

Concepts, Definitions and Operational Aspects

Part I

QLSCD: Overview of the Study and the Survey
Instruments for the 1999 and 2000 Rounds



1. QLSCD 1998-2002: Points of Reference

This introduction to Number 12 provides a brief overview of the first phase of the QLSCD 1998-2002 and of the administrative instruments for the data collections in the first three rounds of the study.

For a more detailed examination of these aspects, see Volume 2 Number 1.

1.1 Brief Review of the Study

The first round of the *Québec Longitudinal Study of Child Development* was conducted in 1998 in a cohort of 2,120 Québec infants surveyed annually from the age of 5 months to approximately 4 years. Although during that first round the sample was representative of singleton births in Québec in 1997-1998, it subsequently lost, at least partially, cross-sectional representativity of babies of a given age. A certain number of conceptual and methodological factors led to the decision not to recruit on an annual basis children who came to Québec after birth and who would be part of the same age cohort as the original sample.¹ However, the exceptionally low annual attrition rate of the original sample suggests that the final sample will be relatively similar to that of 1998.

The primary goal of the QLSCD 1998-2002 is to gain a better understanding of the precursors of social adjustment, its developmental pathways and the possible effects at school entry as well as over the long term. Therefore it was decided to collect certain key data starting at the age of 5 months, an age considered to be the earliest at which it is possible to measure variables such as temperament, sleep, diet, health status, and the physical and family environment. It was decided to survey the children and their immediate family at precise and regular intervals of 12 months up to the age of 41 months. The precision in the intervals of measurement is dictated by the rapidity of development in early

childhood.² However, in the fifth round, the data collection interval was changed to correspond to the evaluation which the target child undergoes upon entering kindergarten. The third volume in this series will examine in greater detail this important change in the data collection cycle, which can be considered an investment in the future. After the fifth round of the QLSCD 1998-2002, the study will begin its longitudinal follow-up of the children after they enter the school system, that is, its second phase, which will run from 2003 to 2010.

1.2 Progress of the Longitudinal Study

As indicated in Table 1.1, the first phase of the QLSCD is finished. All of the pretests and survey data collections have been completed, and this paper, Number 12, is the last in Volume 2 of the QLSCD. All that remains to be published is the third and final volume in the series, which will present the longitudinal analysis of approximately 2,000 Québec children from birth to about 4 years of age. Given the enormous potential of the first phase of this large cohort, it can be said that, even if they have not exhaustively analyzed all of the data, the three volumes of the QLSCD 1998-2000 will have opened the floodgates to an endless stream of information, much of which will be new and never before published.

1. Based on Statistics Canada (population estimate data for November 2000), the Sociodemographic Statistics Division of Statistics Canada estimates the proportion of children 0 to 5 years of age arriving annually in Québec to be 1% (see also Volume 2 Number 1, page 51, "Scope and Limits of the QLSCD").

2. In terms of gestational age, less than four weeks separate the majority of infants in each annual data collection. Gestational age is defined as the sum of the duration of the pregnancy and the chronological age of the baby in weeks.

1.3 Administrative and Data Collection Instruments for Rounds 1998 to 2000

Table 1.2 lists the 17 administrative and data collection instruments used in the first three years of the longitudinal study. Although since the initial survey the QLSCD has used nearly 20 instruments, in the annual data collections approximately 13 instruments are used. Since virtually all of the instruments in Table 1.2 were described in Jetté and Desgroseilliers (2000), we will here examine them only briefly, in particular, the Sibling Questionnaire, which was used in the 1999 round.

1.3.1 Administrative Instruments

Instruments 1, 4, 5 and 6 are the administrative instruments used every year to solicit and maintain the participation of the families. The main means by which contact with and the annual participation of the families is ensured, they have proved highly effective. Indeed, the annual and cumulative attrition rate of the families has been very low since the QLSCD began (Plante *et al.*, 2002).

Table 1.1

Overview of pretests, surveys and publications of the QLSCD 1998-2002, by year

Year	Pretest	Survey	Report
1996	5-month-old infants		
1997	17-month-old children		
1998	29-month-old children	5-month-old infants	Preliminary Report Pretest 5-month-old infants
1999	41-month-old children	17-month-old children	
2000	5 th pretest held later in 2001 ¹	29-month-old children	Cross-sectional Report (Vol. 1) 5-month-old infants
2001	<i>59-month-old children</i>	<i>41-month-old children</i>	
2002		<i>44-55-month-old children¹</i>	Longitudinal Report (Vol. 2) Children 5 to 29 months old
2003			
2004			<i>Longitudinal Report (Vol. 3) Children 5 to 55 months old</i>

Guide to table:

Grey background: pretest and surveys finished and data published.

Italics: pretest and surveys finished, data to be published.

1. In May 2001, the *Direction Santé Québec* and the QLSCD researchers decided to delay the fifth pretest (P5). Because this decision concerns only the fifth year of data collection, it will be explained in detail in the third volume in the series, to be published in the summer of 2004. In brief, children entering pre-school, and then school, are evaluated as to their development not on the basis of age but on the basis of the school calendar. Therefore, the QLSCD researchers decided to change the collection periods to take into consideration the intervals of these evaluations, which are determined by the school system. The year preceding the entry into pre-school (nursery school) of a number of the children was considered to be the best choice.

Source: *Institut de la statistique du Québec, QLSCD 1998-2002.*

Table 1.2

List of administrative and data collection instruments by survey year, Québec, 1998, 1999 and 2000

	1998	1999	2000
1) Introductory Letter	√	√	√
2) QLSCD Brochure	√	...	...
3) Souvenir Folder	√	...	...
4) Semi-Annual Newsletter to the Parents	√	√	√
5) Birthday Card for the Child	√	√	√
6) Change of Address Postcard	√	√	√
7) Informed Consent Form	√	√	√
8) Authorization Form for the Hospitals to send information in the medical records of the mother, child or sibling	√	√	√
9) Interviewer Completed Computerized Questionnaire (ICCQ)	√	√	√
10) Interviewer Completed Paper Questionnaire (ICPQ)	√	√	√
11) Imitation Sorting Task (IST) ¹	√	√	√
12) Self-Administered Questionnaire for the Mother (SAQM & SAQMABS) ²	√	√	√
13) Self-Administered Questionnaire for the Father (SAQF & SAQFABS)	√	√	√
14) Observations of Family Life (OFL)	√	√	√
15) Sibling Questionnaire (included in the ICCQ)	...	√	...
16) Vocabulary Test (included in the ICPQ)	...	...	√
17) Baby Diary	√	√	...

√ Indicates instrument was used.

... Indicates instrument was not applicable in that year.

1. In Volume 1 Number 1, this was called the 1, 2, 3 Hands Game. In this paper and in future publications of the QLSCD series, rather than using the ludic name that we invented for this psychometric test, it will be called the Imitation Sorting Task (or the IST), a name that refers to the type of skills measured.

2. Where possible, a biological mother who is absent from the child's household is sent the usual SAQM, which is then designated as the SAQMABS (suffix "ABS"). The same procedure applies to biological fathers; the SAQF becomes the SAQFABS. Because an absent biological mother is an extremely rare phenomenon, there were not enough questionnaires to warrant the creation of a file for the SAQMABS. However, since an absent biological father was a more common phenomenon, a file was created for data specific to the SAQFABS, as discussed in the second part of Volume 2 Number 1.

Source: *Institut de la statistique du Québec, QLSCD 1998-2002.*

1.3.2 Data Collection Instruments

The medical records requested in 1999 using Instrument No. 8 were, in the first instance, those of children whose mothers had refused access the previous year, or those for whom it was impossible to obtain written consent in 1998 because of absence, sickness, etc. Also in 1999, authorization was requested to obtain for the sibling the same information as was obtained for the target child, namely, information related to his/her birth. For the third round in 2000, requests for authorization to access medical records were made only to mothers from whom we did not receive consent in 1998 and 1999.

The questionnaire designed for the target child's sibling, part of the ICCQ in the 1999 round and thereafter biennially, was drawn exclusively from the collection instruments that were used or will eventually be used to describe the target child. It is important to note that variables from the Sibling Questionnaire are processed as characteristics of the target child. Given that the siblings were not selected at random, they cannot be considered a specific sub-group of the cohort. The selection criteria for the brother or sister of the target child are presented in Number 1 of this series.

Even though the siblings of the QLSCD children cannot be used as a specific sub-sample for analyses, it is nonetheless worthwhile to seek a better understanding of their role in the developmental processes of the target children. For example, is there

a link between having a rambunctious brother or sister and presenting aggressive behaviours? Or can a sibling's success in school be linked to higher cognitive performance in a target child?³ These are the types of question that the researchers will try to answer in Volume 3 of the QLSCD series. Their task will be facilitated by the fact that longitudinal data on the siblings will be available from two data collections, those conducted in 1999 and in 2001.

Note as well that the code "not applicable" indicates that an instrument was not used that year for a specific reason. The QLSCD brochure and the souvenir folder are, with rare exceptions, no longer used, given that all of the families received one in the first year and no new families were recruited during the first phase of the study. However, if the QLSCD is continued after the entry of the children into pre-school, it will be necessary to produce new informative and motivational instruments to clearly explain the next phase to the parents. Indeed, one of the many lessons learned in the QLSCD is that both the recruitment and the retention of families in a longitudinal survey are directly linked to factors such as the information put at their disposal, frequency of communication, transparency in the survey process and predefined limits to their time commitment.

The "not applicable" code assigned to the Sibling Questionnaire (1998 and 2000 rounds) is also a reminder that the QLSCD collects information on a brother or sister of the target child only every two years.

This review of the numerous instruments used during the first three years of data collection in the QLSCD would not be complete without a brief discussion of data management, given that the following sections of this paper deal with the justifications of the questions and the instruments used in the survey as well as the different measures of the collected data.

1.4 Data Management in the First Three Rounds of the QLSCD

During the annual data collections, the *Bureau d'interviewers professionnels* (BIP), the survey firm, transmits the collected electronic data to the *Direction Santé Québec* on a weekly basis. In addition, halfway through the collection process BIP transmits the databank comprising the results from approximately half of the paper questionnaires, the results of which have been coded, verified and entered, then submitted to a preliminary validation. About three months after the end of each annual data collection, the final databank is sent to *Direction Santé Québec*. This databank, which is now almost complete, is validated once again, then organized into files and finalized according to the derived variables useful to analysts and researchers.

It is important to recall that for the QLSCD the data are never available all at the same time. The data taken from the medical records, the Baby Diary and the various psychometric tests require special, and longer-term, analysis. Because of this, the 12 papers in Volume 2, as in the preceding series, were not issued at the same time, but are being published over a two-year period. That being said, the first three databanks were made available to the researchers and authors approximately 12 months after the completion of data collection, and each comprises more than 1,300 variables, of which over 100 are derived variables.

This ends our review of several key points of reference in the first three rounds of the QLSCD. In the following section we will examine the sources and justifications of the topics, questions and scales used in the second and third data collections of this longitudinal study. The contents and validation of the databanks, as well as the construction of the derived variables for the 1999 and 2000 rounds of the survey, are examined in Part II. This paper thus represents for all users of the first three rounds of the QLSCD a valuable complement to the information presented in Volume 1 Number 12.

3. Having decided to select only one representative of the siblings, the characteristics of the other brothers and/or sisters are not available. Therefore, it cannot be concluded that because the selected brother or sister does not present a certain behaviour no other sibling will present it. The researchers had to decide between gathering no information on siblings, a small amount of information on all of the siblings, or asking for information on just one sibling. We chose the last option. This will be further explained when data are published on the siblings.

2. Sources and Justifications of the Questions, Scales, Forms and Tests

The sources and justifications of the questions used in the 1999 round (children approximately 17 months old) and 2000 round (children approximately 29 months old) of the QLSCD are presented below. The new questions in the 1999 or 2000 rounds, as well as the modifications to the questions drawn from the 1998 round, are examined. To ascertain the source and justification of the questions that remain unchanged from the 1998 round, the reader is invited to refer to Volume 1 Number 12 in the QLSCD 1998-2002 (Thibault *et al.*, 2001). A table summarizing the topics and variables for the study is presented in Annex 1.

The instruments are presented in the same order as was used in the 1998 round. Some of the instruments are the same, while others were added in the 1999 or 2000 rounds. All of the instruments used in both E2⁴ (the 1999 round) and E3 (the 2000 round) are presented, except where otherwise indicated:

Interviewer Completed Computerized Questionnaire (ICCPQ), for which the respondent is the PMK (Person Most Knowledgeable or person who best knows the child):

- 2.1 1999 Round – Child 17 months old;
- 2.2 2000 Round – Child 29 months old.

Interviewer Completed Paper Questionnaire (ICPQ), for which the respondent is the PMK:

- 2.3 1999 Round – Child 17 months old;
- 2.4 2000 Round – Child 29 months old.

Self-Administered Questionnaire for the Mother (SAQM): the respondents for this paper questionnaire are the biological mother or the spouse/partner and the absent biological mother (SAQMABS), when it is possible to reach her:

- 2.5 1999 Round – Child 17 months old;
- 2.6 2000 Round – Child 29 months old.

Self-Administered Questionnaire for the Father (SAQF): the respondents for this paper questionnaire are the biological father or the spouse/partner and the absent biological father (SAQFABS), when it is possible to reach him:

- 2.7 1999 Round – Child 17 months old;
- 2.8 2000 Round – Child 29 months old.

Observations of Family Life (OFL): the respondent to this paper questionnaire is the interviewer:

- 2.9 1999 Round – Child 17 months old and 2000 Round – Child 29 months old

Imitation Sorting Task (IST): test administered to the target child by the interviewer:

- 2.10 1999 Round – Child 17 months old;
- 2.11 2000 Round – Child 29 months old.

Baby Diary: the respondent may be the mother, the father or the child care provider (babysitter). This instrument is used for the second and last time in the 1999 round (under the name of Child's diary):

- 2.12 1999 Round – Child 17 months old.

Authorization Form for the Hospitals, to send information in the medical records of the mother and of the child: this form is used to obtain the two medical files. Only the biological mother may sign it. It is used in any year that the *Direction Santé Québec* has not received the files on the target children, and was used in the 1999 round for a brother or sister of the target child. It will be used for sibling information throughout this phase of the QLSCD 1998-2002, namely, every two years:

- 2.13 1999 Round – Child 17 months old and sibling;
- 2.14 2000 Round – Child 29 months old.

4. E2 and E3 signify studies undertaken in the second and third years of the QLSCD.

These instruments thus cover the target child approximately 17 and 29 months of age, his/her brother or sister (in the 1999 round), the household, the family and the couple, the mother or the spouse/partner, the father or the spouse/partner and the biological parent not living in the household.

Interviewer Completed Computerized Questionnaire (ICCQ)

2.1 ICCQ – 1999 ROUND (E2) – Child 17 Months Old

The Interviewer Completed Computerized Questionnaire (ICCQ) for the 1999 round was drawn in large part from the questionnaire for Cycle 2 of the National Longitudinal Study of Children and Youth (NLSCY), conducted by Statistics Canada in 1996. We used the justifications in the document entitled Overview of Survey Instruments for 1994-1995 Data Collection, Cycle 1 (Statistics Canada and Human Resources Development Canada, 1995). After the publication of that document, the NLSCY and QLSCD researchers added some questions and adapted others. These changes were taken into account when finalizing the justifications for the 1999 round of the QLSCD.

This questionnaire contains several questions aimed at confirming information collected during the previous data collection. It also contains questions addressed to the PMK about the sibling—the brother or sister closest in age to the target child (17 months old). These questions will be identified throughout the discussion of the justifications.

The questionnaire comprises the following four sections:

- 2.1.1 Sociodemographic Questionnaire;
- 2.1.2 Parents' Questionnaire;
- 2.1.3 Target Child and Sibling Questionnaire;
- 2.1.4 Absent Biological Parent Questionnaire.

2.1.1 Sociodemographic Questionnaire

This section examines the composition of the household at the time of the interview, the relationship among household members, as well as the housing conditions.

2.1.1.1 Household – CONT AND DEM⁵ (completed for all members of the household)

- **Objective**

The same as in the 1998 round.

- **Measure**

(CONT-Q8, 13, 13aa, 13ab, 13ac, 14, 15, 19a, 19b, 19c, 19d et 20a; DEM-Q1, 2, 2a, 2b, 3, 4 and 4a)

As of the 1999 round, questions CONT-Q16, 19 and 20 are withdrawn and replaced by the new questions: CONT-Q13aa, 13ab, 13ac, 19a, 19b, 19c, 19d and 20a. These were developed by the *Direction Santé Québec* to obtain a more precise description of the composition of the families (number of children for each of the parents living in the household and apart from it) and to ascertain why certain family members are no longer living in the household.

The questions on the date of birth, age, gender and current marital status (DEM-Q1, 2, 2a, 2b, 3, 4 and 4a) are the same as those in the previous round. They are used to confirm the information collected in 1998.

2.1.1.2 RELATIONSHIPS – REL (completed for all members of the household)

- **Objective**

The same as in the 1998 round.

- **Measure**

(REL-Q1)

The same as in the 1998 round, except that in the 1999 round the relationships identified the previous year are confirmed.

5. Abbreviations used to indicate sections of the ICCQ.

2.1.1.3 Housing Conditions – HHLD (completed by the PMK or the respondent for the household)

- **Objective**

The same as in the 1998 round.

- **Measure**

(HLD-Q1, 2, 2b, 3, 6, 7 and 8)

Questions HHLD-Q4, 5 and 5a on the presence or absence of a household pet are withdrawn because the information obtained on the factors in the physical environment that might be associated with respiratory problems in the child was too fragmentary. To complete this description, several other variables would be needed. Given the time limit for the interview, it was decided to withdraw these questions. The other questions in the section are identical to those in the previous round.

This ends the examination of this section. Let us now turn to the Parents' Questionnaire.

2.1.2 Parents' Questionnaire

The Parents' Questionnaire for the 1999 round of the QLSCD provides a means to collect data on the parents of the target child, that is, the mother, the father or the spouse/partner of the parent living in the household. The topics are education, employment, income, health, family functioning, social support and the sociodemographic characteristics of new household members only.

2.1.2.1 Education Level – EDA (completed for the PMK and for the spouse/partner)

- **Objective**

To obtain the following information: are the PMK and the spouse/partner currently studying at an educational institution?

- **Measure**

(EDA-Q4a and 5)

Question EDA-Q5 is retained in E2 to determine if the PMK and the spouse/partner are enrolled in a school, college or university at the time of the interview. Question Q4a covers the highest level of education completed by a new spouse/partner, if applicable.⁶

2.1.2.2 Employment Activity – LFS (completed for the PMK and for the spouse/partner)

- **Objective**

The same as in the 1998 round.

- **Measure**

(LFS-Q1, 2, 3, 4, 5, 6, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 12c, 12d, 13, 17a and 17b)

Minor modifications were made to the following questions to make them easier to understand:

- to LFS-Q3, on the number of weeks worked during the year preceding the study, we added to "number of hours" the specification "worked per week," and to the examples we added a reference to annual paid holidays: "such as vacation leave, maternity leave or parental leave";
- to LFS-Q8, covering the occupation at the time of the survey, we added the words "including self-employment."

To confirm the information obtained in the 1998 round, questions LFS-Q9b, 10b, 11b and 12b were added. They are drawn from Cycle 2 of the NLSCY, as are two questions introduced in the 1999 round and covering the reasons why the PMK and the spouse/partner are not employed at the time of the interview (Q17a) or have not been employed at any time during the year (Q17b). To the various reasons provided, we added "could not find a job."

6. Because this question was omitted from the first version of the questionnaire, we had to call the affected survey households to collect this information for the first, second and third waves of the E3 study. For the remaining three waves, the information was collected in E3 during the face-to-face interview.

Question LFS-Q13 is new, and comes from Cycle 3 of the NLSCY. It aims to ascertain the current or most recent employment status of the PMK and the spouse/partner (e.g. salaried worker, self-employed or unpaid family work).

Questions LFS-Q1, 2, 4, 5, 6, 9a, 11a, 12a, 12c and 12d are identical to those in the previous round.

2.1.2.3 Income – INC (completed for the PMK and the household)

- **Objective**

The same as in the 1998 round, with the addition of the personal income of the PMK.

- **Measure**

(INC-Q1, 2, 3, 3a, 3b, 3c, 3d, 3e, 3f, 3g, 4, 4a, 4b, 4c, 4d, 4e, 4f and 4g)

The answer items for questions INC-Q1 and 2 were modified to adapt them to the Québec context and to pinpoint the sources of the household income:

- in answer item 9, “child tax benefit (national)/ Québec family allowance” is retained and “tax credit” is deleted;
- “provincial or municipal social assistance or welfare” is deleted from answer item 10; however, the words “social assistance (welfare)” are retained and the words “and income supplements” are added;
- to answer item 11 are added points 11 and 12 of the 1998 round, in order to ascertain the “child or spousal support.”

