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## **PARTNER'S LIFESTYLE**

This questionnaire is for the mother's partner, whether or not the father of the child. It is also for the father who is bringing up the child on his own.

Some questions are the same as those you have answered before. This is so that we can tell what changes have happened to you. Others are new - we hope you will enjoy them. To answer simply tick the box which is most accurate in your opinion.

Please answer all questions if you can, even if they are similar. 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.

**All answers are confidential**

**THANK YOU FOR YOUR HELP**

<b>03/04/97</b>
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## **SECTION A: BEING A GAMBLER**

Nowadays, with the lottery being so popular, we would like to ask about your gambling habits throughout your life. Please indicate whether you have **ever** done any of the following and how often:

		<b><u>N O W A D A Y S</u></b>		<b>IN PAST ONLY</b>	<b>Rarely or not at all</b>
		<b>Once a week or more</b>	<b>Less than once a week</b>		
<b>Have you ever:</b>					
A1.	a) played cards for money	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
	b) bet on horses, dogs	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
	c) bet on sports or events	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
	d) played dice games for money	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
	e) gone to the casino	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
	f) bet on the lottery	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
	g) played bingo for money	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
	h) played the stock/ commodities market (rather than relatively riskless investment)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
	i) played slot machines or other gambling machines	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
	j) played other games for money e.g. pool, golf	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
	k) other (please tick & describe)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

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A2. What is the largest amount of money you have ever gambled with on any one day?

£1000 - £10,000  £100-£999  £25 - £99

£10 - £24  £1 - £9  less than £1

never gambled  → go to Section B on page 6

A3. When you gamble and lose, do you ever try to win back the money you lost?

every time  most of the time  some of the time

no, never  have never lost

A4. Have you ever said that you have won money, when in fact you lost some?

yes, most of the time  yes, some of the time   
never

A5. Do you feel you have ever had a problem with gambling?

yes  yes, in the past,   
but not now  
no

A6. Have you ever gambled more than you intended to?

yes  no

A7. Has anyone ever criticised your gambling?

yes  no

A8. Have you ever felt guilty about gambling?

yes  no

A9. Have you ever felt that you would like to stop gambling but didn't think that you could?

yes  no

A10. Have you ever disguised the fact that you gamble, e.g. hidden betting slips, lottery tickets or other signs of gambling?

yes  no

A11. a) Have you ever argued with people that you live with, about how you handle money?

yes  no  → go to A12 below

**If yes,**

b) Have money arguments ever centred on your gambling?

yes  no

A12. Have you ever borrowed from someone and not paid them back as a result of gambling?

yes  no

A13. Have you ever lost time from work (or school) due to gambling?

yes  no

## **SECTION B: YOUR FEELINGS**

The questions in this section ask you about your feelings and the way you behave. You have answered these questions in other questionnaires, but you might be feeling differently now.

Please indicate the way you feel.

		Very often	Often	Not very often	Never
B1.	Do you feel upset for no obvious reason?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
B2.	Have you felt as though you might faint?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
B3.	Do you feel uneasy and restless?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
B4.	Do you sometimes feel panicky?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
B5.	Do you worry a lot?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
B6.	Do you feel strung-up inside?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
B7.	Do you ever have the feeling you are going to pieces?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
B8.	Do you have bad dreams which upset you when you wake up?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

**Your feelings in the past week.**

B9. I have been able to laugh and see the funny side of things:

As much as I always could	<div>1</div>
Not quite so much now	<div>2</div>
Definitely not so much now	<div>3</div>
Not at all	<div>4</div>

**In the past week:**

B10. I have looked forward with enjoyment to things:

As much as I ever did	<div>1</div>
Rather less than I used to	<div>2</div>
Definitely less than I used to	<div>3</div>
Hardly at all	<div>4</div>

B11. I have blamed myself unnecessarily when things went wrong:

Yes, most of the time	<div>1</div>
Yes, some of the time	<div>2</div>
Not very often	<div>3</div>
Never	<div>4</div>

B12. I have been anxious or worried for no good reason:

No, not at all	<div>1</div>
Hardly ever	<div>2</div>
Yes, sometimes	<div>3</div>
Yes, often	<div>4</div>

B13. I have felt scared or panicky for no good reason:

Yes, quite a lot	<div>1</div>
Yes, sometimes	<div>2</div>
No, not much	<div>3</div>
No, not at all	<div>4</div>

**In the past week:**

B14. Things have been getting on top of me:

