



A T O D D L E R I N T H E H O U S E  
( F O R P A R T N E R S )

This questionnaire is for the parent who is less involved in the day to day care of your toddler. Usually this will be the father. This questionnaire asks about your lifestyle now that you have a toddler. Its purpose is to find out the role partners have in bringing up a toddler and any problems they might find. Your answers will help us to identify problems which may be changed by alterations in the healthcare system.

It asks you a number of questions about yourself and about bringing up a toddler. 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

23/12/92

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 <sub>1</sub>      1 <sub>2</sub>      2-6 <sub>3</sub> ✓      7 or more <sub>4</sub>



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 <sub>1</sub>      No <sub>2</sub> ✓



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 <sub>1</sub>      No <sub>2</sub>

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 HEALTH**

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

- |                         |   |
|-------------------------|---|
| fit and well            | 1 |
| mostly well and healthy | 2 |
| often feel unwell       | 3 |
| hardly ever feel well   | 4 |

A2. Have you had any of the following since your toddler was 8 months old?

- |  | <b>Yes and<br/>consulted<br/>doctor</b> | <b>Yes but<br/>did not<br/>consult<br/>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<br>(please describe) ..... |   |   |           |

A3. Since your toddler was 8 months old how often have you taken the following?

- |   | <b>Every<br/>day</b> | <b>Often</b> | <b>Sometimes</b> | <b>Rarely</b> | <b>Not at all</b> |
|---|----------------------|--------------|------------------|---------------|-------------------|
| a) sleeping pills                             | 1                    | 2            | 3                | 4             | 5                 |
| b) vitamins                                   |                      |              |                  |               |                   |
| c) cannabis/marihuana                         |                      |              |                  |               |                   |
| d) tranquillisers                             |                      |              |                  |               |                   |
| e) pills for depression                       |                      |              |                  |               |                   |
| f) antibiotics                                |                      |              |                  |               |                   |
| g) painkillers (aspirin,<br>paracetamol, etc) |                      |              |                  |               |                   |
| h) amphetamines or<br>other stimulants        |                      |              |                  |               |                   |
|   | <b>Every<br/>day</b> | <b>Often</b> | <b>Sometimes</b> | <b>Rarely</b> | <b>Not at all</b> |
| i) iron                                       | 1                    | 2            | 3                | 4             | 5                 |
| j) heroin, methadone,<br>crack, cocaine       |                      |              |                  |               |                   |

- k) anticonvulsants
- l) steroids
- m) other pill, medicine, treatment, drug or medicine

(please describe each and state how frequently taken)

.....  
 .....

A4. a) **In the past year** have you used any homeopathic medicine?

Yes <sub>1</sub> No <sub>2</sub> **If no, go to A5**

**If yes,**

b) was it prescribed by:

your GP	1	specialist homeopathic doctor	2
qualified lay homeopath	3	chemist	4
family, friend, neighbour	5	yourself	6
other <sub>7</sub> (please describe)	7	.....	

A5. If you are ill do you take any homeopathic medicine?

yes usually	1	yes sometimes	2	yes occasionally	3
yes, only once or twice	4	no, never	5		

A6. Please name all the medicines, pills and 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. ....	.....	.....
5. ....	.....	.....

**Check** Have you included iron tablets, laxatives, vitamins, sleeping tablets, aspirin, cough mixture, pain killers, herbal medicine and homeopathic preparations?  
 (If more than , please continue on a separate sheet)

A7. a) Since your toddler was 8 months old have you had to go and stay in hospital?

Yes <sub>1</sub> No <sub>2</sub> **If no, go to A8**

**If yes,**

b) how many times?

Please describe for each admission.

	1st admission	2nd admission	3rd admission
A7. 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

A8. In the past month, how often have the following occurred:

In the past month:		Almost all the time	Sometimes	Once only	Not at all
a)	backache	1	2	3	4
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 describe)				
	.....				
	.....				

