



SANTÉ QUÉBEC

Questionnaire for parents



HEALTH AND SOCIAL SURVEY

of Québec children and youth

Thank you for your cooperation. It is essential to the success of this survey, which is being conducted by Santé Québec.

The information in this questionnaire will be kept strictly confidential.

QPE

SANTÉ QUÉBEC

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N° de dossier :

N° de l'intervieweur :

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ADM LA 2

Date de réception :

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Instructions

To be completed by the parent who best knows the child selected for the survey.

Many of the questions in this questionnaire have several possible answers. Choose the answer best suited to your personal situation.

Answer to the best of your knowledge. There are no right or wrong answers.

Unless otherwise indicated, we ask that you choose only one answer for each question.

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

Example A *Fill in the blank*

How many people live in the household where the child usually lives?

' *Include people who may be absent because of studies, travel, in hospital etc., but who normally live here.*

Number of people including the child

0	4
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Example B *Circle your answer*

' *Answer for both biological parents.*

Has a doctor ever said you have (biological mother and father) ...

A. diabetes?

Biological Mother

Biological Father

Yes

1

①

No

②

2

Don't know

8

8

Answer all questions that apply to you.

Personal information

The following questions will help us compare the health of your child to that of other children with the same characteristics.

1. You are ...

Male 1
Female 2

2. What is your date of birth?

Example: if you were born on August 25, 1950,
enter: 25 08 1950

Write the day, month and year

--	--

Day

--	--

Month

1	9		
---	---	--	--

Year

3. What is the date of birth of the child selected for the survey?

Write the day, month and year

--	--

Day

--	--

Month

1	9		
---	---	--	--

Year

The family

The following questions are about the family where the child spends the most time.

4. How many people live in the household where the child usually lives?

' Include people who may be absent because of studies, travel, in hospital etc., but who normally live here.

Number of people including the child

--	--

5. Indicate which of the following people live in the household with the selected child, including yourself.

' Circle as many numbers as required.

Child's mother (biological or adoptive) 01

Child's father (biological or adoptive) 02

Spouse of child's mother 03

Spouse of child's father 04

Guardian(s), tutor(s) 05 ' Number?

Parent(s) in a foster home 06 ' Number?

Child's sister(s) 07 ' Number?

 Age ____ ____ ____

Child's brother(s) 08 ' Number?

 Age ____ ____ ____

Child's step-sister(s) 09 ' Number?

 Age ____ ____ ____

Child's step-brother(s) 10 ' Number?

 Age ____ ____ ____

Child(s) of a parent's spouse 11 ' Number?

 Age ____ ____ ____

Child(s) in a foster home 12 ' Number?

Other relative(s) 13 ' Number?

Other person(s) 96 ' Number?

6. What is your relationship to the selected child?

Biological parent 01

Adoptive parent 02

Step-father or step-mother 03

Parent in a foster home 04

Other ' Please specify: _____ 96

7. Does the child currently live with both of his/her biological or adoptive parents?

Yes 1 ' Go to question 17

No 2

8. If the child does not currently live with both of his/her parents, indicate how long he/she has not been living with them:

- Less than a year 1
- For years (complete years) 2
- Never lived with both his/her parents 3
- Don't know 8

9. Indicate why the child does not live with both biological or adoptive parents:

- Parents are separated or divorced 01
 - Parents never lived together 02
 - Father deceased 03
 - Mother deceased 04
 - Other ' Please specify: _____ 96
- } ' Go to question 17

Answer questions 10 to 16 only if you are a biological or adoptive parent of the selected child. Otherwise ' Go to question 17.

10. How would you describe the atmosphere at the time you and the other parent of this child separated or divorced?

- Good 1
- Somewhat good 2
- Bad 3
- Very bad 4
- Does not apply 5

11. Do you still maintain contact with the other parent of the child?

- Yes 1
 - No 2
- } ' Go to question 13

12. How would you describe the current nature of relations between you and the other parent of the child?

- Good 1
- Somewhat good 2
- Bad 3
- Very bad 4

13. With which parent does the child currently live?

- Mother only 01
 - Father only 02
 - Most of the time with his/her mother 03
 - Most of the time with his/her father 04
 - Equal time with mother and father 05
 - Other ' Please specify: _____ 96
- ' Go to question 16