Yes, most of the time I haven't  
been able to cope

Yes, sometimes I haven't been  
coping as well as usual

No, most of the time I have  
coped quite well

No, I have been coping as well  
as ever

B15. I have been so unhappy that I have had difficulty sleeping:

Yes, most of the time

Yes, sometimes

Not very often

No, not at all

B16. I have felt sad or miserable:

Yes, most of the time

Yes, sometimes

Not very often

No, not at all

B17. I have been so unhappy that I have been crying:

Yes, most of the time

Yes, quite often

Only occasionally

Never



**In the past week:**

B18. The thought of harming myself has occurred to me:

Yes, quite often	<div>1</div>
Sometimes	<div>2</div>
Hardly ever	<div>3</div>
Never	<div>4</div>

B19. On the whole are there more good days than bad?

Yes, more good days	<div>1</div>
About half and half	<div>2</div>
No, more bad days	<div>3</div>

## **SECTION C: YOUR HEALTH**

C1. Which of the following would you say describes your health now?

fit and well	<div>1</div>
mostly well and healthy	<div>2</div>
often feel unwell	<div>3</div>
hardly ever feel well	<div>4</div>

C2. Have you had (or continued to have) any of the following since the study child's 5<sup>th</sup> birthday:

Since the study child was 5	Yes and consulted doctor	Yes but did not consult doctor	No ↓
a) anxiety or 'nerves'	<div>1</div>	<div>2</div>	<div>3</div>
b) depression	<div>1</div>	<div>2</div>	<div>3</div>
c) headache or migraine	<div>1</div>	<div>2</div>	<div>3</div>
d) epilepsy	<div>1</div>	<div>2</div>	<div>3</div>
e) back pain, sciatica, slipped disc	<div>1</div>	<div>2</div>	<div>3</div>
f) indigestion	<div>1</div>	<div>2</div>	<div>3</div>
g) high blood pressure (hypertension)	<div>1</div>	<div>2</div>	<div>3</div>
h) cough or cold	<div>1</div>	<div>2</div>	<div>3</div>
i) diabetes	<div>1</div>	<div>2</div>	<div>3</div>
j) haemorrhoids/piles	<div>1</div>	<div>2</div>	<div>3</div>
k) schizophrenia	<div>1</div>	<div>2</div>	<div>3</div>
l) influenza	<div>1</div>	<div>2</div>	<div>3</div>

C2 cont.

Since the study  
child was 5

Yes and  
consulted  
doctor

Yes but  
did not  
consult  
doctor

No  
↓

m) alcohol problem

n) wheezing or asthma

o) bronchitis

p) stomach ulcer

q) eczema

r) psoriasis

s) arthritis

t) rheumatism

u) urinary infection

v) syphilis

w) gonorrhoea

x) cancer  
(please state type)

.....  
y) other problems  
(please tick & describe )

C3. Since the study child's 5<sup>th</sup> birthday how often have you taken the following:

Since the study child was 5	Every day	Often	Sometimes	Not at all
a) sleeping pills	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b) vitamins	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c) cannabis/marihuana	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
d) tranquillisers	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
e) pills for depression	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
f) antibiotics	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
g) aspirin	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
h) paracetamol	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
i) other painkillers	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
j) amphetamines or other stimulants	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
k) iron	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
l) heroin, methadone, crack, cocaine	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
m) anticonvulsants	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
n) steroids	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

other pill, medicine, drug or treatment (please describe each and state how frequently taken)

o) .....	<div>1</div>	<div>2</div>	<div>3</div>
p) .....	<div>1</div>	<div>2</div>	<div>3</div>
q) .....	<div>1</div>	<div>2</div>	<div>3</div>

C4. Please list all the drugs, medicines and ointments that you have taken **in the past month:**

For office use

--	--

What did you take:	About how many days did you take or use it?	How often per day?
1. ....	.....	.....
2. ....	.....	.....
3. ....	.....	.....
4. ....	.....	.....
5. ....	.....	.....
6. ....	.....	.....
7. ....	.....	.....
8. ....	.....	.....
9. ....	.....	.....
10. ....	.....	.....

**Check**      Have you included iron tablets, laxatives, vitamins, sleeping tablets, aspirin, cough mixture, pain killers, herbal medicine, slimming pills and homeopathic remedies?

C5. a) Since the study child was 5 have you been admitted to hospital?

Yes  No  → If **no**, go to C6 below

If **yes**,

b) how many times?

c) for how many different reasons?

