de  
20 minutes



First name - Child (of ABOUT 4 YEARS)

23. At home, how often does your child (of ABOUT 4 YEARS) play with pencils or markers doing real or pretend writing?

☐ Circle only one answer

1 Rarely or never	2 Less than once a month	3 Once a month	4 A few times a month	5 Once a week	6 A few times a week	7 Daily
-------------------------	--------------------------------	----------------------	-----------------------------	---------------------	----------------------------	------------

24. How often does your child look at books or try to read on his/her own?

☐ Circle only one answer

1 Rarely or never	2 Less than once a month	3 Once a month	4 A few times a month	5 Once a week	6 A few times a week	7 Daily
-------------------------	--------------------------------	----------------------	-----------------------------	---------------------	----------------------------	------------

25. How often does your child go to the library, including the school library?

☐ Circle only one answer

1 Never or rarely	2 Less than once a month	3 Once a month	4 A few times a month	5 Once a week	6 A few times a week	7 Daily
-------------------------	--------------------------------	----------------------	-----------------------------	---------------------	----------------------------	------------

## Section 3

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

26. 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 |



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

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

■ Note : Help can be provided by anyone in or out the household

Circle only one answer

Yes..... 1  
No ..... 2 → Go to Q. 29  
I don't remember..... 3 → Go to Q. 29

28a. Did you find someone to help you?

■ Circle "1" for Yes or "2" for No

Yes..... 1  
No ..... 2

29. When you or your spouse/partner (if applicable) are at home, who does the following tasks or activities?

■ Circle the appropriate number for each task

	You always	You most often	You and your spouse/partner evenly	Your spouse/partner most often	Your spouse/partner always	You and another person	Another arrangement
--	---------------	----------------------	--	--------------------------------------	----------------------------------	------------------------------	------------------------

a) Dresses the children	1	2	3	4	5	6	7
b) Bathes the children	1	2	3	4	5	6	7
c) Puts the children to bed	1	2	3	4	5	6	7
d) Go outside and play with the children (e.g. go to the park, go sledding, etc.)	1	2	3	4	5	6	7
e) Housework (like preparing meals, tidying up, doing the dishes, etc.)	1	2	3	4	5	6	7

## Section 4

### About your job situation before and after your child's birth (of ABOUT 4 YEARS)...

30. BEFORE your child's birth (of ABOUT 4 YEARS), have you been in paid employment or involved in running a business on a regular basis, i.e. full-time or part-time for **at least six months**? (Do not include part-time work while you were a full-time student)?

■ Circle "1" for Yes or "2" for No

Yes ..... 1  
No ..... 2

31. When your child was born, did you take paid **maternity** leave, counting the weeks paid by employment insurance?

■ Circle "1" for Yes or "2" for No

Yes, I took maternity leave ..... 1  
No ..... 2 → Go to Q.32

- 31a. If yes, how many weeks did this **maternity** leave last (excluding PARENTAL leave)?

\_\_\_\_\_ Weeks → Go to Q. 33

32. Why did you not take **maternity** leave?

■ Circle only one answer

I was not eligible because I am (was) self-employed ..... 1

I was not eligible because I had not worked the required number of hours ..... 2

I never worked ..... 3

Other ..... 4

→ specify: \_\_\_\_\_

} → Go to section 5, Q. 37

33. When your child (of ABOUT 4 YEARS) was born, did you take paid **parental** leave, counting the weeks paid by employment insurance?

■ Circle "1" for Yes or "2" for No

Yes, I took parental leave ..... 1

No ..... 2 → Go to Q. 34

- 33a. If yes, how many weeks did this **parental** leave last (excluding MATERNITY leave)?

\_\_\_\_\_ Weeks → Go to Q. 35

34. Why didn't you take parental leave?

■ Circle only one answer

My partner took this leave ..... 1

It meant too great a cut in salary ..... 2

I chose to go back to work after my maternity leave ..... 3

Other ..... 4

→ specify: \_\_\_\_\_

35. Was the payment received for **maternity leave** supplemented by an amount paid through a collective agreement or by the employer?