14. How much time does the child currently spend living at his/her mother's place?

- Seven days a week 01
- Certain days of the week (excluding the weekend) 02
- Every second week or every two weeks 03
- Every weekend or every second weekend 04
- Certain holidays 05
- Less than two days a month 06
- Other ' Please specify: _____ 96

15. How much time does the child currently spend living at his/her father's place?

- Seven days a week 01
- Certain days of the week (excluding the weekend) 02
- Every second week or every two weeks 03
- Every weekend or every second weekend 04
- Certain holidays 05
- Less than two days a month 06
- Other ' Please specify: _____ 96

' Go to question 17

16. What type of contact does the child *currently* have with the other parent?

- He/she regularly visits the other parent (once a week, once every two weeks, once a month) 01
- He/she visits the other parent occasionally (only on holidays, from time to time) 02
- He/she has contact by telephone or letter only 03
- He/she has no contact at all with the other parent 04
- Other ' Please specify: _____ 96

Daycare and baby-sitting

17. Do you currently use a daycare service or have a baby-sitter for the child while you or your spouse/partner are at work or school?

Yes 1
No 2 ' Go to question 21

18. How many hours a week, in total, does the child spend at the daycare and/or with a baby-sitter?

hours in total a week

19. Which of the following types of daycare or baby-sitting do you mainly use for this child?

' Choose only the one in which the child spends the most number of hours per week.

School daycare service 1
Child's brother or sister baby-sits the child in your home 2
A relative other than the child's brother or sister baby-sits
the child in your home 3
A non-relative baby-sits the child in your home 4
A relative baby-sits the child elsewhere 5
A non-relative baby-sits the child elsewhere 6
Daycare service or centre (including one located in the workplace) 7

20. In general, to what degree are you satisfied with the daycare or baby-sitting you use?

Very satisfied 1
Somewhat satisfied 2
Somewhat unsatisfied 3
Very unsatisfied 4

21. Is the child ever left on his/her own, for example, before or after school?

Yes 1 ' How many hours a week?
No 2

The child's education

22. Has the child ever repeated a year in school?

- Yes 1
- No 2

23. Is the child limited in his/her ability to do school work in an ordinary class?

- Yes 1
 - No 2
 - Don't know 8
- Go to question 25

24. If yes, why?

Choose only the one answer.

- Physical handicap 01
- Eyesight problem 02
- Hearing problem 03
- Speech problem 04
- Learning problem 05
- Emotional or behavioural problem 06
- Mental handicap or deficit 07
- Family problems 08
- Does not understand the language used in the school 09
- Multiple problems 10
- Other ' Please specify: _____ 96

25. Has the child ever received specialized services because of difficulties experienced in school (learning disability, behavioural problems, etc.)?

- Yes 1
- No 2
- Don't know 8

26. Since the child began going to school, what type of class has he/she been attending?

- Always a regular class 1
- A regular class, but at certain times with specialized services . . . 2
- Always a special class 3

27. Do you discuss with your child what he/she is experiencing at school?

- Often 1
- Sometimes 2
- Rarely 3
- Never 4

The child's health

28. Has the child had one or more of the following chronic health problems diagnosed or confirmed by a doctor or other health specialist?

A "chronic health problem" is one that lasts or will last for 6 months or more.

	Yes	No
A. Food allergies ' <i>Please specify:</i> 1. _____ 3. _____ 2. _____ 4. _____	1	2
B. Other allergies except hay fever	1	2
C. Respiratory problems other than asthma	1	2
D. Skin problems	1	2
E. Emotional, psychological or nervous problems	1	2
F. Bone or joint problems	1	2
G. Cystic fibrosis	1	2
H. Intestinal inflammatory problems (Crohn's disease, colitis)	1	2
I. Other digestive system problems	1	2
J. Thyroid, liver or kidney problems	1	2
K. Diabetes	1	2
L. Cholesterol or lipid problems	1	2
M. Other ' <i>Please specify:</i>	1	2

29. Compared to healthy children the same age, is your child limited in the type or number of activities he/she can do because of a chronic physical or mental health problem?

Yes 1
No 2 ' Go to question 31

30. What is the main health problem that limits your child's activities?

31. *In the past 3 months*, has the child had a serious disease or been very sick, requiring hospitalization for more than one week?

