



**PARTNER'S  
HEALTH, EVENTS  
AND FEELINGS**

This questionnaire asks about your lifestyle and the role you have in bringing up a child and any problems you have.

It asks you a number of questions. To answer you simply tick the box which is most accurate in your opinion.

Please answer all questions if you can, even if some are similar to those you may have answered before. If you cannot 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 think. All answers are confidential.

**THANK YOU VERY MUCH FOR YOUR HELP**

01/10/94

Recycled Paper

**SECTION A: YOUR HEALTH**

A1. Which of the following would you say describes your health now?

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

A2. Have you had any of the following since your study child was 18 months old?

	<b>Yes and consulted doctor</b>	<b>Yes but did not consult doctor</b>	<b>No</b>
a) anxiety or 'nerves'	1	2	3
b) depression			
c) headache or migraine			
d) back ache			
e) indigestion			
f) cough or cold			
g) haemorrhoids/piles			
h) influenza			
i) wheezing			
j) bronchitis			
k) stomach ulcer			
l) eczema			
m) psoriasis			
n) arthritis			
o) rheumatism			
p) urinary infection			
q) other problems (please tick and describe)			
.....			

A3. Since your study child was 18 months old how often have you taken the following?

<b>I have taken:</b>	<b>Every day</b>	<b>Often</b>	<b>Sometimes</b>	<b>Not at all</b>
a) sleeping pills	1	2	3	4
b) vitamins				
c) cannabis/marijuana				
d) tranquillisers				
e) pills for depression				
f) antibiotics				
g) painkillers (aspirin, paracetamol, etc)				
h) amphetamines or other stimulants				
i) iron				
j) heroin, methadone, crack, cocaine				
k) anticonvulsants				

1) steroids

Other pill, medicine, treatment, drug or medicine (please describe each and state how frequently taken (since your study child was 18 months old)).

I have taken:	Every day	Often	Sometimes	Not at all
m) .....	1	2	3	4
n) .....				
o) .....				

A4. Please list all the names of the actual medicines, pills or ointments that you have taken in the past month:

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 and homeopathic preparations?

A5. a) Since your study child was 18 months old have you had to go and stay in hospital?

Yes                  No                  If no, go to A6 below

If yes,

b) how many times? \_\_\_\_\_

Please describe for each admission.

	1st admission	2nd admission	3rd admission
c) How old was your study child?	_____months	_____months	_____months
d) What were the reasons for your admission?	.....	.....	.....
(please describe)	.....	.....	.....

e) How long did you stay? \_\_\_\_\_ days \_\_\_\_\_ days \_\_\_\_\_ days

A6. In the past month, have you had any of the following:

In the past month:	Almost all the time	Sometimes	Not at all
a) backache	1	2	3
b) headaches or migraines			
c) urinary infection			
d) nausea			
e) vomiting			
f) diarrhoea			
g) haemorrhoids or piles			
h) feeling weepy/tearful			
i) feeling irritable			
j) feeling exhausted			
k) varicose veins			
l) passing urine very often			
m) problem holding urine when you jump, sneeze etc.			
n) indigestion			
o) feeling dizzy/fainting			
p) flashing lights/spots before eyes			
q) shoulder ache			
r) tingling in hands/fingers			
s) tingling in feet/toes			
t) neck ache			
u) feeling depressed			
v) other problem (please tick and describe)			
.....			
.....			

A7. a) How often are you having sexual intercourse now?

not at all	1
less than once a month	2
1-3 times a month	3
about once a week	4
2-4 times a week	5
5 or more times a week	6

b) In general do you enjoy it?

yes, very much	1
yes, somewhat	2
no, not a lot	3
no, not at all	4

**SECTION B: MORE ABOUT YOURSELF**

B1. **Handedness.** Read each of the questions below. Decide which hand you use for each activity. If you are unsure, try it out.

