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PARTNER

AND

HOME

All answers are confidential

THANK YOU FOR YOUR HELP

30/06/98

This questionnaire is for the partner of the study child's mother or person taking the role of mother.

To answer simply tick the box which is most accurate in your opinion.

Some questions are the same as those you have answered before. This is so that we can tell what changes have happened to you.

Please answer all questions that you can. If you do not want to answer a question or if it does not apply to you, put a line through it. There are no good or bad answers. Just tell us what you really think.

SECTION A: ACCIDENTS AND INJURIES

- A1. Have **you** had any accidents of the following types in the last seven years (since your study child was born)?
[If you had more than 1 of the same type of accident, answer for the most serious]

	Yes & stayed in hospital	Yes & saw a doctor	Yes, but did not see a doctor	No, never happened
a) Road traffic accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Playing sport or games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) At your place of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Inside your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Outside your home (e.g. in garden)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) At another building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) During a fight or argument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) You were attacked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Other type of accident (please tick & describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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A2. Have **you** had any of the following injuries in the last seven years (since your study child was born)?

	Yes & stayed in hospital	Yes & saw a doctor	Yes, but did not see a doctor	No, never happened
You were:				
a) burnt	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b) scalded	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c) badly cut	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
d) stabbed	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
e) shot	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
f) nearly drowned	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
You had a:				
g) dislocated hip, shoulder, knee, etc.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
h) broken arm or hand	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
i) broken leg or foot	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
j) sexual assault	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
k) overdose of pills or medicine	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
l) overdose of something else (please tick & describe)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

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A2. (cont.)

		Yes & stayed in hospital	Yes & saw a doctor	Yes, but did not see a doctor	No, never happened ↓
You had a:					
m)	concussion	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
n)	other injury (please tick & describe)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

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If '**no**' to all of these, go to B1 on page 7

A3. What physical problems did you have as a result of any of these accidents?
(please tick all that apply)

		Yes & still present	Yes but no longer present	No did not happen ↓
Results of accident:				
a)	pain	<div>1</div>	<div>2</div>	<div>3</div>
b)	reduction in movement	<div>1</div>	<div>2</div>	<div>3</div>
c)	a facial scar or defect	<div>1</div>	<div>2</div>	<div>3</div>
d)	less able to see or hear	<div>1</div>	<div>2</div>	<div>3</div>
e)	inability to work	<div>1</div>	<div>2</div>	<div>3</div>
f)	other physical result (please tick & describe)	<div>1</div>	<div>2</div>	<div>3</div>

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A4. What emotional problems did you have as a result of any of these accidents? (please tick all that apply)

Results of accident:	Yes & still present	Yes but no longer present	No did not happen
a) loss of self confidence	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b) feeling of depression	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c) very tense	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d) unable to sleep well	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e) loss of appetite	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f) something else (please tick & describe)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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A5. What other consequences of any of these accidents were there?

Results of accident:	Yes & still present	Yes but no longer present	No did not happen
a) cost money	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b) lost job	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c) less earnings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d) problems at work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e) problems with wife or the family	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f) problems with friends	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g) other problem (please tick & describe)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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SECTION B: YOUR HOME

Below are a number of questions about your home. They are similar to some you answered 2 years ago, and will be used to see how your circumstances might have changed.

		month	year						
B1.	a)	When did you move to your present address?	<table><tr><td></td><td></td></tr></table> <table><tr><td></td><td></td><td></td><td></td></tr></table>						
	b)	How many times have you moved home since your study child was 5 years old ?	<table><tr><td></td><td></td></tr></table>						

B2. Is your home:

being bought/mortgaged	<table><tr><td>0</td></tr></table>	0
0		
being bought from council	<table><tr><td>1</td></tr></table>	1
1		
owned - with no mortgage to pay	<table><tr><td>2</td></tr></table>	2
2		
rented from council	<table><tr><td>3</td></tr></table>	3
3		
rented from private landlord - furnished	<table><tr><td>4</td></tr></table>	4
4		
rented from private landlord - unfurnished	<table><tr><td>5</td></tr></table>	5
5		
rented from housing association	<table><tr><td>6</td></tr></table>	6
6		
other (please tick & describe)	<table><tr><td>7</td></tr></table>	7
7		

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B3. Do you live in your own home or do you live with your parents or others?

live in own home	<table><tr><td>1</td></tr></table>	1
1		
live in partner's home	<table><tr><td>2</td></tr></table>	2
2		
live with your parents in their home	<table><tr><td>3</td></tr></table>	3
3		
live with your partner's parents in their home	<table><tr><td>4</td></tr></table>	4
4		
other situation (please tick & describe)	<table><tr><td>5</td></tr></table>	5
5		

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B4. Do you currently live in:

a whole detached house (or bungalow)

a whole semi-detached house/bungalow

an end of terrace house

a whole terraced house

a flat/maisonette (self contained)

room in someone else's house

other (please tick & describe)

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B5. What is the lowest level of your living accommodation:

basement

ground floor

1st floor

2nd floor or above, give floor.....

<input type="text"/>	<input type="text"/>
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B6. In the coldest time of year, describe the temperature in your:

		Very warm	Warm	About right	Cold	Very cold
a)	living rooms	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
b)	the room where the study child sleeps	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

B7. Does your home have the following?

	Yes sole use	Yes shared with other household(s)	No ↓
a) kitchen where there is space to sit and eat	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
b) kitchen for cooking only	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
c) indoor flushing toilet	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>

B8. Apart from the kitchen, how many rooms do you have for living and/or sleeping ?

B9. Do you have sole use of the following amenities or are they shared with other household(s)?

	Yes sole use	Yes shared	No, don't have at all
a) running hot water	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
b) bath	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
c) shower	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
d) garden or yard	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
e) balcony	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>

B10. a) Is there a working telephone in your home?

No	1 <input type="text"/>	Yes, but for incoming calls only	2 <input type="text"/>	Yes, a fully working phone	3 <input type="text"/>
			↓		
			please go to B10b on page 10		
			↓		
			If <u>yes</u> , go to B11a on page 10		

If no,

B10. b) where is the nearest working telephone that you can use in an emergency?

pay phone in the building	<input type="text"/>
pay phone in the street	<input type="text"/>
neighbour's phone	<input type="text"/>
none within 5 minutes walk	<input type="text"/>
other (please tick & describe)	<input type="text"/>

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B11. a) Do you have a mobile phone (i.e. one that can be used far from home)?

Yes No → **Go to B12a below**

If yes, b) how often do you use it?

at least once a day	<input type="text"/>
4-6 times a week	<input type="text"/>
1-3 times a week	<input type="text"/>
less than once a week	<input type="text"/>

B12. a) Is there ever any damp, condensation or mould in your home?