Yes ' What? _____ 1
No 2

32. Has your child had a wheezing or whistling sound in the chest *in the past 12 months*?

Yes 1
No 2 ' Go to question 36

33. How many attacks of wheezing in the chest has your child had *in the past 12 months*?

1 to 3 1
4 to 12 2
More than 12 2

34. *In the past 12 months*, how often, on average, has your child's sleep been disturbed by the wheezing in his/her chest?

Never woken with wheezing 1
Less than one night a week 2
One or more nights a week 3

35. *In the past 12 months*, has the wheezing ever been severe enough to limit your child's speech to one or two words at a time between breaths?

Yes 1
No 2

36. Has your child ever had asthma?

Yes 1
No 2

37. *In the past 12 months, has your child's chest sounded wheezy during or after exercise?*

- Yes 1
- No 2

38. *In the past 12 months, has your child had a dry cough at night, apart from a cough associated with a cold or chest infection?*

- Yes 1
- No 2

39. *In the past 12 months, has your child had problems with sneezing or a runny or blocked nose when he/she *did not* have a cold or the flu?*

- Yes 1
- No 2 ' *Go to question 43*

40. *In the past 12 months, has this nose problem been accompanied by itchy-watery eyes?*

- Yes 1
- No 2

41. *In which of the past 12 months did this nose problem occur?*

' *Please indicate any which apply.*

- | | | |
|--------------------|-----------------|--------------------|
| January . . . 01 | May 05 | September . . 09 |
| February . . 02 | June 06 | October 10 |
| March 03 | July 07 | November . . . 11 |
| April 04 | August . . 08 | December . . . 12 |

42. *In the past 12 months, did this nose problem interfere with your child's daily activities?*

- A lot 1
- Moderately 2
- A little 3
- Not at all 4

43. *Has your child ever had hay fever?*

- Yes 1
- No 2

Accidents and injuries

Many young people get hurt or injured at home, on the street, playing sports, fighting, etc.

Injuries also include those resulting from poison or burns. Injuries do not include diseases or sickness, such as measles, chicken pox or flu.

The following questions are about injuries that the child may have had in the past 12 months.

44. *In the past 12 months, has your child been treated by a doctor or nurse following an injury?*

Yes 1
No 2 ' Go to question 51

If the child had more than one injury in the past 12 months, think only about the single most serious injury when answering the following questions.

The most serious injury is the one that took him/her the most time to recover from.

45. Where was the child when his/her most serious injury happened?

' Choose only one answer.

- At home (or in someone else's home), for example, on the balcony, in the garage entrance, on a home swing set, exercise apparatus, etc. 01
- At school (including the school yard or on school grounds) 02
- At a sports facility or field (not a school one) 03
- In the street or on a road or highway 04
- Other location ' Where? _____ . 96

46. How did it happen?

' Choose only one answer.

' Choose the situation which most resembles what occurred.

- While riding a bicycle 01
- While in-line skating (rollerblading) or skateboarding 02
- While playing another sport 03
- While in a car, van, truck or on a motorcycle, scooter, moped . 04
- Hit by a car or other vehicle 05
- In a fight with someone 06
- Tripping or falling on stairs 07
- Falling from something (tree, ladder, etc.) 08
- Other situation ' Please specify: _____ 96

47. Did this most serious injury happen while participating in an organized physical activity or sports league?

- Yes 1
- No 2

48. Did this most serious injury cause the child to miss at least one full day of school or other usual activity?

- Yes 1 ' How many days did he/she miss? _____ days
- No 2

49. What type of injury was it?

' Choose the answer that best describes the most serious injury.

- Bone was broken, dislocated or out of joint 01
- Sprain, strained or pulled muscle 02
- Cuts or wounds caused by a sharp or pointed object (e.g. knife, scissors, etc.) 03
- Concussion or other head or neck injury, including whiplash, being knocked out etc. 04
- Bruise(s), black and blue marks, internal bleeding 05
- Burn(s) 06
- Other ' Please specify: _____ . 96

50. In what month did this most serious injury happen?

' Circle the number for only one month.

