

## Québec Survey on the Experience of Parents of Children Aged 0 to 5 2015

### Questionnaire, English version

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#### About the study

The *Québec Survey on the Experience of Parents of Children Aged 0 to 5 2015* (QSEPC) collected information from more than 14,900 parents and aimed to document certain aspects of the lives of parents with children 0-5 years of age. It addresses topics such as parenting practices, parental sense of competence, stress, information needs, relationship between spouses, social support, and the use of services offered to families.

#### Respondents

The survey targets all parents with at least one child aged 0 to 5 living in Québec in 2015. These parents must live with their children at least 40% of the time. For the purposes of the survey, a “parent” can be a biological parent, an adoptive parent, a guardian, a step-parent or a grandparent. Therefore, the QSEPC population includes step-parents living in stepfamilies who do not have any children of their own.

#### Data collection

Data collection for the QSEPC took place from January 16 to May 10, 2015. It is a multimodal survey, which means that participants could choose between completing the questionnaire online or responding by telephone.

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## Introduction

Note: The introduction of the questionnaire includes a series of questions used to validate the eligibility of respondents. Most of these questions are not presented in this document, except for those related to household composition that were used as conditions to respond to other questions or that are presented in the report.

**Q6. Now, here are a few questions about the people who live with you. Which of the following statements best describes your current family situation?**

*Stepfamily: a couple with a child or children from a previous marriage with or without children of the current union*  
*Intact family: all children are from you AND your spouse.*

1. Single-parent family
2. Stepfamily
3. Intact family
4. Other, specify: \_\_\_\_\_
8. Doesn't know
9. No answer

**Q7. Including yourself, how many people in total are living in your household?**

1. Enter the number: \_\_\_\_\_
8. Doesn't know
9. No answer

*Filter: If the respondent lives in a single-parent family, go to Q8.1; if the respondent lives in a stepfamily or in another type of family, go to Q8.3; if the respondent lives in an intact family, go to Q8.2*

Q8.1 Please fill out the following table for all members of your household, including yourself, starting with the oldest person. For each child, please also indicate whether he or she lives with you at least 40% of the time.

*"40% of the time" means they are living with you about 3 days a week, six days per 2 weeks, to 12 days per month or 5 months per year, for example.*

	Age	Sex	Relationship to respondent	Lives at least 40% of the time in the household
Drop-down menu	<input type="radio"/> Less than 1 year old <input type="radio"/> 1 year old <input type="radio"/> 2 year old <input type="radio"/> 3 year old <input type="radio"/> 4 year old <input type="radio"/> 5 year old <input type="radio"/> 6 year old <input type="radio"/> 7 year old <input type="radio"/> 8 year old <input type="radio"/> 9 year old <input type="radio"/> 10 year old <input type="radio"/> 11 year old <input type="radio"/> 12 year old <input type="radio"/> 13 year old <input type="radio"/> 14 year old <input type="radio"/> 15 year old <input type="radio"/> 16 year old <input type="radio"/> 17 year old <input type="radio"/> 18 year old <input type="radio"/> 18-21 years old <input type="radio"/> 22-24 years old <input type="radio"/> 25-29 years old <input type="radio"/> 30-34 years old <input type="radio"/> 35-39 years old <input type="radio"/> 40-44 years old <input type="radio"/> 45-49 years old <input type="radio"/> 50-59 years old <input type="radio"/> 60-69 years old <input type="radio"/> More than 70 years old	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Your child (biological or adopted) <input type="radio"/> Foster child (foster family or guardian) <input type="radio"/> Your mother / father <input type="radio"/> Other relative (uncle, aunt, brother, sister-in-law...) <input type="radio"/> Other non-relative (friend, roommate...)	<input type="radio"/> Yes <input type="radio"/> No
Person 1 :				
Person 2 :				
Person 3 :				
Person 4 :				
Person 5 :				
...				

Q8.2. Please fill out the following table for all members of your household, including yourself, starting with the oldest person.

Drop-down menu	Age	Sex	Relationship to respondent
	<input type="radio"/> Less than 1 year old <input type="radio"/> 1 year old <input type="radio"/> 2 year old <input type="radio"/> 3 year old <input type="radio"/> 4 year old <input type="radio"/> 5 year old <input type="radio"/> 6 year old <input type="radio"/> 7 year old <input type="radio"/> 8 year old <input type="radio"/> 9 year old <input type="radio"/> 10 year old <input type="radio"/> 11 year old <input type="radio"/> 12 year old <input type="radio"/> 13 year old <input type="radio"/> 14 year old <input type="radio"/> 15 year old <input type="radio"/> 16 year old <input type="radio"/> 17 year old <input type="radio"/> 18 year old <input type="radio"/> 18-21 years old <input type="radio"/> 22-24 years old <input type="radio"/> 25-29 years old <input type="radio"/> 30-34 years old <input type="radio"/> 35-39 years old <input type="radio"/> 40-44 years old <input type="radio"/> 45-49 years old <input type="radio"/> 50-59 years old <input type="radio"/> 60-69 years old <input type="radio"/> More than 70 years old	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Your spouse <input type="radio"/> Child of the couple (biological or adopted) <input type="radio"/> Foster child (foster family or guardian) <input type="radio"/> Your mother / father or your spouse's mother / father <input type="radio"/> Other relative (uncle, aunt, brother, sister-in-law...) <input type="radio"/> Other non-relative (friend, roommate...)
Person 1 :			
Person 2 :			
Person 3 :			
Person 4 :			
Person 5 :			
...			

