



# Interviewer completed paper questionnaire (Jepq)

## Québec Longitudinal Study of Child Development (QLSCD – E6) – ROUND 2003

File No.:

2	-	0	3	-		-		-			-				-				
1		2	3		4		5		6	7		8	9	10	11		12	13	14

Interviewer No.:

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Interview Language:

2
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Questionnaire Status:	Completed	1
	Partially completed	2
	Not completed	3

Starting Time (*international hour*) of  
questionnaire:

Hours	

Minute/s	

Date of interview:

Day	

Month	

Year	

### Direction Santé Québec

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For consultation only

# Child aged about 5 years old

## Section 1

### About the feeding profile of \_\_\_\_\_ (of about 5 years)...

This section will enable you to draw up a feeding profile for your child of ABOUT 5 YEARS by determining his/her feeding habits.

1. Respondent status:

- Biological mother of the child..... 1  
Current spouse or partner of the biological mother of the child (**NOT** the biological father) ..... 2  
Biological father of the child..... 3  
Current spouse or partner of the biological father of the child (**NOT** the biological mother) ..... 4  
Other ..... 5

2. When \_\_\_\_\_ is at home with you for the main meal of the day, how often does he/she eat a meal that is different from the other members of your family?

- Almost never..... 4  
Sometimes..... 3  
Almost always..... 2  
Always..... 1  
Refusal..... 9

3. **IN THE PAST SEVEN DAYS**, how many times has \_\_\_\_\_ (of ABOUT 5 YEARS) had his/her main meals (NOT INCLUDING snacks)...

Number of meals eaten...	Breakfast	Lunch	Supper
a) ... at home			
b) ... outside the home, <u>in child care</u> (daycare, school's daycare service, private baby-sitter, mother, mother-in-law, etc.)			
c) ... outside the home, <u>in situations other than child care</u> (restaurant, home of absent biological mother/father, visiting friends or family, etc.)			

❖ The total should add up to 7 if the child does not skip meals. However, the total cannot be more than 7.	7	7	7
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4. **IN GENERAL**, does \_\_\_\_\_ (of ABOUT 5 YEARS)...

❖ **Show Response Card "H"**

	Never	Rarely	Sometimes	Often	NR/R
a) ... eat enough?	1	2	3	4	9
b) ... refuse to eat the right food?	1	2	3	4	9
c) ... over-eat?	1	2	3	4	9
<b>❖ In general...</b>					
d) ... eat too fast?	1	2	3	4	9
e) ... eat between meals so is not hungry at mealtime?	1	2	3	4	9
f) ... eat at regular hours?	1	2	3	4	9
<b>❖ In general...</b>					
g) ... refuse to eat?	1	2	3	4	9

5. **IN THE PAST WEEK AT HOME AND IN CHILD CARE (DAYCARE, BABY-SITTER) OR SCHOOL'S DAYCARE SERVICE**, on average, how many times during the week or how many times per day has \_\_\_\_\_ eaten the following foods?

❖ **Show Response Card "B"**

❖ <b>IN THE PAST WEEK...</b>	None	Times (During the week)			Times (Per day)		DNK	NR/R
		1-2	3-4	5-6	1	2 et +		
a) Milk	1	2	3	4	5	6	8	9
b) Cheese	1	2	3	4	5	6	8	9
c) Yoghurt, milk desserts (example: Laura Secord milk pudding)								
❖ <b>Excluding ice-creams</b>	1	2	3	4	5	6	8	9
d) Fruits	1	2	3	4	5	6	8	9
e) Juice/Fruit drinks	1	2	3	4	5	6	8	9
f) Vegetables/Potatoes	1	2	3	4	5	6	8	9
g) Poultry/Eggs	1	2	3	4	5	6	8	9
h) Meat (example: pork, beef, veal, etc.)	1	2	3	4	5	6	8	9
i) Fish/Seafood	1	2	3	4	5	6	8	9
j) Legumes, pulse (example: lentils, tofu)	1	2	3	4	5	6	8	9
k) Bread	1	2	3	4	5	6	8	9

See the next page...

❖ IN THE PAST WEEK...	None	Times (During the week)			Times (Per day)		DNK	NR/R
		1-2	3-4	5-6	1	2 et +		
l) Cereal (example: Corn Flakes, Froot Loops, baby cereal, etc.)	1	2	3	4	5	6	8	9
m) Pasta/Rice	1	2	3	4	5	6	8	9
n) Pastries/Candies/Cookies/Chips/ Chewing Gum containing sugar ❖ <b>Don't count sugar-free chewing gum</b>	1	2	3	4	5	6	8	9

## Section 2

About the health of \_\_\_\_\_ (of about 5 years)...