Yes No → **If no, go to B13a on page 11**

If yes,

b) How much of a problem is damp or condensation?

no damp or condensation	<input type="text"/>
not serious	<input type="text"/>
fairly serious	<input type="text"/>
very serious	<input type="text"/>

B12. c) How much of a problem is mould?

no mould	<input type="text" value="1"/>
not serious	<input type="text" value="2"/>
fairly serious	<input type="text" value="3"/>
very serious	<input type="text" value="4"/>

B13. a) Does your roof leak at all? (If you have another flat above yours, please tick 'does not apply')

does not apply	<input type="text" value="7"/>
no leak	<input type="text" value="1"/>
yes, slight leak	<input type="text" value="2"/>
yes, serious leak	<input type="text" value="3"/>

b) In wet weather, does water get in from anywhere else, such as through badly fitting windows or doors?

no leaks	<input type="text" value="1"/>
yes, slight leaks	<input type="text" value="2"/>
yes, serious leaks	<input type="text" value="3"/>

B14. Taking everything into account, which of the following best describes your feeling about your home?

satisfied	<input type="text" value="1"/>
fairly satisfied	<input type="text" value="2"/>
dissatisfied	<input type="text" value="3"/>
very dissatisfied	<input type="text" value="4"/>

B15. In the past year have you done any of the following:

	Yes, in own home	Yes, elsewhere	No, not at all
a) sanded floors	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b) stripped wallpaper	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c) removed paint or varnish	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

B16. In the past year have any of the following rooms been decorated or had any brand new furniture?

a) Your bedroom:	Yes	No	Don't know
i) painted	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
ii) wallpapered	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
iii) <u>new</u> carpet	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
iv) <u>new</u> furniture	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
b) Your living room:			
i) painted	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
ii) wallpapered	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
iii) <u>new</u> carpet	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
iv) <u>new</u> furniture	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
c) The room the study child sleeps in:			
i) painted	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
ii) wallpapered	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
iii) <u>new</u> carpet	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
iv) <u>new</u> furniture	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>

B16. d)	Any other rooms:	Yes	No	Don't know
i)	painted	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
ii)	wallpapered	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
iii)	<u>new</u> carpet	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
iv)	<u>new</u> furniture	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>

which room (s)?.....

B17. How would you rate your home in relation to that of other homes with children?

a)	much cleaner	<input type="text" value="1"/>
	a bit cleaner	<input type="text" value="2"/>
	about the same	<input type="text" value="3"/>
	less clean	<input type="text" value="4"/>
	much less clean	<input type="text" value="5"/>
	don't know	<input type="text" value="9"/>
b)	much tidier	<input type="text" value="1"/>
	a bit tidier	<input type="text" value="2"/>
	about the same	<input type="text" value="3"/>
	less tidy	<input type="text" value="4"/>
	much less tidy	<input type="text" value="5"/>
	don't know	<input type="text" value="9"/>

B18. Here is a list of some things that can be a problem in people's homes or in the neighbourhood. How much of a problem are the following for you and your family?

		Serious problem	Minor problem	Not a problem	No opinion
a)	Badly fitted doors and windows	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
b)	Poor ventilation	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
c)	Noise travelling between the rooms of your home	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
d)	Noise from other homes	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
e)	Noise from outside in the street	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
f)	Rubbish or litter dumped around your neighbourhood	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
g)	Dog dirt on pavement/walkways	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
h)	Worry about vandalism	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
i)	Worry about burglaries	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
j)	Worry about muggings or attacks	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
k)	Disturbance from teenagers or youths	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
l)	Other problems (please tick & describe)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>

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B19. Do you have a rule that smoking never happens in particular rooms?

no smoking in the house at all	<input type="text" value="1"/>
smoking only allowed in some rooms	<input type="text" value="2"/>
smoking allowed anywhere	<input type="text" value="3"/>

B20. a) Do the other people in your neighbourhood:

	No, never	Rarely	Some- times	Often	Always
i) visit your home	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
ii) argue with you	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
iii) look after your children	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
iv) keep to themselves	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

b) Do you:

	No, never	Rarely	Some- times	Often	Always
i) visit the home of your neighbours	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
ii) argue with your neighbours	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
iii) look after your neighbour's children	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
iv) keep to yourself	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

B21. What do you think of your neighbourhood as a place to live?

a very good place to live	<input type="text" value="1"/>
a fairly good place to live	<input type="text" value="2"/>
not a very good place to live	<input type="text" value="3"/>
not at all a good place to live	<input type="text" value="4"/>

B22. How heavy is the traffic on the street where you live?

very heavy	<input type="checkbox"/>
quite heavy	<input type="checkbox"/>
not very heavy	<input type="checkbox"/>
hardly any traffic	<input type="checkbox"/>

B23. To heat your home in winter what methods do you mainly use?
(Please tick all boxes that apply)

	(i) In main living room	(ii) In study child's bedroom	(iii) In other rooms
a) central heating or storage heaters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) wood stoves or wood fires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) coal fires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) paraffin heaters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) gas fires (mains gas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) gas fires (bottled gas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) other type of heating (please tick & describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....			
h) no heating in this room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B24. If your home is centrally heated in winter, please describe:

a) type:

solid fuel	<input type="text" value="1"/>	no central heating	<input type="text" value="7"/>	→ Go to B25 below
oil	<input type="text" value="2"/>			
gas	<input type="text" value="3"/>			
electricity	<input type="text" value="4"/>			
other (please describe)	<input type="text" value="5"/>		

b) How is heating distributed?

Radiators	<input type="text" value="1"/>	warm air	<input type="text" value="2"/>	storage heaters	<input type="text" value="3"/>
under floor heating	<input type="text" value="4"/>	other	<input type="text" value="5"/>	please describe	

c) Where is the boiler?

kitchen	<input type="text" value="1"/>	living room	<input type="text" value="2"/>	no boiler	<input type="text" value="3"/>
other (please tick & describe)	<input type="text" value="4"/>			

B25. Do you use gas for cooking?

Yes, ring(s) only	<input type="text" value="1"/>
yes, oven only	<input type="text" value="2"/>
yes, rings and oven	<input type="text" value="3"/>
no, not at all	<input type="text" value="4"/>

B26. When you are cooking, how often do you get rid of the smells and steam using the following:

	Usually	Sometimes	Not at all	I never cook
a) open windows	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
b) ventaxia/air extractor	<div>1</div>	<div>2</div>	<div>3</div>	<div>Go to B27 below</div>
c) extractor hood which vents to outside	<div>1</div>	<div>2</div>	<div>3</div>	
d) extractor hood that doesn't vent to outside	<div>1</div>	<div>2</div>	<div>3</div>	
e) other (please tick & describe)	<div>1</div>	<div>2</div>	<div>3</div>	

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B27. How often do you have any windows open in your home:

	Windows almost always open	Windows open only when weather is good	Windows open occasionally	Windows almost never open
a) In <u>summer</u>:				
i) day	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
ii) night	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b) In <u>winter</u>:				
i) day	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
ii) night	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c) Are any of your windows double glazed? (including secondary double glazing)				
yes, all of them	<div>1</div>	yes, some of them	<div>2</div>	
no, none of them	<div>3</div>	don't know	<div>9</div>	

B27. d) Does your home have chimneys?

