



Questionnaire No:

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FILLING THE GAPS

Unfortunately there are some questions that we did not get to you during your pregnancy. We would therefore be very grateful if you could complete this questionnaire as soon as you can. It asks about diet, your childhood, and the occupations of yourself and your family.

The last section asks about early sexual experiences but this is optional. If you would rather not even read the questions, stop at page 15, and send the questionnaire back to us.

THANK YOU VERY MUCH FOR YOUR HELP

29/04/92

Recycled Paper

FILLING IN THIS BOOKLET

Most of the questions can be answered by ticking the box beside the right answer.

For example

How many times have you been to the supermarket in the past week?

None ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more ☐

This means you went to the supermarket once in the past week

Sometimes there are questions with if in front of them.

For example

a) Have you been to the supermarket today?

Yes ☐ No ☐

This means you didn't go to the supermarket and you don't need to answer the next question

b) If yes, did you buy any carrots?

Yes ☐ No ☐

In general, though, each question needs an answer.

In some questions you may be asked to describe something. It would be helpful if you wrote as clearly as possible.

The small numbers in the squares are for office use only.

SECTION A: YOUR DIET AND OTHER MATTERS

A1. a) Have you ever gone on a diet to lose weight?

Yes ☐ No ☐

If yes,

b) how often?

1-2 times ☐ 3-5 times ☐ 6-10 times ☐ more than 10 times ☐

c) how long do your diets usually last?

under 1 month ☐ 1-3 months ☐ more than 3 months ☐

A2. a) Are you, or have you ever been a vegetarian?

yes, I am now ☐ yes, in past not now ☐ no, never ☐

If yes,

b) how many years of your life have you been vegetarian?

years (If less than one year put 00)

A3. a) Are you, or have you ever been, a vegan (i.e. do not eat meat, poultry, fish, eggs, butter, milk or cheese)?

yes, I am now ☐ yes, in past not now ☐ no, never ☐

If yes,

b) how many years of your life have you been vegan?

years (If less than one year put 00)

A4. Were you breast fed as a baby?

Yes No Don't know

A5. Do you ever take homeopathic medicines?

Yes often Yes sometimes No

Seay

SECTION B: YOUR OWN CHILDHOOD

Please indicate if any of the following events happened to you before you were 17 and how much it affected you.

Before you were 17:	Yes affected me a lot	Yes moderately affected	Yes mildly affected	Yes but did not affect me	No did not happen
B1. Your parent 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"/>
B2. A brother or sister 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"/>
B3. A relative 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"/>
B4. A friend 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"/>
B5. A parent had a serious illness	<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"/>
B6. A parent was in hospital	<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. You had a serious physical illness	<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"/>
B8. You were in hospital	<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"/>
B9. Brother or sister had a serious illness	<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"/>
B10. Brother or sister was in hospital	<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"/>
B11. A parent had a serious accident	<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"/>
B12. You had a serious accident	<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"/>
B13. Brother or sister had a serious accident	<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"/>
B14. You acquired a physical deformity	<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"/>
B15. You became pregnant	<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"/>
B16. A parent was imprisoned	<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"/>
B17. A parent 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"/>
B18. Your parents 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"/>

Before you were 17:	Yes affected me a lot	Yes moderately affected	Yes mildly affected	Yes but did not affect me	No did not happen
B19. Your parents divorced	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B20. A parent remarried	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B21. A parent was emotionally cruel to you	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B22. Your parents had serious arguments	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B23. You were sexually abused	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B24. A parent was mentally ill	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B25. You discovered you were adopted	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B26. Your family moved to a new district	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B27. You were in trouble with the police	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B28. You were expelled or suspended from school	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B29. You failed an important exam	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B30. Your family's financial circumstances got worse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B31. You acquired a step- brother or stepsister	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B32. Other important happening (please tick & describe)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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B33. How many schools did you attend between the
ages of 5 and 16?