Questions 4 and 4a to 4g are new and are drawn from Cycle 2 of the NLSCY. They cover the total personal income of the PMK. All of the other questions, that is, 3 to 3g, are the same as in the previous round.

2.1.2.4 Parents’ Health – HLA (collected for the PMK and for the spouse/partner)

- **Objective**

The same as in the 1998 round.

- **Measure**

(HLA-Q1, 1c, 1d, 1d1, 1e, 1f, 1g, 1h, 2, 2a, 3, 4, 5, 5a, 6, 7a, 7b, 7c and 12a to 12l. For the PMK only: Q2a and 12a to 12l)

Question HLA-Q1 is unchanged from the previous round. Question HLA-Q1a, covering long-term health conditions, is not included in E2 but is in E3 because it is asked every two years.

Questions HLA-Q1c to Q1h are new. They deal with the weight and height of the parents and are identical to those in Cycle 1 of the NLSCY (HLT-Q3 and Q4), which were taken from the National Population Health Survey (NPHS).

Question HLA-Q2a, on the presence of smokers in the household, comes from the 1998 round (SAQM-Q20) and is directed to the PMK only. Questions Q2 and 3, on smoking habits, are the same as in E1.

Minor modifications were made to the questions on alcohol consumption:

- HLA-Q4 and Q5: the expression “a drink” was removed in order to ascertain only if any beer, wine, liquor or other alcoholic beverage was consumed over the preceding 12 months and the frequency of that consumption;
- HLA-Q5a: this question is new and comes from Cycle 1 of the NLSCY. It aims to determine the quantity of alcoholic beverages consumed on each occasion. The interviewer points to a sheet of paper on which the quantity is clearly indicated:

1 drink:

- 1 small bottle of beer (except .5% beer) (12 ounces or 360 ml)
- 1 small glass of wine (4-5 ounces or 120-150 ml)
- 1 small glass of distilled liquor or spirits (1-1½ ounces with or without mix)

2 drinks:

- 1 large bottle of beer
 - 1 double portion of strong liquor
 - 1 shot plus one beer (beer chaser);
- HLA-Q6 is the same as in the 1998 round, except that to make it clearer the word "glasses" was changed to "drinks";
- HLA-Q7 of E1 is withdrawn. It is no longer pertinent, since the above questions proved adequate in pinpointing excessive consumption.

The following questions on the consumption of drugs and/or non-prescription drugs are the same as those in the 1998 round. However, to make them easier to understand, they were adapted by Mark Zoccolillo of McGill University and the Department of Psychiatry at the Montreal Children's Hospital and by the *Direction Santé Québec*:

- HLA-Q7a and 7b: the non-prescription drugs are clearly identified in question 7a and so are not cited as examples, as they were in E1; because the second question is related to the first, we added the expression "these drugs and/or medications" in reference to the non-prescription drugs listed in 7a;
- HLA-Q7c: answer item 1 "glue, inhalants (gasoline)" in E1 is withdrawn; answer items 5 and 6 are incorporated in 4, "heroin, opiates..."; "psychedelics" is withdrawn from item 5; the non-prescription drugs (6) are listed, as they are in question 7a; "ecstasy" is withdrawn. These changes were made when we realized that very few respondents indicated in the 1998 round that they had consumed these drugs.

Questions HLA-Q12a to 12l, which cover the depressive symptoms of the PMK during the week preceding the study, are the same as in E1; question Q12m is withdrawn because it covers post-natal depression when the target child was 5 months of age.

2.1.2.5 Family Functioning – FNC (completed by the PMK for the family)

- **Objective**

The same as in the 1998 round.

- **Measure**

(FNC-Q1d, 1f, 1g, 1h, 1j, 1k, 1l)

In the 1998 round, this scale comprised 12 questions; following a factorial analysis of the data from that round, 5 of them were withdrawn in the 1999 round to shorten the interview, that is, questions FNC-Q1a, b, c, e, and i as well as question m (which was added to the initial scale and covered alcohol consumption). Since a whole section of E2 is devoted to this topic, it was not necessary to retain this question.

2.1.2.6 Neighbourhood – SAF

This section was removed in E2 to shorten the interview. It is included in the questionnaire every two years, and so reappears in the 2000 and 2002 rounds.

2.1.2.7 Social Support – SUP (completed only for the PMK)

- **Objective**

To determine the degree of social support received by the PMK from friends, family and other sources. This section was not included in the 1998 round.

Research indicates that social support influences self-esteem and the relationships of individuals with their children and other family members.

- **Measure**

(SUP-Q1b, 1c, 1f and 2a)

The questions on social support (SUP-Q1a to f) are drawn from Cycles 1 and 2 of the NLSCY and represent a shortened version of the Social Provisions Scale developed by Carolyn E. Cutrona and Daniel W. Russell of Iowa State University. The Social Provisions Scale measures perceived support. The scale was shortened for the Ontario project Better Beginnings, Better Futures. This shortened version measures the following aspects of social relationships: guidance, reliable alliances (knowing one can count on others for practical help) and attachment. For the 1999 round of the QLSCD, after a factorial analysis of data from the NLSCY, we decided to retain only questions SUP-Q1b, c and f in order to shorten the time required for the interview.

Question SUP-Q2a on help received from health professionals working in community or social services is also drawn from the NLSCY. It was proposed by Tom Hay of the firm A2B Consulting (Toronto).

2.1.2.8 Sociodemographic Data – SOC (completed for new members only)

- **Objective and measure**

The same as in 1998 round. (SOC-Q1, 2a, 2b, 3, 4, 4a, 5, 6, 6a, 8 and 9)

This ends the discussion of the Parents' Questionnaire of the ICCQ. Other, related questions are asked by the paper survey instruments, which are examined at the end of the ICCQ. We now turn to the questionnaire on the child.

2.1.3 Target Child and Sibling Questionnaire

The Target Child Questionnaire of the 1999 round of the QLSCD provides a means to collect data on the target child approximately 17 months old. Recall that during the second year of data collection, we introduced certain questions on the sibling, that is, the brother or sister closest in age to the target child. A biological sibling was the preferred choice over a stepbrother or stepsister (see also Part I, sub-section

2.2.1, of the first paper in this series). The questions on the sibling are presented below, along with those on the target child. All of this information is provided by the PMK.

2.1.3.1 Health – HLT (on the target child and the sibling aged 0-1 year, 2-3 years, 4-5 years, 6-11 years and 12-13 years)

- **Objective**

The same as in the 1998 round.

- **Measure**

(HLT-Q1, 3, 3a, 3a1, 3b, 4, 4a, 4b, 4b1, 37, 38, 39, 39a, 39b, 40, 41, 42, 43c, 43d, 45, 45a, 45b, 48a, 48b, 48c, 48d, 48e, 48e1, 48g, 48h, 48i, 49, 49a, 50, 51a, 51b, 51c, 51d and 51e – see Table 2.1 for the numbers of the questions by the age of the target child and the sibling - HLT.)

Table 2.1

Numbers of the questions on the health (HLT) of the target child and the sibling by age, Québec, 1999

Target Child	Sibling				
	0-1 year	2-3 years	4-5 years	6-11 years	12-13 years
HLT-Q1	HLT-Q1	HLT-Q1	HLT-Q1	HLT-Q1	HLT-Q1
HLT-Q3	HLT-Q3	HLT-Q3	HLT-Q3	HLT-Q3	HLT-Q3
HLT-Q3A	HLT-Q3A	HLT-Q3A	HLT-Q3A	HLT-Q3A	HLT-Q3A
HLT-Q3A1	HLT-Q3A1	HLT-Q3A1	HLT-Q3A1	HLT-Q3A1	HLT-Q3A1
HLT-Q3B	HLT-Q3B	HLT-Q3B	HLT-Q3B	HLT-Q3B	HLT-Q3B
HLT-Q4	HLT-Q4	HLT-Q4	HLT-Q4	HLT-Q4	HLT-Q4
HLT-Q4A	HLT-Q4A	HLT-Q4A	HLT-Q4A	HLT-Q4A	HLT-Q4A
HLT-Q4B	HLT-Q4B	HLT-Q4B	HLT-Q4B	HLT-Q4B	HLT-Q4B
HLT-Q4B1	HLT-Q4B1	HLT-Q4B1	HLT-Q4B1	HLT-Q4B1	HLT-Q4B1
HLT-I37	HLT-I37	HLT-I37	HLT-I37	HLT-I37	HLT-I37
HLT-Q37	HLT-Q37	HLT-Q37	HLT-Q37	HLT-Q37	HLT-Q37
HLT-Q38	HLT-Q38	HLT-Q38	HLT-Q38	HLT-Q38	HLT-Q38
HLT-Q39	HLT-Q39	HLT-Q39	HLT-Q39	HLT-Q39	HLT-Q39
HLT-Q39A	HLT-Q39A	HLT-Q39A	HLT-Q39A	HLT-Q39A	HLT-Q39A
HLT-Q39B	HLT-Q39B	HLT-Q39B	HLT-Q39B	HLT-Q39B	HLT-Q39B
HLT-Q40	HLT-Q40	HLT-Q40	HLT-Q40	HLT-Q40	HLT-Q40
HLT-Q41	HLT-Q41	HLT-Q41	HLT-Q41	HLT-Q41	HLT-Q41
HLT-Q42	HLT-Q42	HLT-Q42	HLT-Q42	HLT-Q42	HLT-Q42
HLT-Q43C					
HLT-Q43D					
HLT-Q45	HLT-Q45	HLT-Q45	HLT-Q45		
				HLT-Q45A	HLT-Q45A
HLT-Q45B	HLT-Q45B	HLT-Q45B	HLT-Q45B	HLT-Q45B	HLT-Q45B
HLT-I48	HLT-I48	HLT-I48	HLT-I48	HLT-I48	HLT-I48
HLT-Q48A	HLT-Q48A	HLT-Q48A	HLT-Q48A	HLT-Q48A	HLT-Q48A
HLT-Q48B	HLT-Q48B	HLT-Q48B	HLT-Q48B	HLT-Q48B	HLT-Q48B
HLT-Q48C	HLT-Q48C	HLT-Q48C	HLT-Q48C	HLT-Q48C	HLT-Q48C
HLT-Q48D	HLT-Q48D	HLT-Q48D	HLT-Q48D	HLT-Q48D	HLT-Q48D
		HTL-Q48E			
			HLT-Q48E1	HLT-Q48E1	HLT-Q48E1
HLT-Q48G		HLT-Q48G	HLT-Q48G	HLT-Q48G	HLT-Q48G
HLT-Q48H	HLT-Q48H	HLT-Q48H	HLT-Q48H	HLT-Q48H	HLT-Q48H
HLT-Q48I	HLT-Q48I	HLT-Q48I	HLT-Q48I	HLT-Q48I	HLT-Q48I
HLT-Q49	HLT-Q49	HLT-Q49	HLT-Q49	HLT-Q49	HLT-Q49
HLT-Q49A	HLT-Q49A	HLT-Q49A	HLT-Q49A	HLT-Q49A	HLT-Q49A
HLT-Q50	HLT-Q50	HLT-Q50	HLT-Q50	HLT-Q50	HLT-Q50
		HLT-Q51A	HLT-Q51A	HLT-Q51A	HLT-Q51A
		HLT-Q51B	HLT-Q51B	HLT-Q51B	HLT-Q51B
		HLT-Q51C	HLT-Q51C	HLT-Q51C	HLT-Q51C
		HLT-Q51D	HLT-Q51D	HLT-Q51D	HLT-Q51D
		HLT-Q51E	HLT-Q51E	HLT-Q51E	HLT-Q51E

Source: *Institut de la statistique du Québec, QLSCD 1998-2002.*

All of the questions on the target child from the first round are retained, except the one on the frequency of his/her good health over the preceding 12 months (HLT-Q2), which was withdrawn to shorten the interview.

With respect to injuries, two questions were added (HLT-Q39a and 39b) to complete the information. Thus, in addition to identifying the nature of the most serious injury incurred over the preceding 12 months (HLT-Q39), the date of the injury and the child's age when it occurred are also determined. This information is also collected for the selected sibling.

Questions HLT-Q43c and 43d on asthma attacks and the number of attacks since birth, for the target child only, are also new. The first, from the National Population Health Survey, is included in the NLSCY (Cycles 1 and 2), while the second was proposed by Louise Séguin of the *Département de médecine sociale et préventive* (Department of Social and Preventive Medicine) at the *Université de Montréal*.

With respect to long-term health conditions, question 45 of the 1998 round is retained for the target child and for the sibling when less than 5 years old. Question HLT-Q45a, which is new, covers a sibling 6 to 13 years old. It also deals with long-term health conditions but has two new answer items: learning disabilities and emotional, psychological or nervous difficulties experienced by this age group. Question HLT-Q45b is directed to both the target child and the sibling less than 13 years old; it deals with the partial or complete inability to participate in a variety of activities (in school, at play, in sports or in any other activity for a child of this age) because of a long-term condition related to health or some other cause.

In the section on consulting health professionals, minor changes were made to some questions and some questions were added:

- HLT-I48: an instruction to the interviewer was added for the sibling less than 1 year old: "If the child is less than a year old, count the number of times since birth, excluding at time of birth";
- HLT-Q48a to 48e and 48g to 48i: the time reference was changed; "in the past year" became "in the past 12 months."

Questions HLT-Q48 a, b, c and d are the same as in first round, but they now deal with the sibling less than 13 years old as well as the target child.

Questions HLT-Q48e, e1 and g are new. Two of them (Q48e and Q48g) are drawn from the NLSCY (Cycles 1 and 2). Some were adapted to the age of the children. Thus, Q48e deals with only a sibling aged 24 months to less than 36 months. Minor changes were made to it at the request of the team of dental advisors at the *Direction de la santé publique de la Régie régionale de la santé et des services sociaux de Montréal-Centre* (Public Health Department, Montréal-Centre Region) (see the list in Annex 2): the reference to an orthodontist was replaced by one to a pedodontist. This team also added question HLT-Q48e1 on children 4 to 13 years old which covers visits to a dentist, pedodontist or orthodontist. Finally, question 48g on visits to a psychiatrist or psychologist is asked for all children older than 2 years, both the target child and the sibling.

Questions HLT-Q48h and 48i cover visits to a child welfare or children's aid worker or any other person trained to provide treatment or counsel; they are unchanged from the previous round. They are asked for the target child and the sibling less than 13 years old.

Questions HLT-Q49 and 50 on hospitalizations are identical to those in the 1998 round, except that to question 50 the word "Specify" was added to the response item "Other." Question HLT-Q49a is new. It was proposed by the research team of the QLSCD to determine the number of times the child was hospitalized for at least one night. These three questions cover the target child and the sibling less than 13 years old.

The series of questions on the use of medication (HLT-Q51a to 51e) is new; it comes from Cycles 1 and 2 of the NLSCY. The questions cover only the sibling 2 to 13 years old. They were formulated by the Expert Advisory Group of the NLSCY from questions in the Ontario Child Health Study (OCHS). Minor modifications were made to question 51a in Cycle 2 of the NLSCY to add other inhaled medications, that is, "Ventolin, inhalers or puffers for asthma." To question 51e, on the consumption of other medications, the instruction "Specify" was added.

2.1.3.2 Medical and Biological Information (Perinatal) – MED (for the target child and the sibling)

- **Objective**

The same as in the 1998 round.

- **Measure**

Questions MED-Q21a, 21b, 21c and 22 cover the target child and are asked only if the respondent is the biological mother of the target child.

Questions MED-Q3, 4, 5, 6, 7, 8, 9a and 9b cover the sibling less than 4 years old; they too are asked only if the respondent is the biological mother.

Questions MED-Q22, 23c1, 23c2, 23c3, 24a and 24b also cover the sibling less than 4 years old and are addressed to the biological mother or any other person responding to the questionnaire.

Because Questions MED-Q3 to 9b were asked for the target child during the first round, there was no need to ask them again. However, they are retained in the 1999 round for the sibling less than 4 years old, when the biological mother is the respondent.

Questions MED-Q21a, b and c, on the child's special medical care following his/her birth, and question MED-Q22 are new and cover only the target child (Q21a, b, c) or, with respect to question MED-Q22, the target child and the sibling 0-3 years old. The latter question, on the perceived health of the child at birth, is addressed to the respondent to the questionnaire, whether or not this is the child's biological mother. These questions, which are identical to those used in Cycles 1 and 2 of the NLSCY, were developed by the NLSCY team based on questions proposed by Jean-François Saucier of the *Hôpital Sainte-Justine* (Sainte Justine's Hospital) in Montréal.

Questions MED-Q23c1, c2, c3, 24a and b, covering the health of the mother after the delivery of her child, are identical to those asked about the target child in the previous round and here cover only the sibling 0 to 3 years old. They are addressed to the respondent to the questionnaire, regardless of the relationship between this person and the child.

Questions MED-Q29, 30a, 30b and 31 cover the mother's work/occupation since the birth and are now included in the new section: WAB (Work After Birth).

2.1.3.3 Work After Birth – WAB (section MED in the 1998 round – for the target child only)

This section is filled out only if the mother of the target child has not worked since the child reached the age of 5 months.

- **Objective**

The same as in the 1998 round.

- **Measure**

(WAB-Q1a, 2, 3 and 4a)

Questions WAB-Q1a, 2 and 3 are similar to questions MED-Q29, 30a, 30b and 31 in the previous round. Question WAB-Q4a, on stopping working, is new and comes from Cycle 3 of the NLSCY.

2.1.3.4 Temperament – TMP (for the target child only)

- **Objective**

The same as in the 1998 round.

- **Measure**

(TMP-Q1, 5, 6, 7, 17, 24a, 25, 26, 27, 27a and 33)

Questions TMP-Q3, 8, 19 and 20, which were included in the questionnaire of the 1998 round, were withdrawn because of the age of the target child.

Questions TMP-Q1, 5, 6, 7, 17 and 33 are identical to those in the previous round and measure the perception of the child's difficult temperament. Questions 24a, 25, 26, 27 and 27a on the child's adaptability are new. They are identical to those in the NLSCY (Cycle 1), except question 27 in which "such as baths" was dropped from the examples in the question.

2.1.3.5 Education – EDU (for the sibling 4 to 13 years old only)

- **Objective**

To collect information on the schooling of the sibling 4 to 13 years old.

- **Measure**

(EDU-Q0 and 1b)

Questions EDU-Q0 and Q1b are drawn from the NLSCY and provide a means to identify the type of school attended by the child (Q0) and what grade he/she is in (Q1b). The first question is identical to the one in Cycle 2 of the NLSCY. The question on the child's grade was drawn from the *Survey of Labour and Income Dynamics* (SLID) conducted by Statistics Canada and was also in Cycle 1 of the NLSCY.

2.1.3.6 Literacy – LIT (for the target child and the sibling 0 to 6 years)

- **Objective**

In addition to measuring, as in the previous round, the exposure of the target child to reading, we wished to evaluate the interest in reading of this target child and the sibling less than 6 years old as well as the encouragement given them by the parents with respect to writing skills and frequency of library visits.

- **Measure**

(Target child and sibling (0-4 years old): LIT-Q1, 2, 3, 4, 5, 6a, 6b1, 6b2, 7 and 8; sibling (5 years old): 6a, 6b1, 6b2, 7a, 8, 12, 13 and 14; sibling (6 years old): 7a, 12, 13 and 14)

These questions are drawn from Cycles 1 and 2 of the NLSCY. Minor changes were made to some of the questions by the QLSCD researchers to make them clearer. For example, in questions 3, 6a, 6b1, b2, 7 and 7a, the words "of the household" were added to the section "you or another adult." Question 8a was also slightly modified: the specification "letters of the alphabet or words" replaces the wording "pretend to write" in the part on the adult's encouragement of the child to write.

2.1.3.7 Activity – ACT (for the target child only)

- **Objective**

The same as in the 1998 round.

- **Measure**

(ACT-Q1, 2a and 2b)

The three questions from the first round on educational activities are retained, but with several modifications to either the wording of the question (ACT-Q1) or the answer items (ACT-Q2a) to take into account the specific context of Québec.

Thus, in question ACT-Q1, the wording in the French versions was changed: “day nursery, other than daycare centre” was replaced by “kindergarten or pre-school.” In question ACT-Q2a, the first answer item in the French version was changed to read “nursery school or pre-school.” These changes were suggested by H  l  ne Fullum of the *minist  re de la Famille et de l’Enfance* (MFE).

Question Q2b is identical to the one in the previous round, when the target children were approximately 5 months old.