Yes No

e) **If yes**, have they been blocked up?

yes, all of them yes, some of them
no don't know

B28. Do you use a thermometer or thermostat to help keep the temperature at the level you want in winter?

a) In main living room:

thermostat on room thermostat room thermometer
radiators
none of these other (please describe)

b) In your study child's bedroom:

thermostat on room thermostat room thermometer
radiators
none of these other (please describe)

c) What temperature do you try to maintain in winter? (If you don't try to maintain any particular temperature put 87)

(i) in living rooms
(ii) in room where your study child sleeps day night

SECTION C: YOUR HOUSEHOLD

(By household we mean people living with you in your house or flat)

C1. a) How many people live in your household nowadays? (**including yourself and anyone who is away at school or as part of their work**)

- i) adults (over 18 years)
- ii) young adults (16-18 years)
- iii) children (less than 16 years)

b) Please indicate who the adults over 18 are.

	Yes	No
i) yourself	<input type="text"/>	<input type="text"/>
ii) your partner	<input type="text"/>	<input type="text"/>
iii) your parent(s)	<input type="text"/>	<input type="text"/>
iv) your partner's parent(s)	<input type="text"/>	<input type="text"/>
v) your children (aged over 18)	<input type="text"/>	<input type="text"/>
vi) children of your partner (aged over 18)	<input type="text"/>	<input type="text"/>
vii) other relation(s) of yourself	<input type="text"/>	<input type="text"/>
viii) other relation(s) of your partner	<input type="text"/>	<input type="text"/>
ix) friend(s)	<input type="text"/>	<input type="text"/>
x) lodger	<input type="text"/>	<input type="text"/>
xi) other (please tick & describe)	<input type="text"/>	<input type="text"/>

.....

C2. How many people living in your household (**including yourself**) are smokers ?

C3. a) What is your present marital status?

never married

1

widowed

2

divorced

3

separated

4

married (once only)

5

married for second time

6

married for third time

7

b) If married, what was the date
of your most recent marriage?

C4. a) Is the present live-in father-figure the natural father of the study child?

Yes

No

No live-in
father-figure

Don't
know

If yes, or don't know go to C4c on page 22

If no, or no live-in father-figure,

b) i) how old was the child when the natural father stopped living with the child?

years

months

(put 0 00 for from birth or before birth)

ii) how often does the natural father see the study child?

not at all

1

less than once a month

2

about once a month

3

about once a fortnight

4

once or twice a week

5

nearly every day

6

child's father
is dead

7

↓
go to C4c
on page 22

C4. b) iii) does he help support the child financially?

yes, on a regular basis

yes, occasionally

no

c) Is the present live-in mother figure the biological (natural) mother of the study child?

Yes

No

If yes, go to C5 on page 23

If no,

i) how old was the child when the natural mother stopped living with the child?

years

months

(If from birth, write 0 00)

ii) how often does the natural mother see the study child?

not at all

less than once a month

about once a month

about once a fortnight

once or twice a week

nearly every day

child's mother
is dead

**go to C5
on page 23**

iii) does she help support the child financially?

yes, on a regular basis

yes, occasionally

no

C5. Please indicate how many of the children living with you have:

	Number of children
a) you and your present partner as their natural parents	<input type="text"/> <input type="text"/>
b) you as their natural father (but their natural mother is not present)	<input type="text"/> <input type="text"/>
c) your partner as the natural mother (but you are not their natural father)	<input type="text"/> <input type="text"/>
d) neither you nor your partner as natural parents (please describe whether you have adopted, fostered etc.)	<input type="text"/> <input type="text"/>

.....

C6. Are there other children of yourself or your partner who visit (whether to play or to stay)?

	No	Yes	Number of children
a) children of my partner but not me	<input type="text"/> 1	<input type="text"/> 2 →	<input type="text"/> <input type="text"/>
b) children of myself but not my partner	<input type="text"/> 1	<input type="text"/> 2 →	<input type="text"/> <input type="text"/>
c) children of me and my partner	<input type="text"/> 1	<input type="text"/> 2 →	<input type="text"/> <input type="text"/>

C7. The following questions will help us understand how complex the families in the study often are.

a) Are you currently married or living with a partner?

Yes
1 No
2 → **If no, go to C7d on page 24**

If yes,

b) how many children have the pair of you had together? children

C7. c) Please list for each of these children.

	Date of birth			Currently living with you?	
	Month	Day	Year	Yes	No
(i)	<input type="text"/>	<input type="text"/>	19 <input type="text"/>	<input type="text"/>	<input type="text"/>
(ii)	<input type="text"/>	<input type="text"/>	19 <input type="text"/>	<input type="text"/>	<input type="text"/>
(iii)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(iv)	<input type="text"/>	<input type="text"/>	19 <input type="text"/>	<input type="text"/>	<input type="text"/>

d) Not including your present relationship (if any) how many live-in relationships have you had?

If none go to C7f on page 25

e) Not including your present relationship, if you have had other live-in relationships please list for the 3 most recent:

	Most Recent		2 nd Most Recent		3 rd Most Recent	
	Month	Year	Month	Year	Month	Year
(i) date married/ moved in together	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(ii) date parted	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(iii) how many children did you have together	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(iv) give date of birth of each child A)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have had more than 4 children, please give extra details on a separate sheet .

(v) how many of these children live with you now?

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

C7. f) Do you have children from any other relationships?

Yes No → If **no**, go to C7g below

If **yes**, please list:

	Dates of birth				Currently living with you	
					Yes	No
(i)	<input type="text"/>	<input type="text"/>	<input type="text"/>	→	<input type="text" value="1"/>	<input type="text" value="2"/>
(ii)	<input type="text"/>	<input type="text"/>	<input type="text"/>	→	<input type="text" value="1"/>	<input type="text" value="2"/>
(iii)	<input type="text"/>	<input type="text"/>	<input type="text"/>	→	<input type="text" value="1"/>	<input type="text" value="2"/>
(iv)	<input type="text"/>	<input type="text"/>	<input type="text"/>	→	<input type="text" value="1"/>	<input type="text" value="2"/>

g) Are there children from any of your current partner's previous relationship(s) who live with you?