- | | | |
|--------------------|-----------------|--------------------|
| January . . . 01 | May 05 | September . . 09 |
| February . . 02 | June 06 | October 10 |
| March 03 | July 07 | November . . . 11 |
| April 04 | August . . 08 | December . . . 12 |

Use of health and social services for the child

51. *During the past 2 weeks, did the child see or consult one or more of the following people for a physical, emotional or mental health problem?*

	Yes	No	Don't know
A. A general practitioner (GP), family doctor?	1	2	8
B. A pediatrician?	1	2	8
C. Another specialist (doctor)? ' Which specialist(s)?	1	2	8
D. An optometrist or optician (eye doctor)?	1	2	8
E. A nurse?	1	2	8
F. A dentist or orthodontist?	1	2	8
G. A physiotherapist or occupational therapist?	1	2	8
H. An alternative medicine practitioner, such as a chiropractor, acupuncturist, naturopath, osteopath, homeopath?	1	2	8
I. A psychologist?	1	2	8
J. A social worker or any other person offering similar services?	1	2	8
K. Any other person who gives treatment or advice (speech therapist, dietitian, pharmacist)? ' Please specify:	1	2	8

If you answered "no" to all of the above ' Go to question 54

52. If "yes" , what was the main reason the child saw or consulted one of these people the last time?

53. Where did this consultation for your child take place?

' Choose only one answer.

In the office of the person or at a private clinic	01
In a CLSC	02
In a hospital outpatient clinic or emergency ward	03
In a hospital while hospitalized	04
At a pharmacy	05
At school	06
Other ' Please specify: _____	96

Medicine taken by the child

54. *During the past 2 weeks, did the child take any of the following medications (in pill, syrup, drops form, etc.)?*

Give an answer for each medication. If you have any doubts about the type of medication, examine the label.

A. Medication to reduce pain or fever, such as Tylenol or Aspirin

Yes ' *Please specify which:* _____ 1
No 2
Don't know 8

B. Medication for a cold or allergies

Yes ' *Please specify which:* _____ 1
No 2
Don't know 8

C. Vitamin(s) or mineral(s)

Yes ' *Please specify which:* _____ 1
No 2
Don't know 8

D. Antibiotic or anti-infection medication

Yes ' *Please specify which:* _____ 1
No 2
Don't know 8

E. Medication for respiratory (breathing) problems (such as a medicated pump, inhaler ...)

Yes ' *Please specify which:* _____ 1
No 2
Don't know 8

F. Medication to calm him/her down or help him/her concentrate better (ritalin, ativan, ...)

Yes ' *Please specify which:* _____ 1
No 2
Don't know 8

G. Medication for digestive problems

Yes ' Please specify which: _____ 1
 No 2
 Don't know 8

H. Medication for skin problems

Yes ' Please specify which: _____ 1
 No 2
 Don't know 8

I. Any other medication

Yes ' Please specify which: _____ 1
 No 2
 Don't know 8

Behaviour of the child

The following question is about the child's temperament and feelings.

55. How often would you say the child ...

	Never	Some-times	Often	Don't know
A. seems to be unhappy, sad or depressed?	1	2	3	8
B. is not as happy as other children?	1	2	3	8
C. is too fearful or anxious?	1	2	3	8
D. is worried?	1	2	3	8
E. cries a lot?	1	2	3	8
F. is nervous, high-strung or tense?	1	2	3	8
G. has trouble enjoying him/herself?	1	2	3	8

The following questions are on how the child relates to his/her family and friends.

56. How often would you say the child ...

	Never	Some-times	Often	Don't know
A. shows sympathy to someone (friend, brother or sister) who has made a mistake?	1	2	3	8
B. will try to help someone who has been hurt?	1	2	3	8
C. volunteers to help clean up a mess someone else has made?	1	2	3	8
D. if there is an argument or a fight, will try to stop it?	1	2	3	8
E. offers to help other children who are having difficulty with a task?	1	2	3	8
F. comforts a child who is crying or upset?	1	2	3	8

Health of the biological parents

This survey is about your child's health. However, some aspects of the parents' health and lifestyle can influence their children's health. This is why we are asking you the following questions.

' *Answer for both biological parents.*

If you are not a biological parent, answer the following questions to the best of your knowledge.