■ Circle "1" for Yes or "2" for No

Yes ..... 1

No ..... 2

36. What was the date on which you started your **maternity leave** when your child (of ABOUT 4 YEARS) was born? (Exclude periods of preventive leave granted, for example, to daycare workers)

Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

## Section 5

### About your conjugal situation...

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

■ Circle only one answer

I live with my child's (of ABOUT 4 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. 46

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 of each item on the following list.

38. 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 |

39. 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 |

40. In general, how often do you think that things between you and 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 |

41. 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 |

42. 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?

43. ... 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

44. ... work together on a project or common activity?

■ Circle only one answer

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

45. 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



First name - Child (of ABOUT 4 YEARS)

**If your child (of ABOUT 4 YEARS) is not attending daycare or is not cared for at home by someone other than you or your spouse/partner go to Q. 52.**

## Section 6

**About your relationship with your child (of ABOUT 4 YEARS)s caregiver...**

46. My child's (of ABOUT 4 YEARS) caregiver (daycare worker, baby-sitter) keeps me informed of his/her behavior during the day.

☐ Circle only one answer

1  
Totally  
agree

2  
Somewhat  
agree

3  
Somewhat  
disagree

4  
Totally  
disagree

47. When my child goes through a difficult time at home, I feel at ease to share it with his/her caregiver (daycare worker, baby-sitter).

☐ Circle only one answer; if the following does not apply to your situation, circle "7" not applicable

1  
Totally  
agree

2  
Somewhat  
agree

3  
Somewhat  
disagree

4  
Totally  
disagree

7  
Not  
applicable

48. My child's caregiver (daycare worker, baby-sitter) keeps me informed of his/her activities in his/her care setting.

☐ Circle only one answer

1  
Totally  
agree

2  
Somewhat  
agree

3  
Somewhat  
disagree

4  
Totally  
disagree

49. I feel at ease to communicate to the caregiver (daycare worker, baby-sitter) that I am dissatisfied with certain aspects concerning the care of my child.

☐ Circle only one answer

1  
Totally  
agree

2  
Somewhat  
agree

3  
Somewhat  
disagree

4  
Totally  
disagree

First name - Child (of ABOUT 4 YEARS)



50. Conflicts between the caregiver (daycare worker, baby-sitter) and myself get settled quickly.  
☐ Circle only one answer; if the following does not apply to your situation, circle "7" not applicable

1 Totally agree	2 Somewhat agree	3 Somewhat disagree	4 Totally disagree	7 Not applicable
-----------------------	------------------------	---------------------------	--------------------------	------------------------

51. My child (of ABOUT 4 YEARS) caregiver (daycare worker, baby-sitter) use various ways to communicate with me (for example: written reports such as daily or weekly follow-up, journal, etc.)

☐ Circle only one answer; if the following does not apply to your situation, circle "7" not applicable

1 Totally agree	2 Somewhat agree	3 Somewhat disagree	4 Totally disagree	7 Not applicable
-----------------------	------------------------	---------------------------	--------------------------	------------------------

## Section 7

### About insecurity caused by running out of food...

High unemployment and a tight job market have made it hard for an increasing number of families to make ends meet. They even run out of food at times. We would like to know whether your family has experienced a similar situation.

☐ Circle only one answer to each statement

Often true	Sometimes true	Never true
---------------	-------------------	---------------

52. We eat the same thing several days in a row because we only have a few different kinds of food on hand, and don't have enough money to buy more.

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

53. We eat less than we should because we don't have enough money for food.

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

54. We can't provide balanced meals for our children because we can't afford it financially.

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

55. In the past 12 months, has a member of your family ever experienced being hungry because the family had run out of food or money to buy food?