Yes No No current partner

↓

go to C8 on page 26

If **yes**, please list:

	Dates of birth				Currently living with you	
					Yes	No
(i)	<input type="text"/>	<input type="text"/>	<input type="text"/>	→	<input type="text" value="1"/>	<input type="text" value="2"/>
(ii)	<input type="text"/>	<input type="text"/>	<input type="text"/>	→	<input type="text" value="1"/>	<input type="text" value="2"/>
(iii)	<input type="text"/>	<input type="text"/>	<input type="text"/>	→	<input type="text" value="1"/>	<input type="text" value="2"/>
(iv)	<input type="text"/>	<input type="text"/>	<input type="text"/>	→	<input type="text" value="1"/>	<input type="text" value="2"/>

C8. Here are some questions about your sexuality. Do not answer these questions if you find them too personal.

a) Since the birth of your study child have your partners been:

only male	<input type="text" value="1"/>	mostly female	<input type="text" value="4"/>
mostly male	<input type="text" value="2"/>	only female	<input type="text" value="5"/>
both male and female	<input type="text" value="3"/>	no partner	<input type="text" value="6"/>

b) How would you describe your sexuality?

heterosexual	<input type="text" value="1"/>
bisexual	<input type="text" value="2"/>
lesbian/homosexual	<input type="text" value="3"/>

c) Are you currently living with a partner?

yes, a male partner	<input type="text" value="1"/>	yes, multiple partners	<input type="text" value="3"/>
yes, a female partner	<input type="text" value="2"/>	not living with a partner	<input type="text" value="4"/>

d) Since the birth of your study child, have you lived with:

male partners only	<input type="text" value="1"/>	female partner(s) only	<input type="text" value="3"/>
male & female partner(s)	<input type="text" value="2"/>	not lived with a partner	<input type="text" value="4"/>

C9. Now some questions about the children living in your household.

a) How many are older than the study child?

**If none, go to C18
on page 34**

If one or more older children,

- C9. b) which of these is nearest in age to your study child?
(If the next oldest are twins put the first born's name)

Name

Date of birth

.....

				19		
--	--	--	--	----	--	--

- C10. How does your 7 year old study child react to this older child named above?
(If your study child is a twin, answer for the **oldest/first** born)

My 7 year old:	Frequently	Sometimes	Rarely or never	
a) Likes to be with this older child	<div>1</div>	<div>2</div>	<div>3</div>	
b) Quarrels with this older child	<div>1</div>	<div>2</div>	<div>3</div>	Never parted ↓
c) Is upset if parted from this older child	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
d) Is unhappy/jealous if you do things just with this older child	<div>1</div>	<div>2</div>	<div>3</div>	
e) Wants to play with this older child	<div>1</div>	<div>2</div>	<div>3</div>	
f) Is not much interested in this older child	<div>1</div>	<div>2</div>	<div>3</div>	No partner ↓
g) Is unhappy/jealous if your partner does things just with this older child	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
				Always there ↓
h) Misses this older child when not there	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
i) Has a lot of fun with this older child	<div>1</div>	<div>2</div>	<div>3</div>	
j) Teases/needles this older child	<div>1</div>	<div>2</div>	<div>3</div>	

Remember: if you are answering for twins, always answer for the older of the two only.

C11. Now some questions about how this older child reacts to the study child.

This older child:	Frequently	Sometimes	Rarely or never	
a) Likes to be with the study child	<div>1</div>	<div>2</div>	<div>3</div>	
b) Quarrels with the study child	<div>1</div>	<div>2</div>	<div>3</div>	Never parted ↓
c) Is upset if parted from the study child	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
d) Is unhappy/jealous if you do things just with the study child	<div>1</div>	<div>2</div>	<div>3</div>	
e) Wants to play with the study child	<div>1</div>	<div>2</div>	<div>3</div>	
f) Is not much interested in the study child	<div>1</div>	<div>2</div>	<div>3</div>	
g) Is unhappy/jealous if your partner does things just with the study child	<div>1</div>	<div>2</div>	<div>3</div>	No partner ↓ <div>7</div>
h) Misses the 7 year old study child when not there	<div>1</div>	<div>2</div>	<div>3</div>	Always there ↓ <div>7</div>
i) Has a lot of fun with the 7 year old study child	<div>1</div>	<div>2</div>	<div>3</div>	
j) Teases/needles the study child	<div>1</div>	<div>2</div>	<div>3</div>	

C12. The following statements apply to some children. Think about this older child's behaviour over the last six months.

This older child:	Doesn't apply	Applies somewhat	Certainly applies
a) Is considerate of other people's feelings	<div>1</div>	<div>2</div>	<div>3</div>
b) Is restless, overactive, cannot stay still for long	<div>1</div>	<div>2</div>	<div>3</div>
c) Often complains of headaches, stomach-aches or sickness	<div>1</div>	<div>2</div>	<div>3</div>
d) Shares readily with other children (treats, toys, pencils, etc.)	<div>1</div>	<div>2</div>	<div>3</div>

C12.

**Doesn't
apply**

**Applies
somewhat**

**Certainly
applies**

This older child:

e) Often has temper tantrums or hot tempers

f) Is rather solitary, tends to play alone

g) Is generally obedient, usually does what adults request

h) Has many worries, often seems worried

i) Is helpful if someone is hurt, upset or feeling ill

j) Is constantly fidgeting or squirming

k) Has at least one good friend

l) Often fights with other children or bullies them

m) Is often unhappy, downhearted or tearful

n) Is generally liked by other children

o) Is easily distracted, concentration wanders

p) Is nervous or clingy in new situations, easily loses confidence

q) Is kind to younger children

r) Often lies or cheats

s) Is picked on or bullied by other children

C12. This older child:	Doesn't apply	Applies somewhat	Certainly applies
t) Often volunteers to help others (parents, teachers, other children)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
u) Thinks things out before acting	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
v) Steals from home, school or elsewhere	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
w) Gets on better with adults than with other children	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
x) Has many fears, is easily scared	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
y) Sees tasks through to the end, has good attention span	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

C13. a) Does this older child live all or most of the time in your household?

No Yes → If yes, go to C14a below

If no,

b) How many days in a month does this older child spend in your household? days

C14. a) Does this older child have both you and your partner as his/her natural (biological) parents?

No have no partner Yes → If yes, go to C16 on page 32

b) If no, or no partner:

Does this older child have (please tick):

you as the natural father (but his/her natural mother is not present) → answer (c) on page 31 & then go from (e) onwards

your partner as the natural mother (but his/her natural father not present) → answer from (d) onwards on page 31

neither of his/her natural parents present → answer all on page 31

C14. c) How often do you or your partner talk to the child's natural father about this older child?

once a month or more	<input type="text" value="1"/>	less than once a month	<input type="text" value="2"/>
once a year or less	<input type="text" value="3"/>	never	<input type="text" value="4"/>
don't know	<input type="text" value="9"/>	natural father is dead	<input type="text" value="7"/>

d) How often do you or your partner talk to this older child's natural mother about the child?

once a month or more	<input type="text" value="1"/>	less than once a month	<input type="text" value="2"/>
once a year or less	<input type="text" value="3"/>	never	<input type="text" value="4"/>
don't know	<input type="text" value="9"/>	natural mother is dead	<input type="text" value="7"/>

e) What are your relations with this older child's other parent(s)? Please reply only for the absent natural parent(s).