A9. 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
or more times a week	6

b) Is this as often as before your partner became pregnant with your toddler?

more often	1
about as often	2
less often	3

## SECTION B: BEING A PARENT

Below are some opinions that some people have about being a parent.

Please indicate what your feelings are:

		<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>
B1.	The best way to calm a child is to cuddle him/her	1	2	3	4
B2.	Toddlers should be allowed to eat whenever they ask for food				
B3.	There are times when a child's continuous whining can make a parent want to hit him/her				
B4.	Parenthood is something a man learns naturally				
B5.	Having a young child is absolutely exhausting				
B6.	Toddlers are fun				
B7.	A smack is the best way to discipline a child				
B8.	Parents can feel exasperated when they want to calm the child down and nothing works				
B9.	I really love my toddler				
B10.	I am glad that we had this child when we did				
B11.	My toddler never gets on my nerves				

The following statements are about you may feel about your 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>
B12.	I really cannot bear it when my child cries	1	2	3	4
B13.	I don't mind the mess that surrounds a toddler				
B14.	I am afraid to be left alone with the toddler because I think I might be violent				
B15.	It is a great pleasure to watch my child grow				

		<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>
B16.	I feel desperate when my child goes on complaining and being difficult	1	2	3	4
B17.	I often worry whether my child is eating enough				
B18.	My child's demands sometimes bring intense feelings of anger				
B19.	Trying to get my child to eat the right food makes me very anxious				
B20.	I feel pretty sure that I'm doing the right thing for my child				
B21.	I feel anxious if someone else is looking after my child				
B22.	My child gives me great joy				

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 sometimes feel</b>	<b>I never feel this way</b>
B23.	I have no one to share my feelings with	1	2	3	4
B24.	My partner provides the emotional support I need				
B25.	I believe in moments of difficulty my neighbours would help me				
B26.	I'm worried that my partner might leave me				
B27.	There is always someone with whom I can share my happiness and excitement about my child				
B28.	If I feel tired I can rely on my partner to take over				
B29.	If I was in financial difficulty I know my family would help if they could				



This is exactly how I feel	This is often how I feel	This is how I sometimes feel	I never feel this way
-------------------------------------	-----------------------------------	---------------------------------------	-----------------------------

B30.	If I was in financial difficulty I know my friends would help if they could	1	2	3	4
B31.	If all else fails I know the state will support and assist me				

**SECTION C: YOUR FAMILY AND FRIENDS**

C1. Excluding your partner and children, how many of your relatives and your partner's relatives do you see at least twice a year?

None <sub>1</sub>      1 <sub>2</sub>      2-4 <sub>3</sub>      more than <sub>4</sub>

C2. About how many friends do you have, (people you know more than just casually)?

None <sub>1</sub>      1 <sub>2</sub>      2-4 <sub>3</sub>      more than <sub>4</sub>

C3. Overall, would you say you belong to a close circle of friends - a group of people who keep in close touch with each other - or not?

Yes <sub>1</sub>      No <sub>2</sub>

C4. How many people are there (including your partner) that you can talk about personal problems?

None <sub>1</sub>      1 <sub>2</sub>      2-4 <sub>3</sub>      more than <sub>4</sub>

C5. How many people (including your partner) talk to you about their personal problems or their private feelings?

None <sub>1</sub>      1 <sub>2</sub>      2-4 <sub>3</sub>      more than <sub>4</sub>

C6. If you have to make an important decision, how many people (including your partner) are there with whom you can discuss it?

None <sub>1</sub>      1 <sub>2</sub>      2-4 <sub>3</sub>      more than <sub>4</sub>

C7. How many people are there among your family and friends from whom you could borrow £100 if you needed to?

None <sub>1</sub>      1 <sub>2</sub>      2-4 <sub>3</sub>      more than <sub>4</sub>

C8. How many of your family and friends would help you in times of trouble?

None <sub>1</sub>      1 <sub>2</sub>      2-4 <sub>3</sub>      more than <sub>4</sub>

C9. During the last month, how many times did you get together with one or more friends?