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B34. Looking back would you call your childhood happy?
Please indicate for each age range:

	Yes very happy	Yes moderately happy	Not really happy	No quite unhappy	No very unhappy	Can't remember
i) 0-5 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ii) 6-11 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
iii) 12-15 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B35. How many brothers and sisters did you have:

	Brothers	Sisters
a) older than you	<input type="text"/>	<input type="text"/>
b) younger than you	<input type="text"/>	<input type="text"/>
c) did you have a twin?		
yes, twin brother	<input type="text"/>	
yes, twin sister	<input type="text"/>	
no	<input type="text"/>	

If you had a twin sister:

i) were you identical twins?

yes no not sure

ii) did you usually dress alike?

yes, usually yes, sometimes no, not at all

SECTION C: EDUCATION AND OCCUPATION

C1. What educational qualifications do you, your partner, your mother, and your father have? Please tick all that apply.

	(i) Your self	(ii) Your partner	(iii) Your mother*	(iv) Your father*
a) CSE or GCSE (D, E, F or G)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) O-level or GCSE (A, B or C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) A-level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Qualifications in shorthand/ typing/or other skills, e.g hairdressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Apprenticeship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) State enrolled nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) State registered nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) City & Guilds intermediate technical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) City & Guilds final technical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) City & Guilds full technical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Teaching qualification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) University degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) No qualifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Qualifications not known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Not applicable, no such person		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Other (please describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[* by this we mean the mother figure or figure who was mostly responsible for bringing you up]

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C2. What is the present employment situation of yourself and your partner? Please tick all that apply.

	(i) Yourself	(ii) Your partner
a) Working for an employer full-time (more than 30 hours a week)	<input type="checkbox"/>	<input type="checkbox"/>
b) Working for an employer part-time (one hour or more a week)	<input type="checkbox"/>	<input type="checkbox"/>
c) Self-employed, employing other people	<input type="checkbox"/>	<input type="checkbox"/>
d) Self-employed, not employing other people	<input type="checkbox"/>	<input type="checkbox"/>
e) On a government employment or training scheme	<input type="checkbox"/>	<input type="checkbox"/>
f) Waiting to start a job already accepted	<input type="checkbox"/>	<input type="checkbox"/>
g) Unemployed and looking for a job	<input type="checkbox"/>	<input type="checkbox"/>
h) At school or in other full-time education	<input type="checkbox"/>	<input type="checkbox"/>
i) Unable to work because of long- term sickness or disability	<input type="checkbox"/>	<input type="checkbox"/>
j) Retired from paid work	<input type="checkbox"/>	<input type="checkbox"/>
k) Looking after the home or family	<input type="checkbox"/>	<input type="checkbox"/>
l) Other (please describe)	<input type="checkbox"/>	<input type="checkbox"/>

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C3. If your partner is not currently in paid employment when did his last job end?

Date your partner stopped working/...../19....

(If you are unsure, put an approximate date, e.g. March 1988)

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The questions below ask about your current occupation and that of your partner.

C4. As far as you can, please describe the 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).

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

i) Actual job, occupation, trade or profession

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ii) Hours worked per week:

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iii) 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

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

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.....

C4. b) **Your partner - present job or last main job.**

i) Do you currently have a partner?

Yes

1

No

2

If no, go to C5.

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ii) If yes, what is/was his actual job, occupation, trade or profession?

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iii) Hours worked per week:

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iv) Please tick which of the following apply to him:

foreman

1

manager

2

supervisor

3

leading hand

4

self-employed

5

none of these

6

not known

9

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

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.....

vi) Is he in contact with particular fumes or chemicals in his job?

always

1

often

2

sometimes

3

rarely

4

never

5

don't know

9

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If yes, please describe:

.....

C5. a) The main job your mother or mother figure did at around the time you left school. (Please put HW if she was a housewife)

i) Actual job, occupation, trade or profession:

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.....

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

.....

b) How old was your natural mother when you were born? (If you don't know, put 99)

years

Yes

No

Don't know

c) Is your natural mother still alive?

C6. a) The main job your father or father figure did at around the time you left school. (If not known put NK)

i) Actual job, occupation, trade or profession:

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.....