57. Has a doctor, nurse or other health professional ever said that you (biological mother and father) ...

		Biological Mother	Biological Father
A. have high blood pressure (hypertension)?	Yes	1	1
	No	2	2
	Don't know	8	8
B. have a high cholesterol level?	Yes	1	1
	No	2	2
	Don't know	8	8

58. Has a doctor ever said you have (biological mother and father) ...

		Biological Mother	Biological Father
A. diabetes?	Yes	1	1
	No	2	2
	Don't know	8	8
B. asthma?	Yes	1	1
	No	2	2
	Don't know	8	8
C. hay fever?	Yes	1	1
	No	2	2
	Don't know	8	8

59. Have you (biological mother and father) ever had ...

		Biological Mother	Biological Father
A. a heart attack or angina?	Yes	1	1
	No	2	2
	Don't know	8	8
B. a stroke, cerebral vascular disease, or peripheral vascular disease?	Yes	1	1
	No	2	2
	Don't know	8	8

60. Do you (biological mother and father) take any medications ...

		Biological Mother	Biological Father
A. to lower cholesterol level?	Yes	1	1
	No	2	2
	Don't know	8	8
B. to lower blood pressure?	Yes	1	1
	No	2	2
	Don't know	8	8
C. for the heart?	Yes	1	1
	No	2	2
	Don't know	8	8

Respondent's characteristics and lifestyle

61. Are you limited in any way in the type or number of activities you can do because of physical or mental incapacity, or chronic health problem?

Yes 1
No 2

62. What is your height?

_____ feet _____ inches ⁽¹⁾ or _____ centimetres ⁽²⁾

63. What is your current weight?

_____ pounds ⁽¹⁾ or _____ kilograms ⁽²⁾

64. How much would you like to weigh?

_____ pounds ⁽¹⁾ or _____ kilograms ⁽²⁾

*The next two questions are for women only.
If you are male, please go to Question 67.*

65. Are you currently pregnant?

Yes 1
No 2
Don't know 8

] Go to question 67

66. What was your weight before you became pregnant?

_____ pounds ⁽¹⁾ or _____ kilograms ⁽²⁾

67. During the past 6 months, how many times have you tried to

	None	Once	2 or 3 times	4 or more times
A. lose weight?	1	2	3	4
B. control your weight?	1	2	3	4
C. gain weight?	1	2	3	4

68. Please answer these questions with the child in mind.

During the past 6 months

	None	1 to 3 times	4 to 6 times	7 or more times
A. How many times have you told the child that he/she is too heavy, too fat or overweight?	1	2	3	4
B. How many times have you told the child to eat less food, or eat a variety of foods in order to lose weight or keep from gaining weight?	1	2	3	4
C. How many times have you told the child to exercise in order to lose weight or keep from gaining weight?	1	2	3	4
D. How often did you keep your child from eating certain foods he/she likes so that he/she will lose weight or not gain weight?	1	2	3	4

69. Do you currently smoke cigarettes?

- Yes, regularly 1
 Yes, occasionally 2
 No 3 ' Go to question 71

70. Do you smoke cigarettes every day?

- Yes 1 ' Go to question 72
 No 2

71. If you don't smoke cigarettes every day, which of the following statements best describes your experience with cigarettes?

- I have never smoked cigarettes 1
 I used to smoke cigarettes occasionally 2
 I used to smoke cigarettes daily 3

72. Including yourself, how many people in your household smoke every day or nearly every day?

- None 00 ' Go to question 74

Number of people in the household

73. In total, how many cigarettes are smoked in your household on a normal day?

- Cigarettes _____
 Don't know 98

74. *In the past 12 months, how often have you consumed alcoholic beverages? Did you drink...*

- Every day 1
- 4 to 6 times a week 2
- 2 to 3 times a week 3
- Once a week 4
- Once or twice a month 5
- Less than once a month 6

The following table might help you answer the next question:

1 drink =	1 small bottle of beer (12 oz or 360 ml) <i>or</i> 1 small glass of wine (4-5 oz or 120-150 ml) <i>or</i> 1 small shot of hard liquor or spirits (1 to 1½ oz. with or without mix)
2 drinks =	1 large bottle of beer (about 25 oz or 750 ml) <i>or</i> 1 double shot of hard liquor <i>or</i> 1 shot of hard liquor with a beer (beer chaser)

Note: beer with a 0.5 % rating is not considered an alcoholic beverage.