None <sub>1</sub>      1 <sub>2</sub>      2-4 <sub>3</sub>      more than <sub>4</sub>

C10. During the last month, how many times did you get together with one or more of your relatives or your partner's relatives?

None <sub>1</sub>      1 <sub>2</sub>      2-4 <sub>3</sub>      more than <sub>4</sub>

#### **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 might be feeling differently now.

Please indicate the way you feel.

		<b>Very often</b>	<b>Often</b>	<b>Not very often</b>	<b>Never</b>
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 baby?				
D12.	Do you worry a lot?				
D13.	Do you feel tired or exhausted?				
D41.	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 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	1
Not quite so much now	2
Definitely not so much now	3
Not at all	4

D25. I have looked forward with enjoyment to things:

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

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

Yes, most of the time	1
Yes, some of the time	2
Not very often	3
Never	4

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

No, not at all	1
Hardly ever	2
Yes, sometimes	3
Yes, often	4

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

Yes, quite a lot	1
Yes, sometimes	2
No, not much	3
No, not at all	4

D29. Things have been getting on top of me:

Yes, most of the time I haven't been able to cope	1
Yes, sometimes I haven't been coping as well as usual	2
No, most of the time I have coped quite well	3
No, I have been coping as well as ever	4

D30. I have been so unhappy that I have had difficulty sleeping:

Yes, most of the time	1
Yes, sometimes	2
Not very often	3
No, not at all	4

D31. I have felt sad or miserable:

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

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

Yes, most of the time	1
Yes, quite often	2
Only occasionally	3
Never	4

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

Yes, quite often	1
Sometimes	2
Hardly ever	3
Never	4

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

Yes, more good days	1
About half and half	2
No, more bad days	3

**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 baby was 8 months old? If so, please assess how much effect it had on you.

Since the baby was 8 months old:		Yes & affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but did not affect me at all	No did not happen
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					
E12.	Your partner lost her job					
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					

	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 baby was 8 months old:</b>					
E27. Your partner was physically cruel to your children	1	2	3	4	5
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. You returned to work					
E34. Your partner had a miscarriage					
E35. Your partner had an abortion					
E36. You took an examination					
E37. Your partner was emotionally cruel to you					
E38. Your partner was emotionally cruel to your children					
E39. You were emotionally cruel to your children					
E40. Your house or car was burgled					
E41. Your partner started a new job					
E42. A pet died					
E43. You had an accident (please describe) .....					
E44. 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 <u>no</u> , go to section F			
<b>If <u>yes</u>,</b>					
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 1  
 mostly well and healthy 2  
 often feels unwell 3  
 hardly ever feels well 4

F2. How would you rate her on these characteristics?

		Almost always	Sometimes	Hardly ever	Never
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?

		Me always	Me mostly	Sometimes me, some- times my partner	Partner mostly	Partner always	Always both of us	Someone else
a)	shopping for groceries	1	2	3	4	5	6	7
b)	cooking							
c)	cleaning house							
d)	repairs in home							
e)	looking after children							

  

		Me always	Me mostly	Sometimes me, some- times my partner	Partner mostly	Partner always	Always both of us	Someone else
--	--	--------------	--------------	---	-------------------	-------------------	-------------------------	-----------------

F4. Who decides:

a)	how to spend free time	1	2	3	4	5	6	7
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?

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

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

not at all <sub>1</sub>      less than once a week <sub>2</sub>      1-2 times a week <sub>3</sub>      3-6 times a week <sub>4</sub>

b) How often has she been irritable with you?

not at all <sub>1</sub>      less than once a week <sub>2</sub>      1-2 times a week <sub>3</sub>      3-6 times a week <sub>4</sub>

F7. a) How many arguments or disagreements have you and your partner had in the past three months?

None <sub>1</sub>      1-3 <sub>2</sub>      4-7 <sub>3</sub>      8-13 <sub>4</sub>      14 or more <sub>5</sub>

b) In the past months, have any of these happened in anger?