	(i) natural mother	(ii) natural father
generally warm and friendly	<input type="text" value="1"/>	<input type="text" value="1"/>
sometimes friendly	<input type="text" value="2"/>	<input type="text" value="2"/>
polite	<input type="text" value="3"/>	<input type="text" value="3"/>
distant	<input type="text" value="4"/>	<input type="text" value="4"/>
usually unfriendly	<input type="text" value="5"/>	<input type="text" value="5"/>
no relationship	<input type="text" value="6"/>	<input type="text" value="6"/>
parent dead	<input type="text" value="7"/>	<input type="text" value="7"/>

f) How many days a month (on average) does this older child see his/her natural parent(s)?
(Answer only for absent natural parent[s])

(i) natural mother	<input type="text"/>	<input type="text"/>	days	(ii) natural father	<input type="text"/>	<input type="text"/>	days
(iii) both natural parents dead	<input type="text" value="7"/>	→ go to C16 on page 32					

This older child and the other natural parent(s)

C15. Below are some statements about the older child's relationships with his/her natural parent(s). Please indicate how you think these apply in your situation. (If the relevant natural parent is dead go on to C16 below)

	(i) Natural mother			(ii) Natural father		
	Yes ↓	No ↓	Can't say	Yes ↓	No ↓	Can't say
a) The natural parent really loves this child	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
b) The natural parent often gets very irritated with this child	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
c) The natural parent dislikes the mess and noise that surrounds this child	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
d) This older child makes the natural parent pretty happy	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
e) The natural parent has frequent battles of will with this child	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
f) This older child is very affectionate to the natural parent	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
g) This older child gets on the natural parent's nerves	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
h) The natural parent seems to feel very close to this child	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>

This older child and your partner:

C16. Below are some statements about your partner's relationships with children. Please indicate if you think these apply to your partner and the older child.

	Yes	No	Have no partner
a) My partner really loves this child	1 <input type="text"/>	2 <input type="text"/>	7 <input type="text"/> → go to C17 on page 33
b) My partner often gets very irritated with this child	1 <input type="text"/>	2 <input type="text"/>	
c) My partner dislikes the mess and noise that surrounds this child	1 <input type="text"/>	2 <input type="text"/>	

	Yes	No
C16. d) This older child makes my partner pretty happy	<div>1</div>	<div>2</div>
e) My partner has frequent battles of will with this child	<div>1</div>	<div>2</div>
f) This older child is very affectionate to my partner	<div>1</div>	<div>2</div>
g) This older child gets on my partner's nerves	<div>1</div>	<div>2</div>
h) My partner seems to feel very close to this child	<div>1</div>	<div>2</div>

You and this older child:

C17. Below are some statements about relationships with children. Please indicate if you think these apply to you and this older child

	Yes	No
a) I really love this child	<div>1</div>	<div>2</div>
b) I often get very irritated with this child	<div>1</div>	<div>2</div>
c) I dislike the mess and noise that surrounds this child	<div>1</div>	<div>2</div>
d) This older child makes me pretty happy	<div>1</div>	<div>2</div>
e) I have frequent battles of will with this child	<div>1</div>	<div>2</div>
f) This older child is very affectionate to me	<div>1</div>	<div>2</div>
g) This older child gets on my nerves	<div>1</div>	<div>2</div>
h) I feel very close to this child	<div>1</div>	<div>2</div>

Now we are coming back to your 7 year old study child:

C18. Below are some statements about relationships with children. Please indicate how you think these apply in your situation.

	Yes	No
Your 7 year old study child:		
a) I really love this child	<div>1</div>	<div>2</div>
b) I often get very irritated with this child	<div>1</div>	<div>2</div>
c) I dislike the mess and noise that surrounds this child	<div>1</div>	<div>2</div>
d) This child makes me pretty happy	<div>1</div>	<div>2</div>
e) I have frequent battles of will with this child	<div></div>	<div></div>
f) This child is very affectionate to me	<div>1</div>	<div>2</div>
g) This child gets on my nerves	<div>1</div>	<div>2</div>
h) I feel very close to this child	<div>1</div>	<div>2</div>

Your partner and your study child:

C19. Below are some statements about your partner's relationships with children. Please indicate how you think these apply in your situation.

	Yes	No	Have no partner
The 7 year old study child:			
a) My partner really loves this child	<div>1</div>	<div>2</div>	<div>7</div> → go to C20 on page 35
b) My partner often gets very irritated with this child	<div>1</div>	<div>2</div>	
c) My partner dislikes the mess and noise that surrounds this child	<div>1</div>	<div>2</div>	
d) This child makes my partner pretty happy	<div>1</div>	<div>2</div>	
e) My partner has frequent battles of will with this child	<div>1</div>	<div>2</div>	
f) This child is very affectionate to my partner	<div>1</div>	<div>2</div>	
g) This child gets on my partner's nerves	<div>1</div>	<div>2</div>	
h) My partner seems to feel very close to this child	<div>1</div>	<div>2</div>	

C20. Do any of the people living in your household, including yourself and your study child, have a chronic illness or disabling condition?

Yes

No

→ **If no, go to C21a below**

If yes, please describe:

Nature of condition(s)

Person(s) involved

(state relationship to you - partner, child, mother, etc.)

a)

.....

b)

.....

c)

.....

d)

.....

e)

.....

C21. a) Do you have any pets?

Yes

No

→ **Go to C22 on page 36**

If yes,

b) How many of the following pets do you have?

i) cats

Number

<input type="text"/>	<input type="text"/>
----------------------	----------------------

ii) dogs

<input type="text"/>	<input type="text"/>
----------------------	----------------------

iii) rabbits

<input type="text"/>	<input type="text"/>
----------------------	----------------------

iv) rodents (mice, hamster, gerbil, etc.)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

v) birds (budgerigar, parrot, etc.)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

vi) fish

<input type="text"/>	<input type="text"/>
----------------------	----------------------

vii) turtles

<input type="text"/>	<input type="text"/>
----------------------	----------------------

viii) other pets (please describe)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

.....

C22. Do any of the following animals or insects inhabit or invade your home or cause dirty conditions in your balcony, garden or yard?

	Yes frequently	Yes occasionally	No not at all
a) rats	<div>1</div>	<div>2</div>	<div>3</div>
b) mice	<div>1</div>	<div>2</div>	<div>3</div>
c) pigeons	<div>1</div>	<div>2</div>	<div>3</div>
d) cats	<div>1</div>	<div>2</div>	<div>3</div>
e) cockroaches	<div>1</div>	<div>2</div>	<div>3</div>
f) ants	<div>1</div>	<div>2</div>	<div>3</div>
g) dogs	<div>1</div>	<div>2</div>	<div>3</div>
h) woodlice	<div>1</div>	<div>2</div>	<div>3</div>
i) other (please tick & describe)	<div>1</div>	<div>2</div>	<div>3</div>

.....

SECTION D: HOW DO YOU FEEL?

D1. Below are a number of statements which you may use to describe yourself. Please indicate if you think these apply to you. Each statement applies to how you feel **right now, at this moment**.