Q8.3. Please fill out the following table for all members of your household, including yourself, starting with the oldest person. For each child, please also indicate whether he or she lives with you at least 40% of the time.

*"40% of the time" means they are living with you about 3 days a week, six days per 2 weeks, to 12 days per month or 5 months per year, for example.*

	Age	Sex	Relationship to respondent	Lives at least 40% of the time in the household
Drop-down menu	<input type="radio"/> Less than 1 year old <input type="radio"/> 1 year old <input type="radio"/> 2 year old <input type="radio"/> 3 year old <input type="radio"/> 4 year old <input type="radio"/> 5 year old <input type="radio"/> 6 year old <input type="radio"/> 7 year old <input type="radio"/> 8 year old <input type="radio"/> 9 year old <input type="radio"/> 10 year old <input type="radio"/> 11 year old <input type="radio"/> 12 year old <input type="radio"/> 13 year old <input type="radio"/> 14 year old <input type="radio"/> 15 year old <input type="radio"/> 16 year old <input type="radio"/> 17 year old <input type="radio"/> 18 year old <input type="radio"/> 18-21 years old <input type="radio"/> 22-24 years old <input type="radio"/> 25-29 years old <input type="radio"/> 30-34 years old <input type="radio"/> 35-39 years old <input type="radio"/> 40-44 years old <input type="radio"/> 45-49 years old <input type="radio"/> 50-59 years old <input type="radio"/> 60-69 years old <input type="radio"/> More than 70 years old	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Your spouse <input type="radio"/> Your child (biological or adopted) <input type="radio"/> Your spouse's child (biological or adopted) <input type="radio"/> Child of the couple (biological or adopted) <input type="radio"/> <input type="radio"/> Foster child (foster family or guardian) <input type="radio"/> Your grandchild or your spouse's grandchild <input type="radio"/> Your mother / father or your spouse's mother / father <input type="radio"/> Other relative (uncle, aunt, brother, sister-in-law...) <input type="radio"/> Other non-relative (friend, roommate...)	<input type="radio"/> Yes <input type="radio"/> No
Person 1 :				
Person 2 :				
Person 3 :				
Person 4 :				
Person 5 :				
...				

## Section 1 Information needs

The first questions are about the information needs of parents regarding parenting and the development of children 0-5 years of age.

Q1.1 Since becoming a parent or a step-parent, how much information have you needed on the following topics?

	A lot	Somewhat	A little	Not at all
a) Pregnancy and childbirth	1	2	3	4
b) Breastfeeding	1	2	3	4
c) Nutrition	1	2	3	4
d) Sleep and naps	1	2	3	4
e) Toilet training and hygiene	1	2	3	4
f) Diseases and care <sup>1</sup>	1	2	3	4
g) Physical development and growth	1	2	3	4
h) Child safety <sup>2</sup>	1	2	3	4
i) Behaviour problems	1	2	3	4
j) Discipline	1	2	3	4
<i>Filter: If the number of children in the household = 2 or more, go to Q1.1k, otherwise, go to Q1.1l</i>				
k) Relationship between siblings	1	2	3	4
l) Relationship with other children	1	2	3	4
m) Parent-child attachment (bonding)	1	2	3	4
n) Child emotions	1	2	3	4
o) Language development	1	2	3	4
p) Intellectual development of children	1	2	3	4
q) Parental separation <sup>3</sup>	1	2	3	4
r) Childcare <sup>4</sup>	1	2	3	4
<i>Filter: If there is at least one child aged 4 or older in the household, go to Q1.1s, otherwise, go to Q1.2</i>				
s) School entry	1	2	3	4

1. Including drugs, vaccines, chronic diseases, etc.

2. Hazardous products, safety of toys, furniture or baby products, etc.

3. Including child custody.

4. This includes childcare centres (CPEs), home childcare, private day care centres.

Q1.2 When you need information on the development of children 0-5 years of age or on parenting, do you know where to find it?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always
8. Doesn't know
9. No answer

Q1.3 Over the past 12 months, how often did you consult the following people or information sources when you needed information on parenting or on the development of children 0-5 years of age?