6. What is \_\_\_\_\_ (of ABOUT 5 YEARS) height (without shoes on)?  
❖ Use the tape to measure the child; in feet and inches or in metres and centimetres

\_\_\_\_\_ feet / \_\_\_\_\_ inches  
 DNK..... 98/99  
 Refusal ..... 99/99  
 or  
 \_\_\_\_\_ metre / \_\_\_\_\_ centimetres  
 DNK..... 98/99  
 Refusal ..... 99/99

7. What is \_\_\_\_\_ weight?  
 ❖ Enter the weight in pounds or in kilograms/grams  
 ❖ Go to interviewer's instruction 7a

\_\_\_\_\_ pounds  
 DNK..... 98  
 Refusal ..... 99  
 or  
 \_\_\_\_\_ kilograms/grams  
 DNK..... 98  
 Refusal ..... 99/99

- 7a. Indicate whether the child was weighed during the interview, before the interview or the recorded weight is an estimate:

Weighed during the interview (with a scale) ..... 1  
 Weighed before the interview, in the **LAST 6 MONTHS** (with a scale) ..... 2  
 A PMK estimate (not been weighed since **MORE THAN 6 MONTHS**) ..... 3

8. **IN THE PAST THREE MONTHS** (namely since ...), how many times has \_\_\_\_\_ (of ABOUT 5 YEARS) suffered from...?

❖ **Show Response Card "I"**

None	Once	Twice	3 times	4 times and +	DNK	NR/R
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a) ... gastrointestinal infection (gastro-enteritis ("stomach flu") lasting one day or more, vomiting and/or diarrhoea)?	1	2	3	4	5	8	9
b) ... ear infection (otitis)?	1	2	3	4	5	8	9
c) ... urinary tract infection?	1	2	3	4	5	8	9

❖ **In the past three months...**

d) ... cutaneous infection?	1	2	3	4	5	8	9
e) ... bronchitis or pneumonia?	1	2	3	4	5	8	9
f) ... cold, flu, pharyngitis or laryngitis	1	2	3	4	5	8	9
g) ... another infection	1	2	3	4	5	8	9

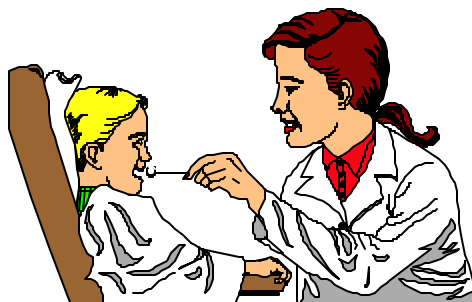
specify: \_\_\_\_\_

10. **IN THE PAST SIX MONTHS** (namely since ...), how many times has \_\_\_\_\_ (of ABOUT 5 YEARS) taken antibiotics?

❖ **Including the interview day – Show Response Card "N"**

❖ **An antibiotic treatment generally lasts less than 15 days. Long-term treatments have a duration of more than a month without interruption. In cases where the child may have had more than one long-term antibiotic treatment in the past 6 months, circle 6 and enter the duration and number of treatments in the "Feuille de suivi informatique"**

None.....	1
Once.....	2
Twice.....	3
3 times .....	4
4 times and + .....	5
One or more long-term (more than a month) antibiotic .....	6
Continuous treatment.....	7
Do not know .....	8
Refusal .....	9



## Section 3

**About the teeth of \_\_\_\_\_ (of about 5 years) and yours...**

11. **IN THE PAST WEEK AT HOME AND IN CHILD CARE (DAYCARE, BABY-SITTER) OR SCHOOL DAYCARE**, on average, how many times during the past week or how many times per day has \_\_\_\_\_ (of ABOUT 5 YEARS) eaten the following foods **AS A SNACK**, in other words, between meals or immediately before bedtime?

❖ **Show Response Card "L"**

	None	Times a week		Times a day				DNK	NR/R
		1-3	4-6	1	2	3	4 et +		
a) Dried fruits (example: raisins, dates, apricots, etc.)	1	2	3	4	5	6	7	8	9
b) Ice cream, sherbet, frozen yoghurt, popsicle	1	2	3	4	5	6	7	8	9
c) Fruit drinks, soft drinks	1	2	3	4	5	6	7	8	9
d) Cookies, pastries, granola bars	1	2	3	4	5	6	7	8	9
e) Candies, jam, syrup, honey, chewing gum containing sugar									
❖ <b>Don't count sugar-free chewing gum</b>	1	2	3	4	5	6	7	8	9

12. When \_\_\_\_\_ has one of THESE snacks just before going to bed, does he/she **USUALLY** brush his/her teeth right after?

Yes..... 1  
 No ..... 2  
 Does not eat any of these snacks just before going to bed ..... 3  
 Do not know ..... 8  
 Refusal ..... 9

13. During a normal day (including the night), about how many times does your child \_\_\_\_\_ (of ABOUT 5 YEARS) suck his/her thumb or one or more fingers?

❖ **Show Response Card "M"**

❖ **A normal day means a complete 24-hour day where the parent is with the child and the child is not sick. Don't count days where he/she is in child care (daycare or with a baby-sitter) or at school**

Never ..... 1  
Less than 2 hours ..... 2  
2 to 6 hours ..... 3  
More than 6 hours ..... 4  
Do not know ..... 8  
Refusal ..... 9

14. Who **USUALLY** brushes \_\_\_\_\_ 's teeth?

❖ **Circle only one answer**

He/she brushes them him/herself ..... 1  
He/she brushes them him/herself after an adult has reminded him/her ..... 2  
He/she brushes them under an adult's supervision (adult watches the child) ..... 3  
He/she brushes them with an adult's help (adult brushes with the child) ..... 4  
Adult brushes them ..... 5  
His/her teeth are never brushed (neither by himself/herself or an adult) ..... 6? **Go to Q. 17**  
Do not know ..... 8  
Refusal ..... 9

15. **YESTERDAY**, for instance, how many times \_\_\_\_\_ 's teeth brushed?