Now:	Doesn't apply	Applies a bit	Moderately applies	Certainly applies
a) I feel calm	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b) I feel secure	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c) I feel tense	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
d) I feel strained	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
e) I feel at ease	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
f) I feel upset	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
g) I am presently worrying over possible misfortunes	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
h) I feel satisfied	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
i) I feel frightened	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
j) I feel comfortable	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
k) I feel self-confident	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
l) I feel nervous	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
m) I am jittery	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
n) I feel indecisive	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
o) I am relaxed	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
p) I feel content	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
q) I am worried	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
r) I feel confused	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
s) I feel steady	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
t) I feel pleasant	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

About your health

D2. a) Do you have any difficulty in walking?

Yes

No → If **no**, go to D2c below

If **yes**,

b) Is this due to heart disease or breathing problems?

Yes

No → If **no**, please describe cause
and go to D3a below

Don't know

.....

c) Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

Yes

No

d) Do you get short of breath walking with other people of your own age on level ground?

Yes

No

e) Do you have to stop for breath when walking at your own pace on level ground?

Yes

No

f) Are you short of breath on washing or dressing?

Yes

No

D3. a) Have you **ever** had any pain or discomfort in your chest?

Yes, in
past year

Yes, but
not in
past year

No → If **no**, go to D4a
on page 40

If **yes**,

go to D3h on page 39

b) Do/did you get this pain or discomfort when you walk uphill or hurry?

Yes

No

c) Do/did you get the pain or discomfort when you walk at an ordinary pace on the level?

Yes

No

- D3. d) when you get/got pain or discomfort in your chest what do you do?
(Please tick **one** box only)

stop ☐ 1 slow down ☐ 2 continue at the same pace ☐ 3

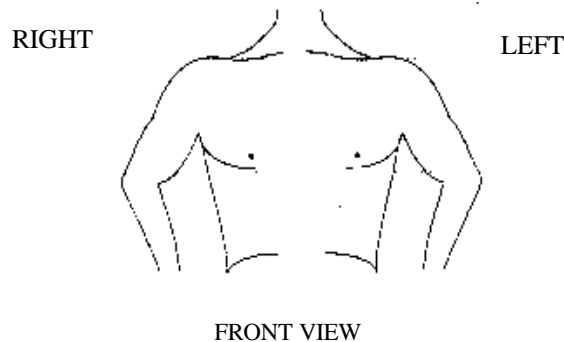
- e) does/did it go away when you stand still?

Yes ☐ 1 No ☐ 2 Don't know ☐ 9

- f) How soon?

10 minutes or less ☐ 1 More than 10 minutes ☐ 2 Don't know ☐ 9

- g) Where do/did you get this pain or discomfort? (Please mark the place(s) with an X on the diagram below) .



- h) Have you ever had a severe pain across the front of your chest lasting for half an hour or more?

Yes ☐ 1 No ☐ 2 → If **no**, go to D4a on page 40

If **yes**,

- i) Did you talk to a doctor about it?

Yes ☐ 1 No ☐ 2 → If **no**, go to k below

If **yes**,

- j) What did they say it was?

.....
.....

- k) How many of these attacks have you had?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

D4. Please give below your present weights and measurements if you know them.

- a) weight kg or stones lbs
- b) height cm or ft in
- c) inside leg measurement cm or in
- d) chest cm or in
- e) hips cm or in
- f) waist cm or in

SECTION E: YOUR OCCUPATION AND LIFESTYLE

E1. a) Since the study child was born have you worked at all? (please tick all that apply).

- no, not at all ☐ 7 → If no, go to Question E8 on page 46
- (i) yes, paid work at home ☐ 1
- (ii) yes, paid work outside home ☐ 1
- (iii) yes, voluntary work ☐ 1

b) have you been working all the time since you started work after the study child was born?

- yes, same job all the time ☐ 1
- yes, but not always the same job ☐ 2
- Now go to E1b(iii) below

no, stopped & started again ☐ 3

no, do not work now ☐ 4

i) when did you last stop? month year → If do not work now go to E7 on page 45

ii) when did you start again? month year

iii) how many jobs are you now doing?

iv) Whether or not you are self-employed, what job(s) are you doing (please describe the job(s) you do and the type of industry/employer(s) you work for). If you are self-employed please also say so.

.....

.....

E1. c) How many hours did you work last week ? hours

(i) Was this a typical week?

Yes ₁ No, usually work more hours ₂ No, usually work less hours ₃

If no, ←

(ii) how many hours in a usual week? hours

d) Does your work include weekends?

Yes, usually ₁ Yes, sometimes ₂ No, never ₃

e) Do you work in the evenings or at night?

Yes, often ₁ Yes, sometimes ₂ No ₃

f) How would you describe the physical effort you need for your current job(s)?

very little effort, mostly sitting ₁

some physical effort ₂

quite a lot of physical effort ₃

considerable physical effort ₄

g) Do you usually work:

the basic no. of hours per week ₁

basic hours plus paid overtime ₂

longer than basic hours (but not paid extra) ₃

self-employed - as long as necessary ₄

E1. h) Which of the following best describes how you are paid in your present job?

Monthly salary plus performance	<input type="text" value="1"/>	Monthly salary only	<input type="text" value="2"/>	Weekly wage	<input type="text" value="3"/>
Hourly paid	<input type="text" value="4"/>	Piecework	<input type="text" value="5"/>		
Self-employed	<input type="text" value="6"/>	Other (please tick and describe)	<input type="text" value="7"/>	

i) Are you on a recognised pay scale with increments, either automatic or performance related?

Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>	Don't know	<input type="text" value="9"/>
-----	--------------------------------	----	--------------------------------	------------	--------------------------------

j) If you decided to leave your job, how much notice are you officially required to give?

Less than one week	<input type="text" value="1"/>	1, 2 or 3 weeks	<input type="text" value="2"/>	1 or 2 months	<input type="text" value="3"/>
3 months or more	<input type="text" value="4"/>	not relevant (self-employed)	<input type="text" value="5"/>	Don't know	<input type="text" value="9"/>

k) In your sort of work, are there opportunities for promotion either in your current organisation or by changing employers?

Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>	Don't know	<input type="text" value="9"/>
-----	--------------------------------	----	--------------------------------	------------	--------------------------------

l) Who decides what time you start and leave work?

Flexitime system	<input type="text" value="1"/>	Employer decides	<input type="text" value="2"/>
I decide, within certain limits	<input type="text" value="3"/>	Negotiated with employer	<input type="text" value="4"/>

m) Does your job require you to design and plan important aspects of your own work, or is your work largely specified for you?

I am required to design/plan my work	<input type="text" value="1"/>	Work is largely specified by others	<input type="text" value="2"/>	Other	<input type="text" value="3"/>
---	--------------------------------	--	--------------------------------	-------	--------------------------------

E1. n) How much influence do you personally have in deciding what tasks you are to do?