	Which hand:	Left	Right	Either
a)	do you normally use to write?	1	2	3
b)	do you use to draw?			
c)	do you use to throw a ball?			
d)	would you use to hold a racket or bat?			
e)	do you use to hold your toothbrush to clean your teeth?			
f)	holds a knife when you are cutting things?			
g)	holds a hammer when you are driving a nail?			
h)	would you use to hold a match to strike it?			
i)	would you use to hold a rubber to rub out a mark on paper?			
j)	do you use to deal from a pack of cards?			
k)	do you use to hold the thread when threading a needle?			

B2. **Footedness**

	Which foot:	Left	Right	Either
a)	would you use to kick a ball to someone?	1	2	3
b)	would you use to pick up a pebble with your toes?			
c)	would you use to step on an insect or something similar?			
d)	would you put on a chair first if you had to step onto the chair?			

B3. **Eyedness**

		Left	Right	Either
a)	which eye would you use to look through a telescope?	1	2	3
b)	if you had to look into a dark bottle to see how full it was, which eye would you use?			

## B4. Which hands do various members of your family use?

		Left	Right	Either	Don't Know
a)	your own mother	1	2	3	9
b)	your own father	1	2	3	9

## B5. Thinking back to your childhood, (i.e. up to the age of 16) please answer the following questions:

a) What sort of home were you mostly brought up in?

(i) house flat caravan  
other please describe .....

ii) was this: council housing <sub>1</sub> being bought <sub>2</sub> owned <sub>3</sub> other rented <sub>4</sub>

don't know 9 other please describe 5 .....

b) Did you have any household pets?

Yes always 1 Yes, for part of time 2 No, not at all 3

c) Would you say that as a family you did things together?

Yes often 1 Yes, sometimes 2 No, not at all 3  
was not in a family 7

d) Did you feel neglected emotionally during your childhood?

Yes, severely neglected 1  
Yes, somewhat neglected 2  
No, not at all 3

e) Were you physically neglected as a child (e.g. not fed or clothed properly)?

Yes, severely neglected  
Yes, somewhat neglected  
No, not at all

f) Were you physically abused (e.g. beaten) as a child?

Yes, severely abused  
Yes, somewhat abused  
No, not at all Go to B5g below

If yes,

who abused you? (tick all that apply)

Yes No

(i) mother 1 2

(ii) father 1 2

(iii) someone else 1 please describe .....

(iv) how old were you when this first happened? \_\_\_\_\_years

g) How would you describe the relationship between your mother and father when you were growing up?

Was it:	Yes, always	Yes, frequently	Yes sometimes	No, not at all	Single parent family always
i) violent	1	2	3	4	
ii) affectionate	1	2	3	4	7
iii) quarrelsome	1	2	3	4	↓
iv) happy	1	2	3	4	go to B5. H)
v) frightening	1	2	3	4	
vi) friendly	1	2	3	4	
vii) respectful of one another	1	2	3	4	
viii) remote or distant from one another	1	2	3	4	

h) Space for anything else you might like to tell us about your childhood:

B6. How many brothers and sisters did you have in the family where you grew up:

	Brothers	Sisters
a) older than you		
b) younger than you		
c) did you have a twin?		
yes, twin brother	1	→ If <u>yes</u> , go to B6 i) below
yes, twin sister	2	→ Go to Section C
no	3	→ Go to Section C

If you had a twin brother:

B6. i) were you identical twins?

yes <sub>1</sub>          no <sub>2</sub>          not sure <sub>3</sub>

ii) did you usually dress alike?

yes, usually <sub>1</sub>          yes, sometimes <sub>2</sub>          no, not at all <sub>3</sub>

#### **SECTION C: YOUR OPINION OF YOURSELF**

Below are some statements. Please say how true they are of you.