75. *In the past 12 months, how many times have you had FIVE or more drinks on one occasion?*

_____ times

76. *In the past 12 months, have you used any of the following drugs without a prescription?*

	Yes	No
A. Marijuana (pot), hashish	1	2
B. Amphetamines, stimulants, speed, Ecstasy	1	2
C. Cocaine (coke, crack, freebase)	1	2
D. Hallucinogenics (LSD, PCP, magic mushrooms, mescaline)	1	2
E. Tranquillizers (downers, Valium, Librium, Dalmane, Halcion, Ativan, etc.)	1	2

77. *In the past 3 months, how many times have you engaged in a physical activity, for at least 20 to 30 minutes per session, during your free time?*

- Not once 1
- Approximately once a month 2
- Approximately 2 or 3 times a month 3
- Approximately once a week 4
- Approximately twice a week 5
- Approximately 3 times a week 6
- 4 times or more a week 7

78. *In the past 3 months, how many times have you engaged in a physical activity with the child?*

- Not once 1
- Approximately once a month 2
- Approximately 2 or 3 times a month 3
- Approximately once a week 4
- Approximately twice a week 5
- Approximately 3 times a week 6
- 4 times or more a week 7

Health and lifestyle habits of your spouse or partner

The following questions are about the spouse or partner you are currently living with.

If this is not your situation ' Go to question 86

79. *Is your spouse/partner limited in any way in the type or number of activities he/she can do because of a physical or mental incapacity, or chronic health problem?*

- Yes 1
- No 2

80. *Does your spouse/partner currently smoke cigarettes?*

- Yes, regularly 1
- Yes, occasionally 2
- No 3 ' *Go to question 82*

81. Does your spouse/partner smoke cigarettes every day?

- Yes 1 ' Go to question 83
- No 2

82. If your spouse/partner doesn't smoke cigarettes every day, which of the following statements best describes his/her experience with cigarettes?

- Never smoked cigarettes 1
- Used to smoke cigarettes occasionally 2
- Used to smoke cigarettes daily 3
- Don't know 8

83. Does your spouse/partner consume alcohol?

- Yes, regularly 1
- Yes, occasionally 2
- No 3

84. *In the past 3 months*, how many times has your spouse/partner engaged in a physical activity, for at least 20 to 30 minutes per session, during his/her free time?

- Not once 1
- Approximately once a month 2
- Approximately 2 or 3 times a month 3
- Approximately once a week 4
- Approximately twice a week 5
- Approximately 3 times a week 6
- 4 times or more a week 7
- Don't know 8

85. *In the past 3 months*, how many times has your spouse/partner engaged in a physical activity with the child?

- Not once 1
- Approximately once a month 2
- Approximately 2 or 3 times a month 3
- Approximately once a week 4
- Approximately twice a week 5
- Approximately 3 times a week 6
- 4 times or more a week 7

Social support of the respondent

The following questions are about your relationships with the people around you.

86. In general, how would you describe your social life?

- Very satisfactory 1
- Somewhat satisfactory 2
- Somewhat unsatisfactory 3
- Very unsatisfactory 4

87. Among the people you know (family, friends, neighbours or other) do you feel really comfortable *confiding in*, without being judged, when you have a personal or family problem?

- None 1
- One 2
- Two to five 3
- Six or more 4

88. *In the past two weeks*, be it a personal or family problem, did you feel the need to confide in someone?

- Yes 1
- No 2 ' Go to question 91

89. *In the past two weeks*, how many people did you confide in?

- None 1 ' Go to question 91
- One 2
- Two to five 3
- Six or more 4

90. *In the past two weeks*, the support you received in confiding was ...

- Very satisfactory 1
- Somewhat satisfactory 2
- Somewhat unsatisfactory 3
- Very unsatisfactory 4

91. Among how many people you know (family, friends, neighbours or other) would you feel really comfortable *asking for advice or help*, without being judged, when you are stuck with a personal or family problem?

- None 1
- One 2
- Two to five 3
- Six or more 4

92. *In the past two weeks*, have you felt you needed some advice or help with personal or family problems?

- Yes 1
- No 2 ' Go to question 95

93. *In the past two weeks*, how many people have given you advice or a helping hand?

- None 1 ' Go to question 95
- One 2
- Two to five 3
- Six or more 4

94. *In the past two weeks*, was the advice or helping hand you received ...

- Very satisfactory? 1
- Somewhat satisfactory? 2
- Somewhat unsatisfactory? 3
- Very unsatisfactory? 4

Feelings of the respondent

The following questions are about various aspects of your health.

95. How you felt last week could be different from how you felt during the past year. Please tell us how often, *during the past week*, did you ...