.....

ii) Please tick which of the following applied to him:

foreman

manager

supervisor

leading hand

self-employed

none of these

iii) Type of Industry or service given (main things done in job):

.....

C6. b) How old was your natural father when you were born? (If you don't know, put 99)

years

Yes

No

Don't know

c) Is your natural father still alive?

Problems

C7. Do you think you have been unfairly/unjustly treated in the last 12 months because of:

Yes
often

Yes
sometimes

No not
at all

a) your sex

b) your skin colour

c) the way you dress

d) your family background

e) the way you speak

f) your religion

g) other (please describe)

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- C8. How would you describe the race or ethnic group of yourself, your partner and your parents?

	(i) Yourself	(ii) Partner	(iii) Your mother*	(iv) Your father*
white	01	01	01	01
black/caribbean	02	02	02	02
black/African	03	03	03	03
black/other (please describe below)	04	04	04	04
Indian	05	05	05	05
Pakistani	06	06	06	06
Bangladeshi	07	07	07	07
Chinese	08	08	08	08
any other ethnic group (please describe)	09	09	09	09

(* by this we mean the mother or father figure who was mostly responsible for bringing you up)

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SECTION D

- D1. Please put the date of completing this part of the questionnaire:

day		month		year			
				1	9	9	

- D2. Please give your date of birth:

day		month		year			
				1	9		

Thank you for your help so far.

These next pages are concerned with early sexual experience.

IF YOU WOULD RATHER NOT ANSWER THEM, WE QUITE UNDERSTAND. JUST STOP NOW AND SEND THE QUESTIONNAIRE BACK AS USUAL.

But it is possible that whether or not such events have taken place they may be a vital clue in understanding some of the problems we are trying to solve - even though they may appear to be unconnected. If you feel you can help, we would be very grateful.

SECTION E

As we are growing up we all have sexual experiences. These are a normal part of development and learning. Some people also have unwanted experiences to which they do not agree. These experiences can be important and may affect how you feel about yourself, your partner and your baby. Below are questions which ask about your sexual experiences from childhood until the present time.

E1. Did anyone ever purposefully expose/flash themselves to you before you were 16?

Yes, happened once only

 1

Yes, happened more than once

 2

No, did not happen

 3

If **yes**,

(i) Who was involved? (ii) If yes, did you want this to happen with this person?

(i) Who was involved?		(ii) If yes, did you want this to happen with this person?		
No	Yes	No	Yes	Unsure

a) boy friend	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 9
b) girl friend	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 9
c) parent or parent figure	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 9
d) brother or sister	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 9
e) other relative	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 9
f) family friend	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 9
g) stranger	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 9
h) other person (please describe)	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 9

iii) how old were you when this first happened: years

E2. Did anyone masturbate in front of you before you were 16?

Yes, happened once only

 1

Yes, happened more than once

 2

No, did not happen

 3

If **yes**,

(i) Who was involved? (ii) If yes, did you want this to happen with this person?

(i) Who was involved?		(ii) If yes, did you want this to happen with this person?		
No	Yes	No	Yes	Unsure

a) boy friend	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 9
b) girl friend	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 9
c) parent or parent figure	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 9
d) brother or sister	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 9
e) other relative	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 9
f) family friend	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 9
g) stranger	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 9
h) other person (please describe)	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 9

iii) how old were you when this first happened: years

- E3. Did anyone ever touch or fondle your body, including your breast or genitals, or attempt to arouse you sexually before you were 16?

Yes, happened once only	1
Yes, happened more than once	2
No, did not happen	3

If yes,

	(i) Who was involved?		→	(ii) If yes, did you want this to happen with this person?		
	No	Yes		No	Yes	Unsure
a) boy friend	1	2	→	1	2	9
b) girl friend	1	2	→	1	2	9
c) parent or parent figure	1	2	→	1	2	9
d) brother or sister	1	2	→	1	2	9
e) other relative	1	2	→	1	2	9
f) family friend	1	2	→	1	2	9
g) stranger	1	2	→	1	2	9
h) other person (please describe)	1	2	→	1	2	9

iii) how old were you when this first happened: years

- E4. Did anyone try to have you arouse them, or touch their body in a sexual way before you were 16?