A great deal

A fair amount

Not much

None

E2. What are the main reasons you work? (tick all that apply)

Yes

a) financial, I am important as a breadwinner

b) financial, for family extras

c) career

d) enjoyment

e) to get out of the home

f) other (please tick & describe)

.....

E3. Are you working at the same status as you did before the study child was born?

didn't work before

no, lower level

yes, same level

no, higher level

E4. Do you find your job satisfying?

Yes

No

Sometimes

E5. Do you wish that you could generally spend more time with your study child?

yes, often	<input type="text" value="1"/>
yes, sometimes	<input type="text" value="2"/>
yes, but rarely	<input type="text" value="3"/>
no, not at all	<input type="text" value="4"/>

E6. a) How do you usually travel to work? (Tick all that apply)

	Yes	Work at home
i) public transport (bus, train)	<input type="text" value="1"/>	<input type="text" value="7"/> → Go to E7 below
ii) car	<input type="text" value="1"/>	
iii) cycle	<input type="text" value="1"/>	
iv) walk	<input type="text" value="1"/>	
v) other	<input type="text" value="1"/>	

b) How long does it usually take:

	Less than 15 mins	15-29 mins	30-59 mins	An hour or more
i) to travel to work	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
ii) to travel home from work	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

E7. Please list all jobs you have had since your study child's 5th birthday, apart from your present job, if you are currently working.

Age of child at start of job	Job	Hours worked in usual week
.....
.....
.....
.....
.....

If you are working now please go to Question E9 below

If you are not working:

E8. Have you chosen not to work so that you can stay at home with your children?

No Yes → **If yes, go to E9 below**

If no,

a) Have you been looking for work? Yes No → **If no, go to E8c below**

If yes

b) How long have you been seeking work? months → **now go to E9 below**

c) If you have not been looking for work, please give reasons (tick all that apply):

(i) do not want to work	<input type="text" value="1"/>	(iii) not well enough	<input type="text" value="1"/>
(ii) looking after family	<input type="text" value="1"/>	(iv) other (please tick & describe)	<input type="text" value="1"/>

.....

E9. How many cigarettes per day do you currently smoke ?

30 or more	<input type="text" value="30"/>	25-29	<input type="text" value="25"/>	20-24	<input type="text" value="20"/>	15-19	<input type="text" value="15"/>
10-14	<input type="text" value="10"/>	5-9	<input type="text" value="05"/>	1-4	<input type="text" value="01"/>	none	<input type="text" value="00"/>
pipe only	<input type="text" value="08"/>	cigars only	<input type="text" value="09"/>				

E10. How difficult at the moment do you find it to afford these items:

		Very difficult	Fairly difficult	Slightly difficult	Not difficult	Don't pay for this
a)	food	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
b)	clothing	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
c)	heating	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
d)	rent or mortgage	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
e)	things you need for your children	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
f)	costs of educational courses (e.g. ballet, music, etc.)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
g)	medical or dental care	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
h)	child care	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
i)	something else (please tick and describe)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>		

.....

E11. a) On average, about how much is the take-home family income each week (include social benefits etc.)?

less than £100	<input type="text" value="1"/>	£100 - £199	<input type="text" value="2"/>	£200 - £299	<input type="text" value="3"/>
£300 - £399	<input type="text" value="4"/>	£400 or more	<input type="text" value="5"/>	don't know	<input type="text" value="9"/>

b) Out of this, how much do you pay for rent, loans or mortgage each week?

nothing	<input type="text" value="1"/>	less than £20	<input type="text" value="2"/>	£20 - £39	<input type="text" value="3"/>	£40 - £59	<input type="text" value="4"/>
£60 - £79	<input type="text" value="5"/>	£80-£99	<input type="text" value="6"/>	£100+	<input type="text" value="7"/>	don't know	<input type="text" value="9"/>

E11. c) About how much do you spend on electricity, gas, water, and telephone each week?

less than £20	<input type="text" value="1"/>	£20 - £29	<input type="text" value="2"/>	£30 - £39	<input type="text" value="3"/>	£40 - £49	<input type="text" value="4"/>
£50 - £59	<input type="text" value="5"/>	£60 or more	<input type="text" value="6"/>	don't know	<input type="text" value="9"/>		

d) About how much do you spend on food for the whole family each week?

less than £20	<input type="text" value="1"/>	£20 - £29	<input type="text" value="2"/>	£30 - £39	<input type="text" value="3"/>	£40 - £49	<input type="text" value="4"/>
£50 - £59	<input type="text" value="5"/>	£60-£69	<input type="text" value="6"/>	£70 - £79	<input type="text" value="7"/>		
£80 or more	<input type="text" value="8"/>	don't know	<input type="text" value="9"/>				

e) About how much do you spend on clothing, hobbies, and entertainment each week?

less than £20	<input type="text" value="1"/>	£20 - £29	<input type="text" value="2"/>	£30 - £39	<input type="text" value="3"/>	£40 - £49	<input type="text" value="4"/>
£50 - £59	<input type="text" value="5"/>	£60 or more	<input type="text" value="6"/>	don't know	<input type="text" value="9"/>		

f) About how much do you spend on child care each week (e.g. after-school club, sitters)?

nothing	<input type="text" value="1"/>	less than £20	<input type="text" value="2"/>	£20- £39	<input type="text" value="3"/>	£40 -£59	<input type="text" value="4"/>
£60 - £79	<input type="text" value="5"/>	£80-£99	<input type="text" value="6"/>	£100 or more	<input type="text" value="7"/>		
varies	<input type="text" value="8"/>	don't know	<input type="text" value="9"/>				

g) Do you manage to save at all? Yes

h) Do you receive any financial help from your parents, other relatives or friends?

Yes No

i) Do you help your parents, other relatives or friends financially?

Yes No

E12. How much help would you say you had nowadays:

		Too much help	Right amount of help	Too little help
a)	with housework	<div>1</div>	<div>2</div>	<div>3</div>
b)	with looking after the children	<div>1</div>	<div>2</div>	<div>3</div>

E13. How many hours sleep do you get altogether now?

		None	1 - 3 hours	4 - 5 hours	6 - 7 hours	More than 7 hours
a)	during an average night	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
b)	during an average day	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

c) Do you feel that you are getting enough sleep?

Yes

1

 No

2

E14. In the past 2 years have you taken any courses or educational training?

	Yes	No
a) training within my job	<div>1</div>	<div>2</div>
b) evening classes	<div>1</div>	<div>2</div>
c) University course	<div>1</div>	<div>2</div>
d) other	<div>1</div>	<div>2</div>

please describe.....

E15. a) Do you, in your spare time, belong to any organisations or groups of people (e.g. choir, gardening club, sports club, charity fund raising etc.)?

Yes

1

 No

2

E15. i) **If yes, please describe:**

.....

.....

b) Are you on any committees?

Yes

No

E16. During the past year, on average how often did you spend time doing the following?