	Never	Once in a while	Fairly often	Very often
A. feel hopeless about the future?	1	2	3	4
B. feel lonely?	1	2	3	4
C. have your mind go blank?	1	2	3	4
D. feel discouraged or "down"?	1	2	3	4
E. feel tense or under pressure?	1	2	3	4
F. lose your temper?	1	2	3	4
G. feel bored or have little interest in things?	1	2	3	4
H. feel fearful or afraid?	1	2	3	4
I. have trouble remembering things?	1	2	3	4
J. cry easily or feel like crying?	1	2	3	4
K. feel nervous or shaky inside?	1	2	3	4
L. feel critical of others?	1	2	3	4
M. feel easily annoyed or irritated?	1	2	3	4
N. get angry over things that are not too important?	1	2	3	4

Food availability

96. The following are statements made by people about their food situation. For each situation, indicate the response that best applies to you.

	Often true	Sometimes true	Never true	Don't know
A. 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	8
B. We eat less than we should because we don't have enough money for food.	1	2	3	8
C. We can't provide balanced meals for our children because we can't afford it financially.	1	2	3	8

97. *In the past month*, how many days did you or your household have no food or money to buy food?

• *If none, write "0".*

Days

Don't know 98

Sociodemographic information

The following questions will help us to compare the health of your child with that of other children living in the same type of situation.

98. Where was the child selected for this survey born?

Québec 1
 Other Canadian province 2
 Outside Canada ' *What country?* _____ 3

99. Where was his/her biological father born?

Québec 1
 Other Canadian province 2
 Outside Canada ' *What country?* _____ 3

100. Where was his/her biological mother born?

- Québec 1
- Other Canadian province 2
- Outside Canada ' *What country?* _____ 3

101. What language do you use the most often when speaking with the selected child at home?

- French 01
- English 02
- Italian 03
- Greek 04
- Spanish 05
- Portuguese 06
- Chinese 07
- Vietnamese 08
- Arabic 09
- Other ' *specify:* _____ 96

102. To what ethnocultural group would you say you belong? (for example, Jamaican, Chilean, Lebanese, Haitian, Vietnamese, Aboriginal, Quebecer, etc ...)

This section is on your personal situation and that of the spouse or partner you are currently living with.

' *If you don't have a spouse or partner, answer the questions with regards to yourself.*

103. What is the highest level of education you and your spouse/partner have completed?

' *Indicate only one per person.*

	Me	Spouse/ partner
No formal schooling or only nursery school	1	1
Primary school	2	2
High school (incomplete)	3	3
High school (graduated)	4	4
Vocational or trade school	5	5
College (CEGEP)	6	6
University	7	7
Don't know	8	8

104. At the present time, which of the following best describes your main occupational status and that of your spouse/partner?

· Indicate only one for each person.

	Me	Spouse/ partner
Full-time job (30 hrs. or more a week)	01	01
Part-time job (less than 30 hrs. a week)	02	02
Going to school	03	03
Homemaker	04	04
Not working for health reasons	05	05
Maternity or paternity leave	06	06
Unemployed	07	07
On welfare (social assistance)	08	08
On strike or locked out	09	09
Other ' Please specify:	96	96

105. How long have you and your spouse/partner been in the above employment situation(s)?

	Me	Spouse/ partner
Less than 6 months	1	1
From 6 months to less than a year	2	2
From a year to less than 2 years	3	3
From 2 years to less than 5 years	4	4
From 5 years to less than 10 years	5	5
10 years or more	6	6

106. If you or your spouse/partner have a paid job, when do you work?

A. During the week:	Me	Spouse/ partner
Days	1	1
Evenings or nights	2	2
Alternating days and evenings/nights (shift work)	3	3
Don't work during the week	4	4
B. Weekend:	Me	Spouse/ partner
Days	1	1
Evenings or nights	2	2
Alternating days and evenings/nights (shift work)	3	3
Don't work during the weekend	4	4

107. If you or your spouse/partner work for pay, *during the past 12 months*, how many hours a week, on average, did you work?

' Mark "0" if you or your spouse did not work.

	Me		Spouse/ partner	
Hours a week, on average:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

Although many health expenses are covered by the provincial health insurance plan (Medicare), there is still a relationship between health and income.

We would appreciate your answering the following question to help us study this relationship.

Rest assured that this answer, like all the other information you have provided in this survey, will remain completely CONFIDENTIAL.

108. What was your total household income for 1998, before taxes and deductions? ("Household" includes everyone living in the same residence as the selected child, and who share expenses).