2.1.3.8 Behaviour – BEH (for the target child and the sibling up to 12 years old)

- **Objective**

To evaluate aspects of the behaviour of the target child approximately 17 months old and of a brother or sister less than 12 years old. This information is being collected for the first time from the person who best knows the child, or the Person Most Knowledgeable (PMK). **In conjunction with the other data collected in the QLSCD surveys, these questions help researchers gain a better understanding of the context in which certain behavioural problems emerge.**

The questions are addressed to the PMK and cover the sleeping and eating habits of the sibling less than 12 years old, if applicable. **Several specialists in child development have suggested that problems related to sleep and diet in infants and young children may be indicators of the temperament of the child and thus serve to evaluate the risk that he/she will one day manifest certain behavioural problems (Thomas and Chess, 1984).**

For a sibling 4 to 11 years old, the following behaviours are measured: behavioural problems, hyperactivity, emotional problems, anxiety, indirect aggression, physical aggression, inattention and prosocial behaviour. Most of the behaviours measured in the target child approximately 17 months old and in the sibling from 1 to 3 years old are the same as those measured in the older sibling; however, fear of abandonment, defiance-opposition and shyness are

also measured in the target child and in the sibling. Indirect aggression and some elements of behavioural problems were withdrawn.

- **Measure**

(See Table 2.2 for the numbers of questions on the behaviour (BEH) of the target child and the sibling, by age.)

Table 2.2

Numbers of the questions on the behaviour (BEH) of the target child and the sibling, by age, Québec, 1999

Target child	Sibling				Target child	Sibling			
17 months	0-11 months	1 year	2-3 years	4-11 years	17 months	0-11 months	1 year	2-3 years	4-11 years
	BEH-Q1 BEH-Q3 BEH-Q4 BEH-Q5 BEH-Q5A	BEH-Q1 BEH-Q3 BEH-Q4 BEH-Q5 BEH-Q5A		BEH-Q6A BEH-Q6B BEH-Q6C BEH-Q6D BEH-Q6E BEH-Q6F BEH-Q6G BEH-Q6H BEH-Q6I BEH-Q6J BEH-Q6K BEH-Q6L BEH-Q6M BEH-Q6N BEH-Q6O BEH-Q6P BEH-Q6Q BEH-Q6R BEH-Q6S BEH-Q6T BEH-Q6U BEH-Q6V BEH-Q6W BEH-Q6X BEH-Q6Y BEH-Q6Z BEH-Q6AA BEH-Q6BB BEH-Q6CC BEH-Q6DD BEH-Q6EE BEH-Q6FF BEH-Q6GG BEH-Q6HH		BEH-Q8GA BEH-Q8GB BEH-Q8I1 BEH-Q8IA BEH-Q8IB BEH-Q8J1 BEH-Q8K BEH-Q8K1 BEH-Q8N BEH-Q8NA BEH-Q8NB BEH-Q8P BEH-Q8Q BEH-Q8QA BEH-Q8R1 BEH-Q8R2 BEH-Q8S BEH-Q8T1 BEH-Q8U BEH-Q8U1 BEH-Q8UA BEH-Q8UB BEH-Q8V BEH-Q8W BEH-Q8XC BEH-Q8XD BEH-Q8Z1 BEH-Q8Z1A BEH-Q8Z1B BEH-Q8BB BEH-Q8CC BEH-Q8CCA BEH-Q8CCB BEH-Q8DD1 BEH-Q8EE BEH-Q8EEA BEH-Q8EEB BEH-Q8HH1 BEH-Q8HHC		BEH-Q8GA BEH-Q8I1 BEH-Q8IA BEH-Q8J1 BEH-Q8K BEH-Q8K1 BEH-Q8N BEH-Q8NA BEH-Q8P BEH-Q8Q BEH-Q8R1 BEH-Q8R2 BEH-Q8S BEH-Q8T1 BEH-Q8U BEH-Q8U1 BEH-Q8UA BEH-Q8V BEH-Q8W BEH-Q8XC BEH-Q8Z1 BEH-Q8Z1A BEH-Q8BB BEH-Q8CC BEH-Q8CCA BEH-Q8DD1 BEH-Q8EE BEH-Q8EEA BEH-Q8HH1 BEH-Q8HHC	

Continued on the next page...

Target child	Sibling				Target child	Sibling			
17 months	0-11 months	1 year	2-3 years	4-11 years	17 months	0-11 months	1 year	2-3 years	4-11 years
BEH-I8A BEH-Q8B BEH-Q8D BEH-Q8D1 BEH-Q8E1 BEH-Q8EA BEH-Q8EB BEH-Q8F BEH-Q8FA		BEH-I8A BEH-Q8B BEH-Q8D BEH-Q8D1 BEH-Q8E1 BEH-Q8EA BEH-Q8F	BEH-I8A BEH-Q8B BEH-Q8D BEH-Q8D1 BEH-Q8E1 BEH-Q8EA BEH-Q8F	BEH-Q6II BEH-Q6JJ BEH-Q6LL BEH-Q6MM BEH-Q6NN BEH-Q6OO BEH-Q6PP BEH-Q6QQ BEH-Q6RR BEH-Q6SS BEH-Q6TT BEH-Q6UU	BEH-Q8HHD BEH-Q8LL1 BEH-Q8MM BEH-Q8NNA BEH-Q8NNB BEH-Q8PP1 BEH-Q8QQ BEH-Q8QQ1 BEH-Q8RR BEH-Q8RR BEH-Q8SS BEH-Q8SS1 BEH-Q8TT1 BEH-Q8TT2 BEH-Q8UU1 BEH-Q8UUC BEH-Q8UUD		BEH-Q8LL1 BEH-Q8MM BEH-Q8NNA BEH-Q8PP1 BEH-Q8QQ BEH-Q8QQ1 BEH-Q8RR BEH-Q8SS BEH-Q8SS1 BEH-Q8TT1 BEH-Q8UU1 BEH-Q8UUC	BEH-Q8LL1 BEH-Q8MM BEH-Q8NNA BEH-Q8PP1 BEH-Q8QQ BEH-Q8QQ1 BEH-Q8RR BEH-Q8SS BEH-Q8SS1 BEH-Q8TT1 BEH-Q8UU1 BEH-Q8UUC	

BEH-Q1 to BEH-Q5 (for the sibling less than 2 years old only)

The questions on sleep habits and reaction to new foods are taken from Cycles 1 and 2 of the NLSCY. They were selected from the scale developed by Jean-François Saucier of the *Hôpital Sainte-Justine*.

BEH-Q5a (for the sibling less than 2 years old only)

The question on trouble getting the child to eat is also drawn from the NLSCY (Cycles 1 and 2). It was submitted by Diane Benoit of the Department of Psychiatry at the Hospital for Sick Children in Toronto.

BEH-Q6a to BEH-Q6uu and BEH-Q8b to BEH-Q8uu

These measures of behaviour, most of which are also included in the NLSCY (Cycles 1 and 2), were drawn from numerous sources by Richard E. Tremblay of the *Groupe de recherche sur l'inadaptation psychosociale chez l'enfant* (Research Unit on Children's Psychosocial Maladjustment) (GRIP) at the *Université de Montréal* and Scientific Director of the QLSCD, in consultation with D. Offord and Mr. Boyle of Chedoke-McMaster Hospitals. The following questions were retained for the 1999 round (E2). Minor modifications were made to some to fulfill the requirements of the QLSCD. In addition to these questions, drawn from various parts of the NLSCY, some original questions were proposed to meet the specific requirements of the QLSCD.

BEH-Q6a to Q6uu (for the sibling 4 to 11 years old only – 46 questions)

These questions measure the following behavioural dimensions:

- behavioural problems: BEH-Q6c, Q6e, Q6g, Q6l, Q6o, Q6t, Q6aa, Q6dd, Q6ff, Q6jj and Q6pp. They are drawn from the Ontario Child Health Study (OCHS);
- hyperactivity: BEH-Q6b, Q6i, Q6n, Q6p, Q6s, Q6w and Q6hh. All are drawn from the OCHS, except question Q6hh, which comes from the *Étude longitudinale et expérimentale de Montréal* (Longitudinal and Experimental Study of Low SES Boys in Montréal) (ÉLEM), directed by Richard E. Tremblay.

- emotional problems: BEH-Q6f, Q6k, Q6q, Q6v, Q6cc, Q6mm and Q6rr. These are also drawn from the OCHS;
- anxiety: questions BEH-Q6y and Q6ii are drawn from the ÉLEM. They measure anxiety, as do questions Q6f, Q6q, Q6v and Q6cc. The last four questions measure several aspects of emotional problems. They are drawn from the OCHS (see the above discussion on this topic);
- indirect aggression: questions BEH-Q6j, Q6r, Q6z, Q6ll and Q6tt are drawn from Lagerspetz, Björkqvist and Peltonen (1988), who are based in Finland;
- physical aggression: question BEH-Q6x is drawn from the ÉLEM, and questions Q6g, Q6aa and Q6nn from the OCHS;
- inattention: question BEH-Q6p is drawn from the OCHS, and questions Q6ee and Q6qq from the ÉLEM;
- prosocial behaviour: questions BEH-Q6a, Q6h, Q6m, Q6gg and Q6oo are drawn from the OCHS, and questions Q6d, Q6u, Q6bb, Q6ss and Q6uu from the ÉLEM. The last four questions are from a scale developed by Weir and Duveen (1981).

BEH-Q8b to Q8uu (for the target child approximately 17 months old and the sibling between 1 and 3 years old (12 months and less than 48 months – 63 questions)

These questions cover the target child and the sibling, except the questions on the age at which the behaviours began, which are asked only for the target child. The following topics are examined:

- hyperactivity: questions BEH-Q8b, Q8i1, Q8n, Q8p, Q8s and Q8w are drawn from the OCHS, and question Q8hh1 from the ÉLEM. Questions 8i1 and 8hh1 come from questions 8i and 8hh of the NLSCY. To ensure that they conform to the English-language version, the words "*se laisse distraire*" (lets himself/herself be distracted) were replaced with "*est facilement distrait*" (is easily distracted) in the former and the words "do something" were added to the latter.

Questions 8b, 8n and 8hh1 are also addressed to the fathers/spouses to ascertain their perception of the behaviour of the target child: SAQF-Q40, 45 and 53.

- emotional problems: questions BEH-Q8f, Q8k, Q8q, Q8v, Q8cc, Q8mm and Q8rr are drawn from the OCHS. Minor changes were made to questions 8f and 8q; the term “depressed” was deleted from question 8f to clarify the description of the behaviour; in question 8q, the term “*angoissé*” (anguished) was replaced with “*anxieux*” (anxious), to ensure it conforms to the English version. Questions 8fa and 8qa are new and were added by Richard E. Tremblay only for the QLSCD, as a means for identifying the age at which these two behaviours began.

Questions 8f, 8k, 8q, 8v, 8mm and 8rr deal with the target child and are also addressed to the fathers/spouses: SAQF-Q41, 44, 47, 50, 55 and 58.

- anxiety: Q8f, Q8q, Q8v, Q8cc, 8fa and 8qa: in addition to measuring anxiety, these questions measure “emotional problems” (see the above discussion of this topic).

Questions 8f, 8q and 8v are also addressed to the fathers/spouses with respect to the target child: SAQF-Q41, 47 and 50.

- physical aggression: questions BEH-Q8ea, 8nna and 8ga are based on questions Q8nn, Q6nn and Q8g in the NLSCY and the OCHS. The term “often” was deleted from Q8ga because this word was one of the answer items. Question Q8xc comes from the NLSCY (Q8x) and the ÉLEM. Question Q8z1a is identical to question BEH-Q6aa in the NLSCY and the OCHS. Q8cca comes from question BEH-Q6jj in the NLSCY and the OCHS. Questions 8ia, 8na, 8ua, 8eea, 8hnc and 8uuc are new and come from Richard E. Tremblay; they provide a means to discern the different manifestations of physical aggression. Questions Q8eb, Q8nb, 8gb, 8xd, 8z1b, 8ccb, 8hhd, 8nnb, 8ib, 8ub, 8eeb and 8uud are also new and were added by Richard E. Tremblay to identify the age at which these behaviours began.

Questions 8ea, 8nna, 8ga, 8eea and 8uuc are also directed to the fathers/spouses with respect to the target child (SAQF-Q56, 54a, 42, 59a and 52a).

- inattention: question BEH-Q8p are drawn from the OCHS, and questions Q8ee and Q8qq from the ÉLEM;
- prosocial behaviour: questions BEH-Q8d, 8u, 8bb, 8ss and 8uu1 are drawn from the ÉLEM. The four last items come from a scale developed by Weir and Duveen (1981);
- fear of abandonment or separation anxiety: questions BEH-Q8dd1, 8ll1, 8pp1 and 8tt1 are drawn from the Child Behaviour Checklist (CBCL) developed by Achenbach. The wording of question 8tt1 was changed slightly to ensure it conforms to the English version: “*réagit trop mal*” (gets upset) was replaced by “*réagit très mal*” (gets very upset). Question 8tt2 was added by Richard E. Tremblay to identify the age of the child when the behaviour began.

Questions 8dd1, 8pp1 and 8tt1 are also addressed to the fathers/spouses: SAQF-Q52, 57 and 59.

- degree of defiance/opposition: questions BEH-Q8e1, 8j1, 8r1, 8t1 and 8z1 are drawn from the CBCL by Achenbach. Minor changes were made to the wording of the last question to ensure that it conforms to the English version: the word “*coléreux*” (quick-tempered) was replaced by “*colérique*” (prone to angry moods).

Questions 8t1 and 8z1 are also addressed to the fathers/spouses: SAQF-Q48 and 51.

- shyness: questions BEH-Q8d1, 8k1, 8r2, 8u1, 8qq1 and 8ss1 are new and have not appeared in the NLSCY. They are drawn from a questionnaire developed by Asendorpf (1990, 1991) and were adapted by Michel Boivin of the *École de psychologie* (School of Psychology) at the *Université Laval*.

All of these questions are also addressed to the fathers: SAQF-Q39, 43, 46, 49, 54 and 60.

2.1.3.9 Motor and Social Development – MSD (for the target child only)

- **Objective**

The same as in the 1998 round.

- **Measure**

(MSD-Q26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 40a, 40b, 40c, 40d, 40e, 40f, 40g, 40h, 40i, 40j, 40k and 40l)

Questions MSD-Q26 to 40 are drawn from the scale used in the previous round (Gail Poe), but this time different questions are used, to correspond to the age of the target child.

Questions MSD-Q40a to 40l are new and are not found in the NLSCY. They are drawn from the same scale (Vineland) as the one used in the 1998 round. As for that scale, these new questions reflect the age of the child. They were translated into French by *Santé Québec* and cross-checked by Richard E. Tremblay.

2.1.3.10 Relationship – REL (for the sibling from 4 years to less than 10 years old)

- **Objective**

To collect information on the relationships that the children (sibling 4 to 9 years old) have with their peers and certain adults. Maintaining positive relationships with other children and with adults may help children overcome difficult situations.

- **Measure**

(REL-Q1, 2, 4, 6, 7, 8 and 9)

The questions on the number of days spent engaged in activities with friends (Q1); on the number of friends (for the sibling 6 to 9 years old only – Q2); and on how well the child gets along with his/her friends (Q6), parents (Q8), teachers (Q7) and brothers and sisters (Q9) are based on those in the OCHS, which in turn are drawn from Cycles 1 and 2 of

the NLSCY. (Questions REL-Q7 and Q8 cover children 4 to 7 years old only.)

Question REL-Q4 on shyness covers children 8 or 9 years old only. It was formulated by the NLSCY (Cycles 1 and 2) team.

For Cycle 2, minor modifications were made to the following questions:

Q7: Answer item 6 “Not applicable” in Cycle 1 of the NLSCY was replaced by “Does not attend school.” This change is retained in the QLSCD;

Q8: Answer item 6 in Cycle 1 of the NLSCY, “Not applicable,” was removed in Cycle 2 of the NLSCY and in the QLSCD.

2.1.3.11 Parental Role – PAR (for the target child approximately 17 months old and the sibling less than 14 years old)

- **Objective**

The same as in the 1998 round.

- **Measure**

(Target child and sibling 0-11 years old: PAR-Q1, 2, 3, 4, 5 and 6; target child and sibling 0-1 year old: PAR-Q7a; sibling 2-11 years old: PAR-Q7, 8, 9, 13, 14, 15 and 18; sibling 2-13 years old: PAR-Q28, 28a, 28b and 31h)

All of the questions in this section deal with parenting practices (positive interactions and hostility) and come from Cycles 1 and 2 of the NLSCY, except the last question (Q31h), which was introduced in Cycle 2.

Questions PAR-Q1 to PAR-Q6 are the same as those in the 1998 round, except question Q4, in which the words “or irritated with” were added to the expression “annoyed” to make it clearer, given that several PMKs were unfamiliar with the term. The questions are included in the 1999 round for the target child and for the sibling less than 12 years old, and are also addressed to the fathers/spouses with

respect to the target child (SAQF-Q61 to 66), except that in question Q64 (PAR-Q4) "or irritated" is omitted.

Question PAR-Q7 covers only the sibling 2 to 11 years old. Question PAR-Q7a, which is also the same as the one in the previous round, deals with the target child as well as the sibling less than 1 year old. It is also addressed to the fathers/spouses (SAQF-Q67) with respect to the target child.

Questions PAR-Q8 to PAR-Q18 are new; they are used only for the sibling 2 to 11 years old.

Questions PAR-Q1 to Q7, PAR-Q7a, and PAR-Q8 to Q18 are used in the NLSCY (Cycles 1 and 2) and were provided by M. Boyle of Chedoke-McMaster Hospitals, from work done by Ken Dodge (Vanderbilt University) and an adaptation of the Parent Practices Scale by Strayhorn and Weidman.

Questions PAR-Q28, 28a, 28b and 31h are new and are used for the sibling 2 to 13 years old only. The question on exposure to domestic violence (Q28) was proposed by Mr. Boyle and revised by the NLSCY project team. Questions 28a and 28b are taken from Cycle 1, section REL-Q5 and Q3. They were developed by the project team of the NLSCY (Cycles 1 and 2), who moved them to the section "Parenting" for Cycle 2. These questions are addressed to the PMK and aim to determine her familiarity with the friends of her child, as well as how often her child might frequent children who are troublemakers. Question PAR-Q31h, which is found in Cycle 2 only, covers the number of days per week that the family visits relatives.

2.1.3.12 Family and Custody History – CUS

This section, which is administered very two years, was removed from the 1999 survey. It is included in the 2000 round (E3).

2.1.3.13 Child Care – CAR (for the target child only)

• Objective

The same as in the 1998 round, with the addition of the contact information for the child care centre or the person providing child care.

• Measure

(CAR-Q1a3, 1ab, 1b, 1b1, 1b2, 1c, 1c1, 1c2, 1e, 1e1, 1f, 1f1, 1g, 1g1, 1g2, 1k, 1k1, 1j-1a, 1j1, 1d, 1d1, 2a, (confirmations: m1b to m1g, m1k and m1j-1a), 2, 3, 4, 5, 5a, 6, 7, 12, 13, 14, 15, i21, 22, 23, 24, i31, 32, 33 and 34)

The questions on child care are drawn from Cycles 1 and 2 of the NLSCY, except where otherwise indicated.

The majority of the questions in the 1998 round are retained in this round. Questions Q1a and 1j are, however, replaced by questions Q1a3 and Q1j-1a to conform to the specific requirements of the QLSCD and to reflect the context of the Québec school system. For that reason, we added question Q1ab because it is related to the first question (Q1a3) and allows us to know the time spent in a child care centre.

Questions CAR-Q1k, Q1k1 and Q2a are new and are drawn from Cycle 3 of the NLSCY. With question Q1k, we are trying to ascertain whether the PMK had access to child care in a nursery school or pre-school in contrast to child care in a school program or day-care service as formulated in the Cycle 3 questionnaire of the NLSCY, which has not been adapted to the Québec context. For question Q2a, the answer items 7 and 9 from Cycle 3 were deleted because they are not applicable, given the age of the target child. Answer item 8 was changed and now reads "care in a nursery school/pre-school."

Questions CAR-Qm1b to m1k are new and are asked only when there is inconsistency between the answers to the questions about the different types of child care and the answer to question Q2a on the principal type of child care.

Questions CAR-Q6 and 7, added in 1999, are addressed to the parents who were not using child care at the time of the survey. They aim to ascertain if the child was ever placed in child care because the parents were working or studying and, if yes, how often the child care arrangement changed.

Questions CAR-Q12 to 34 are new and were included upon the request of Richard E. Tremblay in order to accommodate a parallel survey on the behaviour of the child. Addressed to parents who use a child care arrangement, they cover the contact information of the persons in charge of care for the target child.

2.1.3.14 Sociodemographic Data – SOC (for the sibling only)

- **Objective**

The same as in the 1998 round.

- **Measure**

(SOC-Q1, 2a, 2b, 3, 4, 4a, 5, 6, 6a, 8 and 9)

These questions are the same as in the 1998 round and in the section "Sociodemographic Data – for new members only" of the Parents' Questionnaire.

This ends the discussion of the Target Child and Sibling Questionnaire. In the following section we will examine the last questionnaire of the ICCQ, that is, the Absent Biological Parent Questionnaire, in which question COMPS-START0 establishes the criterion for the inclusion of an absent parent in the study.