	Never	Rarely	Sometimes	Often
a) Your family <sup>1</sup>	1	2	3	4
b) Your friends or co-workers	1	2	3	4
c) Educators or teachers	1	2	3	4
d) Health and social care providers, e.g. doctor, nurse, speech therapist, etc. <sup>2</sup>	1	2	3	4
e) Books, brochures or magazines	1	2	3	4
f) Specialized websites	1	2	3	4
g) Social networks (Facebook) or online discussion forums	1	2	3	4
h) Telephone help lines, e.g. Info-Santé, Ligne Parents, etc.	1	2	3	4

1. Parents, in-laws, brothers, sisters, etc.

2. Others health and social care providers: social worker, psychologist, remedial teacher, psychosocial worker, etc.

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## Section 2 Feelings of parental efficacy and parental satisfaction

The next section focuses on how parents feel about their role with their child/children 0-5 years of age. Please indicate your level of agreement with the following statements.

*For parents in a stepfamily: When we refer to “your child” or “your children”, this means all children aged 0 to 5 who live at least 40% of the time with your family. When we use the terms “mother” or “father”, this includes stepmothers and stepfathers.*

Q2.1 I honestly believe I have all the necessary skills to be a good <mother/father> to my <child/children>.

Totally agree	Somewhat agree	Slightly agree	Slightly disagree	Somewhat Disagree	Totally disagree
1	2	3	4	5	6

Q2.2 The problems I face in raising my <child/children> are easy to solve.

Totally agree	Somewhat agree	Slightly agree	Slightly disagree	Somewhat Disagree	Totally disagree
1	2	3	4	5	6

Q2.3 Even though being a parent can be rewarding, at the moment I feel frustrated and I look forward to when my <child/children> gets older.

Totally agree	Somewhat agree	Slightly agree	Slightly disagree	Somewhat Disagree	Totally disagree
1	2	3	4	5	6

Q2.4 I go to bed at night feeling I have not accomplished much.

Totally agree	Somewhat agree	Slightly agree	Slightly disagree	Somewhat Disagree	Totally disagree
1	2	3	4	5	6

Q2.5 I would make a fine model for a new mother/father who wants to learn how to be a good parent.

Totally agree	Somewhat agree	Slightly agree	Slightly disagree	Somewhat Disagree	Totally disagree
1	2	3	4	5	6

Q2.6 It's difficult for me to know if I'm doing a good job with my <child/children>.

Totally agree	Somewhat agree	Slightly agree	Slightly disagree	Somewhat Disagree	Totally disagree
1	2	3	4	5	6



Q2.7 The way I am raising my <child/children> lives up to my own personal expectations.

Totally agree	Somewhat agree	Slightly agree	Slightly disagree	Somewhat Disagree	Totally disagree
1	2	3	4	5	6

Q2.8 Sometimes I feel like I'm not getting anything done.

Totally agree	Somewhat agree	Slightly agree	Slightly disagree	Somewhat Disagree	Totally disagree
1	2	3	4	5	6

Q2.9 If anyone can figure out what my <child needs/children need>, it's me.

Totally agree	Somewhat agree	Slightly agree	Slightly disagree	Somewhat Disagree	Totally disagree
1	2	3	4	5	6

Q2.10 I feel totally comfortable with my role as a <mother/father>.

Totally agree	Somewhat agree	Slightly agree	Slightly disagree	Somewhat Disagree	Totally disagree
1	2	3	4	5	6

Q2.11 Being a <mother/father> makes me tense and anxious.

Totally agree	Somewhat agree	Slightly agree	Slightly disagree	Somewhat Disagree	Totally disagree
1	2	3	4	5	6

Q2.12 My skills and interests are in other areas, not in being a parent.

Totally agree	Somewhat agree	Slightly agree	Slightly disagree	Somewhat Disagree	Totally disagree
1	2	3	4	5	6

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## Section 3 Occupation, stress and pressure

The following questions are about your daily life.