- Less than \$10,000 01
- \$10,000 to \$14,999 02
- \$15,000 to \$19,999 03
- \$20,000 to \$29,999 04
- \$30,000 to \$39,999 05
- \$40,000 to \$49,999 06
- \$50,000 to \$59,999 07
- \$60,000 to \$79,999 08
- \$80,000 or over 09

109. Compared to other people in your neighbourhood (town, village), how do you perceive your financial situation?

- Better 1
- Similar to that of others 2
- Worse 3

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

- Yes, in the near future 1
- Yes, but I don't know when 2
- No, I don't think it's likely to change 3
- No, I think it's likely to get worse 4

Characteristics of your residence

111. How many rooms, not counting the bathroom(s), are there in your apartment or house?

Number of rooms

112. Is your home heated by ...

' Circle an answer for each of the following methods:

A. Hot-water radiators?

Yes 1
No 2
Don't know 8

B. Air heating ducts?

Yes 1
No 2
Don't know 8

C. Electric baseboard heaters?

Yes 1
No 2
Don't know 8

D. Wood-burning stove or fireplace?

Yes 1
No 2
Don't know 8

E. Other methods?

Yes 1

' Please specify: 1. _____
2. _____
3. _____

No 2
Don't know 8

113. How often do you leave the windows or outside doors open during each season?

	Never	Occasionally	Often	Very often
A. Summer	1	2	3	4
B. Fall	1	2	3	4
C. Winter	1	2	3	4
D. Spring	1	2	3	4

114. Does the room in which your family spends the most time during the day have a wall-to-wall or large carpet?

Yes 1
 No 2

115. Does the bedroom of the child selected for the survey have a wall-to-wall or large carpet?

Yes 1
 No 2

116. Do you have ...

A. A cat? (or cats)

Yes 1
 No 2
 Don't know 8

B. A dog? (or dogs)

Yes 1
 No 2
 Don't know 8

C. Other pets with fur, or a pet bird?

Yes 1
 No 2
 Don't know 8

117. Have one or more of the following changes been made in your home, since you began living there, because you or someone else in your household suffers from asthma, allergies or other respiratory problems?

' Circle your answer for each change.

A. Removed the carpets or rugs

Yes 1
No 2
Never had carpets or rugs in this home 3
Don't know 8

B. Increased/improved the ventilation

Yes 1
No 2
Don't know 8

C. Reduced or eliminated smoking in the home

Yes 1
No 2
Don't know 8

D. Got rid of pets

Yes 1
No 2
Never had pet in this home 3
Don't know 8

E. Used a method for controlling dust mites

Yes 1
No 2
Don't know 8

F. Other

Yes ' Please specify : _____ 1
No 2
Don't know 8

Characteristics of your neighbourhood

118. How would you rate your neighbourhood (town, village) as a place to bring up children?

- Excellent 1
- Somewhat good 2
- Average 3
- Somewhat bad 4
- Very bad 5
- Don't know 8

119. Indicate whether you agree or disagree with the following statements about your neighbourhood (town, village).

Circle your answer for each statement.

	Agree	Disagree	Don't know
A. There are enough services (daycare, clinics) and stores in the area	1	2	8
B. There are enough parks, playgrounds and green spaces	1	2	8
C. Neighbours help each other	1	2	8
D. The area is quiet, peaceful	1	2	8
E. Traffic is dangerous	1	2	8
F. There are groups of young people who cause trouble	1	2	8
G. There is criminal activity (break-ins, violence)	1	2	8
H. There is drug-dealing or drug use	1	2	8

Indicate whether you agree or disagree with the following statements about safety in your neighbourhood (town, village).

120. It is safe for children to play outside *during the day*.

- Completely agree 1
- Agree 2
- Disagree 3
- Completely disagree 4

121. It is safe to walk alone in this neighbourhood (town, village) *after dark*.

- Completely agree 1
- Agree 2
- Disagree 3
- Completely disagree 4

122. Today's date.

--	--

Day

--	--

Month

1	9	9	9
---	---	---	---

Year

Thank you for your participation!

If you have any comments or suggestions about this questionnaire, please write them in the space provided below:

Thank you again for filling out this questionnaire. The information you have provided will remain confidential.

Please make sure you seal the envelope before sending back the questionnaire to school (before the day the Léger & Léger team comes) or put it in the mail.