2.1.4 Absent Biological Parent Questionnaire (COMPS-START0, CU2-Q8e, CU2-Q16, LFS-Q1, 2, 8, 9a, 10a, 11a and 12a)

This section is similar to the one in the 1998 round, which also includes the question COMPS-START0 to establish the criterion for the inclusion of an absent parent in the study. Two questions drawn from the section "Family and Custody History" (CUS) in the previous round, that is, CUS-Q8e and CUS-Q16, were added to complete the information collected on child care arrangements for children whose parents are separated. That question is the same as question CUS-Q15b in Cycle 1 in the NLSCY, except that minor

changes were made to the answer items: "two weeks alternately" is now "every two weeks" and answer item 10 "all the time" was withdrawn.

The questions on the highest level of education attained are not asked or updated for this round because this information is already available for the fathers who were surveyed the year before.

Finally, with respect to employment, a question on the type of occupation (Q12a) was added.

This ends the presentation on the ICCQ questionnaire for the 1999 round (child 17 months old); we will now examine the questionnaire used in the 2000 round (child 29 months old).

INTERVIEWER COMPLETED COMPUTERIZED QUESTIONNAIRE (ICCQ)

2.2 ICCQ – ROUND 2000 (E3) – Child 29 Months Old

Most of the questions in the ICCQ are drawn from Cycles 1 to 3 of the NLSCY. As with the 1999 round, and only for the questions not found in previous rounds of the QLSCD, we took all or some of the justifications from the publications entitled *Overview of Survey Instruments...* issued by Statistics Canada and Human Resources Development Canada for the first three cycles of the NLSCY (Statistics Canada and Human Resources Development Canada, 1995, 1997, 1999).

Because some questions were added or reworded by the team members of the NLSCY and the QLSCD after the publication of those documents, an update has been carried out to ensure that the justifications for the 2000 round (E3) of the QLSCD are complete.

Note that several of the questions in the ICCQ provide a means to confirm information collected during one or the other of the previous rounds and that no sibling data are to be collected in this round.

As in the previous round, the ICCQ in Round 2000 is made up of the following four sections:

- 2.2.1 Sociodemographic Questionnaire
- 2.2.2 Parents' Questionnaire
- 2.2.3 Target Child and Sibling Questionnaire
- 2.2.4 Absent Biological Parent Questionnaire

2.2.1 Sociodemographic Questionnaire

This questionnaire deals with the household, that is, its composition at the time of the interview, the relationships among household members as well as the housing conditions.

2.2.1.1 Household – CONT and DEM⁷ (completed for all members of the household)

- **Objective**

The same as in the 1999 round.

- **Measure**

(CONT-Q8, 13, 13aa, 13ab, 13ac, 14, 15, 15d, 16, 16aa, 16d, 19a, 19b, 19c, 19d, and 20a; DEM-Q1, 2, 2a, 2b, 3, 4 and 4a)

The questions related to the section "Contact" (CONT) are the same as those in the last data collection (E2⁸), except that some questions from Cycle 3 of the NLSCY were added to confirm information collected when the child was 5 months or 17 months old (Q15d and 16d). To make it easier to keep track of all members of the household, a new concept was introduced: that of a "ghost" member (Q16aa). The term refers to a person who was a member of the household during a previous survey round. The person is held in memory by the interview software and can easily be reintroduced if he/she returns to the household sometime in the future.

The questions on the date of birth, age, gender and marital status of the household members are identical to those asked in the 1999 round (DEM-Q1, 2, 2a, 2b, 3, 4 and 4a).

7. Abbreviations used to indicate sections of the ICCQ.

8. E1, E2 and E3 signify studies undertaken in the first, second and third years of the QLSCD, that is the 1998, 1999 and 2000 rounds.

2.2.1.2 Relationships – REL (collected for all members of the household)

- **Objective**

The same as in the 1999 round.

- **Measure**

(REL-Q1a and 2)

This section is the same as in the previous round, except that it confirms the relationships identified in the 1999 round (Q1a).

2.2.1.3 Housing Conditions - HHLD (collected for the PMK or the respondent for the household)

- **Objective**

The same as in the 1999 round, but limited to the identification of the status of household property.

- **Measure**

(HHLD-Q1, 7 and 8)

Only question HHLD-Q1 has been retained; it provides information on whether the home of the survey family is the property of a family member. Questions 7 and 8 ask who provided the preceding answers and the language of the interview.

Having completed our examination of the first section, let us move on to the Parents' Questionnaire.

2.2.2 Parent's Questionnaire

The Parents' Questionnaire of the 2000 round collects data on the parents of the target child, that is, the mother, the father or his/her spouse/partner living in the household. The following topics are retained: education, employment, income, health, neighbourhood, social support and, for new household members only, sociodemographic characteristics.

The section entitled "Family Functioning," administered in 1999, is not included in the 2000 round.

2.2.2.1 Education Level – EDA

(completed for the PMK and for the spouse/partner)

- Objective

To obtain and update the information on the education and literacy level of the PMK and the spouse/partner.

- Measure

(EDA-Q5, 7b and 7c)

Question EDA-Q5 on attendance at an educational institution is the same as the one in the two previous rounds.

Questions 7b and 7c on literacy are new and are drawn from Cycle 3 of the NLSCY. They are addressed to the PMK and to the spouse/partner and aim to identify how often they write letters of more than one page or read newspapers or magazines.

(completed for new members only)

- Objective

Obtain information on the level of education of the new household members only, that is, the number of years of primary and secondary education completed as well as the highest level of education attained.

- Measure

(EDA-Q4a and Q1)

Questions EDA-Q1 to Q4 of the 1998 round were regrouped into two questions: EDA-Q1, covering the number of years of primary and secondary schooling successfully completed, and EDA-Q4a, covering the highest level of education attained. The first question is identical to the one in the two previous collections. However, the information will in future be collected only when the respondent indicates one of the following answer items to question Q4a on the highest education level attained: 1, 2, 3, 4, 10, 11, 12 and 13. The last question combines questions 2, 3 and 4 from the previous rounds. By doing this we were able to shorten the interview and still collect the information on spousal education level and socioeconomic status of the family required to update the derived variables.

2.2.2.2 Labour Force Activity – LFS (collected for the PMK and for the spouse/partner)

- Objective

The same as in the 1998 and 1999 rounds: to describe the employment status of the parents over the 12 months preceding the survey and at the time of data collection. Questions on the reasons for the employment status (fulltime or parttime) and on the work schedules of the parents have, however, been introduced to better document the problem of balancing work and family.

- Measure

(LFS-Q1 to 4, 4a, 5, 6, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 12c, 12d, 13, 17a and 17b)

All of the questions are identical to those in the previous round. In response to a recommendation by Maude Rochette of the *ministère de la Famille et de l'Enfance*, a new question (LFS-Q4a) was included and new answer items were added to questions LFS-Q5 and 6:

- LFS-Q4a provides a means to identify the reasons why the PMK and the spouse/partner are working parttime, if that is the case. The information may be used in conjunction with that derived from questions 30a and 30b of the SAQM for E3, which cover the mother's professional activity;
- question LFS-Q5 covers the work schedule, since several respondents in the previous round were working parttime; we added to the answer item "rotating shift (change from days to evenings to nights) – in the service and commercial sectors" and the instruction "Specify" to the answer item "Other";
- for question LFS-Q6, on weekend work, the answer item "Yes" was broken down into three categories: "Yes, only on Saturdays," "Yes, only on Sundays" and "Yes, only Saturdays and Sundays."

2.2.2.3 Income – INC (collected for the PMK and the household)

- **Objective and measure**

The same as in the 1999 round (INC-Q1, 2, 3, 3a, 3b, 3c, 3d, 3e, 3f, 3g, 4, 4a, 4b, 4c, 4d, 4e, 4f and 4g)

2.2.2.4 Health of the Adults – HLA (collected for the PMK and for the spouse/partner)

- **Objective**

The same as in the 1999 round.

- **Measure**

(PMK: HLA-Q1, 1a, 1b-5a, 2, 2a, 3, 4, 5, 5a, 6, 7a, 7b, 7c, 13aa, 13a to 13p; spouse/partner: HLA-Q1, 1a, 1b-5a, 2, 3, 4, 5, 5a, 6, 7a, 7b and 7c)

Question HLA-Q1a on long-term health problems, included in the first (1998) round, was withdrawn in E2 and restored for E3 because it is used only every two years. Answer items 8 to 15, which correspond to specific problems, were removed because these problems may be included in the answer item “Any other long-term condition (specify).”

To shorten the time required for the interview, questions HLA-Q1c to Q1h on the weight and height of the adults were removed from E3 as well as from the remainder of the study. Height does not, in fact, change in adults.

Question HLA-Q1b-5a is new; it is drawn from Cycle 2 of the NLSCY. It deals with a limitation in the respondent's ability to care for the children because of a physical or mental disability or a chronic health problem.

Questions HLA-Q2a, 2 and 3 on smoking are the same as in the 1999 round.

The questions on the consumption of alcoholic beverages (HLA-Q4, 5, 5a and 6) and drugs (HLA-Q7a, b and c) are also identical to those in the previous round.

Depression (collected for the PMK only)

- **Objective**

Questions HLA-Q12a to 12l of the 1999 round on depressive symptoms manifested in the week before the interview are replaced by the questions about the depressive episodes the PMK has experienced in her lifetime (HLA-Q13a to Q13p). These questions aim to ascertain the parent's mental health history. However, a general question on depressive feelings manifested during the week before the interview (HLA-Q13aa) is retained for the glimpse it might provide of the current psychological wellness of the PMK.

- **Measure**

Question HLA-Q13aa, developed by the research team of the QLSCD, aims to determine if the person felt sad or depressed during the previous week. This question is based on question HLA-Q12d, used in previous rounds of the survey.

Questions HLA-Q13a to 13n are taken from DIS III-A (Diagnostic Interview Schedule – questions 72 to 99 in the section “Depression”). They were revised and adapted by Mark Zoccolillo of McGill University and the Department of Psychiatry at the Montreal Children's Hospital.

Question HLA-Q13a deals with feelings of sadness/depression experienced by the PMK for two or more weeks in her lifetime. Questions 13b, c and d cover the number of depressive episodes and the age of the respondent at the time of the first and last episodes (Q73 and Q95 of the DIS III-A).

Questions HLA-Q13e to 13l are based on the following questions from the DIS III-A and cover the items:

- 13e loss of appetite (Q74, 75, 76);
- 13f loss of sleep (Q77 and 78);
- 13g fatigue (Q79);
- 13h worthlessness(Q83);
- 13i loss of interest (Q82);
- 13j trouble concentrating (Q84);
- 13k suicidal thoughts (Q87, 88);
- 13l attempted suicide (Q89).

Question 13m, which corresponds to questions 94 and 94a of the DIS III-A, covers visits to a health professional, while question 13n, taken from question 94c of the DIS III-A, deals with the respondent's experience of "feeling depressed" and the effects on work, care provided to the children and relationships with others.

Two questions were added by the *Direction Santé Québec* to ascertain whether the PMK has had one or more depressive episodes of two weeks or longer since the birth of the target child (HLA-Q13o) and also the age of the child when the PMK (HLA-Q13p) had the most recent episode.

All of these questions are also addressed to the biological father living in the household or absent from it, or to the current partner of the mother of the child (in the SAQF, section 5 "Wellness of the Father/Spouse"), questions 33 to 42.

2.2.2.5 Family Functioning – FNC (collected for the family of the PMK)

This section of the 1999 round is omitted from the 2000 round.

2.2.2.6 Neighbourhood – SAF (collected for the PMK only)

This section was not included in the previous round (E2). Because it is part of the questionnaire every two years, it thus reappears in E3.

• Objective

To obtain information on the social cohesion or community spirit of the neighbourhood as well as the perception by the PMK of neighbourhood safety and community life. The perception of one's neighbourhood may influence the child's educational circumstances or other aspects of his/her life.

Unlike the 1998 round, the information on the parent's perception of the neighbourhood is not part of the interviewer's observations of the type of dwelling occupied by the PMK (HHLD-Q6). That question is dropped in E3 to make the responding less cumbersome.

• Measure

(SAF-Q1, 4, 6a, 6b, 6c, 6d, 6e, 7a, 7b, 7c and 7d)

While in training, the interviewers are instructed to ensure that these questions are answered in relation to the old neighbourhood if the family recently moved, that is, moved in the month preceding the interview.

To shorten the interview, the scale used in the first round was also shortened. After factorial analysis, questions SAF-Q2, 3, 5a, b, c and 7e and f were withdrawn. All of the remaining questions are identical to those in the first round of data collection (E1).

Question SAF-Q4 is drawn from the section entitled "Sociodemographic Data" of the ICCQ (SOC-Q9) 1998 and 1999. As in Cycle 3 of the NLSCY, the question was moved to the section entitled "Neighbourhood" because attending religious services may result in a certain degree of social cohesion.

2.2.2.7 Social Support – SUP (collected for the PMK only)

• Objective and measure

The same as in the 1999 round (SUP-Q1b, 1c, 1f and 2a)

2.2.2.8 Sociodemographic Data – SOC (for new members only)

- Objective

The same as in the 1999 round.

- Measure

(SOC-Q1, 2a, 2b, 3, 4, 4a, 5, 6, 6a and 8)

Question SOC-Q9 was moved to the section “Neighbourhood – SAF” for E3 (see section 2.2.2.6).

This ends our examination of the Parents' Questionnaire of the ICCQ. Below we will examine the Target Child Questionnaire. Note that additional questions on the parents may be found in the section describing the paper instruments, presented after the section on the ICCQ.

2.2.3 Target Child Questionnaire

The Target Child Questionnaire of the 2000 round of the QLSCD provides a means to collect data on the child who is now approximately 29 months old. Note that in this third round no data are collected on the sibling. However, questions on the brother or sister reappear in E4, since information on the sibling is collected every two years.

2.2.3.1 Video – VID

- Objectives

This section seeks to fulfill several objectives: 1) to collect information on the proportion of families that own a television as well as video and computer games; 2) to identify the child's favourite television shows (and videos) as well as favourite video and computer games; 3) to estimate the amount of time the child spends playing with these media, alone or with the PMK.

- Measure

(VID-Q1, 1a, 1b, 1c, 1d, 1e, 2, 2a, 2b, 2c, 2d, 2e, 2f, 2g, 2h, 3, 3a, 3b, 3c, 3d, 3e, 4, 4a, 4b, 4c, 4d and 4e)

Questions VID-Q1, 1a, 1b, 1c, 1d and 1e ascertain how often and how long the child spends, on average, watching television shows each week and on weekends. These questions also aim to identify the child's favourite show as well as the amount of time the PMK spends watching TV with the child.

Questions VID-Q2, 2a, 2b, 2c, 2d and 2e are the same as those in the previous round, except that they deal with time spent watching videos, while questions 3, 3a, 3b, 3c, 3d and 3e cover computer games and questions 4, 4a, 4b, 4c, 4d and 4e cover video games.

Questions VID-Q2f, 2g and 2h aim to ascertain how often, during a normal week, the PMK: 1) encourages the child to watch a television show or videocassette to give him/her something to do (Q2f), 2) forbids the child to engage in these activities because they could adversely affect his/her education (Q2g) and 3) encourages the child in these activities because it could further his/her education (Q2h).

All of these questions are original and were developed by Richard E. Tremblay of the GRIP at the *Université de Montréal* and Scientific Director of the QLSCD, and by André Caron of the *Département de Communication* (Communications Department) at the *Université de Montréal*. They were translated into English and cross-checked by our researchers.

2.2.3.2 Health – HLT

- Objective

The same as in the 1999 round.

- Measure

(HLT-Q1, 2, 3, 3a, 3a1, 3b, m3, 4, 4a, 4b, 5, 37, 38, 39, 39a, 39a1, 39a2, 39a4, 39b, 40, 41, 42, 43c, 43d, 48a, 48b, 48c, 48d, 48e, 48g, 48h, 48i, 49, 49a, 50, 51a and 51e)

All of the questions on the target child in the previous round are retained. And one question that was withdrawn in E2, HLT-Q2 on the recent health of the child is included in this round. Question HLT-Q3, on the height of the child, was addressed to the PMK in both E1 and E2, without taking a precise measurement. In the 2000 round, if the PMK does not know the height of the child, the interviewer

measures the child using a measuring tape. Question HLT-Q5 on the level of physical activity of the child is asked in this round for the first time. It comes from Cycle 1 of the NLSCY, which introduced it on the recommendation of representatives of Fitness and Amateur Sport at Health Canada.

Question HLT-Q39, included in E2, is also in E3, except that in the list of injuries the term "hairline fracture" was removed from the first answer item, which is now simply "broken or fractured bones." In question HLT-Q43c, on asthma, the time reference was changed to correspond to the period of the study, and it now reads "In the past 12 months...."

Questions 45 and 45b on chronic health problems are omitted from E3 because they are asked only every two years.

Questions HLT-Q48e, on visits to a health professional (dentist or pedodontist), as well as 51a and 51e, on the child's use of medication, asked about the sibling in E2, are in this round asked for the target child. The researchers at the QLSCD added the word "Specify" to the answer item "Yes" for question HLT-Q51e in order to ascertain all of the prescription medications taken by the child on a regular basis.

2.2.3.3 Medical and Biological Information (perinatal) – MED

This section is not included in E3 because these data on the target child were already collected in previous rounds.

2.2.3.4 Work After Birth – WAB (in the 1998 round, section "MED")

This section is identical to the one in the previous round (E2) and is administered only if the mother of the target child has not yet returned to work at the time of the survey.

- **Objective and measure**

The same as in the 1999 round (WAB-Q1a, 2, 2a, 2b, 2c, 3 and 4a)

2.2.3.5 Temperament – TMP

This section is removed from E3 to shorten the interview and because there is a correlation between the measure of difficult temperament at 29 months and the behaviours measured in greater detail in section BEH. We therefore wanted to eliminate this conceptual redundancy.

2.2.3.6 Education – EDU

This section, administered for the sibling in E2, is not used for the target child in E3 because of the child's age.

2.2.3.7 Literacy – LIT

- **Objective**

The same as in the 1999 round.

- **Measure**

(LIT-Q1, 4, 5, 6a, 6b1, 6b2, 6b3, 6b5, 7 and 8)

All of the questions on the target child are identical to those in the 1999 round. Questions LIT-Q2 and 3 were, however, withdrawn because they cover younger children.

2.2.3.8 Activity – ACT

- **Objective**

The same as in the 1999 round.

- **Measure**

(ACT-Q1, 2a, 2b, 2c, 2d and 2e)

On the recommendation of Hélène Fullum of the *ministère de la Famille et de l'Enfance*, the questions on the child's activities were reworded to reflect the situation in Québec. For example, the references to "kindergarten" were withdrawn from the questions and/or the answer items because the children are not yet old enough to attend kindergarten.

Question ACT-Q1 from E2 was also changed, to clarify the meaning of "educational activities"; we wish to ascertain whether the child attends a nursery school

or a pre-school, or takes part in educational activities on a regular basis (ACT-Q1) or from time to time (ACT-Q2c). The answer items "drop-in centre" and "toy library," which are part of the question Q2a in E2, were moved to the list of answer items for question Q2d, which covers the type of activities that the child takes part in on an irregular basis.

Questions ACT-Q2b and 2e, on the number of hours the child spends on these educational activities, are identical; the first was asked in E2, the second was added for E3.

2.2.3.9 Behaviour – BEH

• Objective

The same as in the 1999 round.

• Measure

(BEH-Q8b, 8d, 8d1, 8e1, 8ea, 8eb 8f, 8fa, 8ga, 8gb, 8i, 8ia, 8ib, 8j1, 8k, 8k1, 8n, 8na, 8nb, 8q, 8qa, 8r1, 8r2, 8s, 8ua, 8ub, 8v, 8w, 8xa, 8xb, 8xc, 8x1a, 8z1b, 8bb, 8cca, 8ccb, 8dd1, 8eea, 8eeb, 8hh1, 8hhc, 8hhd, 8mm, 8nna, 8nnb, 8pp1, 8qq, 8rr, 8ss, 8tt1, 8tt2, 8uu1, 8uuc and 8uud – 54 questions)

All of these questions are identical to those asked in E2 (the 1999 round) on the target child, except the following questions, which are not included in E3 (the 2000 round). Following a factorial analysis of the data for the previous round, only the main items in each dimension on behaviour were retained:

- Shyness/inhibition:
BEH-Q8u1 (shy with adults), 8qq1 (readily approaches adults he/she does not know) and 8ss1 (takes a long time getting used to being with adults he/she does not know);
- Hyperactivity:
BEH-Q8p (inability to concentrate);
- Emotional problems/depression/anxiety:
BEH-Q8cc (cries often);

- Inattention (problems related to non-aggressive behaviours):
BEH-Q8ee (gives up easily);
- Degree of defiance/opposition:
BEH-Q8t1 (has temper tantrums or hot temper)
BEH-Q8z1 (angry moods);
- Separation anxiety:
BEH-Q8ll1 (always asking for help);
- Prosocial behaviour:
BEH-Q8u (offers to help other children);
- Physical aggression:
BEH-Q8xd (age).