Teeth were not brushed ..... 1  
Once ..... 2  
Twice ..... 3  
3 times or more ..... 4  
Do not know ..... 8  
Refusal ..... 9



16. **IN GENERAL**, how much toothpaste is used when brushing \_\_\_\_\_ 's (of ABOUT 5 YEARS) teeth?

❖ **If the amount of toothpaste is smaller than a small pea or a thin smear, circle "2" or "3" anyway**

❖ **Show Response Card "D"**

No toothpaste.....	1
A small amount, about the size of a small pea.....	2
A small amount, equivalent to a thin smear.....	3
More than the size of a small pea.....	4
The whole length of the toothbrush.....	5
Do not know.....	8
Refusal.....	9

17. When was \_\_\_\_\_ 's last visit to the dentist?

Month \_\_\_\_\_ / Year \_\_\_\_\_

Has never seen a dentist..... 97 ? **Go to Q. 21**

18. Was it \_\_\_\_\_ 's first visit to the dentist?

Yes..... 1

No..... 2 ? **Go to Q. 20**

19. What was the **MAIN** reason for \_\_\_\_\_ 's first visit to the dentist?

❖ **Circle only one answer ? Do not read list**

To have his/her teeth examined..... 1

For an accidental injury to the mouth or teeth..... 2

For a cavity..... 3

For a problem related to the gums or teeth growing in (teething)..... 4

Other..... 5

→ Specify: \_\_\_\_\_

Do not know..... 8

Refusal..... 9

20. **IN GENERAL**, at what point do you make an appointment for \_\_\_\_\_ (of ABOUT 5 YEARS) at the dentist?

❖ **Circle only one answer**

When I think it is time for my child to have a check-up ..... 1

When the dentist's office makes contact to remind me that it is time for my child to have a check-up..... 2

When a health professional (dental hygienist, nurse, doctor or other) suggests that my child needs to go to the dentist..... 3

When my child complains of toothache or has a problem with his teeth ..... 4

Other ..... 5

Specify: \_\_\_\_\_

Never ..... 6

Do not know ..... 8

Refusal ..... 9

21. **IN GENERAL**, what makes you decide to go to the dentist YOURSELF?

❖ **Circle only one answer**

Never (or almost never) ..... 1

Mostly when something is wrong, is bothering or hurting me ..... 2

Mostly for check-ups or cleaning ..... 3

Do not know ..... 8

Refusal ..... 9

22. When was your last visit to the dentist (for YOURSELF)?

Less than 1 year ..... 1

Between 1 and 2 years ..... 2

From 2 to 5 years ..... 3

More than 5 years ..... 4

Never visited a dentist ..... 5

Do not know ..... 8

Refusal ..... 9

## Section 4

### About the perception of socioeconomic situation...

The following questions focus upon your assessment of the financial situation of **YOUR HOUSEHOLD** compared with that of your parents and peers in your age group.

#### ❖ Not his/her personal financial situation

23. Do you consider yourself better or worse off financially than your parents were at your age?

- |                                  |   |
|----------------------------------|---|
| Better off .....                 | 1 |
| Neither better or worse off..... | 2 |
| Worse off .....                  | 3 |
| Do not know .....                | 8 |
| Refusal .....                    | 9 |

24. How do you perceive your financial situation compared with that of people in your age group?

- |  |                 |
|--|-----------------|
| I feel comfortable financially .....   | 1               |
| I feel that my income is sufficient to meet the basic needs<br>of my family and myself .....     | 2               |
| I feel that my income is not sufficient to meet the basic needs<br>of my family and myself ..... | 5               |
| I consider myself poor .....   | 3               |
| I consider myself very poor .....  | 4               |
| Do not know .....  | 8 ? Go to Q. 26 |
| Refusal .....  | 9 ? Go to Q. 26 |

25. How long have you felt this way?

- |                             |   |
|-----------------------------|---|
| Less than a year .....      | 1 |
| Between 1 and 4 years ..... | 2 |
| Between 5 and 9 years ..... | 3 |
| 10 years and more .....     | 4 |
| Do not know .....           | 8 |
| Refusal .....               | 9 |

26. Do you feel that your financial situation is likely to improve?

- Yes, in the near future ..... 1  
Yes, I don't know when, but I am confident that it will improve..... 2  
No, I don't think it's likely to change ..... 3  
No, I think it's likely to get worse..... 4  
Do not know ..... 8  
Refusal ..... 9

CP + ± Yes ± No

Finishing time (international hour) of  
questionnaire

Hour/s	

Minute/s	

**Our most sincere thanks  
for your cooperation!**