	Almost always true	Often true	Sometimes true	Seldom true	Never true
C1. I feel that I am a person of worth, at least equal to others.	1	2	3	4	5
C2. I feel I have a number of good qualities.					
C3. I am able to do things as well as most other people.					
C4. I feel I do not have much to be proud of.					
C5. I take a positive attitude towards myself.					
C6. Sometimes I think I am no good at all.					
C7. I am a useful person to have around.					
C8. I feel I cannot do anything right.					
C9. When I do a job I do it well.					
C10. I feel that my life is not very useful.					



C11. I am unlucky

#### **SECTION D: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 may be feeling differently now.

Please indicate the way you feel.

	Very Often	Often	Not very often	Never
D1. Do you feel upset for no obvious reason?	1	2	3	4
D2. Do you get troubled by dizziness or shortness of breath				
D3. Have you felt as though you might faint?				
D4. Do you feel sick or have indigestion?				
D5. Do you feel that life is too much effort?				
D6. Do you feel uneasy and restless?				
D7. Do you feel tingling or prickling sensations in your body, arms or legs?				
D8. Do you regret much of your past behaviour?				
D9. Do you sometimes feel panicky?				
D10. Do you find that you have little or no appetite?				
D11. Do you wake unusually early in the morning even when you haven't been woken by the family?				
D12. Do you worry a lot?				
D13. Do you feel tired or exhausted?				
D14. Do you experience long periods of sadness?				
D15. Do you feel strung-up inside?				
D16. Can you go to sleep alright?				
D17. Do you ever have the feeling you are going to pieces?				
D18. Do you often have excessive sweating or fluttering of the heart?				
D19. Do you find yourself needing to cry?				
D20. Do you have bad dreams which upset you when you wake up?				
D21. Do you lose the ability to feel sympathy for others?				
D22. Can you think as quickly as you used to?				
D23. Do you have to make a special				

effort to face up to  
a crisis or difficulty?

**Your feelings in the past week.**

D24. I have been able to laugh and see the funny side of things:

As much as I always could <sub>1</sub>

Not quite so much now <sub>2</sub>

Definitely not so much now <sub>3</sub>

Not at all <sub>4</sub>

D25. I have looked forward with enjoyment to things:

As much as I ever did <sub>1</sub>

Rather less than I used to <sub>2</sub>

Definitely less than I used to <sub>3</sub>

Hardly at all <sub>4</sub>

**In the past week:**

D26. I have blamed myself unnecessarily when things went wrong:

Yes, most of the time <sub>1</sub>

Yes, some of the time <sub>2</sub>

Not very often <sub>3</sub>

Never <sub>4</sub>

D27. I have been anxious or worried for no good reason:

No, not at all <sub>1</sub>

Hardly ever <sub>2</sub>

Yes, sometimes <sub>3</sub>

Yes, often <sub>4</sub>

D28. I have felt scared or panicky for no very good reason:

Yes, quite a lot <sub>1</sub>

Yes, sometimes <sub>2</sub>

No, not much <sub>3</sub>

No, not at all <sub>4</sub>

D29. Things have been getting on top of me:

Yes, most of the time I haven't been able to cope <sub>1</sub>

Yes, sometimes I haven't been coping as well as usual <sub>2</sub>

No, most of the time I have coped quite well <sub>3</sub>

No, I have been coping as well as ever <sub>4</sub>

D30. 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.

**In the past week:**

D31. I have felt sad or miserable:

Yes, most of the time <sub>1</sub>Yes, quite often<sub>2</sub>Not very often<sub>3</sub>No, not at all<sub>4</sub>

D32. I have been so unhappy that I have been crying:

Yes, most of the time <sub>1</sub>Yes, quite often<sub>2</sub>Only occasionally <sub>3</sub>Never <sub>4</sub>

D33. The thought of harming myself has occurred to me:

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

D34. On the whole are there more good days than bad?

Yes, more good days <sub>1</sub>About half and half <sub>2</sub>No, more bad days <sub>3</sub>**SECTION E: RECENT EVENTS**

Listed below are a number of events which may have brought changes in your life. Have any of these occurred **since the study child was 18 months old?** If so, please assess how much effect it had on you.