### Q3.1 What is YOUR main occupation at the present time?

*If you have more than one occupation, choose the main one.*

1. Self-employed worker or freelancer
2. Employee
3. A student
4. On maternity/paternity/parental leave (Including preventive withdrawal and unpaid leave following maternity leave)
5. A homemaker (housewife, househusband) by choice
6. Looking for work (or receiving employment insurance benefits)
7. Receiving social assistance
97. Other
98. Doesn't know
99. No answer

*Filter : If the respondent has a spouse, go to Q3.2, otherwise, go to filter Q3.3*

### Q3.2 What is YOUR SPOUSE's main occupation at the present time?

*If your spouse has more than one occupation, choose the main one.*

1. Self-employed worker or freelancer
2. Employee
3. A student
4. On maternity/paternity/parental leave (Including preventive withdrawal and unpaid leave following maternity leave)
5. A homemaker (housewife, househusband) by choice
6. Looking for work (or receiving employment insurance benefits)
7. Receiving social assistance
97. Other
98. Doesn't know
99. No answer

*Filter Q3.3 : If the respondent's main occupation is self-employed or employee, go to Q3.5, otherwise, go to Q3.3.*

### Q3.3 Do you currently have a paid part-time job?

*A part-time job means fewer than 30 hours of work per week.*

1. Yes
  2. No
  8. Doesn't know
  9. No answer
- } Go to filter Q3.8

Q3.4 Are you self-employed (or a freelancer) or are you working as an employee?

1. Self-employed (or a freelancer)
2. Employee
8. Doesn't know
9. No answer

Q3.5 Do you have an atypical work schedule, for example an irregular schedule, working evenings, nights, weekends, etc.?

1. Yes
2. No
8. Doesn't know
9. No answer

Q3.6 On average, how many hours a week do you usually work (for all your jobs)?

- \_\_\_\_ hours/week
8. Doesn't know
  9. No answer

*Filter : If the respondent is an employee, go to Q3.7, if the respondent is self-employed, go to filter Q3.8*

Q3.7 Are the following measures offered at your workplace?

*We want to know if the measure is available, not if you are using it.*

	Yes	No
a) Flexible working hours <sup>1</sup>	1	2
b) Paid leave for family reason <sup>2</sup>	1	2
c) Working from home <sup>3</sup>	1	2
d) Reduced or compressed work week <sup>4</sup>	1	2

1. E.g. Flexible arrival and departure times.

2. This can be leave taken from a sick leave bank. It is not the same as parental leave following the birth or adoption of a child.

3. This means paid work done from home during normal working hours, excluding overtime.

*Filter Q3.8 : If the respondent does not have a spouse, go to I3.12 ; if the main occupation of the respondent's spouse is self-employed or employee, go to Q3.10 ; if the spouse's main occupation is not self-employed or employee, go to Q3.8.*

**Q3.8 Does your spouse currently hold a paid part-time job?**

*A part-time job means fewer than 30 hours of work per week.*

- 1. Yes
  - 2. No
  - 8. Doesn't know
  - 9. No answer
- } Go to QI3.12

**Q3.9 Is <he/she> self-employed (or a freelance) or is <he/she> working as an employee?**

- 1. Self-employed (or a freelancer)
- 2. Employee
- 8. Doesn't know
- 9. No answer

**Q3.10 Does your spouse have an atypical work schedule, for example an irregular schedule, working evenings, nights, weekends, etc.?**

- 1. Yes
- 2. No
- 8. Doesn't know
- 9. No answer

**Q3.11 On average, how many hours per week does he/she usually work (for all jobs)?**

- \_\_\_\_ hours/week
- 8. Doesn't know
  - 9. No answer

**I3.12 For each statement, please indicate the frequency that best describes how you felt in general in the past 12 months.**

*For parents in a stepfamily: When we refer to "your child" or "your children", this means all children who live with your family.*

**Q3.12 I felt that I had to rush to get everything done each day.**

- 1. Never
- 2. Rarely
- 3. Sometimes
- 4. Often
- 5. Always
- 8. Doesn't know
- 9. No answer

Q3.13 By the time supper time arrived, I was physically exhausted.

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always
8. Doesn't know
9. No answer

Q3.14 I felt that I had enough free time for myself.

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always
8. Doesn't know
9. No answer

Q3.15 I felt that I didn't have enough time to spend with my <child/children>.

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always
8. Doesn't know
9. No answer

*Filter : If the respondent has a job (as a main occupation or not), go to Q3.16, otherwise, go to Q3.17.*

Still in the past 12 months ...

Q3.16 The demands of my job had an impact on my family life.

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always
8. Doesn't know
9. No answer

Q3.17 The behaviour or difficulties experienced by my child (my children) caused me a lot of stress.

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always
8. Doesn't know
9. No answer

Q3.18 In the past 12 months, did you feel pressure from the following people regarding the way you take care of your <child/children>?