Questions BEH-8xa (when someone accidentally hurts the child, he/she reacts with anger and fighting) and 8xb (age of the child – the question determines when the behaviour started) are new. Question 8xa is identical to question 8x in Cycle 3 of the NLSCY and somewhat different from the one in Cycles 1 and 2, which was drawn from the ÉLEM. It is asked for children 2-3 years old and therefore applies to the QLSCD target child in this round.

Of the 54 questions retained in the ICCQ-Child for E3 and addressed to the PMK, 20 are also addressed to the father/spouse in the Self-Administered Questionnaire for the Father (SAQF):

<u>Dimensions</u>		<u>Questions numbers</u>				
Shyness/inhibition						
SAQF	2	6	9			
BEH-Q8	dd1	k1	r2			
Hyperactivity						
SAQF	3	8	16			
BEH-Q8	b	n	hh			
Emotional problems: depression/anxiety						
SAQF	4	10	13			
BEH-Q8	f	q	v			
Emotional problems: depression						
SAQF	7	18	20			
BEH-Q8	k	mm	rr			
Physical aggression						
SAQF	5	17	17	17	11	15
BEH-Q8	ga	uuc	nna	ea	z1a	xa
Degree of defiance/opposition						
SAQF	12	14				
BEH-Q8	j1	e1				
Separation anxiety/fear of abandonment						
SAQF	19	21				
BEH-Q8	pp1	tt1				

2.2.3.10 Motor and Social Development – MSD

- **Objective**

The same as in the 1999 round.

- **Measure**

(MSD-Q35, 38 and 42)

Only questions MSD-Q35 and 38 were retained from E2. Question MSD-Q42, on the child's ability to name four colours, is new. It comes from the same scale as the one used in Cycles 1 and 2 of the NLSCY for children 22 to 47 months of age, that is, the Motor and Social Development Scale developed by G. Poe of the National Center for Health Statistics in the United States.

2.2.3.11 Relationships – REL

This section, which was included in E2, was omitted from E3 because it deals with an older sibling, a child 4 to 9 years old.

2.2.3.12 Parental Role – PAR

- **Objective**

The same as in the 1999 round.

- **Measure**

(PAR-Q2, 3a, 5 to 18 and 20 to 25)

Unlike the questions in this section in E1 and E2, which contain no time reference, all of the questions in this round include a time reference ("in the past 12 months"). Some of the E2 questions were retained in E3 (PAR-Q2, 5 and 6), some were not (PAR-Q1, 3, 4 and 7a) and, finally, several new questions were added (PAR-Q3a, 7, 8 to 18 and 20 to 25).

The following two questions were formulated by the QLSCD research team: question PAR-Q3a on positive interaction, which is new; and question PAR-Q7, drawn from Cycle 1 of the NLSCY, was adapted in E3 to take into account the age of the child.

Questions PAR-Q8 to PAR-Q18 on ineffective and hostile parenting or, in contrast, consistent parenting, are new. They were developed for the NLSCY (Cycle 1) by Mr. Boyle of Chedoke-McMaster Hospitals and are based on work done by Ken Dodge (Vanderbilt University) and on an adaptation of the Parent Practices Scale by Strayhorn and Weidman.

Questions PAR-Q20 to PAR-Q25, on the use of discipline with the child, are new. They come from the NLSCY (Cycle 1) and were recommended by Mr. Boyle of Chedoke-McMaster Hospitals.

2.2.3.13 Dental Health – DEN

- **Objective**

To determine the proportion of parents who would have their child's teeth examined by a dentist and would consult a nutritionist about his/her diet.

- **Measure**

(DEN-Q1, 1a, 1b, 1c and 2)

These questions aim to determine whether the PMK would likely go to the CLSC closest to her home (DEN-Q1) or meet with these two health professionals in a school, community centre or at home (DEN-Q1b) and when during the week the respondent would most likely do so (DEN-Q2). Finally, question DEN-Q1a tries to ascertain the reason for her refusal, if applicable. These questions are new and were developed by the team of dental advisors in the dental health unit at the *Régie régionale de la santé et des services sociaux de Montréal-Centre (Direction de la santé publique)*, under the direction of Ginette Veilleux, and by the *Direction Santé Québec*.

2.2.3.14 Family and Custody History – CU2 (update of CUS)

This section, administered every two years, was not in the previous round. It reappears in E3 under the abbreviation CU2, instead of CUS. This section is drawn from section CU2 of Cycle 2 of the NLSCY; minor changes were made to the questions.

- **Objective**

The same as in the 1998 round (E1).

- **Measure**

(CU2-Q1d, 1e, 1f, 1g, Q3, 3c, 5a, 5a1, 5c, 5d, 8e, 9a, 9b, 9c, 9d, 10a, 10b, 11a, 11b, 11c, 11d, 11d2, 11e, 11f, 11g, 11h, 12, 13, 14, 14a, 15a, 15b, 16, 17, 171, 17a, 171a, 18a, 18b, 19a, 19b, 19c, 19f, 19h, 19j, 20a, 20a1, 20b, 20c, 20d, 20e, 20f, 20g, 20g1, 20h, 20i, 20j1, 20j2, 20j3, 20j4, 20m, 20n, 20o, 20p, 20q, 20r, 20s, 20s1, 20t, 20u, 20v, 20w, 20x, 20y, 21a, 21a1, 21b, 21c, 21d, 21e, 21f, 21g, 21g1, 21h, 21i, 21j1, 21j2, 21j3, 21j4, 21m, 21n, 21o, 21p, 21q, 21r, 21s, 21s1, 21t, 21u, 21v, 21w, 21x and 21y)

Because these questions are asked every two years, rather than every year as in the NLSCY, minor changes had to be made to the questions. Thus, for some questions the specification, "At the time of the first interview, in... (month) 1998" replaces the

original formulation: "At the time of the last interview" found in section CU2 in Cycle 2 of the NLSCY. It confirms the information collected in E1.

Similarly, question 11h in Cycle 2 of the NLSCY was modified to make it more precise; it now reads, "In the past two years...."

The following other changes were made to section CU2 for the QLSCD:

- CU2-Q15b and Q16: answer item 2 is modified in French only: "Tous les deux soirs" is changed by "Un soir sur deux";
- Question CU2-Q5a1 was added to ascertain the date when the parents started living together, since they were not living together at the time of the last interview, in 1998 (Q5a);
- Questions CU2-Q171 and 171a were added to ascertain the date when the parents started living together again after their separation (Q171) and the date when they separated yet again (Q171a).

See Annex 3 for a comparison of the sections CUS (used in the 1998 round of the QLSCD) and CU2 (modified as indicated above) in Cycle 2 of the NLSCY.

2.2.3.15 Child Care – CAR

- **Objective**

The same as in the 1999 round, with the following addition: to ascertain the proportion of parents who use child care for reasons other than while working or attending an educational institution and the type of child care arrangement.

- **Measure**

(CAR-Q0, 1a3, 1ab, 1b, 1b1, 1b2, 1c, 1c1, 1c2, 1e, 1e1, 1f, 1f1, 1g, 1g1, 1g1a, 1j-1a, 1j1, 1d, 1d1, 2a, (confirmations: m1b to m1j-1a), q2, 4, 5, 5a, 5b, 6, 7, 7a, 7b, 10a, 10b, 12, 13, 14, 15, i21, 21, 22, 23, 24, i31, 31, 32, 33 and 34)

Unless otherwise indicated, the questions on child care come from Cycles 1, 2 and 3 of the NLSCY.

All of the following questions, asked during the previous data collection (E2), are included in E3; some are the same and some, along with their justifications, have changed:

- CAR-Q1a3: the answer item "Yes" was broken down into two categories, that is, 1) "Yes, on a regular basis" and 2) "Yes, on an occasional basis";
- CAR-Q1ab, 1b and 1b1: identical to E2;
- CAR-Q1b2, 1c2 and 1g1a: changes were made to take into account the situation in Québec after the adoption in 1997 of the *Loi sur les services de garde*. Under it, *centres de la petite enfance* (CPE) or Child Care Centres provide educational programs coordinated by the government. In other words, educational child care is now available in daycare centres or in a family setting (for more details, see the Web site of the *ministère de la Famille et de l'Enfance*: www.mfe.gouv.qc.ca). These changes resulted in the adoption of terms that were largely unfamiliar to both francophones and anglophones. In order for the interviewers to explain this new vocabulary to the parents, they were briefed on it during their training;
- CAR-Q1c, 1c1, 1e, 1e1, 1f, 1f1, 1g, 1g1, 1j-1a, 1j1, 1j2, 1d and 1d1: identical to E2;
- CAR-Q2a, CAR-m1b to m1g, m1j-1a and Q2: identical to E2;
- CAR-Q4: identical to E2;
- CAR-Q5a: the same wording as the question in E2, except that answer item 6 "care in a nursery school/pre-school" was withdrawn in E3 because it does not apply, given the age of the target child;
- CAR-Q5 and 7a: the same wording as in question Q5 in E2, except that the answer items were changed: (1) "Dissatisfaction with the caregiver/program" was omitted; answer item (3) was broken down into three items. "Family or

child moved" thus becomes answer (2); "parental work status changed" becomes (3); and "custody arrangement changed" becomes answer (4). Three other answer items were added: (8) "proximity of the home," (9) "proximity of the workplace" and (10) "operating hours." These additions were made on the recommendation of Maude Rochette to gain a better understanding of the difficulties encountered by parents in balancing work and family. Question 7a is included in E3 to determine why the method of child care changed after the parents started using a child care arrangement for their child;

- CAR-Q6, 7, 12, 13, 14, 15, 22, 23, 24, 32, 33 and 34: identical to E2.

Other questions were added for E3:

- CAR-Q0: Hélène Fullum of the MFE requested the insertion of this question to determine the parents' preferred child care arrangement;
- CAR-Q5b and Q7b: these questions, recommended by Maude Rochette also of the MFE, provide a means to identify changes in the employment status of the parents that led to a change in the child care arrangement;
- CAR-Q10a and Q10b: requested by Richard E. Tremblay of the GRIP at the *Université de Montréal*, and Scientific Director of the QLSCD, and formulated by the *Direction Santé Québec* to 1) measure the proportion of families that normally use child care for a reason other than work or attendance at an educational institution (Q10a) and, if yes, 2) identify their main method of child care (Q10b);
- CAR-Q21 and Q31: these questions were added by the *Direction Santé Québec* to ascertain the age of the babysitter, because babysitters 15 years old and younger cannot be contacted without the consent of their parents.

The following questions were removed:

- CAR-Q1g2, 1k, 1k1 and m1k: because these questions do not apply, given the context of Québec (1g2) or the age of the target child (1k, 1k1, m1k);
- CAR-Q3: this question, on how well the child and the main child care provider get along, was withdrawn in E3 because it is asked in the section entitled "Child Care" of the QLSCD, conducted by the GRIP under the direction of Richard E. Tremblay. In addition, according to Maude Rochette of the MFE, reliable results cannot be obtained if there is only one question on the topic addressed to the PMK.

2.2.3.16 Sociodemographic Data – SOC – Child (SOC-Q6b)

This section, which was in the previous round, was withdrawn because it covers only the sibling. However, one question was added to E3 on the recommendation of Richard E. Tremblay: question SOC-Q6b, which covers the languages spoken by the target child.

This concludes our examination of the questionnaire on the child. We will now examine the last questionnaire in the ICCQ, that is, the Absent Biological Parent Questionnaire.

2.2.4 Absent Biological Parent Questionnaire (COMPS-START0, LFS-Q1, 2, 8, 9a, 10a, 11a and 12a)

This section is the same as in the previous round (1999), except that the two questions picked up from the section entitled "Family and Custody History-CUS" of the 1998 round (CUS-Q8e and CUS-Q16) are not included because that entire section appears elsewhere in the E3 questionnaire (see ICCQ-CU2).

This ends our examination of the Interviewer Completed Computerized Questionnaire (ICCQ) for the 1999 (E2) and 2000 (E3) rounds of the survey. Now we will examine the Interviewer Completed Paper Questionnaire (ICPQ), the Self-Administered Questionnaire for the Mother (SAQM) and for the Father (SAQF), and the Observations of Family Life (OFL), which is filled out by the interviewer.

INTERVIEWER COMPLETED PAPER QUESTIONNAIRE (ICPQ)

The Interviewer Completed Paper Questionnaire (ICPQ) provides a means to complete the information collected using the ICCQ. Like the latter, the respondent is the Person Most Knowledgeable (PMK). We will examine the questionnaire for the 1999 round (E2), then move on to one for the 2000 round (E3).

2.3 ICPQ – ROUND 1999 (E2) – Child 17 Months Old

In the 1999 round the ICPQ is divided into three sections: diet, dental health and parent-child relationship. Sections 1 and 2 of the 1998 round (E1), covering the support of grandparents and the perception of the financial situation of the household, respectively, were withdrawn for the 1999 round (E2).

Section 1 – Diet

For this round, in contrast to E1, question 1 on the status of the respondent was numbered and inserted at the beginning of section 1 to ensure that the interviewer did not omit it.

- **Objective**

To collect information on the dietary habits of the child, the content of his/her diet and on certain health problems that may be related to diet. The questions also aim to identify the parents' attitude on the child's dietary behaviour and the level of the child's integration into the family. Indeed, as with other family members, the degree to which the child is integrated into the family can be measured in part by his/her behaviour at mealtime.

• Measure

The following questions are new:

- Questions 2, 3 and 4 were modified by Lise Dubois of the *Département de médecine sociale et préventive* at the *Université Laval*, who in turn based the work on the ALSPAC⁹ (questions D3, D20 and D5, respectively). Eating the same food as the PMK, eating solid food, eating the right amount or too much or being a picky eater are all indicators of the autonomy and temperament of the child. In addition, some eating problems in the child can be stressful for the parents;
- Questions 9 and 9a were recommended by the researchers at *Hôpital Sainte-Justine* to measure the amount of milk and fruit juice consumed by the child approximately 17 months old. Excessive consumption of milk and fruit juice may contribute to height-and-weight growth retardation in young children. For example, the daily consumption by young children of 12 or more ounces of fruit juice is associated with growth retardation and obesity (American Academy of Pediatrics, 1991; Dennisson *et al.*, 1997; Hendricks *et al.*, 1995; Troiano *et al.*, 1995);
- Questions 10 and 10a cover the consumption of baby cereals and the age at which the child stopped eating them, while question 11 is based on a type of "food diary" and aims to ascertain what the child eats during a normal week. It is widely accepted that a good diet improves resistance to infections and their consequences. These questions were developed especially for the QLSCD 1998-2002 by Lise Dubois of the *Département de médecine sociale et préventive* at the *Université Laval*.
- Questions 13 and 14 cover the infections that the child had during the 3 previous months and the number of antibiotic treatments that he/she received during the previous 6 months. When these treatments are given too often, the child

may experience a vitamin/mineral deficiency and anemia. These questions were recommended by Huguette Turgeon O'Brien and Lise Dubois of, respectively, the *Département des services des aliments et de nutrition* (Department of Food Services and Nutrition) and the *Département de médecine sociale et préventive* at the *Université Laval*. Question 13c, which deals with infections of the respiratory tract, was recommended by Louise Séguin of the *Département de médecine sociale et préventive* at the *Université de Montréal* to improve the assessment of the health status of Québec children.

Questions 8, 8a, 8b, 8b1 to 8b5, 8c, 12, 12a and 12b, were recommended by the team of dental advisors in the dental health unit at the *Direction de la santé publique de Montréal-Centre* (see the following section, "Oral and Dental Health"), and they cover the use of a baby bottle and the taking of fluoride supplements.

The following questions are similar to those in the 1998 round (E1):

- question 5, on breast-feeding: Q13 in E1;
- question 6, on commercial infant formula: Q16b and 21b in E1;
- question 6a, on taking iron supplements: Q16a and 21a in E1;
- question 7, on the consumption of cows' milk: Q16c and 21c in E1.

The following questions in E1 were withdrawn in E2: 12, 14, 15, 16a, 16b, 16d, 17, 18, 19, 20, 21a, 21b, 21d, 22, 23, 24, 24a, 25 and 28.

9. The Avon Longitudinal Study of Pregnancy and Childhood is a longitudinal study that began in 1990 in Great Britain in County Avon, which includes the city of Bristol. The sample, made up of 13,995 mothers and 14,138 children, is representative of the children born in the county between 1991 and 1992.

Section 2 – Oral and Dental Health

• Objectives

1) The same as in the 1998 round.

2) **Collect information on the dental hygiene habits of the child, his/her non-nutritive sucking habits (use of a pacifier dipped in a sweet substance), use of a baby bottle and the taking of fluoride supplements.**

• Measure

Questions 15, 16 and 17 deal with dental hygiene habits. They are new questions developed from the literature and the questionnaires used in the *Étude de besoins en santé dentaire* (ÉBSD) in an immunization clinic of a CLSC (Généreux, 1991) and in the *Étude sur les déterminants individuels et familiaux de l'utilisation des services dentaires durant la période préscolaire* (ÉDUSDP) (*Study on Individual and Familial Determinants of Dental Services Use During the Pre-School Years* (Leduc, 1992). Question 15 ascertains the age at which the child begins brushing his/her teeth with or without toothpaste (not including the use of a face-cloth). Question 16 aims to ascertain who brushes the teeth and whether there is adult supervision during tooth-brushing. Question 17 covers the frequency of tooth-brushing.

Question 18 deals with the quantity of toothpaste used. Diagrams illustrating quantities of toothpaste were developed by the team of dental advisors at the *Direction de la santé publique de Montréal-Centre* (see the list in Annex 2) for use as a survey tool by the dental health unit of this agency. When the respondent was unsure which of two categories applied, the interviewer had instructions to note the lesser of the two. In addition, the interviewer had to indicate the amount that was the closest equivalent to the one illustrated, without being exactly equal to it, and to avoid a response that no toothpaste was used.

The following questions were included in the previous section, "Diet," because they also deal with this topic:

- questions 8 and 8a are new and ascertain whether the child was still taking a bottle at the time of the interview and, if not, at what age he/she stopped drinking from a bottle.

They were developed specifically for the QLSCD by the above-mentioned team of dental advisors on the basis of the literature on this subject;

- questions 8b1 to 8b4 on the frequency of bottle use are the combination of questions 26a, 26b, 27a and 27b from the 1998 round (E1). A new item (Q8b5) on the frequency of bottle use during wake periods is also included. It too was proposed by the team of dental advisors; however, the answer item for this question was modified on the recommendation of the *Direction Santé Québec* to maintain the categories currently in use in the study;
- question 8c on the contents of the baby bottle is identical to questions 26c and 27c in E1;
- questions 12, 12a and 12b cover the taking of fluoride supplements (alone or in combination with vitamins and/or minerals). They are similar to those in E1; however, those questions deal with the taking of any vitamin and/or mineral supplements and do not specify the presence of fluoride. The interviewer asks to see the vitamin container and then notes the product name in the questionnaire. For the current round, a list of products containing fluoride was prepared and presented to the respondent during the interview. Because in E2 the interviewers worked with this list of commercial products, the dental advisors were able to identify the concentration of fluoride used.

Some new questions on oral and dental health are also found in section 2, "Sleep," of the Self-Administered Questionnaire for the Mother (SAQM). These questions (20, 20a and 20b) deal with the frequency of pacifier (soother) use, with or without a sugary substance. They aim to ascertain the non-nutritive sucking habits of the child and were developed from questions in the ÉBSD and the ÉDUSDP, as well as from the literature on the subject.

Section 3 – Parent-Child Relationship (Attachment)

- Objective

Evaluate the level of the PMK's attachment to the child. The assessment of these behaviours provides information on the extent to which the PMK represents a safe point of reference for the child and his/her exploration of the world surrounding him/her.

The quality of a child's attachment to his/her parent is established very early in life. Neglect, for example that experienced by the orphans living in institutions in Romania, affects the ability of a child to form an attachment to an adoptive parent (Ghisholm *et al.*, 1995). Research has shown a significant link between the security of attachment and the psychosocial adjustment of the child (Lyons Ruth, 1996).

- Measure

This section is new. Questions 19 to 24 are drawn from the Attachment Q-Sort Scale developed by Waters and Deane (1985) and adapted by K. Ghisholm *et al.* (1995). The six questions were translated and cross-checked by the *Direction Santé Québec*, by Richard E. Tremblay of the *Université de Montréal* and by Marcel Trudel of the *Université de Sherbrooke*.

This completes the examination of the 1999 round of the ICPQ. Let us now turn to the 2000 round.

2.4 ICPQ – ROUND 2000 (E3) – Child 29 Months Old

The ICPQ for Round 2000 is made up five sections: "Oral and Dental Health," "Diet," "Support of the Grandparents of the Child," "Vocabulary of the Child" and "Socioeconomic Situation of the Family." Section 2 of E2, entitled "Parent-Child Relationship," was withdrawn in E3 and replaced by the section "Support of the Grandparents."