	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 the study child was 18 months old:</b>					
E1. Your partner died	1	2	3	4	5
E2. One of your children died					
E3. A friend or relative died					
E4. One of your children was ill					
E5. Your partner was ill					
E6. A friend or relative was ill					
E7. You were admitted to hospital					
E8. You were in trouble with the law					
E9. You were divorced					
E10. You found that your partner didn't want your child					
E11. You were very ill					

	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 the study child was 18 months old:</b>					
E12. Your partner lost her job	1	2	3	4	5
E13. Your partner had problems at work					
E14. You had problems at work					
E15. You lost your job					
E16. Your partner went away					
E17. Your partner was in trouble with the law					
E18. You and your partner separated					
E19. Your income was reduced					
E20. You argued with your partner					
E21. You argued with your family and friends					
E22. You moved house					
E23. Your partner was physically cruel to you					
E24. You became homeless					
E25. You had a major financial problem					
E26. You got married					
E27. Your partner was physically cruel to your children					
E28. You were physically cruel to your children					
E29. You attempted suicide					
E30. You were convicted of an offence					
E31. Your partner became pregnant					
E32. You started a new job					
E33. Your partner had a miscarriage					
E34. Your partner had an abortion					
E35. You took an examination					
E36. Your partner was emotionally cruel to you					
E37. Your partner was emotionally cruel to your children					
E38. You were emotionally cruel to your children					
E39. Your house or car was burgled					
E40. Your partner started a new job					
E41. A pet died					
E42. You had an accident (please tick and describe) .....					

E43. 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 <sub>1</sub>                      No <sub>2</sub>

If yes, b) please describe :

.....  
 .....

c) How did this affect you?

a lot<sub>1</sub>                      moderately <sub>2</sub>                      mildly <sub>3</sub>                      not at all <sub>4</sub>

#### **SECTION F:YOUR PARTNER**

The section below is concerned with your relationship with your partner.(The partner will be referred to as 'she', although the questions refer to all partners.)

F1. How would you assess your partner's physical health?

always fit and well<sub>1</sub>

mostly well and healthy<sub>2</sub>

often feels unwell <sub>3</sub>

hardly ever feels well <sub>4</sub>

F2. How would you rate her on these characteristics?

	<b>Almost always</b>	<b>Sometimes</b>	<b>Hardly ever</b>	<b>Never</b>
a) helpful, co-operative	1	2	3	4
b) quiet, reserved				
c) unreliable				
d) sociable, outgoing				
e) dominating, assertive				
f) understanding				
g) quick-tempered, easily upset				
h) cheerful, easygoing				

F3. 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>Always both of us together</b>	<b>Some- one else</b>
a) shopping for groceries	1	2	3	4	5	6	0
b) cooking							
c) cleaning house							
d) repairs in home							
e) looking after children							
f) washing clothes							
g) ironing							

F4. 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>	<b>Always both of us together</b>	<b>Some- one else</b>
a)	how to spend free time	1	2	3	4	5	6	0
b)	how much to see family or friends							
c)	when to do repairs or redecorate							
d)	how we should spend our money							

F5. 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?

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

F6. a) How often recently have you been irritable with your partner?

not at 1 all	Less than once a 2 week	1-2 times <sub>3</sub> a week	3-6 times <sub>4</sub> a week	every 5 day
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b) How often has she been irritable with you?

not at 1 all	Less than once a 2 week	1-2 times <sub>3</sub> a week	3-6 times <sub>4</sub> a week	every 5 day
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F7. a) How many arguments or disagreements have you had in the past three months?

none 1	1-3 <sub>2</sub>	4-7 <sub>3</sub>	8-13 <sub>4</sub>	14 or more <sub>5</sub>
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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	2	3	4
ii)	one of you walking out of the house				
iii)	shouting at partner and/ or calling partner names				
iv)	hitting or slapping partner				
v)	throwing or deliberately				