For parents in a stepfamily: When we refer to "your child" or "your children", this means all children who live with your family

	A lot	A little	Not at all
a) Yourself	1	2	3
<i>Filter : If the respondent has a spouse, go to Q3.18b, otherwise, go to filter Q3.18c</i>			
b) Your spouse	1	2	3
<i>Filter Q3.18c : If the respondent shares custody of a child with an ex-spouse, go to Q3.18c, otherwise, go to Q3.18d</i>			
c) The <father/mother> of your <child/children> (your ex-spouse)	1	2	3
d) Your family <or your spouse's family> <sup>1</sup>	1	2	3
e) Your friends or co-workers	1	2	3
f) Educators or teachers	1	2	3
g) Health and social care providers <sup>2</sup>	1	2	3
h) The media	1	2	3

1. Parents, brothers, sisters, cousins, aunts, etc.

2. Doctor, nurse, social worker, speech therapist, psychologist, remedial teacher, psychosocial worker, etc.

Q3.19 To meet your family's basic needs, i.e. housing, food and clothing, would you say that your income is...

1. ...very sufficient
2. ...sufficient
3. ...insufficient
4. ...very insufficient
8. Doesn't know
9. No answer

*Filter : If the respondent considers his or her income as insufficient or very insufficient, go to Q3.20, otherwise, go to Q3.21.*

**Q3.20** Do you think your financial situation will improve over the next 12 months?

1. Yes
2. No
8. Doesn't know
9. No answer

**Q3.21** Compared to other people of your own age, would you say that your health is....

1. ...excellent
2. ...very good
3. ...good
4. ...average
5. ...bad
8. Doesn't know
9. No answer

*Filter : If there is only one child in the household, go to Q3.22a, if there are two or more children, go to Q3.22b.*

**Q3.22a** Has a doctor or health professional (psychologist, remedial teacher, speech therapist, psychoeducator, social worker, etc.) identified one of the following problems with your child?

	Yes	No
a) A physical disability or a chronic health condition		
b) A global developmental delay	1	2
<i>Filter : If child is 3 or older, go to Q3.22a_c, otherwise, go to section 4</i>		
c) Language or speech impairment	1	2
d) Hyperactivity, attention disorder, autism, pervasive developmental disorder (ADD, ADHD, PDD...)	1	2
e) An anxiety disorder	1	2

→ *Go to section 4*

Q3.22b Has a doctor or health professional (psychologist, remedial teacher, speech therapist, psychoeducator, social worker, etc.) identified one of the following problems in one of your children?

For parents in a stepfamily: *When we refer to “your child” or “your children”, this means all children who live with your family.*

	Yes	No
a) A physical disability or a chronic health condition		
b) A global developmental delay	1	2
<i>Filter : If one of the children is 3 or older, go to Q3.22b_c, otherwise, go to section 4</i>		
c) Language or speech impairment	1	2
d) Hyperactivity, attention disorder, autism, pervasive developmental disorder (ADD, ADHD, PDD...)	1	2
e) An anxiety disorder	1	2



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## Section 4 Support

*Filter : If the respondent does not have a spouse, go to Q4.8*

The next section is about how you and your spouse share responsibilities for the children aged 0-5 in your family. Please indicate the frequency that best describes how you felt in general in the past 12 months.

*For parents in a stepfamily: When we refer to “your child” or “your children”, this means all children aged 0 to 5 who live at least 40% of the time with your family. When we use the terms “mother” or “father”, this includes stepmothers and stepfathers.*

**Q4.1 My spouse gives me encouragement and reassurance about my parenting.**

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always
8. Doesn't know
9. No answer

**Q4.2 My spouse gives me good advice and information which help me parent our <child/children>.**

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always
8. Doesn't know
9. No answer

**Q4.3 My spouse criticizes me as a <mother/father>.**

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always
8. Doesn't know
9. No answer

Q4.4 My spouse and I agree on how to parent.

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always
8. Doesn't know
9. No answer

Q4.5 My spouse supports me when I feel like I can't take it anymore.

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always
8. Doesn't know
9. No answer

Q4.6 Are you satisfied with the division of chores related to the care and education of children between you and your spouse?

1. Very satisfied
2. Somewhat satisfied
3. Not very satisfied
4. Not at all satisfied
8. Doesn't know
9. No answer

Q4.7 Are you satisfied with how house chores are shared between you and your spouse?

1. Very satisfied
2. Somewhat satisfied
3. Not very satisfied
4. Not at all satisfied
8. Doesn't know
9. No answer

The next questions are about the support you receive from the people around you.

**Q4.8** If your family needed help, to what extent could you rely on the following people?

Enter "doesn't apply" if, for example, you don't have any siblings or if your parents are deceased.

	Never	Rarely	Sometimes	Often	Always	Doesn't apply
a) Your parents	1	2	3	4	5	7
<i>Filter : If the respondent has a spouse, go to Q4.8b, otherwise, go to Q4.8c</i>						
b) Your spouse's parents	1	2	3	4	5	7
c) Other members of your family <or your spouse's family>	1	2	3	4	5	7
d) Your friends and co-workers	1	2	3	4	5	7
<i>Filter : If the respondent shares custody of a child with an ex-spouse, go to Q4.8e, otherwise, go to Q4.8f</i>						
e) <The father/The mother> of your <child/children> or <his/her> family (your ex-spouse)	1	2	3	4	5	7
f) Your neighbours	1	2	3	4	5	7

**Q4.9** How often do the people around you (your parents, members of your family, your friends, etc., but excluding your spouse) support you when you feel like you can't take it anymore?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always
7. Doesn't apply
8. Doesn't know
9. No answer

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## Section 5 Services offered to families

The next section focuses on places, activities or services that you may visit or use.