Section 1 – Oral and Dental Health

- Objectives

- 1) The same as in the 1999 round.
- 2) To evaluate the evolution of beneficial and non-beneficial dental habits by measuring the consumption of sugary snacks.

- Measure

Questions 2 to 5 are the same as in E2 (Q15 to 18), except that the following instruction to the interviewer was added to question 5: "if the quantity is smaller than the size of a small pea or a thin smear, write 2 or 3 nonetheless." This instruction was given to the interviewer verbally during the training session.

As in the 1999 round, some questions were retained and some were moved to the next section, "Diet." Those questions are:

- questions 9, 9a and 9c, which cover bottle use by the child, are identical to questions 8, 8a and 8c in E2. Questions Q9b1 and 9b2 combine questions 8b1, 8b2, 8b3 and 8b4 from E2. Question 9b3, on bottle use by the child during wake periods, is also found in E2 (Q8b5);
- the three questions on fluoride supplements (Q11, 11a and 11b) are identical to those in E2;
- questions 12a to 12e are new. They measure the sugary snacks eaten by the child at the daycare centre and at home during the week preceding the interview. The team of dental advisors developed the questions based on those used in a clinical trial conducted in schools among a sample of 488 Québec children in Grade 1 presenting a high risk of caries (Olivier *et al.*, 1992). These questions were also used in two studies on oral and dental health conducted among Québec students 11-12 years old and 13-14 years old (Brodeur *et al.*, 1999) as well as among younger children 5-6 years old and 7-8 years old (Brodeur *et al.*, 2001). With respect to question 12e, which deals mainly with candy consumption, the interviewers were verbally instructed: only sugar-coated chewing gum has to be pursued.

Other questions on this topic may be found in the Self-Administered Questionnaire for the Mother (SAQM – Section 1, “Sleep”):

- in Round 1999 (E2), three questions on the frequency of use of a pacifier with or without a sweet substance are addressed to the mother (SAQM-Q20, 20a and 20b). Question 17a replaces question 20 of E2, while questions 20a and 20b are not included because of the low prevalence observed in the 1999 round. They are replaced in E3 by questions 17b and 17c, which collect information on the child's other sucking habits, that is, sucking of the thumb or one or more fingers as well as any other object that the respondent is invited to identify. These questions are original and were proposed by the team of dental advisors associated with the QLSCD, who based their work on the literature on the subject.

Section 2 – Diet

• Objective

Pursue the objectives of E2. Recent research has called for better assessment of the dietary needs of children in relation to their environment and the context affecting those needs. For example, Crockett and Sims (1995) suggest that the mealtime consumption habits of young children must be studied not only at home but also in different settings such as daycare centres, restaurants, etc. Other authors (Koivisto *et al.*, 1994) observe a link between parental practices at mealtime and the diet of children, and emphasize the need to study not only what children eat, but also the contexts in which they consume food throughout the day.

• Measure

Question 6 is drawn from question 2 of the 1999 round (E2). It was modified for the 2000 round (E3) to reflect the age of the child and to make it easier to understand. Now that the child is older and more and more often eats the same meals as other family members, we decided to reverse the order of the answer items.

Question 7 is new. It ascertains the number of meals eaten at home and outside of it and comes from Crockett and Sims (1995) and a questionnaire developed in California for use in early intervention programs. Called the PEACH survey (Campbell and Kelsey, 1994), it measures the nutritional needs of children in relation to the behaviours of their parents.

Questions 8a, 8b and 8c are identical to questions 4a, 4b and 4c of E2, except that four sub-questions were added (8d, 8e, 8f and 8g). These also come from the ALSPAC and were included after discussions with the members of the Bristol-based research team.

Questions 9, 9a, 9b and 9c and questions 11, 11a, 11b and 12 are analyzed by the team of dental advisors at *Direction de la santé publique de Montréal-Centre* (see section 1, “Oral and Dental Health”).

Question 10, on what the child ate during the week preceding the survey, is identical to question 11 in E2.

Questions 13 and 14 on infections and the taking of antibiotics are identical to questions 13 and 14 in E2, except that in E3 we added to question 14 the following instructions to the interviewer: “Including the interview day. A treatment can last several days. Show Response Card I.”

All of the questions in E2 on breast-feeding (Q5, 6 and 7) and the consumption of baby cereals (Q10 and 10a) were removed from E3 because of the age of the child.

Section 3 in E2, “Parent-Child Relationship,” is withdrawn from E3 and replaced by the following section.

Section 3 – Support of the Grandparents of the Child

- Objective

Obtain information on the practical and emotional support received from the maternal and paternal grandparents. This section is new.

- Measure

Questions 15a, 15b, 16a and 16b evaluate the type of support received from both the maternal and paternal grandparents, based on the intensity (Q15a and 16a) and the frequency (Q15b and 16b) of that support. These questions were developed specifically for the QLSCD by Richard E. Tremblay and Christa Japel at the *Université de Montréal*.

Section 4 – Vocabulary of the Child

- Objective

Obtain information on the vocabulary of the child, that is, the number of words understood and spoken by the child, as reported by the PMK.

- Measure

Questions 17 and 18 are drawn from the shortened English version of the MacArthur Communicative Development Inventories (CDIs) (Fenson *et al.*, 1994; 1997) and the French adaptation of Trudeau, Frank and Poulin-Dubois (1999).

These questions were proposed by Jean Séguin and Christa Japel of the *Groupe de recherche sur l'inadaptation psychosociale chez l'enfant* (GRIP) at the *Université de Montréal*. Jean Séguin had initially adapted a shortened repertoire of 100 items from the CDI vocabulary, then pretested the items in a sample of 400 Québec mothers. Of those, 25 items (question 17) were retained because they correlated well with the total score for the full repertoire of 100 spoken words. Josée Fortin, a speech therapist at *Hôpital Sainte-Justine*, also contributed to the development of the original French repertoire and to the version shortened to 25 words. The scale measures both spoken and understood vocabulary, unlike the Peabody Picture Vocabulary Test (PPVT), which measures comprehension only. There is a

correlation between this scale and other measures of cognitive and behavioural development (Séguin *et al.*, 1999).

Question 19, on the proportion of time spent by the child speaking French, English and/or another language at home, enables us to interpret the results with greater precision.

Section 5 – Socioeconomic Situation of the Family

- Objective

To obtain information on the socioeconomic situation of the family. The scale used to measure a lack of money for essential needs (Scale of Lack of Money for Essentials) is based on the financial items in the larger scale titled Daily Hassles (Kanner *et al.*, 1981).

- Measure

Questions 20, 21, 22 and 23 deal with lack of money to pay for the rent or mortgage, electricity, heat or water, prescription medications for the family and, finally, for important expenses such as clothes, transportation, etc. Note that the item on food was not retained because that aspect was measured in E2 by the questions on food insecurity (SAQM-Q21, 22 and 23). The questions in this section were recommended by Louise Séguin of the *Département de médecine sociale et préventive* at the *Université de Montréal*. The scale is strongly associated with the health of children and measures the importance of material resources (as compared to sociocultural resources) to health-related social inequalities.

SELF-ADMINISTERED QUESTIONNAIRE FOR THE MOTHER (SAQM)

In both the 1999 round and the 2000 round, the Self-Administered Questionnaire for the Mother (SAQM) is filled out by the biological mother of the target child or by the father's spouse/partner as well as by the biological mother not living in the household (SAQMABS), when she can be reached.

2.5 SAQM – ROUND 1999 (E2) – Child 17 Months Old

The following topics are covered in the 1999 round (E2) of the SAQM: family planning, sleep of the child, food insecurity of the family, mother-child relationship, daily life, support by the spouse or partner, work and, finally, the consumption of alcohol and drugs by the mother and by the biological father, if he is not living in the household.

Section 1 – Family Planning

- **Objective**

Collect information on family planning.

- **Measure**

Questions 2, 3 and 4 are new. Question 2, on the desire for the pregnancy (the target child), was proposed by Louise Séguin of the *Département de médecine sociale et préventive* at the *Université de Montréal*. It comes from Adams *et al.* (1991) and is used in the PRAMS (Pregnancy Risk Assessment Monitoring System) surveys of new mothers conducted in several American states. It was translated by Patrizia Romito and Marie-Josèphe Saurel-Cubizolles of the *Unité de recherches épidémiologiques en santé périnatale et en santé des femmes* (Research Unit on Epidemiology and Perinatal and Women's Health) at INSERM (*Institut national de la santé et de la recherche médicale*) (*National Institute for Health and Medical Research*) in Paris. Questions 3 and 4 were developed by the *Direction Santé Québec*. They cover the mother's current pregnancy status (question 3) and intention to have more children (question 4). This section replaces section 1 of the 1998 round "About Your Pregnancies."

Section 2 – Sleep

- **Objective**

The same as in the 1998 round.

- **Measure**

Question 5 is identical to question 7 in the 1998 round (E1).

Questions 6, 6a, 7, 8, 9, 10, 11 and 13 were adapted by Jacques Montplaisir's team at the *Centre d'étude du sommeil et des rythmes biologiques* (Centre for the Study of Sleep and Biological Rhythms) at the *Hôpital du Sacré-Cœur* and the *Département de psychiatrie* at the *Université de Montréal*.

The answer items for question 6 were adapted to take into account the sleep habits of children 17 months old. The last answer item for question 10 of the previous round, that is, 8 hours and more, was broken down into three categories: from 8 hours to less than 9 hours, from 9 hours to less than 10 hours and 10 hours and more. The wording of the question itself has not changed from E1.

Question 6a, on the number of hours in a row slept by the child at night, is new and is asked only for children who slept at least 6 consecutive hours at night, that is, those considered by researchers to have slept through the night. It differs from questions 7 and 7a in the 1998 round, which asked if the child slept through the night and, if yes, starting at what age. "Sleeping through the night" was evaluated according to the mother's perception; the actual time slept could have been 4 hours, just as well as 6 hours.

Questions 7 and 8 were changed to ascertain more precisely the time when the child goes to bed. The words "at night" were added to question 8 from the 1998 round and the words "for the night" were added to question 9 from the same survey (children 5 months old).

Question 9 was also modified. In E1, the respondent was asked the length of the longest nap (question 11). In E2, it seemed more appropriate to ask the number of hours in a row the child 17 months old sleeps during the day. The answer item is the same as in the 1998 round.

Question 10 covers the circumstances surrounding putting the child to bed, or more specifically, the behaviours adopted by the parents to get the child to go to sleep. The expression “for the night” was added to the wording of the question; in the 1998 round this detail was part of the answer item for question 12.

The answer item for question 11 was reworked to take into account the age of the child. In the 1998 round (question 13), we asked, among other things, if the infant normally slept in the parents' bedroom (NOT in their bed, AND in their bed) or shared his/her bedroom with another family member. In the 1999 round (question 11), the following modalities are retained: sleeps in his/her parents' bedroom; shares his/her bedroom but NOT his/her bed with a brother or sister; shares his/her bedroom AND bed with a brother or sister.

Question 12 on the child's sleep habits, and more specifically on the use of an object to help the child go to sleep (pacifier, bottle, etc.), is identical to question 14 in the 1998 round.

The answer item for question 13 was adapted to the age of the child (17 months, compared to 5 months in E1, question 15). Indeed, parental behaviours towards their children 17 months old who wake up at night are different. The wording from answer item 3 “you pick him/her up and/or rock him/her” is replaced by item 5 “you take him/her out of bed to comfort him/her,” item 4 “you feed him/her (breast or bottle)” is replaced by 4 “you give him something to eat or drink” and 5 “you let him/her sleep in your bed” becomes the third answer item in E2.

Question 15 covers the child's breathing while asleep and is identical to question 19 in the 1998 round.

Questions 14, 16, 17, 18 and 19 are original and were formulated by Jacques Montplaisir's team. Question 14 evaluates the consolidation/fragmentation of the child's sleep by asking the number of times per night the child wakes up. The following questions evaluate the prevalence in the child of various parasomnias: night terrors (question 16); nocturnal rhythmic movements, whether rocking or *jactatio capitis* (head banging, questions 17 and 18) and bruxism (teeth grinding, question 19).

Questions 20, 20a and 20b, on the frequency of use of a pacifier with or without a sweet substance, were provided and analyzed by the team of dental advisors in the dental health unit of the *Direction de la santé publique de Montréal-Centre*, which is headed by Ginette Veilleux (see section 2, “Oral and Dental Health” of the ICPQ).

Section 3 – Food Insecurity

- **Objective**

To measure a basic aspect of the care of the child.

- **Measure**

This section is new. The three questions (questions 21, 22 and 23) are drawn from Cycle 1 of the NLSCY (ICCQ-PAR Q26a, b and c) and provide information on how often since the birth of the target child the family lacked food and the means it adopted to feed the children. They were proposed by M. Boyle of the Chedoke-McMaster Hospitals and revised by the NLSCY project team before being adapted by the *Direction Santé Québec* and Lise Dubois of the *Département de médecine sociale et préventive* at the *Université Laval*.

Section 4 – Mother-Child Relationship (PPBS – Parental Perceptions and Behaviours Regarding the Infant Scale)

- **Objective**

The same as in the 1998 round.

- **Measure**

As in the 1998 round, these questions are addressed both to the mother or her spouse/partner and to the father or his/spouse/partner (in the SAQF). To reduce the number of items in the scale and shorten the time required for the interview, six questions from the previous survey were withdrawn: three questions on coercive behaviours (questions 28, 40 and 43 in E1), one on self-efficacy (question 32 in E1), one on the perception of the qualities of the child (question 35 in E1) and finally one on overprotection (question 39 in E1). All of the questions in the 1999 round are identical to E1, except that their numbering has changed and the word “keeping” was added to question 33 (question 29 in E1) to adapt it to the age of the child.

The following list of equivalent questions in E2/E1 summarizes the changes between the two rounds:

<u>Dimensions</u>	<u>Question numbers</u>					
Parental self-efficacy						
E2	27	29	32	33	-	49
E1	23	25	27	29	32	47
Perception of parental impact						
E2	25	35	40	44	46	
E1	22	31	37	42	45	
Parental coercive behaviours						
E2	31	-	34	37	39	-
E1	26	28	30	33	36	40 and 43
Parental affection						
E2	26	30	36	41	49	
E1	22a	22b	46a	46b	46c	
Parental overprotection						
E2	38	42	-	43	45	
E1	34	38	39	41	44	
Perception of the qualities of the child						
E2	24	28	-	47		
E1	21	24	35	46		

Section 5 – Day-to-day Life

• Objective

Evaluate certain effects of the overall professional and familial responsibilities of the parents based on their levels of stress and fatigue.

• Measure

This new section includes a question broken down into four sub-questions (questions 50a, b, c and d). It comes from the questionnaire entitled *Balancing Jobs and Family Life* (1981) by Bohen and Viveros-Long and was modified by Richard E. Tremblay of the *Université de Montréal* and Scientific Director of the QLSCD, along with Louise Séguin of the *Département de médecine sociale et préventive* at the *Université de Montréal*. It covers stress ("I feel that I have to rush to get everything done each day"), fatigue ("I am physically exhausted") and the time mothers have for themselves and for their children. The question is addressed to both the mothers and the fathers (in the SAQF), whether or not they are currently employed.

Section 6 – Consumption of Alcohol and Drugs

• Objective

Gain an understanding of the problems related to excessive consumption of alcohol and drugs in mothers of children approximately 17 months old.

• Measure

All of the questions on alcohol and drug consumption are new. They replace section 5 of E1 on the mother's antisocial behaviours in adolescence and adulthood. They come from the sections entitled "Alcohol Abuse and Dependence" (questions 152 to 163) and "Drug Abuse and Dependence" (questions 181 to 192) in the DIS III-R (Diagnostic Interview Schedule). They were adapted for use in a self-administered questionnaire by Mark Zoccolillo of McGill University and the Department of Psychiatry at the Montreal Children's Hospital.

Question 51 is based on question 152 in the DIS III-R. It covers excessive consumption of alcohol (20 or more drinks) in a day, while question 52 (question 153 in the DIS III-R) deals with the consumption of seven or more drinks a day over a period of two or more weeks.

Question 53 (question 156 in the DIS III-R) covers inter-personal problems: in trouble at work, with the police or with the family, or involved in fights (question 164 in the DIS III-R), or arrested (question 163 in the DIS III-R) because of drinking.

Questions 54 and 55 (questions 167 and 155 in the DIS III-R) aim to ascertain the problems encountered when trying to or putting a stop to the excessive consumption and, in the case of stopping drinking, whether support was sought to do so.

In order to elicit information on problems related to excessive alcohol or drug consumption and alcohol or drug dependencies in the family of the respondent (brother, sister, father, mother and grandparents), two questions were added, namely, questions 56 and 57. They cover problems with alcohol and treatments aimed at controlling alcohol abuse.

The following questions cover drug abuse and dependence. Questions 58, 59 and 60 (questions 183, 184 and 181 in the DIS III-R) cover: 1) the consumption of drugs and non-prescription medications more than five times over the course of the respondent's life; 2) almost every day for two weeks or more; 3) having stayed high for a whole day or more.

Question 61 (question 186 in the DIS III-R) aims to ascertain the extent of drug dependence by asking the respondent if she has already tried to cut back on drug consumption but found she couldn't.

Questions 62, 63 and 64 (questions 190, 191 and 192 in the DIS III-R) cover problems linked to drug abuse such as problems in relationships with family members and friends and problems at school, at work or with the police. They also deal with emotional and psychological problems (depressed, paranoid, having strange ideas) and the abandoning or cutting back on important activities such as sports, work or associations with friends or relatives because of drug use.

Section 7 – Relationship with the Spouse/Partner

• Objectives

This section has two main objectives: first, to identify the type of relationship between the spouse/partner of the mother and the target child and, second, to evaluate the degree of conjugal happiness of the mother. Other questions in the section ascertain the extent to which the father and mother and/or some other person share domestic duties (tasks) and the basic care given daily to the child approximately 17 months old. The questions replace those in the section entitled "Support Provided by the Father or Current Spouse" (questions 49 to 53) in the 1998 round.

The quality of the conjugal relationship may have significant consequences on the emotional development of infants (De Vito and Hopkins, 2001; Fishman and Meyers, 2000). Those consequences are also linked to the way in which familial and domestic responsibilities are shared and, more specifically, to the degree of involvement by fathers in caring for children (Gloger-Tippelt and Huerkamp, 1998; Levitt, Weber and Clark, 1986).

• Measure

Question 65 is similar to question 48 in the 1998 round. However, answer items 3 and 4 were omitted (biological mother and mother-in-law or adoptive mother) because of a low response rate and the following answer item was added: "You have a spouse/partner, but do not live with him" in order to ascertain if the mother has a spouse who does not live with her.

Question 66 is new. It is drawn from the Dyadic Adjustment Scale-DAS developed by Spanier (1976), and deals with aspects of the degree of happiness in the couple. It is addressed only to mothers living in a couple.

Question 67 covers task-sharing and is addressed to all of the respondents to the questionnaire. A similar version of the question is used in the study entitled *La santé des femmes dans l'année après une naissance et emploi, 1995-1997 (Health of Women During the Year After Delivery and Employment)*. That study, conducted among women who gave birth in one of four Montréal-area hospitals, was developed by Louise Séguin and Lise Goulet of the *Département de médecine sociale et préventive* at the *Université de Montréal* and Marie-Josèphe Saurel-Cubizolles of the *Unité de recherches épidémiologiques en santé périnatale et en santé des femmes* at INSERM.

Section 8 – Current Employment/Work

- Objective

To evaluate certain aspects of the work-family balance in mothers as well as their employment satisfaction.

- Measure

This section is new. Question 68 identifies the type of work “currently” done by the mother. It is based on two questions (questions 49a and 51) in the 1981 *Enquête sociale et de santé* (ESS-SQ) (*Health and Social Survey*) conducted by the *Direction Santé Québec* (*Questionnaire sur les habitudes de vie et la santé*) (Questionnaire on Lifestyle and Health Habits).

Question 69 (4 sub-questions) comes from the questionnaire by Bohen and Viveros-Long, *Balancing Jobs and Family Life* (1981). It was adapted by Richard E. Tremblay of the *Université de Montréal* and Scientific Director of the QLSCD, and by the *Direction Santé Québec*. It covers the mother's satisfaction with the type of employment, the number of hours worked, the salary and the work in general.

Section 9 – Child's Biological Father Not Living in the Survey Household

- Objectives

This section is addressed specifically to biological fathers not living with the biological mother and the child. **It has several objectives: 1) to evaluate the evolution of the relationship between the two biological parents of the child approximately 17 months old, on the one hand, and between the biological parent not living in the household and the target child after the breakup of the couple, on the other hand; 2) to ascertain the mother's perception of the biological father's contact with the child; 3) to identify potential problems related to excessive consumption of alcohol and drugs by the absent biological father.**

- Measure

Questions 70, 71 and 72 are new and come from the ESS-SQ 1998 (questions 177 and 178 of the *Questionnaire sur les habitudes de vie et la santé*). It covers the atmosphere surrounding the separation or breakup and the current relationship between the two biological parents.