**Reason for each hospital stay:**

**How long did you stay?**

**At what hospital**

d) .....	<input type="text"/> <input type="text"/> nights	.....
e) .....	<input type="text"/> <input type="text"/> nights	.....
f) .....	<input type="text"/> <input type="text"/> nights	.....
g) .....	<input type="text"/> <input type="text"/> nights	.....
h) .....	<input type="text"/> <input type="text"/> nights	.....

C6. In the past month, how often have you had the following:

**In the past month:**

**Almost all  
the time**

**Sometimes**

**Not at all**

a) backache	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b) headache or migraine	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c) urinary infection	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
d) nausea	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
e) vomiting	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
f) diarrhoea	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
g) haemorrhoids or piles	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

C6. cont.

In the past month:	Almost all the time	Sometimes	Not at all
h) feeling weepy/tearful	<div>1</div>	<div>2</div>	<div>3</div>
i) feeling irritable	<div>1</div>	<div>2</div>	<div>3</div>
j) feeling exhausted	<div>1</div>	<div>2</div>	<div>3</div>
k) varicose veins	<div>1</div>	<div>2</div>	<div>3</div>
l) passing urine very often	<div>1</div>	<div>2</div>	<div>3</div>
m) problem holding urine when you jump, sneeze etc.	<div>1</div>	<div>2</div>	<div>3</div>
n) indigestion	<div>1</div>	<div>2</div>	<div>3</div>
o) feeling dizzy/fainting	<div>1</div>	<div>2</div>	<div>3</div>
p) flashing lights/spots before eyes	<div>1</div>	<div>2</div>	<div>3</div>
q) shoulder ache	<div>1</div>	<div>2</div>	<div>3</div>
r) tingling in hands/fingers	<div>1</div>	<div>2</div>	<div>3</div>
s) tingling in feet/toes	<div>1</div>	<div>2</div>	<div>3</div>
t) neck ache	<div>1</div>	<div>2</div>	<div>3</div>
u) feeling depressed	<div>1</div>	<div>2</div>	<div>3</div>
v) other problem (please tick & describe)	<div>1</div>	<div>2</div>	<div>3</div>

.....

.....

C7. a) How often are you having sexual intercourse now?

not at all	<input type="text" value="1"/>
less than once a month	<input type="text" value="2"/>
1-3 times a month	<input type="text" value="3"/>
about once a week	<input type="text" value="4"/>
2-4 times a week	<input type="text" value="5"/>
5 or more times a week	<input type="text" value="6"/>

b) In general, do you enjoy it ?

yes, very much	<input type="text" value="1"/>
yes, somewhat	<input type="text" value="2"/>
no, not a lot	<input type="text" value="3"/>
no, not at all	<input type="text" value="4"/>
it doesn't happen	<input type="text" value="5"/>

C8. Before your first child was born how many children did you think you would like to have?

none	<input type="text" value="1"/>	one	<input type="text" value="2"/>	two	<input type="text" value="3"/>	three	<input type="text" value="4"/>
4 or more	<input type="text" value="5"/>	didn't have an opinion	<input type="text" value="6"/>	don't remember what I wanted	<input type="text" value="9"/>		



C9. a) **After the study child** was born, what did you decide about having more children?

I definitely wanted another child

☐  
1

I didn't mind if I had another child

☐  
2

I didn't think about it

☐  
3

I definitely didn't want another child

☐  
4

→ **Go to section D  
on page 18**

b) **If you didn't want another child**, why was this? (please tick all that apply)

(i) Could not afford another child

☐  
1

(ii) I had as many children as I wanted

☐  
1

(iii) I was not in good health

☐  
1

(iv) I wanted to concentrate on my career

☐  
1

(v) My partner did not want any more children

☐  
1

(vi) I could not cope with another child

☐  
1

(vii) I had such a bad experience with the study child I did not want to go through it again

☐  
1

(viii) Other reason  
(Please tick & describe)

☐  
1

.....

### **SECTION D: RECENT EVENTS**

Listed below are a number of events which may have brought changes in your life. Have any of the these occurred since the study child's 5<sup>th</sup> birthday?