	Never ↓	Once a month or less	Once a week or less	Once times a week	2-3 times times a week	4-5 ↓
a) hiking or walking including walking to work, walking the dog	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) jogging (slower than 10 mins a mile)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) running (10 mins a mile or faster)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) cycling (including cycling machine)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e) keep fit, aerobics, step aerobics, etc.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f) tennis, squash, badminton etc.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g) swimming	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h) other energetic leisure activity, e.g. gardening	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E17. On average how many hours per day do you spend doing the following?

	Weekday		Weekend day
a) standing or walking	<div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block;"></div>	hours (If none put 00)	<div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block;"></div> hours
b) sitting, including driving	<div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block;"></div>	hours (If none put 00)	<div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block;"></div> hours
c) watching television	<div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block;"></div>	(If none put 00)	<div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block;"></div>

E18. What is your usual walking pace?

slow	casual pace	average pace	brisk pace	unable to walk
<div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block; line-height: 30px;">1</div>	<div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block; line-height: 30px;">2</div>	<div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block; line-height: 30px;">3</div>	<div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block; line-height: 30px;">4</div>	<div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block; line-height: 30px;">5</div>

E19. How many flights of stairs (from one floor to the next) do you climb up daily?
(If you climb up the same flight 3 times, count this as 3).

No flights	<div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block; line-height: 30px;">1</div>
1-2 flights of stairs	<div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block; line-height: 30px;">2</div>
3-4 flights of stairs	<div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block; line-height: 30px;">3</div>
5-9 flights of stairs	<div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block; line-height: 30px;">4</div>
10-14 flights of stairs	<div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block; line-height: 30px;">5</div>
15 or more flights of stairs	<div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block; line-height: 30px;">6</div>

E20. How much time do you spend with your children on average?

a) watching TV together?

	None	Less than 30 minutes	30-60 minutes	1-2 hours	3 hours or more
(i) weekdays	<div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block; line-height: 30px;">1</div>	<div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block; line-height: 30px;">2</div>	<div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block; line-height: 30px;">3</div>	<div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block; line-height: 30px;">4</div>	<div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block; line-height: 30px;">5</div>
(ii) weekend days	<div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block; line-height: 30px;">1</div>	<div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block; line-height: 30px;">2</div>	<div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block; line-height: 30px;">3</div>	<div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block; line-height: 30px;">4</div>	<div style="border: 1px solid red; width: 30px; height: 30px; display: inline-block; line-height: 30px;">5</div>

E20. b) interacting with children (e.g. singing, reading to one another, helping with homework)

	None	Less than 30 minutes	30-60 minutes	1-2 hours	3 hours or more
(i) weekdays	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
(ii) weekend days	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

c) do you think this is enough time?

No

1

 yes

2

 If **yes**, go to F1 on page 53

If **no**, why is this? (tick all that apply)

(i)	because of job	<div>1</div>	
(ii)	because of demands of partner	<div>1</div>	
(iii)	because of studying	<div>1</div>	
(iv)	because of housework	<div>1</div>	
(v)	other reason (please tick & describe)	<div>1</div>

SECTION F: DRINKS

F1. How many times a week nowadays do you drink:

	Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than once a day
a) Fruit juice from a carton, tin or freshly squeezed, including tomato juice	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
b) Squash, fruit drinks or Ribena	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
c) Cola drinks (e.g. Coca Cola, Pepsi etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
d) Other fizzy drinks(e.g. lemonade, fizzy water)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
e) Bottled water on its own	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
f) Water from tap, on its own	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
g) Milk on its own	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
h) Flavoured milk drinks (e.g. Horlicks, Ovaltine, milkshakes) or yoghurt drinks	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

F2. When you have a soft drink (e.g. lemonade, cola or squash) how often do you choose low calorie or diet soft drinks?

always	<div>1</div>
sometimes	<div>2</div>
not at all	<div>3</div>
don't drink soft drinks	<div>4</div>

F3. When you have a cola drink how often do you choose decaffeinated cola?

- | | |
|------------------|--------------------------------|
| always | <input type="text" value="1"/> |
| sometimes | <input type="text" value="2"/> |
| not at all | <input type="text" value="3"/> |
| don't drink cola | <input type="text" value="4"/> |

F4. a) How many cups of tea do you drink in a day?
(do not include herbal teas)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

b) How many spoons of sugar in each cup?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

c) How many cups per day are with milk?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

d) How many cups per day are decaffeinated?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

F5. a) How many cups of coffee do you drink in a day?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

b) How many spoons of sugar in each cup?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

c) How many cups per day are with milk ?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

d) How many cups per day are decaffeinated?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

e) How many are made with real (not instant) coffee?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

F6. a) Do you drink herbal teas at all?

yes, often

<input type="text" value="1"/>

yes, occasionally

<input type="text" value="2"/>

no, not at all

<input type="text" value="3"/>



**If no, go to
F7 on page 55**

If yes,

b) how many cups/mugs of herbal teas have you drunk in the past week?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

c) Please list the types of herbal teas you have drunk in the past 3 months:

.....

F7. Did you drink any alcohol last week?

Yes

No



If no, go to G1
on page 56

If yes,

- a) During last week **how many** of each type of alcoholic drink did you have on each day? (Please put a number in each box. If nothing, write 0 in the box.)

		Mon.	Tues.	Wed.	Thurs.	Frid.	Sat.	Sun.
(i)	Beer, lager or cider (no. of ½ pints)							
(ii)	Wine (no. of glasses)							
(iii)	Spirits (no. of single pub measures)							
(iv)	Other alcoholic drinks (please describe) (no. of glasses or measures)							
(v)	Low alcohol drink (no. of glasses or ½ pints)							

- b) Is this last week fairly typical of your alcohol drinking?

No

Yes



If yes, go to G1 on page 56

- c) If no, would you normally drink:

More

Less

THANK YOU VERY MUCH FOR YOUR HELP

SECTION G:

G1. This questionnaire was completed by:

	Yes	No
a) child's biological father	<div><div>1</div></div>	<div><div>2</div></div>
b) child's father-figure	<div><div>1</div></div>	<div><div>2</div></div>
c) someone else (please describe)	<div><div>1</div></div>	<div><div>2</div></div>

.....

G2. Please give the date on which you completed this questionnaire

day	month	year
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>

G3. Please give your date of birth:

day	month	year
<div><div></div><div></div></div>	<div><div></div><div></div></div>	19 <div><div></div><div></div></div>

G4. Please give your study child's date of birth

day	month	year
<div><div></div><div></div></div>	<div><div></div><div></div></div>	199 <div><div></div></div>

Space for any additional comments you would like to make.

When completed, please return the questionnaire to:

**Professor Jean Golding
Children of the Nineties - ALSPAC
Institute of Child Health
24 Tyndall Avenue
Bristol, BS8 1BR**

Tel: Bristol 9285007

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For office use only:

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<div><div></div><div></div></div>	<div><div></div><div></div></div>