For parents in a stepfamily: *When we refer to “your child” or “your children”, this means all children aged 0 to 5 who live at least 40% of the time with your family.*

*Filter : If there is only one child in the household, go to Q5.1a, if there are two or more children, go to Q5.1b*

### Q5.1a Does your child aged 0 to 5 have a family doctor or pediatrician?

*Excludes doctors from walk-in clinics, even if the child saw the same doctor 2-3 times and excludes all other specialists.*

1. Yes
2. No
8. Doesn't know
9. No answer

→ [Go to Q5.2](#)

### Q5.1b Do your children aged 0 to 5 have a family doctor or pediatrician?

*Excludes doctors from walk-in clinics, even if the child saw the same doctor 2-3 times and excludes all other specialists.*

1. Yes, for all my children
2. Yes, for some of my children
3. No
8. Doesn't know
9. No answer

### Q5.2 Where do you usually go when <your child is sick/your children are sick>?

*We are talking about where you go to see a doctor when your child is sick, not for his/her annual check-up.*

1. Your family doctor / pediatrician
2. Family medicine group (GMF)
3. Walk-in clinic
4. CLSC
5. Hospital emergency (ER)
8. Doesn't know
9. No answer

### Q5.3 Have you ever attended prenatal classes or childbirth preparation classes?

1. Yes
2. No
8. Doesn't know
9. No answer

*Filter : If the respondent is a woman, go to Q5.4, otherwise, go to Q5.6.*

**Q5.4 Have you ever used breastfeeding support services?**

*Lactation consultant, breastfeeding buddies, breastfeeding drop-in, breastfeeding clinic, etc.*

- 1. Yes [→ Go to Q5.6](#)
- 2. No
- 8. Doesn't know
- 9. No answer

**Q5.5 For what reason have you never used any breastfeeding support services?**

- 1. I didn't breastfeed
- 2. I didn't need these services
- 3. I didn't know what services were available
- 8. Doesn't know
- 9. No answer

**Q5.6 Over the past 12 months, how often did you go to the following public places with your <child/children> of 0-5 years?**

	Never	Rarely	Sometimes	Often
a) Public park with playground	1	2	3	4
b) Arena or sports field (soccer, tennis, baseball, etc.)	1	2	3	4
c) Public swimming pool, wading pool or water games	1	2	3	4
d) Library	1	2	3	4

Q5.7 Over the past 12 months, have you participated in the following activities or used the services below?

	Yes	No
a) Workshops, classes or conferences for parents <sup>1</sup>	1	2
b) Parent-child activities, e.g. storytime, yoga, baby massage, parent-child exploration workshops, etc.	1	2
c) Sports activities for children aged 0 to 5, e.g. swimming lessons, dancing classes, gymnastics, soccer, hockey, etc.	1	2
d) Other activities for children aged 0 to 5, e.g. school readiness workshops, social skills or creative workshops, etc.	1	2
e) Drop-in daycare or drop-in respite centre	1	2
f) Community kitchen	1	2
g) Community events or outings for families	1	2
h) Toy library or thrift store <sup>2</sup>	1	2
i) Individual, couple or family counselling <sup>3</sup>	1	2

1. Including parent coffee hour.

2. Clothes, toys, other low-priced used goods.

3. E.g. on grieving, separation, various family issues, etc.

*Filter : If the respondent used at least one of the services listed at question Q5.7 (at least one yes), go to Q5.8, otherwise go to filter Q5.9*

Q5.8 Were these activities or services offered at...

	Yes	No
a) ... a CLSC	1	2
b) ... a family-oriented community organization <sup>1</sup> or Maison des familles	1	2
c) ... a recreation centre <sup>2</sup>	1	2
d) ... a library	1	2
e) ... a sport club or association	1	2
f) ... another location	1	2

1. A family-oriented community organization or a family resource centre is dedicated to supporting and enriching parents' experience through activities, mutual assistance, support, etc.

2. A recreation centre offers recreational and public education activities aimed at children, adults, seniors, and families.