	<b>Yes &amp; affected me a lot</b> ↓	<b>Yes, moderately affected</b> ↓	<b>Yes, mildly affected</b> ↓	<b>Yes, but did not affect me at all</b>	<b>No, did not happen</b> ↓
<b>Since your child was 5</b>					
D1. Your partner died	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D2. One of your children died	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D3. A friend or relative died	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D4. One of your children was ill	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D5. Your partner was ill	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D6. A friend or relative was ill	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D7. You were admitted to hospital	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D8. You were in trouble with the law	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D9. You were divorced	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D10. You found that your partner didn't want your child	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D11. You were very ill	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D12. Your partner lost her job	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

	Yes & affected me a lot ↓	Yes, moderately affected ↓	Yes, mildly affected ↓	Yes, but did not affect me at all	No, did not happen ↓
<b>Since your child was 5</b>					
D13. Your partner had problems at work	<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"/>
D14. You had problems at work	<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"/>
D15. You lost your job	<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"/>
D16. Your partner went away	<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"/>
D17. Your partner was in trouble with the law	<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"/>
D18. You and your partner separated	<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"/>
D19. Your income was reduced	<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"/>
D20. You argued with your partner	<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"/>
D21. You argued with your family and friends	<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"/>
D22. You moved house	<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"/>
D23. Your partner was physically cruel to 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"/>
D24. You became homeless	<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"/>
D25. You had a major financial problem	<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"/>
D26. You got married	<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"/>

	Yes & affected me a lot ↓	Yes, moderately affected ↓	Yes, mildly affected ↓	Yes, but did not affect me at all	No, did not happen ↓
Since your child was 5					
D27. Your partner was physically cruel to your children	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
D28. You were physically cruel to your children	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
D29. You attempted suicide	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
D30. You were convicted of an offence	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
D31. Your partner became pregnant	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
D32. You started a new job	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
D33. Your partner had a miscarriage	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
D34. Your partner had an abortion	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
D35. You took an examination	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
D36. Your partner was emotionally cruel to you	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
D37. Your partner was emotionally cruel to your children	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
D38. You were emotionally cruel to your children	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>

	Yes & affected me a lot ↓	Yes, moderately affected ↓	Yes, mildly affected ↓	Yes, but did not affect me at all	No, did not happen ↓
Since your child was 5					
D39. Your house or car was burgled	<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"/>
D40. You found a new partner	<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"/>
D41. One of your children started school	<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"/>
D42. Your partner started a new job	<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"/>
D43. A pet died	<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"/>
D44. You had an accident (please tick and describe)	<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"/>

.....

D45. a) Is there anything else which is not on the list which has concerned you or required additional effort from you to cope **in the last year**?

Yes  No  → **Go to E1 on page 22**

**If yes,**

b) please describe for each event:

**what happened:**

(i) .....

(ii) .....

(iii) .....

## **SECTION E: YOUR ENVIRONMENT**

E1. In the last few months, how often have you used the following whether at home or at work:

<b>In the last few months</b>		<b>Every day</b> ↓	<b>Most days</b> ↓	<b>About once a week</b>	<b>Less than once a week</b>	<b>Not at all</b> ↓
a)	disinfectant	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
b)	bleach	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
c)	window cleaner	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
d)	chemical carpet cleaner	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
e)	oven/drain cleaner	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
f)	dry cleaning fluid	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
g)	turpentine/white spirit	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
h)	paint stripper	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
i)	household paint or varnish	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
j)	weed killers	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
k)	pesticides/insect killers	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
l)	air fresheners (spray, stick or aerosol)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

In the last few months		Every day ↓	Most days ↓	About once a week	Less than once a week	Not at all ↓
E1.						
m)	other aerosols or sprays including hair spray	1	2	3	4	5
n)	vacuum cleaner	1	2	3	4	5
o)	broom/carpet sweeper	1	2	3	4	5
p)	glue	1	2	3	4	5
q)	metal cleaners/ degreasers, polishers	1	2	3	4	5
r)	petrol	1	2	3	4	5
s)	moth repellent (moth balls)	1	2	3	4	5
t)	other chemical (please tick and describe)	1	2	3	4	5

.....

E2. Do you tend to collect static electricity and have shocks when you touch metal?

Yes a lot       Yes occasionally       No, not at all

E3. How often during the day are you in a room or enclosed place where people are smoking?

	(i) weekdays	(ii) weekends
all the time	<div>1</div>	<div>1</div>
more than 5 hours	<div>2</div>	<div>2</div>
3-5 hours	<div>3</div>	<div>3</div>
1-2 hours	<div>4</div>	<div>4</div>
less than 1 hour	<div>5</div>	<div>5</div>
not at all	<div>6</div>	<div>6</div>

E4. How many cigarettes do you smoke nowadays per day?

(a) weekday

(b) weekend day



## **SECTION F: YOUR PARTNER**

F1. a) Are you a single parent?

Yes  → If **yes**, go to section G on page 36

No

If **no**,

b) do you live with the mother or the person acting as mother to your study child?