Questions 73 and 74 are very similar to questions 66 and 67 in the SAQM for E1. The answer items in question 74 were modified to indicate the regularity of the financial support (regular payments and irregular payments). This type of information makes up for the absence in this round of the section “Family and Custody History” (ICCQ-CUS).

Questions 75 and 76 are new and cover the level of satisfaction of the mother with respect to the financial and parenting support of the biological father not living in the household. It comes from the *Enquête sociale et de santé 1992-1993* conducted by *Santé Québec* (ESS-SQ, questions 109.1 and 109.2).

Questions 77 to 88 cover excessive alcohol and drug consumption and are the same as those addressed to the mother in section 6, above. The data on alcohol and drug abuse of the non-resident biological father are here provided by the mother of the child. The questions were therefore adapted to accommodate a third-person description. For that reason, also, two questions were withdrawn, namely, those on the alcohol consumption of a family member (brother/sister, father, mother) and the grandparents of the father (SAQM, questions 56 and 57).

All of these questions are new; they replace those in section 6 of the questionnaire on the absent biological father, which covers antisocial behaviours from adolescence to adulthood (SAQM-E1). They come from the sections “Alcohol Abuse and Dependence” (questions 152 to 163) and “Drug Abuse and Dependence” (questions 181 to 192) of the DIS III-R (Diagnostic Interview Schedule) and were adapted for use in a self-administered questionnaire by Mark Zoccolillo of McGill University and the Department of Psychiatry at the Montreal Children's Hospital.

Question 77 is based on question 152 in the DIS III-R. It covers the excessive consumption of alcohol (20 or more drinks) in one day, while question 78 (question 153 in the DIS III-R) covers the consumption of seven or more drinks every day for a period of two or more weeks.

Question 79 (question 156 in the DIS III-R) covers inter-personal problems with other adults because of alcohol abuse, namely: in trouble with family, friends, a physician, an employer or colleagues at work or involved in fights (question 164 in the DIS III-R), or arrested by the police (question 163 in the DIS III-R).

Questions 80 and 81 (questions 167 and 155 in the DIS III-R) ascertain the problems encountered when cutting down on or stopping the excessive consumption and, in the case of stopping drinking, whether support was sought to do so.

The following questions cover drug abuse and dependence. Questions 82, 83 and 84 (questions 183, 184 and 181 in the DIS III-R) cover: 1) the consumption of drugs and non-prescription medications more than five times in the life of the non-resident biological father (6 sub-questions); 2) almost every day for two weeks or more; 3) having stayed high for a whole day or more.

Question 85 (question 186 in the DIS III-R) measures the level of drug dependence by asking the respondent if the non-resident biological father has tried to cut down his consumption but couldn't.

Questions 86, 87 and 88 (questions 190, 191 and 192 in the DIS III-R) cover problems associated with drug abuse such as problems in relationships with family members and friends, as well as problems at school, at work or with the police. They also cover emotional and psychological problems (depressed, paranoid, having strange ideas) and the abandoning or cutting back on important activities such as sports, work or visits with friends or relatives because of drug use.

Section 7 in the 1998 round, covering leisure activities, is not included in the 1999 round.

This ends our discussion of the sources and justifications of the questions in the 1999 round of the SAQM; we will now look at those in the 2000 round.

2.6 SAQM – ROUND 2000 (E3) – Child 29 Months Old

The Self-Administered Questionnaire for the Mother (SAQM) in the 2000 round (E3) comprises seven sections covering the following topics: sleep of the target child, the pace of day-to-day life and work of the respondent and the relationship of the respondent with her/his parents, spouse or partner as well as with the target child. The last section covers the biological father, if he is not living in the survey household.

Section 1 – Sleep

• Objectives

- 1) To determine the normative values based on the number of hours of nocturnal and diurnal sleep and the number of nighttime awakenings of the target child;**
- 2) To identify the relationship between the parental behaviours at bedtime and the child's awakenings during the night and sleep consolidation;**
- 3) To establish normative values for the various parasomnias in children approximately 29 months old.**

• Measure

The new questions on sleep were developed specifically for the QLSCD by a team under the direction of Jacques Montplaisir of the *Centre d'étude du sommeil et des rythmes biologiques* at the *Hôpital du Sacré-Cœur de Montréal* and the *Département de psychiatrie* at the *Université de Montréal*.

Questions 2a, 2b, 4a, 7 and 7b are new; they cover the time the child goes to bed for the night and when he/she wakes up in the morning, the number of naps taken each day, as well as the total hours of sleep, at night and during the day. They aim to ascertain the number of hours the child normally sleeps in a 24-hour period.

Questions 4 and 7a are identical to questions 6 and 9 in the 1999 round (E2). They cover the number of hours in a row slept by the child at night and during the day. The amount of sleep may affect the wellness and overall behaviour of the child. Question 2c

(identical to question 5 in E2 “slept through the night”) and question 4 evaluate the consolidation of the sleep-wake cycle. Question 3 is identical to question 7 in E2 and measures the time taken by the child to fall asleep at night. The rapidity with which the child falls asleep may be influenced by parental behaviours at bedtime (question 6 is identical to question 10 in E2).

Question 5 is identical to question 14 in E2. It aims to verify sleep consolidation/fragmentation by identifying the number of awakenings per night. The behaviour of the parents when the child awakens (question 8) may influence whether the child's sleep fragmentation persists or desists. Question 8 is identical to question 13 in E2, except that answer item 3 was modified for this round: “You let him/her sleep in your bed” replaces “You let him/her sleep with you.”

Question 5a is new and covers the total number of hours spent awake each night; it helps identify the sleep-wake cycle of the child.

Questions 9, 10, 12 and 16 are new. Questions 13 (question 16 in E2), 14 (questions 17 and 18 in E2) and 15 (question 19 in E2) are identical to those in the 1999 round, except that questions 17 and 18 in this round were regrouped into one question, the new question 14, to shorten the interview. These questions measure the prevalence of various childhood parasomnias: sleepwalking (question 9), sleepwalking (question 10), bad dreams (question 12), night terrors (question 13), rhythmic movements, that is, rocking or *jactatio capitis* (head banging, question 14), bruxism (teeth grinding, question 15) and nocturnal enuresis (question 16).

Question 11, on the child's noisy breathing, is identical to question 15 in E2.

Question 17, on non-nutritive sucking habits in the child, is new; it was proposed and analyzed by the team of dental advisors in the dental health unit at *Direction de la santé publique de Montréal-Centre* (see section 1, “Oral and Dental Health,” of the ICPQ).

These questions from E2 are not included in E3: 6a, 8, 11 and 12.

Section 2 – Day-to-Day Life

- **Objective**

The same as in the 1999 round.

- **Measure**

This section is the same as the one in section 5 of E2 (the 1999 round). After a factorial analysis was performed on the data for E2, one of the four sub-questions was dropped, namely: “d. I wonder if I should spend more time with my children.” This question is also addressed to the father in the SAQF (question 32).

Section 3 – Relationship with the Parents

Section 3 from E2 “Food Insecurity” is not included in E3.

- **Objective**

To obtain an evaluation of the mother's impression of her relationship with her own parents, since her relationship with her child may repeat that pattern.

- **Measure**

This section is new. The scale measuring the relationship of the parent with her own parents, the Parenting Bonding Instrument-PBI, was developed by Gordon Parker (1979, 1983). It is made up of 25 questions measuring certain behaviours and attitudes of the mother (or mother substitute) (question 19) and the father (or father substitute) (question 20) of the mother of the target child over the first 16 years of her life.

Two dimensions are measured using the following items:

- quality of care: questions 19 and 20a, c and e;
- overprotection: questions 19 and 20b, d, f and g.

These questions are also in the SAQF (questions 22 and 23).

Section 4 – Relationship with the Spouse/ Partner

- **Objective**

To elucidate the type of relationship between the spouse and the target child. To evaluate, given the strong link between conjugal characteristics and the development of children (De Vito and Hopkins, 2001; Fishman and Meyers, 2000), the level of conjugal satisfaction of the mother or the spouse/partner of the father with respect to different aspects of the couple's relationship.

- **Measure**

Questions 22 to 29 come from the conjugal satisfaction scale known as the Dyadic Adjustment Scale-DAS. Developed by Spanier (1976), the original version was made up of 32 questions. A shortened version comprising eight items was proposed for inclusion in this questionnaire by Michel Boivin of the *Département de psychologie* at the *Université Laval*, at the request of the *Direction Santé Québec*. The shortened version was drawn up in 1998 by Valois, Sabourin and Lussier of the *Département de psychologie* at the *Université Laval* and the *Université du Québec à Trois-Rivières* and has been used in numerous research studies around the world.

Questions 21 and 29 are identical to questions 65 and 66 in E2. Question 67 in E2, on task sharing, was withdrawn for E3 to reduce the time required to complete the questionnaire.

Section 5 – Current Employment/Work

- **Objective**

The same as in the 1999 round.

- **Measure**

Questions 30, 30a, 30b and 32e are new. The first, formulated by the *Direction Santé Québec*, aims to confirm the employment status of the mother at the time of the survey. It comes from the ESS-SQ, 1998 (*Questionnaire sur les habitudes de vie et la santé*, question 48). The three questions discussed below deal with the choice of professional activity (30a and 30b) and the level of satisfaction with respect to arrangements offered by the employer so that the respondent can assume her/his parental responsibilities (32e). Questions 30a and 30b provide additional information to that obtained in the ICCQ (LFS-Q4a) on employment preferences. Note the connection between question 32e and section 2 above, entitled "Day-to-Day Life." This question was proposed by the *Direction Santé Québec* and Maude Rochette of the *ministère de la Famille et de l'Enfance*, who has studied at length the issue of balancing work and family.

Questions 31 and 32a, b, c and d are identical to questions 68 and 69a, b, c and d in E2.

Questions 30, 31 and 32 are also addressed to the biological fathers or spouses (SAQF-Q43, 44 and 45).

Section 6 – Mother-Child Relationship (PPBS – Parental Perceptions and Behaviours Regarding the Infant Scale)

Section 6 from E2, on alcohol and drug consumption, is not included in E3.

- **Objective**

The same as in the 1999 round.

- **Measure**

As in E2, these questions are addressed to both the mother and the father (in the SAQF). To reduce the number of items in the scale and to take into account the age of the child, some dimensions and items were removed from E3. That is, the two dimensions entitled "Affection" (questions 26, 30, 36, 41 and 48 in E2) and "Perception of the Qualities of the Child" (questions 24, 28 and 47) were withdrawn. Questions 49 ("parental self-efficacy") and 39 ("parental control – coercive behaviours") that were in E2 are likewise not included in this round.

The questions are identical to those in E2, but their numbering was changed. Question 43 ("shaken my baby" – coercion) in E1, which was withdrawn from E2, is included in its entirety in E3, given that "losing my temper" was perceived differently during the pretest to the 2000 round (child approximately 30 months old) than in the previous round. Indeed, the factorial analysis of the data from the E3 pretest reveal that parents of children 30 months old had a greater tendency to perceive this as a behaviour related to parental impact rather than as a coercive behaviour.

The following list of equivalent questions in E3/E2 summarizes the changes made in E3:

<u>Dimensions</u>	<u>Question number</u>				
Parental self-efficacy					
E3	34	35	37	38	-
E2	27	29	32	33	49
Perception of parental impact					
E3	33	40	44	47	49
E2	25	35	40	44	46
Parental coercive behaviours					
E3	36	39	41	-	43
E2	31	34	37	39	-
Parental overprotection					
E3	42	45	46	48	
E2	38	42	43	45	

Section 7 – Non-Resident Biological Father of the Child

- **Objective**

The same as in the 1999 round.

- **Measure**

Questions 50 to 56 are identical to questions 70 to 76 in E2, except that we added a time reference, namely, "since our last visit a year ago" to question 50 as a means to update the data on the relationship between the two biological parents of the child. A new answer item (5) was also added: "I have been separated for more than a year." To clarify question 53, the order of the answer items was changed. In E2, "Never" was in first place; in E3, it is in the fifth and last place.

This ends the examination of the SAQM in Round 2000. We will now examine the SAQF.

SELF-ADMINISTERED QUESTIONNAIRE FOR THE FATHER (SAQF)

2.7 SAQF – ROUND 1999 (E2) – Child 17 Months Old

The Self-Administered Questionnaire for the Father (SAQF) is filled out by the biological father or the spouse/partner living in the household. If the biological father does not live in the household (SAQFABS) and sees his child at least once a month, this questionnaire may be handed to him by the mother or mailed to him if the mother agrees to give the survey firm (BIP) his address and telephone number.

The questionnaire is made up of nine sections on the following topics: the temperament of the child, the father-child relationship (PPBS), the behaviour of the child, the type of contact between the father and the child, that is, parenting practices, daily life, alcohol and drug consumption of the father, the relationship between the father or the mother's spouse/partner and other family members, employment, the relationship between the biological father and his child as well as that between the father and the biological mother, if the father is not living in the household.

Section 1 – Temperament of the Child

This section is the same as the one in the 1998 round (section 1).

Section 2 – Father-Child Relationship (PPBS – Parental Perceptions and Behaviours Regarding the Infant Scale)

- **Objective**

The same as in the 1998 round.

• Measure

As they were in E1, these questions are addressed to both the biological father or the spouse/partner and to the mother (in the SAQM). To reduce the number of items in the scale and shorten the interview, six questions from the previous round were withdrawn: three on coercive behaviour (Q20, 32 and 35 in E1), one on parental self-efficacy (Q24), one on the perception of the qualities of the child (Q27) and one on overprotection (Q31). The questions in E2 are identical to those in E1, except question 22, to which was added the word “keeping” to adapt it to the age of the child (Q21 in E1).

The following list of equivalent questions in E2/E1 summarizes the changes made from the 1998 round to the 1999 one:

<u>Dimensions</u>			<u>Question number</u>			
Parental self-efficacy						
E2	16	18	21	22	-	38
E1	15	17	19	21	24	39
Perception of parental impact						
E2	14	24	29	33	35	
E1	14	23	29	34	37	
Parental coercive behaviours						
E2	20	-	23	26	28	-
E1	18	20	22	25	28	32 and 35
Parental affection						
E2	15	19	25	30	37	
E1	14a	14b	38a	38b	38c	
Parental overprotection						
E2	27	31	-	32	34	
E1	26	30	31	33	36	
Perception of the qualities of the child						
E2	13	17	-	36		
E1	13	16	27	38		

Section 3 – Behaviour of the Child

Section 3 of E1, entitled “The Well-Being of the Father,” is not included in E2.

• Objective

To evaluate, as described by the biological father or the spouse/partner, certain aspects of the behaviour of the child.

This new section will be used to collect information on the prevalence of certain behaviours of the child as perceived by the father or the current spouse. Over the years, the QLSCD will furnish data enabling us to gain a better understanding of the precursors of those behaviours as well as the characteristics of the child or his/her environment that are associated with them.

• Measure

Most of the measures of behaviour come from the NLSCY questionnaires (Cycles 1, 2 and 3) and were drawn from numerous sources by Richard E. Tremblay of the GRIP at the *Université de Montréal* and Scientific Director of the QLSCD, in consultation with D. Offord and M. Boyle of Chedoke-McMaster Hospitals. The questions retained here are also addressed to the PMK in the ICCQ, in the section “Target Child” (17 months) (BEH-Q8).

The dimensions are measured based on the following corresponding items:

- shyness/inhibition:
questions 39, 43, 46, 49, 54 and 60. These questions, which are new, are drawn from a questionnaire developed by Yens Asendorpf (1990 and 1991) and adapted by Michel Boivin of the *École de psychologie* at the *Université Laval*. These six questions are also included in the ICCQ (BEH-Q8d1, k1, r2, u1, qq1 and ss1);
- hyperactivity:
questions 40 (ICCQ-Q8b), 45 (ICCQ-Q8n) and 53 (ICCQ-Q8hh1). The first two questions come from the OCHS. Question 53 comes from the ÉLEM, which is directed by Richard E. Tremblay. To ensure conformity with the English version, the words “*faire quelque chose*” (do anything) were added to the French version of the question. These three questions are also identical to those in the NLSCY;
- emotional problems: depression/anxiety:
questions 41 (ICCQ-Q8f), 47 (ICCQ-Q8q) and 50 (ICCQ-Q8v);

- emotional problems: depression:
questions 44 (ICCQ-Q8k), 55 (ICCQ-Q8mm) and 58 (ICCQ-Q8rr). Minor modifications were made to questions 41 and 47: the word "*déprimé*" ("depressed") was deleted from question 41 to clarify the description of the behaviour, and in question 47 the term "*angoissé*" (troubled) was replaced by "*anxieux*", which corresponds to the English "anxious." All of these questions are in the NLSCY, which took them from the OCHS;
- physical aggression:
questions 42 (ICCQ-Q8ga), 52a (ICCQ-Q8uuc), 54a (ICCQ-Q8nna), 56 (ICCQ-Q8ea) and 59a (ICCQ-Q8eea). Question 42, originally from the OCHS, is in the NLSCY. Minor modifications were made to it by Richard E. Tremblay: the term "often" was deleted because it is one of the answer items. Questions 52a, 54a and 56, which were also modified, come from question 8nn in the NLSCY, which in turn took them from the OCHS. Question 59a is new and was recommended by Richard E. Tremblay; it and question 52a provide a means to distinguish between different manifestations of physical aggression;
- degree of defiance/opposition:
questions Q48 (ICCQ-Q8t1) and 51 (ICCQ-Q8z1), which are drawn from the Child Behaviour Checklist (CBCL), are also used in the NLSCY. Minor modifications were made to question 51 to make it correspond to the English version: the word "*coléreux*" (quick-tempered) was replaced by the word "*colérique*" (prone to angry moods);
- separation anxiety/fear of abandonment:
questions Q52 (ICCQ-Q8dd1), Q57 (ICCQ-Q8pp1) and Q59 (ICCQ-Q8tt1) come from the NLSCY and were, in turn, drawn from the Child Behaviour Checklist (CBCL) developed by Achenbach. Minor modifications were made to the wording of question 59 to ensure that it corresponds to the English version: the words "*réagit trop mal*" (gets upset) were replaced by "*réagit très mal*" (gets very upset).

Section 4 – Father's Contact with His Child

• Objective

To measure certain parenting practices and aspects of the care provided by the father to the child. This section of the study touches on topics such as the positive and negative interactions between the parent and the target child. The way in which parents raise their children is generally thought to have an important influence on the behaviour and development of those children. However, little is known about the way in which fathers not only perceive but also fulfill their role on a daily basis.

• Measure

The seven questions in this section of the QLSCD measure, for the first time in this study, the frequency of certain behaviours of the biological father or the spouse/partner toward the child and comprise two scales of parenting practice. The first scale (questions 61, 62, 63, 66 and 67) measures positive interactions (ICCQ-PAR-Q1, 2, 3, 6 and 7). The second scale (questions 64 and 65) evaluates hostile interactions (ICCQ-PAR-Q4 and 5). The retained questions are drawn from the NLSCY. They were proposed for inclusion by M. Boyle of Chedoke-McMaster Hospitals, based on work by Ken Dodge (Vanderbilt University) and an adaptation of the Parent Practices Scale by Strayhorn and Weidman. They are also addressed to the PMK in the "Parents" section of the ICCQ.

Section 5 – Day-to-Day Life

• Objective

To evaluate certain effects of the overall professional and familial responsibilities of the parents based on their levels of stress and fatigue.

• Measure

This section is new and is made up of one question (question 68) drawn from the questionnaire by Bohen and Viveros-Long entitled Balancing Jobs and Family Life (1981). It was modified by Richard E. Tremblay of the *Université de Montréal* and Louise Séguin of the *Département de médecine sociale et préventive* at the *Université de Montréal*. It deals with stress ("I feel

that I have to rush to get everything done each day”), fatigue (“I am physically exhausted”) and the time the fathers have for themselves and for their children. This question is addressed to the mothers or the spouses/partners (SAQM, question 50) as well as the biological fathers, whether or not they are employed.

Section 6 – Consumption of Alcohol and Drugs

- **Objective**

To gain an understanding of problems related to the excessive consumption of alcohol and drugs in fathers or spouses/partners of children approximately 17 months old.

- **Measure**

All of the questions on alcohol and drug consumption are new. They replace section 4, on antisocial behaviours from adolescence to adulthood, in the previous round (E1). Most are drawn from the DIS III-R (Diagnostic Interview Schedule), questions 152 to 163 of the section “Alcohol Abuse and Dependence,” and questions 181 to 192 of the section “Drug Abuse and Dependence.” They were modified and adapted for a self-administered questionnaire by Mark Zoccolillo of McGill University and the Department of Psychiatry at the Montréal Children's Hospital.