## breaking things

F8. 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	2	3	4
b)	gone out for a drink				
c)	visited friends				
d)	visited family				
e)	gone to the cinema or theatre				

F9. a) How many evenings a month do you go out and do things **on your own** or with your own friends?

none <sub>1</sub>      once <sub>2</sub>      2-3<sub>3</sub> times      4-7<sub>4</sub> times      8 or more<sub>5</sub> times

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

none <sub>1</sub>      once <sub>2</sub>      2-3<sub>3</sub> times      4-7<sub>4</sub> times      8 or more<sub>5</sub> times

F10. How often in a week, on average, would you and your partner:

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

F11. a) Which of the following statements about alcohol best applies to your partner:

Never drinks alcohol <sub>1</sub>

Very occasionally (less than once a week) <sub>2</sub>

Occasionally (at least once a week) <sub>3</sub>

Drinks 1-2 glasses\* nearly every day <sub>4</sub>

Drinks 3-9 glasses\* every day <sub>5</sub>

Drinks at least 10 glasses\* a day <sub>6</sub>

Don't know <sub>9</sub>

[\*by glass we mean pub measures (10z) of spirits or ½ pints (½ litre) of beer or cider]

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

every day <sub>1</sub>      more than 10 days <sub>2</sub>      don't know <sub>9</sub>

5-10 days <sub>3</sub>      3-4 days <sub>4</sub>

1-2 days <sub>5</sub>      none <sub>6</sub>

F12. 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.

<b>My partner:</b>		<b>Very true</b>	<b>Moderately true</b>	<b>Somewhat true</b>	<b>Not at all true</b>
a)	Is very considerate of me	1	2	3	4
b)	Wants me to take her side in an argument				
c)	Wants to know exactly what I'm doing and where I am				
d)	Is a good companion				
e)	Is affectionate to me				
f)	Is clearly hurt if I don't accept her views				
g)	Tends to try to change me				
h)	Confides closely in me				
i)	Tends to criticize me over small issues				
j)	Understands my problems and worries				
k)	Tends to order me about				
l)	Insists I do exactly as I'm told				
m)	Is physically gentle and considerate				
n)	Makes me feel needed				
o)	Wants me to change in small ways				
p)	Is very loving to me				
q)	Seeks to dominate me				
r)	Is fun to be with				
s)	Wants to change me in big ways				
t)	Tends to control everything I do				
u)	Shows her appreciation of me				
v)	Is critical of me in private				
w)	Is gentle and kind to me				
x)	Speaks to me in a warm and friendly voice				



F13. **You and the study child.**

The following statements are about how you feel about the study child.

	<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>
a) I really enjoy this child	1	2	3	4
b) I would have preferred that we had not had this child when we did				
c) I feel confident with my child				
d) I dislike the mess that surrounds my child				
e) It is a great pleasure to watch my child develop				
f) I really cannot bear it when the child cries				
g) I feel constantly unsure if I'm doing the right thing for my child				
h) I feel I should be enjoying my child but am not				
i) I feel I have no time to myself				
j) Having this child has made me feel more fulfilled				
k) Children are fun				

**SECTION G: YOUR OCCUPATION AND LIFESTYLE**

G1. Compared with other parents of your age, would you consider yourself to be:

- much more active <sub>1</sub>  
 somewhat more active <sub>2</sub>  
 about the same <sub>3</sub>  
 somewhat less active <sub>4</sub>

G2. a) At least once a week do you engage in any regular activity like brisk walking, jogging, cycling, etc. long enough to work up a sweat?

Yes <sub>1</sub>                      No <sub>2</sub>

If **yes**,

b) how many days a week: \_\_\_\_\_ days

- G3. As far as you can, please describe your actual job, occupation, trade or profession. (Use precise terms such as radio mechanic, woodworking machinist, toolroom foreman. If the occupation is known by a special name, please use that name. If in H.M. Forces, give the rank in addition to the actual job. Please also describe the type of industry or service given: i.e. give details of what is made, materials used, or services given).