*Filter Q5.9 : If the respondent is male and answered yes to Q5.7a or Q5.7b, go to Q5.9, otherwise, go to Q5.10*

**Q5.9 Do you know what services and activities are offered to families in your area?**

1. Yes
2. No
8. Doesn't know
9. No answer

**Q5.10 Do you know what services and activities are offered to families in your area?**

1. Yes, very well
2. Yes, somewhat
3. No
8. Doesn't know
9. No answer

**Q5.11 Among the following reasons, which ones are preventing you from participating in activities or using services for young children or parents?**

	Yes	No
a) Cost	1	2
b) They don't fit my schedule	1	2
c) Activities were full (No space left)	1	2
d) Lack of information about services	1	2
e) Too far away or too complicated to get there	1	2
f) Lack of time	1	2
g) Fatigue or lack of energy	1	2
h) Lack of interest or motivation	1	2
i) The activities are not adapted to my situation	1	2
j) Difficulty finding a babysitter for my <child/children>	1	2
<i>Filter : If there are two or more children in the household, go to Q5.11 k, otherwise, go to Q5.11l</i>		
k) Difficulty reconciling all my children's schedules	1	2
<i>Filter : If the respondent lives in an intact family, go to Q5.11m, otherwise, go to Q5.11l</i>		
l) Difficulties related to joint custody	1	2
m) No need for them	1	2
n) I believe my <child is/children> are too young	1	2
o) There are few activities for young children	1	2
<i>Filter : If the respondent is male, go to Q5.11p, otherwise, go to Q5.12</i>		
p) I was given the impression that fathers are not important or not competent	1	2

Q5.12 In the past 12 months, did you need to get information about...

	Yes	No
a) ... financial assistance available to families (Shelter allowance, tax credits, etc.)	1	2
b) ... food banks, clothing banks, or other material assistance	1	2
c) ... guidance, training or job search services	1	2

*Filter : If the respondent needed information at Q5.12b, go to Q5.13a, otherwise, go to filter Q5.13b.*

Q5.13a In the past 12 months, how often did you use food banks, clothing banks, or other material assistance?

1. Never
2. Sometimes
3. Often
8. Doesn't know
9. No answer

*Filter Q5.13b : If the respondent needed information at Q5.12c, go to Q5.13b, otherwise, go to section 6.*

Q5.13b In the past 12 months, how often did you use guidance, training or job search services?

1. Never
2. Sometimes
3. Often
8. Doesn't know
9. No answer



## Section 6 Parental practices

The next questions are about the things you do and the way you act with your child/children aged 0 to 5.

For parents in a stepfamily: *When we refer to “your child” or “your children”, this means all children aged 0 to 5 who live at least 40% of the time with your family.*

Q6.1 In the past two weeks, how often did you...

	Never	About once a week	A few times a week	Once or twice a day	Several times a day
a) ... read or tell stories to your <child/children>	1	2	3	4	5
b) ... sing nursery rhymes or songs to your <child/children>	1	2	3	4	5
c) ... play with your <child/children>	1	2	3	4	5
d) ... get angry with your <child/children>, shout or raise your voice?	1	2	3	4	5
e) ... run out of patience when your <child/children> wanted attention	1	2	3	4	5

Q6.2 At what age did you start...

*If you have more than one child and didn't start at the same age with all of your children, think of the child with whom you started the earliest. This question refers to when YOU started these activities with your child.*

	In the first month	Between 1 and 6 months of age	Between 6 and 12 months of age	Between the age of 1 and 2	At the age of 2 or later	I haven't started yet
a) ... singing nursery rhymes or songs to your <child/children>?	1	2	3	4	5	6
b) ... reading or telling stories to your <child/children>?	1	2	3	4	5	6
c) ... playing with your child/children, e.g., playing peek-a-boo, imitating sounds, showing objects?	1	2	3	4	5	6

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## Section 7 Sociodemographic characteristics

This is the last section of the questionnaire. Here are a few general questions.

### Q7.1 What is the highest level of education you have completed

*Consider the highest level of education reached, whether in Quebec or elsewhere.*

1. Secondary school not completed (Primary school (Grade 7 or lower), partial secondary school (Grade 8, 9, 10 or 11)).
2. Secondary-level diploma (DES, DEP, etc.)
3. College-level diploma (cégep) (DEC, AEC, etc.)
4. Undergraduate university diploma (certificate, minor, major, bachelor's degree.)
5. Master's degree, doctoral degree (Graduate degree)
6. Other (specify) \_\_\_\_\_ (for example, in the case of immigrants with diplomas that do not exist here)
8. Doesn't know
9. No answer

*Filter : If the respondent has a spouse, go to Q7.2, otherwise go to Q7.3.*

### Q7.2 What is the highest level of education your spouse has completed?

*Consider the highest level of education reached, whether in Quebec or elsewhere.*