This section is similar to those in the Self-Administered Questionnaire for the Mother (SAQM – sections 6 and 9 on, respectively, the alcohol and drug consumption of the mother and the questions addressed to the mother on the alcohol and drug consumption of the biological father not living in the household). The reader may therefore refer to the justifications in those sections, presented above.

Questions 69 and 70, covering the excessive consumption of alcohol, are also found in the SAQM, namely, questions 51 and 52 in section 6 as well as questions 77 and 78 in section 9.

Question 71 deals with inter-personal problems caused by excessive consumption of alcohol, namely, in trouble with family, friends, a physician, an employer or colleagues at work or involved in fights because of drinking. They are similar to questions 53 and 79 in the SAQM.

Questions 72 and 73 aim to ascertain the problems encountered when trying to or putting a stop to the excessive consumption and if help was sought because of a drinking problem. These questions are identical to those addressed to the mother (questions 54 and 55 in the SAQM) and are similar to questions 80 and 81 on the non-resident biological father.

To detect problems related to excessive alcohol consumption and alcohol dependence in the family of the respondent (immediate family: brother, sister, father, mother and grandparents), two questions were added, namely, questions 74 and 75. They focus on problems related to drinking and the treatments to control it, and are identical to questions 56 and 57 in the SAQM.

The following questions deal with drug abuse and dependence. Questions 76, 77 and 78 cover: 1) the consumption of drugs and non-prescription medications more than five times in the respondent's life; 2) almost every day for two or more weeks; 3) having stayed high for a whole day or more. They correspond to questions 58, 59, 60, 82, 83 and 84 in the SAQM.

Question 79 covers drug dependence, that is, the respondent has tried to reduce his/her consumption and discovered that he/she was not capable of doing so. It is similar to questions 61 and 85 in the SAQM.

Questions 80, 81 and 82 cover inter-personal problems with family members and friends as well as problems at school, work or with the police. They also deal with emotional or psychological problems (lost interest in everything, depressed, paranoid, having strange ideas) and abandoning or cutting back on important activities such as sports, work or getting together with friends or family. They are also included in the SAQM, where they are questions 62, 63, 64 86, 87 and 88.

Section 7 – Father's Relationship with Family Members

- Objective

To evaluate the level of conjugal satisfaction of the father and obtain an overall evaluation of family functioning and the quality of the relationship between the parents/partners.

Research has shown that the relationships among family members have a significant influence on the children. For example, the results of the OCHS have demonstrated an important link between family dysfunction and certain mental health problems in children.

- Measure

This section is new. Question 83 is drawn from the conjugal satisfaction scale known as the Dyadic Adjustment Scale-DAS, by Spanier (1976). It evaluates the degree of happiness in the couple and is addressed to both the fathers and the mothers living together as a couple (SAQM-Q66).

The questions on family functioning come from Cycle 1 of the NLSCY. They were formulated by researchers of the Chedoke-McMaster Hospitals at McMaster University and have been widely used not only in Canada but also internationally. This scale measures problem solving, communication, roles, emotional receptivity, emotional participation and controlling one's behaviour in the family. For the QLSCD, seven questions were retained for the biological fathers or the spouses/partners (questions 84 to 90) and for the PMK (ICCQ-FNC-Q1d, f, g, h, j, k and l).

Section 8 – Current Employment/Work

- Objective

To evaluate certain aspects of the work-family balance of the fathers or the spouses/partners as well as their employment satisfaction.

- Measure

This section is new. Question 91 helps identify the type of work that the father or the spouse/partner is "currently" doing.

Question 92 comes from the questionnaire by Bohan and Viveros-Long entitled *Balancing Jobs and Family Life* (1981). It was adapted by Richard E. Tremblay of the *Université de Montréal* and the *Direction Santé Québec*. It covers the level of satisfaction of the father or the spouse/partner with respect to the type of work that he does, the number of hours worked, his salary and the work in general.

Two questions are also addressed to the mothers, SAQM-Q68 and 69.

Section 9 – Relationship Between the Child and the Non-Resident Biological Father

- Objective

This new section deals specifically with the biological father not living with the biological mother and the child in the survey household. It has several objectives: 1) to ascertain the father's perception of the atmosphere surrounding the separation of him and the biological mother; 2) to evaluate the father's satisfaction in relation to his contacts with his child. These factors may play an important role in ensuring that the father stays in contact with his child after the break-up of the couple, as well as in the father's propensity to provide financial support after that break-up (Veum, 1993; Seltzer, 1994).

- Measure

Question 93 is identical to question 70, which is addressed to the mother in the SAQM. It covers the atmosphere surrounding the separation or breakup of the two biological parents.

Questions 94 and 95 deal with the satisfaction of the father with respect to the frequency of his contacts with his child and the quality of their relationship. These questions are new. They were proposed by the *Direction Santé Québec* and are based on questions in the ESS-SQ for 1992-1993 (question 109.2 of the questionnaire entitled *Vos Habitudes de vie et votre*

santé) and in the ESS-SQ for 1998 (question 177 of the *Questionnaire sur les habitudes de vie et la santé*); they were, however, reworded (questions 94 and 95) to address them to the non-custodial biological parent.

To conclude our discussion of this round, note that section 5 in the 1998 round, entitled "Leisure Time" is not included in E2.

2.8 SAQF – ROUND 2000 (E3) – Child 29 Months Old

Round 2000 (E3) of the Self-Administered Questionnaire for the Father (SAQF) is made up of eight sections on the following topics: behaviour of the child, father's relationship with his parents as well as with his spouse or partner, daily life, wellness of the father, employment, father-child relationship (PPBS), and the relationship of the biological father with his child and with the biological mother, if he is not living in the household.

Section 1 – Behaviour of the Child

This section replaces the one entitled "Temperament of the Child" from the previous round. It appears for the last time in the 2000 round (E3).

• Objective

The same as in the 1999 round.

• Measure

These questions are also found in the ICCQ (see the section "Behaviour – BEH" in the 2000 round for a list summarizing the questions addressed to both the PMK and the father).

Most of the questions are identical to those in the 1999 round (E2), except that they were renumbered, and question 17 now combines questions 52a, 54a and 56 from E2.

After a factorial analysis that enabled us to retain only the main items in each dimension on behaviour, the following questions from E2 were withdrawn for E3:

- 48 and 51 (degree of defiance/opposition);
- 49, 54 and 60 (shyness/inhibition);

- 52 (separation anxiety/fear of abandonment);
- 59a (physical aggression).

Other questions were added to complete the information collected in the previous round:

- Questions 11 and 15 (physical aggression): question 11 is identical to the question in the ICCQ-BEH-Q6aa. It comes from Cycle 1 of the NLSCY and was originally drawn from the OCHS; question 15 was developed from question BEH-Q8x in the NLSCY (Cycle 1), which was drawn from the ÉLEM;
- Questions 12 and 14 (degree of defiance/opposition): these questions come from Cycle 1 of the NLSCY (ICCQ-BEH-Q8j1 and 8e1) and were originally drawn from the Child Behaviour Checklist developed by Achenbach.

The following list of equivalent questions in E3/E2 summarizes the changes made by Richard E. Tremblay:

<u>Dimensions</u>				<u>Question number</u>			
Shyness/inhibition							
E3	2	6	9	-	-	-	
E2	39	43	46	49	54	60	
Hyperactivity							
E3	3	8	16				
E2	40	45	53				
Emotional problems: depression/anxiety							
E3	4	10	13				
E2	41	47	50				
Emotional problems: depression							
E3	7	18	20				
E2	44	55	58				
Physical aggression							
E3	5	17	17	17	-	11	15
E2	42	52a	54a	56	59a	-	-
Degree of defiance/opposition							
E3	-	-	12	14			
E2	48	51	-	-			
Separation anxiety/fear of abandonment							
E3	-	19	21				
E2	52	57	59				

Section 2 – Relationship with the Parents

- **Objective**

To obtain an evaluation of the father's impression of his relationship with his own parents, since his relationship with his child may repeat that pattern.

- **Measure**

This section is new. The scale of the relationship of the parent with his/her own parents, known as the Parenting Bonding Instrument-PBI, was developed by Gordon Parker (1979, 1983). It is made up of 25 questions that measure certain behaviours and attitudes of the mother (or mother substitute) (Q22) and of the father (or father substitute) (Q23) of the father of the target child or the mother's current spouse during the first 16 years of his life.

Two dimensions are measured using the following items:

- quality of care: questions 22 and 23a, c and e;
- overprotection: questions 22 and 23b, d, f and g.

Note that these questions are also found in the SAQM (questions 19 and 20).

Section 3 – Relationship with the Spouse/ Partner

- **Objective**

To evaluate the level of conjugal satisfaction of the father or the spouse of the mother with respect to different aspects of the couple's relationship, given the close association between the conjugal dynamic and the development of infants (De Vito and Hopkins, 2001; Fishman and Meyers, 2000).

- **Measure**

Questions 24 to 31 come from the Dyadic Adjustment Scale-DAS by Spanier (1976), which in its original version is made up of 32 questions. A shortened, eight-item version was drawn up by Michel Boivin of

the *Département de psychologie* at the *Université Laval*, at the request of the *Direction Santé Québec*. This shortened version was finalized by Valois, Sabourin and Lussier (1998) of the *Département de psychologie* at the *Université Laval* and the *Université du Québec à Trois-Rivières*, and the scale is now used by researchers throughout the world.

Question 24 (degree of happiness in the couple) is identical to question 83 in the 1999 round.

Note as well that this section replaces the one on family functioning in the SAQF for E2 (questions 84 to 90).

These questions are addressed to the mother in the SAQM (questions 21 to 29).

Section 4 – Day-to-Day Life

Section 4 from E2, entitled "Father's Contact with His Child," is not included in E3.

- **Objective**

The same as in the 1999 round.

- **Measure**

This section is the same as section 5 in E2 (the 1999 round). After a factorial analysis of the data for E2, a variable was withdrawn, namely, "d. I wonder if I should spend more time with my children." The section is the same as the one in the SAQM (question 18).

Section 5 – Mental Health of the Father/Spouse

- **Objective**

To ascertain the history of the biological father or the spouse/partner with respect to mental health, in particular, certain symptoms related to depression.

- **Measure**

This section is new. Questions 33 to 42 come from questions 72 to 99 of the section entitled "Depression" of the DIS III-A (Diagnostic Interview Schedule). They were adapted for use in a self-administered questionnaire by Mark Zoccolillo of McGill University and the Department of Psychiatry at the Montréal Children's Hospital. The same questions, addressed to the mother, are found in the ICCQ, section HLT-Q13aa and 13a to 13p inclusively.

Questions 33 and 34 cover the feeling of sadness/depression that the father may have experienced in the previous week (Q33) and, during his lifetime, for periods of two weeks or more (Q34). Questions 35, 36 and 37 deal with the number of such episodes and the age of the respondent at the first and last depressive episode (Q73 and 95 of the DIS III-A).

Question 38 comes from the following questions in the DIS III-A and covers the following items related to the worst depressive episode:

- Q38a loss of appetite (Q74, 75 and 76);
- Q38b loss of sleep (Q77 and 78);
- Q38c fatigue (Q79);
- Q38d worthlessness (Q83);
- Q38e loss of interest (Q82);
- Q38f trouble concentrating (Q84);
- Q38g thoughts of death (Q87 and 88);
- Q38h thoughts of death (Q89).

Question 39 deals with a consultation with a health professional and comes from questions 94 and 94a in the DIS III-A, while question 40, on a depression that interferes with work, caring for the children or relationships with others, comes from question 94c of the DIS III-A.

Finally, we wish to ascertain if the father has had a depressive episode since the birth of the target child (question 41) and, if yes, the age of the child at the most recent episode (question 42). These two questions were proposed by the *Direction Santé Québec* to improve the monitoring of depressive episodes in the fathers after the birth of the target child.

Section 6 – Current Employment/Work

Section 6 from E2, "Consumption of Alcohol and Drugs," is not included in E3.

- **Objective**

The same as in the 1999 round.

- **Measure**

Question 43 is new; it aims to confirm the employment status of the father (present or absent) or the spouse at the time of the survey. It was formulated by the *Direction Santé Québec*, based on an item in the ESS-SQ 1998, *Questionnaire sur les habitudes de vie et la santé*, question 48. Question 45e is also new. It covers satisfaction with arrangements offered by the employer to assume parental responsibilities. It was developed by the *Direction Santé Québec* and Maude Rochette of the *ministère de la Famille et de l'Enfance* as a means to complete the information collected on the work-family balance.

Question 44 is identical to question 91 in E2, while questions 45a, b, c and d are identical to questions 92a, b, c and d in E2.

These questions are also addressed to the mothers in the SAQM-Q30, 31 and 32.

Section 7 — Father-Child Relationship (PPBS)

Section 7 from E2, "Father's Relationship with Family Members," is not included in E3.

- **Objective**

The same as in the 1999 round.

- **Measure**

As in E2, these questions are addressed to both the father and the mother (in the SAQM). To reduce the number of items in the scale and to take into consideration the age of the child, certain dimensions as well as some of the items were removed for E3. That is, the two dimensions entitled "Affection" (questions 15, 19, 25, 30 and 37 in E2) and "Perception of the Qualities of the Child"

(questions 13, 17 and 36) were withdrawn. Questions 38 ("parental self-efficacy") and 28 ("loss of control" – coercion) from E2 are likewise not included in this round.

All of the questions are identical to those in E2, but their numbering has changed. With respect to question 35 ("shake my baby" – coercion), which was included in E1 but withdrawn for E2, it was re-inserted unchanged in E3 (question 56), given that the fact of "losing my temper" was perceived differently in the pretest for the 2000 round than it was in the previous round. In effect, the factorial analyses of the data for the pretest showed that the parents of children 30 months old tended to perceive this as an item on parental impact rather than one on coercion.

The following list of equivalent questions in E3/E2 summarizes the changes made in E3:

<u>Dimensions</u>	<u>Question number</u>				
Parental self-efficacy					
E3	47	48	50	51	-
E2	16	18	21	22	38
Perception of parental impact					
E3	46	53	57	60	62
E2	14	24	29	33	35
Parental coercive behaviours					
E3	49	52	54	-	56
E2	20	23	26	28	-
Parental affection					
E3	-	-	-	-	-
E2	15	19	25	30	37
Parental overprotection					
E3	55	58	59	61	
E2	27	31	32	34	
Perception of the qualities of the child					
E3	-	-	-		
E2	13	17	36		

Section 8 – Relationship of the Biological Father with the Child and with the Biological Mother with whom he no longer lives

Only biological fathers not living with the target child's biological mother (unless deceased) may fill out this section.

• Objectives

The same as in the 1999 round, with one additional objective, namely, to evaluate the perception of the father with respect to the quality of the current relationship between him and the biological mother of the child with whom he is no longer living. Several studies have shown that the quality of the relationship between the parents is an important factor in the adjustment of children from broken homes (Veum, 1993; Seltzer, 1994).

• Measure

Questions 63, 66 and 67 are identical to questions 93, 94 and 95 in E2, except that to question 63 a time reference was added: "since our last visit a year ago." A new answer item (5) was also added: "I have been separated for more than a year" to update the information on the relationship between the two biological parents of the child.

Questions 64 and 65 are new. They come from the ESS-SQ for 1998 (questions 177 and 178 of the *Questionnaire sur les habitudes de vie et la santé* 1998) and aim to ascertain if the father is still in touch with the biological mother and the quality of the relationship between them, if applicable.

Questions 63, 64 and 65 are also addressed to the mother in the SAQM (questions 50, 51 and 52).

OBSERVATIONS OF FAMILY LIFE (OFL)

As in the 1998 round, recall that this questionnaire is the only instrument filled out by a third party. Indeed, it is filled out only by the interviewer, and not in the presence of the parents. It deals with the target child and his/her environment.

2.9 OFL – ROUND 1999 (E2) – Child 17 Months Old, and ROUND 2000 (E3) – Child 29 Months Old

- **Objective**

The same as in the 1998 round.

- **Measure**

For both the 1999 and the 2000 rounds, all of the questions are identical to those in the 1998 round, except questions 1 and 2, covering the communicative abilities of the mother, to which for E2 we added the words “says words” and “responds to words or a series of words” and to which for E3 we deleted “vocalizes (makes sounds)” and “vocalization” to adapt the wording of the questions to the age of the child.

This ends the review of the sources and justifications of the questionnaires. The following sections examine the Imitation Sorting Task (IST), the Baby Diary and the Authorization Form for the Hospitals to send information in the medical records of the mother, child or sibling.

IMITATION SORTING TASK (IST)

2.10 IST – ROUND 1999 (E2) – Child 17 Months Old

- **Objective**

The Imitation Sorting Task was conceived by Alp and Pascual-Leone of York University in Toronto (Alp, 1988, 1994, 1996; Benson, 1989). The version used in the QLSCD was finalized by Raymond Baillargeon of the *Département de psychiatrie* at the *Université de Montréal* and the *Centre de recherche* at the *Hôpital Sainte-Justine*. **As in the 1998 round, it aims to evaluate the stage of cognitive development of the child, that is, his/her**

mental-attentional capacity (Baillargeon, Pascual-Leone and Roncadin, 1998; Pascual-Leone and Baillargeon, 1994) as well as his/her behavioural inhibition (Barkley, 1997; Pennington and Ozonoff, 1996; Quay, 1997; Schachar, Tannock and Longan, 1993).

- **Measure**

The test comprises three levels of difficulty and consists of having a child place a certain number of toys into two containers (a red one and a black one). The number of toys varies according to the level of difficulty. At the first level, the child must place a toy in one of the two containers. At the second level, the child must place a toy in the red container and another in the black container. At the third level, the child must place a set of two toys in the black container and another toy in the red container.

2.11 IST – ROUND 2000 (E3) – Child 29 Months Old

- **Objective**

The Imitation Sorting Task has the same objective in this round as in E2, namely, to evaluate the stage of cognitive development of the target child.

- **Measure**

As in E2, the test comprises three levels of difficulty, but the number of toys (2 to 4 toys) to be placed by the child in the containers (the red and the black one) increases in E3, varying the level of difficulty in the following way:

- first level: place a toy in the black container and another toy in the red container;
- second level: place a set of two toys in the red container and another toy in the black container;
- third level: place a set of two toys in the black container and a set of two other toys in the red container.

2.12 BABY DIARY (for the 1999 Round only)

- Objective

As in the 1998 round, the goal of this instrument is to measure the frequency and the duration of the behaviours of the baby and his/her parents or any other person who looks after the child. This time, six behaviours are measured, rather than four.

- Measure

As for the 1998 round, this diary was conceived by Ronald Barr of the Research Institute of McGill University and the Montreal Children's Hospital. It provides a means to measure, over two full days when the parent (or babysitter) is with the child:

A. the following behaviours of the child:

1. Sleeping
2. Awake and content
3. Awake and fussy
4. Awake and crying
5. Crying and cannot be soothed
6. Feeding or being fed

Measure 7 "go out or don't remember" is the same as in the 1998 round.

Measure 8 "put in bed" and "take out of bed" is identical to that in the 1998 round and provides a means to determine how much time the child spends in his/her bed.

B. the following behaviours of the parents:

1. Body contact with the mother
2. Body contact with another person
3. Care provided by the mother (changing diapers, putting to bed, dressing, and bathing)
4. Care provided by other persons
5. Games played between the child and the person (**F**ather, **M**other or **S**pouse, **B**rother, **S**ister, **O**ther)

As in the 1999 round, this diary may be filled in by the mother, the father or the person who takes care of the child over the weekend (Saturday and Sunday) or during the week.

AUTHORIZATION FORM FOR THE HOSPITALS, TO SEND INFORMATION IN THE MEDICAL RECORDS OF THE MOTHER AND OF THE SELECTED CHILD.

2.13 AUTHORIZATION FORM FOR THE HOSPITALS – ROUND 1999 (E2) – Child 17 Months Old

- Objective

The same as in the 1998 round. This authorization is not requested for the target child unless his/her medical record has not yet been obtained. The same request is submitted for the sibling of the target child.

- Measure

To the family name and the given name of the selected child, the letters "T, B, S" are added so that we can clearly identify the person for whom the records are requested: the **T**arget child whose form was not signed the year before, the **B**rother or the **S**ister.

With respect to the medical information on the selected child, the content of the "Complete summary of the newborn medical file" is specified: "Summary Sheet – Hospital (short term stay)" and "Newborn nursery chart."

**AUTHORIZATION FORM FOR THE HOSPITALS,
TO SEND INFORMATION IN THE MEDICAL
RECORDS OF THE MOTHER AND OF THE
SELECTED CHILD**

**2.14 AUTHORIZATION FORM FOR
THE HOSPITALS – ROUND
2000 (E3) – Child 29 Months Old**

- **Objective**

The same as in the 1999 round, but this time the form covers only the medical records that were not already obtained for the target child.

- **Measure**

The same as in the 1999 round.

This completes the first section of this paper covering the source and justification of the questions in the 1999 and 2000 rounds of the study. The next section describes the data and the derivative variables in the QLSCD.