**Your present job or last main job.**

- a) Actual job, occupation, trade or profession

.....  
 .....  
 .....

- b) Please tick which of the following apply to you:

foreman	1
manager	2
supervisor	3
leading hand	4
self-employed	5
none of these	6

- c) Type of industry or service given (main things done in job):

.....

- d) How would you describe the physical effort you need for your current job?

very little effort, mostly sitting	1
some physical effort	2
quite a lot of physical effort	3
considerable physical effort	4
don't have a job	7 Go to G9

- G4. Do you find your job satisfying?

Yes <sub>1</sub>          No <sub>2</sub>

- G5. Do you wish that you could generally spend more time with your study child?

yes often	1
yes sometimes	2
yes but rarely	3
no not at all	4

- G6. a) How do you usually travel to work? (Tick all that apply)

	Yes	No	Work at home
i) public transport (bus, train)	1	2	7 → Go to G7
ii) car	1	2	
iii) cycle	1	2	
iv) walk	1	2	
v) other	1	2	

(please describe) .....  
 G6. 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	1	2	3	4
ii)	to travel home from work	1	2	3	4

G7. Below are statements about how working affects being a parent. Please indicate which is true for you:

		Yes almost always	Yes often often	Not very	Never
a)	I enjoy seeing my child after work	1	2	3	4
b)	After a day at work I find it hard to cope with a young child	1	2	3	4

G8. a) Do you worry about your study child when you are at work?

Yes often <sub>1</sub>      Yes sometimes <sub>2</sub>      No <sub>2</sub>

b) Does he/she cry when you leave him/her?

Yes <sub>1</sub>      No <sub>2</sub>

G9. How many cigarettes per day do you currently smoke?

30+ <sub>30</sub>	25-29 <sub>25</sub>	20-24 <sub>20</sub>	15-19 <sub>15</sub>
10-14 <sub>10</sub>	5-9 <sub>05</sub>	1-4 <sub>01</sub>	none <sub>00</sub>
pipe only <sub>08</sub>	cigars only <sub>09</sub>		

G10. a) How much alcohol do you drink?

- never drink alcohol <sub>1</sub>
- very occasionally (less than once a week) <sub>2</sub>
- occasionally (at least once a week) <sub>3</sub>
- drink 1-2 glasses\* nearly every day <sub>4</sub>
- drink 3-9 glasses\* every day <sub>5</sub>
- drink at least 10 glasses\* a day <sub>6</sub>

(\* by glass we mean a pub measure (10oz) of spirits, half a pint (½ litre) of lager or cider, a wine glass of wine, etc)

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

- every day <sub>1</sub>      more than 10 days <sub>2</sub>
- 5-10 days <sub>3</sub>      3-4 days <sub>4</sub>
- 1-2 days <sub>5</sub>      none <sub>6</sub>

c) Do you or your partner make your own alcoholic drinks?

	Yes	No
(i) wine	1	2
(ii) beer	1	2
(iii) spirits	1	2

G11. How difficult at the moment do you find it to afford these items:

		<b>Very difficult</b>	<b>Fairly difficult</b>	<b>Slightly difficult</b>	<b>Not difficult</b>	<b>Paid directly by Social Security</b>
a)	food	1	2	3	4	
b)	clothing	1	2	3	4	
c)	heating	1	2	3	4	5
d)	rent or mortgage	1	2	3	4	5
e)	things you need for this study child	1	2	3	4	

G12. How many hours sleep do you get altogether now?

		<b>None</b>	<b>1 - 3 hours</b>	<b>4 - 5 hours</b>	<b>6 - 7 hours</b>	<b>More than 7 hours</b>
a)	during an average night	1	2	3	4	5
b)	during an average day	1	2	3	4	5
c)	do you feel you are getting enough sleep?					
	Yes    1                  No 2					

#### SECTION H:YOUR HOME AND NEIGHBOURHOOD

H1. 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?