Yes  No  → If **no**, go to F2 below

If **yes**,

c) how long have you lived together?

years   months

The section below is concerned with your relationship with your partner.

F2. How would you assess your partner's physical health?

always fit and well

mostly well and healthy

often feels unwell

hardly ever feels well

F3. Below are listed a number of conditions which your partner might have had. Please indicate whether she has had any of these since your study child was 5 years old.

Since your child was 5 Partner had:	Yes, and saw a doctor	Yes, but did not see a doctor	No, not at all	Do not know
a) headaches or migraine	1	2	3	9
b) indigestion	1	2	3	9
c) epilepsy	1	2	3	9
d) depression	1	2	3	9
e) anxiety or nerves	1	2	3	9
f) haemorrhoids/piles	1	2	3	9
g) cough or cold	1	2	3	9
h) influenza	1	2	3	9
i) bronchitis	1	2	3	9
j) high blood pressure (hypertension)	1	2	3	9
k) diabetes	1	2	3	9
l) schizophrenia	1	2	3	9
m) drink (alcohol) problem	1	2	3	9
n) stomach ulcers	1	2	3	9
o) asthma or wheezing	1	2	3	9
p) eczema	1	2	3	9
q) psoriasis	1	2	3	9
r) arthritis	1	2	3	9
s) urinary infection	1	2	3	9
t) rheumatism	1	2	3	9
u) back pain, sciatica or slipped disc	1	2	3	9

	Since your child was 5 Partner had:	Yes, and saw a doctor	Yes, but did not see a doctor	No, not at all	Do not know
F3.					
v)	syphilis	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
w)	gonorrhoea	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
x)	other condition(s) (please tick and describe)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>

.....

F4. Below are some statements about parents' relationships with young children.  
Please indicate how you feel about your partner in regard to the study child.

		This is always how how I feel	This is sometimes how I feel	I never feel this this way
a)	My partner really loves this child	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b)	My partner is glad that she had this child when she did	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c)	I like to watch her play with the child	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
d)	I am afraid to leave the child alone with her because I think she might be violent	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
e)	My partner seems to feel very close to the child	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
f)	This child gets on her nerves	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
g)	She really cannot bear it when this child cries	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
h)	I think my partner is interested as she watches the child gradually develop	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

		<b>This is always how how I feel</b>	<b>This is sometimes how I feel</b>	<b>I never feel this this way</b>
F4. (cont.)				
i)	My partner feels anxious when someone other than us looks after the child	<div>1</div>	<div>2</div>	<div>3</div>
j)	She doesn't mind the mess that surrounds a young child	<div>1</div>	<div>2</div>	<div>3</div>
k)	This child makes my partner very happy	<div>1</div>	<div>2</div>	<div>3</div>

F5. How would you rate your partner on these characteristics?

		<b>Almost always</b>	<b>Sometimes</b>	<b>Hardly ever</b>
a)	helpful, co-operative	<div>1</div>	<div>2</div>	<div>3</div>
b)	quiet, reserved	<div>1</div>	<div>2</div>	<div>3</div>
c)	unreliable	<div>1</div>	<div>2</div>	<div>3</div>
d)	sociable, outgoing	<div>1</div>	<div>2</div>	<div>3</div>
e)	dominating	<div>1</div>	<div>2</div>	<div>3</div>
f)	understanding	<div>1</div>	<div>2</div>	<div>3</div>
g)	quick-tempered, easily upset	<div>1</div>	<div>2</div>	<div>3</div>
h)	cheerful, easygoing	<div>1</div>	<div>2</div>	<div>3</div>

F6. Who does these various household tasks?

		<b>Me always</b> ↓	<b>Me mostly</b> ↓	<b>Sometimes me, some- times my partner</b>	<b>Partner mostly</b> ↓	<b>Partner always</b> ↓	<b>Someone else</b> ↓
a)	shopping for groceries	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
b)	cooking	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
c)	cleaning house	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
d)	repairs in home	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
e)	looking after children	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
f)	washing clothes	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
g)	ironing	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>

F7. Who decides:

		<b>Me always</b> ↓	<b>Me mostly</b> ↓	<b>Sometimes me, some- times my partner</b>	<b>Partner mostly</b> ↓	<b>Partner always</b> ↓
a)	how to spend free time	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
b)	how much to see family or friends	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
c)	when to do repairs or redecorate	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
d)	how we should spend our money	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>

F8. People vary greatly in the amount they are satisfied or dissatisfied with their relationship. How do you feel about the following aspects of your life together?