Yes, happened once only	1
Yes, happened more than once	2
No, did not happen	3

If yes,

	(i) Who was involved?		→	(ii) If yes, did you want this to happen with this person?		
	No	Yes		No	Yes	Unsure
a) boy friend	1	2	→	1	2	9
b) girl friend	1	2	→	1	2	9
c) parent or parent figure	1	2	→	1	2	9
d) brother or sister	1	2	→	1	2	9
e) other relative	1	2	→	1	2	9
f) family friend	1	2	→	1	2	9
g) stranger	1	2	→	1	2	9
h) other person (please describe)	1	2	→	1	2	9

iii) how old were you when this first happened: years

E5. Did anybody rub their genitals against your body in a sexual way before you were 16?

Yes, happened once only

Yes, happened more than once

No, did not happen

If yes,

(i) Who was involved? (ii) If yes, did you want this to happen with this person?

	(i) Who was involved?			(ii) If yes, did you want this to happen with this person?		
	No	Yes		No	Yes	Unsure
a) boy friend	<input type="text"/>	<input type="text"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) girl friend	<input type="text"/>	<input type="text"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) parent or parent figure	<input type="text"/>	<input type="text"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) brother or sister	<input type="text"/>	<input type="text"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>
e) other relative	<input type="text"/>	<input type="text"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>
f) family friend	<input type="text"/>	<input type="text"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>
g) stranger	<input type="text"/>	<input type="text"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>
h) other person (please describe)	<input type="text"/>	<input type="text"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>

.....
iii) how old were you when this first happened: years

E6. Did anyone have sexual intercourse with you before you were 16?

Yes, happened once only

Yes, happened more than once

No, did not happen

If yes,

(i) Who was involved? (ii) If yes, did you want this to happen with this person?

	(i) Who was involved?			(ii) If yes, did you want this to happen with this person?		
	No	Yes		No	Yes	Unsure
a) boy friend	<input type="text"/>	<input type="text"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) girl friend	<input type="text"/>	<input type="text"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) parent or parent figure	<input type="text"/>	<input type="text"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) brother or sister	<input type="text"/>	<input type="text"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>
e) other relative	<input type="text"/>	<input type="text"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>
f) family friend	<input type="text"/>	<input type="text"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>
g) stranger	<input type="text"/>	<input type="text"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>
h) other person (please describe)	<input type="text"/>	<input type="text"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>

.....
iii) how old were you when this first happened: years

E7. Did anyone ever try to put their penis into your mouth before you were 16?

Yes, happened once only

1

Yes, happened more than once

2

No, did not happen

3

If yes,

(i)
Who was involved?

(ii)
If yes, did you want this to
happen with this person?

	(i) Who was involved?			(ii) If yes, did you want this to happen with this person?		
	No	Yes		No	Yes	Unsure
a) boy friend	1	2	→	1	2	9
b) father or father figure	1	2	→	1	2	9
c) brother	1	2	→	1	2	9
d) other relative	1	2	→	1	2	9
e) family friend	1	2	→	1	2	9
f) stranger	1	2	→	1	2	9
g) other person (please describe)	1	2	→	1	2	9

.....
iii) how old were you when this first happened:

--	--

years

Thank you for answering these questions which we realise may be difficult to answer. If there are any comments you'd like to make please write them below.

VERY MANY THANKS FOR ALL YOUR HELP

When completed, put in the envelope provided and either bring to the clinic or post to:

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

Please remember, because this is strictly confidential, the people who look at this booklet will not know your name. They will be unable to give you any help or contact anyone after reading what you have written. If you feel you need advice, please feel free to contact our special information line (Bristol 256260 during office hours). Alternatively your Midwife or General Practitioner should be able to advise you.

For office use only:

How	Code 1	Code 2	Code 3	Key 1	Key 2	edit	corr.	int.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>