☐ Circle only one answer

Yes, regularly, once a month .....	1
Yes, more than once month .....	2
Yes, certain months only .....	3
Yes, occasionally, but not regularly .....	4
No .....	5 - Go to Q.57

56. How do you cope with feeding your children when this happens?

☐ Circle all answers that apply

- The adults (parents, guardian, etc.) skip meals or eat less ..... 1  
Your child (of ABOUT 4 YEARS) skips meals or eats less ..... 2  
The other children skip meals or eat less ..... 3  
The family eats the same food more often ..... 4  
Relatives are called upon for assistance ..... 5  
Friends are called upon for assistance ..... 6  
One seeks help from the CLSC ..... 7  
One seeks help from food bank (Emergency food assistance program) ..... 8  
The children have access to a school meal program ..... 9  
The family participates in food-related activities through community groups ..... 10

## Section 8

### About your well-being...

The following questions bear on certain experiences.

57. 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            1            2            3            4            5            6            7            8  
Never            Rarely            Sometimes            Often            Constantly

58. 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

59. Do you ever feel a 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



60. 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

61. 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

62. 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

63. 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

64. 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

65. 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

66. To what extent does one or other of the above signs (questions 57 to 65) 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

## Section 9

### About your current job...

67. 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 } → Go to Q. 68a  
Yes, but I am currently on leave (paid or unpaid) ..... 3 }  
No, I don't have a job presently ..... 2 → Go to Q. 68b

- 68a. 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 }  
Yes, but I'd like to be working less hours ..... 3 } → Go to Q. 69  
Yes, but I'd like to be working more hours ..... 4 }  
No, I'd prefer not to be working ..... 2 }

- 68b. 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. 71  
No ..... 3 }

69. **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: \_\_\_\_\_

70. 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

## Section 10

### 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.

71. Has a spouse/partner or someone important to you ever emotionally or physically abused you?

▣ Circle "1" to Yes or "2" for No

Yes ..... 1

No ..... 2

72. In the past 3 months, have you been hit, slapped, kicked or otherwise physically hurt by someone?

▣ Circle "1" to Yes or "2" for No

Yes ..... 1

No ..... 2 → Go to Q.73

72a. By whom were you hurt?

▣ Circle all that apply

Husband/partner ..... 1

Ex-husband/ex-partner ..... 2

Boyfriend ..... 3

Other ..... 4

☐ Specify: \_\_\_\_\_



## Section 11

### About health professionals you have consulted...

73. Since the **last interview**, how many times have you SEEN or TALKED ON THE TELEPHONE with any of the following about your child' (of ABOUT 4 YEARS)s physical, emotional or mental health?

Number of times

- a) A general practitioner, family physician? .....  
☐ Enter 0 if none
- b) A pediatrician? .....  
☐ Enter 0 if none
- c) Another medical doctor (such as an orthopedist, or eye specialist)? .....  
☐ Enter 0 if none
- d) A public health nurse or nurse practitioner? .....  
☐ Enter 0 if none
- e) A dentist, pedodontist (children dentist) or orthodontist? .....  
☐ Enter 0 if none
- f) A psychiatrist or psychologist? .....  
☐ Enter 0 if none
- g) Any other person trained to provide treatment or counsel, for example a speech therapist, a social worker, a child welfare worker or children's aid worker? .....  
☐ Enter 0 if none

h) Which one?



**Dear respondent...**

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**If you are not living with THE BIOLOGICAL FATHER of your child (of ABOUT 4 YEARS), please FILL OUT THE FOLLOWING SECTION (beginning at question 74).**

**If, however, you are living with THE BIOLOGICAL FATHER 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 father 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 12

### About the child's biological father of \_\_\_\_\_ (of ABOUT 4 YEARS)...

The following questions concern your relationship with the biological father of your child (of ABOUT 4 YEARS) who does not live with you, either because you never lived with him or because you are separated or divorced.

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

75. 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. 77

76. 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

77. How much contact does the biological father have with his child (of ABOUT 4 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



First name - Child (of ABOUT 4 YEARS)

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

☐ Circle only one answer

Yes - regularly ..... 1  
Yes - irregularly ..... 2  
No..... 3

79. 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

80. 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.**

onsultation on

**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!