		Very satisfied	Moderately satisfied	Somewhat dissatisfied	Very dissatisfied
a)	handling family finances	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b)	demonstrations of affection	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c)	sex	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
d)	amount of time spent together	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
e)	making major decisions	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
f)	household tasks	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
g)	leisure time interests & activities	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

F9. a) How often recently have you been irritable with your partner?

not at all	<input type="text" value="1"/>	less than once a week	<input type="text" value="2"/>	1-2 times a week	<input type="text" value="3"/>	3-6 times a week	<input type="text" value="4"/>	every day	<input type="text" value="5"/>
------------	--------------------------------	-----------------------	--------------------------------	------------------	--------------------------------	------------------	--------------------------------	-----------	--------------------------------

b) How often has she been irritable with you?

not at all	<input type="text" value="1"/>	less than once a week	<input type="text" value="2"/>	1-2 times a week	<input type="text" value="3"/>	3-6 times a week	<input type="text" value="4"/>	every day	<input type="text" value="5"/>
------------	--------------------------------	-----------------------	--------------------------------	------------------	--------------------------------	------------------	--------------------------------	-----------	--------------------------------

F10. a) How many arguments or disagreements have you had in the past three months?

or	None	<input type="text" value="1"/>	1-3	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	more
----	------	--------------------------------	-----	--------------------------------	--------------------------------	--------------------------------	--------------------------------	------

F10. b) In the past 3 months, have any of these happened?

	<b>Yes, I did this</b>	<b>Yes, she did this</b>	<b>Yes, we both did this</b>	<b>No, not at all</b>
i) not speaking to partner for more than half an hour	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
ii) one of you walking out of the house	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
iii) shouting or calling partner names	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
iv) hitting or slapping partner	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
v) throwing or breaking things	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>

F11. In the past three months how often have you done these things **with your partner**?

	<b>Never</b> ↓	<b>Less than once a month</b>	<b>Less than once a week</b>	<b>At least once a week</b>
a) gone out for a meal	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
b) gone out for a drink	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
c) visited friends	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
d) visited family	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
e) gone to the cinema or theatre	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
f) other (please tick and describe)		2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>

.....

F12. a) How many evenings a month do you go out and do things **on your own** or with your own friends?

none  once  2-3 times  4-7 times  8 or more times

b) How many times a month does your partner go out and do things **on her own** or with friends?

none  once  2-3 times  4-7 times  8 or more times

F13. How often in a week, on average, would you and your partner:

	Never ↓	Less than once a week	1-3 times a week	Most days ↓
a) discuss work or how the day has gone	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b) laugh together	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c) calmly talk over something (e.g. the news, a hobby or interest)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
d) kiss or hug	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
e) make plans	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
f) talk over feelings or worries	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>



F14. a) Which of the following statements about alcohol best applies to your partner:

Never drinks alcohol

1

Very occasionally (less than once a week)

2

Occasionally (at least once a week )

3

Drinks 1-2 glasses\* nearly every day

4

Drinks 3-9 glasses\* every day

5

Drinks at least 10 glasses a day

6

Don't know

9

[\*by glass we mean pub measures (1oz) of spirits or ½ pints (¼ litre) of beer or cider, or 1 glass of wine]

b) How many days **in the past month** do you think she had the equivalent of at least 2 pints of beer, 4 glasses of wine or 4 pub measures of spirit?

every day

1

more than 10 days

2

5-10 days

3

3-4 days

4

1-2 days

5

none

6

F15. Below are attitudes and behaviours which people reveal in their close relationships. Please rate your partner's attitudes and behaviour towards you in recent times and tick the most appropriate box for each item.

My partner:		Very true	Moderately true	Somewhat true	Not at all true
a)	Is very considerate of me	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4
b)	Wants me to take her side in an argument	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4
c)	Wants to know exactly what I'm doing and where I am	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4
d)	Is a good companion	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4

F15. cont.

My partner:		Very true	Moderately true	Somewhat true	Not at all true
e)	Is affectionate to me	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
f)	Is clearly hurt if I don't accept her views	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
g)	Tends to try to change me	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
h)	Confides closely in me	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
i)	Tends to criticise me over small issues	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
j)	Understands my problems and worries	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
k)	Tends to order me about	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
l)	Insists I do exactly as I'm told	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
m)	Is physically gentle and considerate	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
n)	Makes me feel needed	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
o)	Wants me to change in small ways	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
p)	Is very loving to me	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
q)	Seeks to dominate me	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
r)	Is fun to be with	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
s)	Wants to change me in big ways	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

F15. Cont.