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

.....  
 H2. How would you rate your home in relation to that of other homes with young children?

- a) much cleaner <sub>1</sub>
- a bit cleaner <sub>2</sub>
- about the same <sub>3</sub>
- less clean <sub>4</sub>
- much less clean <sub>5</sub>
- don't know <sub>9</sub>

- H2. b) much tidier <sub>1</sub>
- a bit tidier <sub>2</sub>
- about the same <sub>3</sub>
- less tidy <sub>4</sub>
- much less tidy <sub>5</sub>
- don't know <sub>9</sub>

H3. How many people living in your household (including yourself) are smokers?

H4. a) What is your present marital status?

- never married <sub>1</sub>
- widowed <sub>2</sub>
- divorced <sub>3</sub>
- separated <sub>4</sub>
- married (once only) <sub>5</sub>
- married for second or third time <sub>6</sub>

b) If married, what was the date 19  
 of the most recent marriage?

H5. What do you think of your neighbourhood as a place to live?

- a very good place to live <sub>1</sub>
- a fairly good place to live <sub>2</sub>
- not a very good place to live <sub>3</sub>
- not at all a good place to live <sub>4</sub>

**SECTION I: CHEMICALS IN YOUR ENVIRONMENT**

I1. In the last few months, how often have you used the following at home:

	Every day	Most days	About once a week	Less than once a week	Not at all
a) disinfectant	1	2	3	4	5
b) bleach					
c) window cleaner					
d) chemical carpet cleaner					
e) oven/drain cleaner					
f) dry cleaning fluid					
g) turpentine/white spirit					
h) paint stripper					
i) household paint or varnish					
j) weed killers					
k) pesticides/insect killers					
l) air fresheners (spray, stick or aerosol)					
m) other aerosols or sprays including hair spray					
n) vacuum cleaner					
o) broom/carpet sweeper					
p) glue					
q) nail varnish/acetone					
r) metal cleaners/degreasers, polishers					
s) petrol					
t) moth repellent (moth balls)					
u) other chemical (please tick and describe)					

.....

I2. How often during the day are you in a room or enclosed place where people are smoking?

(i) (ii)  
weekdays weekends

all the time

more than 5 hours

3-5 hours

1-2 hours

less than 1 hour

not at all

I3. Have you ever had any training in first aid?

Yes<sub>1</sub> No<sub>2</sub>

If **yes**, please describe .....

I4. Do you agree with the statements:

		<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
a)	No family is complete until there is a pet in the home	1	2	3	4
b)	Pets should have the same rights and privileges as family members	1	2	3	4

I5. a) Do you have any pets?

Yes<sub>1</sub>                      No<sub>2</sub>    If no, go to J1

If yes,

b) Would you say that owning a pet has helped your health?

Yes,<sub>1</sub>                      No, made<sub>2</sub>                      No<sub>3</sub>  
improved it                      it worse                      effect

		<b>Never</b>	<b>Occasionally</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
c)	How often do you take pets along when you visit friends or relatives?	1	2	3	4	5
d)	How often are your feelings towards people affected by the way they react to your pets?	1	2	3	4	5
e)	Do you keep a picture of your pet(s) with you or on display at home or at work?					
		Yes <sub>1</sub>	No <sub>2</sub>			

## THANK YOU VERY MUCH FOR YOUR HELP

Space for any additional comments you would like to make:

NB Please remember that we cannot respond personally to your comments unless they are signed.

J1. This questionnaire was completed by:

	Yes	No
a) child's mother	1	2
b) child's father	1	2
c) someone else (please describe)	1	2
.....		

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

day month year  
199

J3. Please give your date of birth:

day month year  
19

When completed, please return the questionnaire to:

Dr. Jean Golding,  
Children of the Nineties - ALSPAC,  
Institute of Child Health,  
24, Tyndall Avenue,  
Bristol.  
BS8 1BR. Te;: Bristol 925 6260