1. Secondary school not completed (Primary school (Grade 7 or lower), partial secondary school (Grade 8, 9, 10 or 11)).
2. Secondary-level diploma (DES, DEP, etc.)
3. College-level diploma (cégep) (DEC, AEC, etc.)
4. Undergraduate university diploma (certificate, minor, major, bachelor's degree.)
5. Master's degree, doctoral degree (Graduate degree)
6. Other (specify) \_\_\_\_\_ (for example, in the case of immigrants with diplomas that do not exist here)
8. Doesn't know
9. No answer

### Q7.3 What language(s) do you speak most often at home?

*If you use two languages equally often, check both.*

1. French
2. English
3. Other
8. Doesn't know
9. No answer

**Q7.4 Where were you born?**

- 1. Québec → *Go to Q7.6*
- 2. Elsewhere in Canada → *Go to Q7.6*
- 3. Outside Canada → *Go to Q7.5*
- 8. Doesn't know → *Go to Q7.6*
- 9. No answer → *Go to Q7.6*

**Q7.5 How long have you been living in Canada?**

- 1. Less than 5 years
- 2. Over 5 but under 10 years
- 3. Over 10 but under 15 years
- 4. 15 years or more
- 8. Doesn't know
- 9. No answer

**Q7.6 Approximately what was the total gross income (before taxes and deductions) of all household members, including all income sources, in the past 12 months?**

*This information will be used to draw a portrait of groups of people with similar income, and then to make comparisons between various groups. Taken separately, individual answers are of no use.*

- \_\_\_\_\_ \$ → *Go to Q7.8*
- 8. Doesn't know → *Go to Q7.7*
- 9. No answer → *Go to Q7.7*

**Q7.7 In which category was the total gross income (before taxes and deductions) of all household members, including all income sources, in the past 12 months?**

- 1. \$10,000 or less → *Go to Q7.8*
  - 2. Over \$10,000 but under \$20,000 → *Go to Q7.7a*
  - 3. Over \$20,000 but under \$30,000 → *Go to Q7.7b*
  - 4. Over \$30,000 but under \$40,000 → *Go to Q7.7c*
  - 5. Over \$40,000 but under \$50,000 → *Go to Q7.7d*
  - 6. Over \$50,000 but under \$60,000 → *Go to Q7.7e*
  - 7. Over \$60,000 but under \$70,000 → *Go to Q7.7f*
  - 8. Over \$70,000 but under \$80,000
  - 9. Over \$80,000 but under \$100,000
  - 10. Over \$100,000 but under \$120,000
  - 11. \$120,000 or more
  - 98. Doesn't know
  - 99. No answer
- } *Go to Q7.8*

Q7.7a Is it more than \$15,000?

1. Yes
2. No
8. Doesn't know
9. No answer

→ [Go to Q7.8](#)

Q7.7b Is it more than \$25,000?

1. Yes
2. No
8. Doesn't know
9. No answer

→ [Go to Q7.8](#)

Q7.7c Is it more than \$35,000?

1. Yes
2. No
8. Doesn't know
9. No answer

→ [Go to Q7.8](#)

Q7.7d Is it more than \$45,000?

1. Yes
2. No
8. Doesn't know
9. No answer

→ [Go to Q7.8](#)

Q7.7e Is it more than \$55,000?

1. Yes
2. No
8. Doesn't know
9. No answer

→ [Go to Q7.8](#)

Q7.7f Is it more than \$65,000?

1. Yes
2. No
8. Doesn't know
9. No answer

*Filter : If postal code has already been validated, go to acknowledgements.*

Q7.8 For regional analysis purposes, is this your postal code \_\_\_\_ - \_\_\_\_ ?

1. Yes → *Go to acknowledgements*
2. No → *Go to Q7.8a*
8. Doesn't know → *Go to acknowledgements*
9. No answer → *Go to acknowledgements*

Q7.8a What is your postal code?

\_\_\_\_ - \_\_\_\_

8. Doesn't know → *Go to Q7.8b*
9. No answer → *Go to Q7.8b*

Q7.8b Could I have the first three characters of your postal code? This information will be used to produce regional analyses.

\_\_\_\_

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## Acknowledgements

Statistique Québec would like to thank you for taking the time to complete the questionnaire of the *Québec Survey on the Experience of Parents of Children Aged 0 to 5*.

The survey report will be published on the website of the Institut de la statistique du Québec in May 2016. If you are interested, we can send you an e-mail to let you know when the report is published. You only need to give us your e-mail address. Please note that your e-mail address will be added to a mailing list that will only be used to inform participants that the results have been published. Your e-mail will not be linked to the completed questionnaire.

Once your questionnaire has been submitted, you will be redirected to the "Surveys" section of the website of the Institut de la statistique du Québec.

For more information about Avenir d'enfants, please visit: [www.avenirdenfants.org](http://www.avenirdenfants.org).

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