		<b>Very true</b>	<b>Moderately true</b>	<b>Somewhat true</b>	<b>Not at all true</b>
<b>My partner:</b>					
t)	Tends to control everything I do	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
u)	Shows her appreciation of me	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
v)	Is critical of me in private	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
w)	Is gentle and kind to me	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
x)	Speaks to me in a warm and friendly voice	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

## **SECTION G: YOUR FAMILY AND FRIENDS**

G1. How many of your relatives and your partner's relatives do you see at least twice a year?

None	1	2-4	more than 4
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

G2. About how many friends do you have?

None	1	2-4	more than 4
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

G3. Overall, would you say you belong to a close circle of friends?

Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>
-----	--------------------------------	----	--------------------------------

G4. How many people are there that you can talk to about personal problems?

None	1	2-4	more than 4
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

G5. How many people talk to you about their personal problems or their private feelings?

None	1	2-4	more than 4
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

G6. If you have to make an important decision, how many people are there with whom you can discuss it?

None	1	2-4	more than 4
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

G7. How many people are there among your family and friends from whom you could borrow £100 if you needed to?

None	1	2-4	more than 4
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

G8. How many of your family and friends would help you in times of trouble?

None	1	2-4	more than 4
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

G9. During the last month, how many times did you get together with one or more friends?

None	1	2-4	more than 4
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

G10. During the last month, how many times did you get together with one or more of your relatives or your partner's relatives?

None	1	2-4	more than 4
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

The following statements are about the help and support you have.

	<b>This is exactly how I feel</b>	<b>This is often how I feel</b>	<b>This is how I feel sometimes</b>	<b>I never feel this way</b>	
G11. I have no one to share my feelings with	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	
G12. My partner provides the emotional support I need	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<b>no partner</b> <input type="text" value="7"/>
G13. There are other parents with whom I can share my experiences	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	
G14. I believe in moments of difficulty my neighbours would help me	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	

		<b>This is exactly how I feel</b>	<b>This is often how I feel</b>	<b>This is how I sometimes feel</b>	<b>I never feel this way</b>	
G15.	I'm worried that my partner might leave me	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<b>no partner</b> <input type="text" value="7"/>
G16.	There is always someone with whom I can share my happiness and excitement about my child	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	
G17.	If I feel tired I can rely on my partner to take over	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<b>no partner</b> <input type="text" value="7"/>
G18.	If I was in financial difficulty I know my family would help if they could	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	
G19.	If I was in financial difficulty I know my friends would help if they could	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	
G20.	If all else fails I know the state will support and assist me	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	
G21.	a) Do you believe in God or in some divine power?					
	yes		<input type="text" value="1"/>			
	am not sure		<input type="text" value="2"/>			
	no, not at all		<input type="text" value="3"/>			
	b) Do you feel that God (or some divine power) has helped you at any time?					
	Yes	<input type="text" value="1"/>	Not sure	<input type="text" value="2"/>	No	<input type="text" value="3"/>

G21. c) Would you appeal to God for help if you were in trouble?

Yes  Not sure  No

d) Do you 'pray' even if not in trouble?

Yes  No

e) What sort of religious faith would you say you had? (tick one only)

Church of England	<input type="text" value="01"/>	Roman Catholic	<input type="text" value="02"/>
Methodist, Baptist or other Protestant Christian (please tick & describe)	<input type="text" value="03"/>	Christian Science	<input type="text" value="04"/>

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Mormon	<input type="text" value="05"/>	Jehovah's Witness	<input type="text" value="06"/>
Jewish	<input type="text" value="07"/>	Buddhist	<input type="text" value="08"/>
Sikh	<input type="text" value="09"/>	Hindu	<input type="text" value="10"/>
Muslim	<input type="text" value="11"/>	Rastafarian	<input type="text" value="12"/>
None	<input type="text" value="00"/>	Other (please tick & describe)	<input type="text" value="13"/>

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f) How long have you had this particular faith?

all my life	<input type="text" value="1"/>
more than 5 years	<input type="text" value="2"/>
3-5 years	<input type="text" value="3"/>
1-2 years	<input type="text" value="4"/>
less than a year	<input type="text" value="5"/>

g) Are you bringing your child up in this faith?

Yes  No

G21. h) Do you go to a place of worship?

- |                            |                                |
|----------------------------|--------------------------------|
| yes, at least once a week  | <input type="text" value="1"/> |
| yes, at least once a month | <input type="text" value="2"/> |
| yes, at least once a year  | <input type="text" value="3"/> |
| only for special occasions | <input type="text" value="4"/> |
| no, not at all             | <input type="text" value="5"/> |

j) Do you obtain help and support from leaders or others members of religious groups?

Help from:		Yes	No
i)	Leaders of your religious group (e.g. priests, rabbis, imams)	<input type="text" value="1"/>	<input type="text" value="2"/>
ii)	Other members of <u>your</u> religious group	<input type="text" value="1"/>	<input type="text" value="2"/>
iii)	Members of other religious group (please tick and describe)	<input type="text" value="1"/>	<input type="text" value="2"/>

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## SECTION H: HEALTH SERVICES

H1. In the past year have you had contact with any of the following, for whatever reason:

	Yes ↓	No, but would have liked to	No, didn't need contact
a) G.P./family doctor	<div>1</div>	<div>2</div>	<div>3</div>
b) Health visitor	<div>1</div>	<div>2</div>	<div>3</div>
c) Midwife	<div>1</div>	<div>2</div>	<div>3</div>
d) Social services benefit worker	<div>1</div>	<div>2</div>	<div>3</div>
e) Social worker	<div>1</div>	<div>2</div>	<div>3</div>
f) Physiotherapist	<div>1</div>	<div>2</div>	<div>3</div>
g) Psychologist/psychiatrist	<div>1</div>	<div>2</div>	<div>3</div>
h) Other support service (please tick & describe)	<div>1</div>	<div>2</div>	<div>3</div>

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H2. The statements below describe the ways some people feel about the health services. We would be grateful if you could indicate what your own feelings are.

	This is exactly how I feel	This is often how I feel	This is how I sometimes feel	I never feel this way
a) I don't have any confidence in the national health service	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b) I know that if my child was very ill my doctor would come quickly.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c) My doctor is always helpful to me	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
<b>Your outlook on life:</b>			<b>Yes</b>	<b>No</b>

H3.	Did getting good marks at school mean a great deal to you?	<input type="text" value="1"/>	<input type="text" value="2"/>
H4.	Are you often blamed for things that just are not your fault?	<input type="text" value="1"/>	<input type="text" value="2"/>
H5.	Do you feel that most of the time it does not pay to try hard because things never turn out right anyway?	<input type="text" value="1"/>	<input type="text" value="2"/>
H6.	Do you feel that if things start out well in the morning then it's going to be a good day no matter what you do?	<input type="text" value="1"/>	<input type="text" value="2"/>
H7.	Do you believe that whether or not people like you depends on how you act?	<input type="text" value="1"/>	<input type="text" value="2"/>
H8.	Do you believe that when bad things are going to happen they are just going to happen no matter what you try to do to stop them?	<input type="text" value="1"/>	<input type="text" value="2"/>
H9.	Do you feel that when good things happen they happen because of hard work?	<input type="text" value="1"/>	<input type="text" value="2"/>
H10.	Do you feel that when someone does not like you there is little you can do about it?	<input type="text" value="1"/>	<input type="text" value="2"/>
H11.	Did you usually feel that it was almost useless to try in school because most other children were cleverer than you?	<input type="text" value="1"/>	<input type="text" value="2"/>
H12.	Are you the kind of person who believes that planning ahead makes things turn out better?	<input type="text" value="1"/>	<input type="text" value="2"/>
H13.	Most of the time, do you feel that you have little to say about what your family decides to do?	<input type="text" value="1"/>	<input type="text" value="2"/>
H14.	Do you think it's better to be clever than to be lucky?	<input type="text" value="1"/>	<input type="text" value="2"/>

H15. Do you think you have been treated unfairly/unjustly in the last 12 months because of:

	Yes	No
a) your sex	<div>1</div>	<div>2</div>
b) your skin colour	<div>1</div>	<div>2</div>
c) the way you dress	<div>1</div>	<div>2</div>
d) your family background	<div>1</div>	<div>2</div>
e) the way you speak	<div>1</div>	<div>2</div>
f) your religion	<div>1</div>	<div>2</div>
g) other (please tick & describe)	<div>1</div>	<div>2</div>

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J1. This questionnaire was completed by:

a) child's biological father

☐

b) mother's male partner

☐

c) mother's female partner

☐

d) other  
(please tick & describe)

☐

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J2. Please give the date on which you completed this questionnaire:

day

month

year

J3. Please give your date of birth:

day

month

year

**THANK YOU VERY MUCH FOR YOUR HELP**

Space for any additional comments you would like to make.

**Please remember we cannot reply to any comment unless you sign it.**

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**

For office use only

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