		Yes, I did this	Yes, she did this	Yes, we both did this	No, not at all
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 breaking things				



F8. In the past three  
months how often have you done these things **with your partner?**

	Never	Less than once a month	Less than once a week	At least once a week
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 times <sub>3</sub>      4-7 times <sub>4</sub>      8 or more times <sub>5</sub>

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 times <sub>3</sub>      4-7 times <sub>4</sub>      8 or more times <sub>5</sub>

F10. 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	1	2	3	4
b) laugh together				
c) calmly talk over something (eg. the news, a hobby or interest)				
d) kiss or hug				
e) make plans				
f) talk over feelings or worries				

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- glasses\* every day <sub>4</sub>  
 Drinks -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 a pub measure (1oz) of spirits or ½ pint (¼ litre) of beer or cider, a wine glass of wine, etc]

b) How many days in the past month do you think she had the equivalent of pints of beer, glasses of wine or 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>      don't know <sub>9</sub>

**SECTION G: YOUR OCCUPATION AND LIFESTYLE**

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

- much more active 1
- somewhat more active 2
- about the same 3
- somewhat less active 4
- much less active 5

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 1 No 2 If no, go to G3

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

G3. 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 1 No 2 Sometimes 3

G5. Do you wish that you could generally spend more time with your 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                          |     |    |              |
| iii) cycle                       |     |    |              |
| iv) walk                         |     |    |              |
| v) other                         |     |    |              |

- b) How long does it usually take:
- |                                 | Less than<br>1 mins | 1-0<br>mins | 0-9<br>mins | An hour<br>or more |
|---------------------------------|---------------------|-------------|-------------|--------------------|
| i) to travel to work            | 1                   | 2           | 3           | 4                  |
| ii) to travel home from<br>work |                     |             |             |                    |
- G7. Below are statements about how working affects being a parent. Please indicate which is true for you:
- |   | Yes<br>almost<br>always | Yes<br>often<br>often | Not<br>very | Never |
|---|-------------------------|-----------------------|-------------|-------|
| a) I enjoy seeing my toddler<br>after work                      | 1                       | 2                     | 3           | 4     |
| b) After a day at work I find<br>it hard to cope with a toddler |                         |                       |             |       |
- G8. a) Do you worry about your baby when you are at work?
- |                |                    |                    |
|----------------|--------------------|--------------------|
| Yes<br>often 1 | Yes<br>sometimes 2 | No not<br>at all 3 |
|----------------|--------------------|--------------------|
- b) Does he/she cry when you leave him/her?
- |                |                    |               |
|----------------|--------------------|---------------|
| Yes<br>often 1 | Yes<br>sometimes 2 | No<br>never 3 |
|----------------|--------------------|---------------|
- G9. How many cigarettes per day do you currently smoke?
- |              |          |                |          |
|--------------|----------|----------------|----------|
| 30+ 30       | 25-29 25 | 20-24 20       | 15-19 15 |
| 10-14 10     | 5-9 05   | 1-4 01         | none 00  |
| pipe only 08 |          | cigars only 09 |          |
- G10. a) How much alcohol do you drink?
- |   |   |
|---|---|
| never drink alcohol                       | 1 |
| very occasionally (less than once a week) | 2 |
| occasionally (at least once a week)       | 3 |
| drink 1- glasses* nearly every day        | 4 |
| drink -9 glasses* every day               | 5 |
| drink at least 10 glasses* a day          | 6 |
- (\* by glass we mean a pub measure (1oz) of spirits, half a pint (¼ litre) of lager or cider, a wine glass of wine, etc)
- G10. b) How many days in the past month would you think you had had the equivalent of pints of beer, glasses of wine or 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              |
- c) Do you or your partner make your own wine or beer?
- |             |             |             |      |
|-------------|-------------|-------------|------|
| yes, wine 1 | yes, beer 2 | yes, both 3 | no 4 |
|-------------|-------------|-------------|------|

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

		Very difficult	Fairly difficult	Slightly difficult	Not difficult	Paid directly by Social Security
a)	food	1	2	3	4	5
b)	clothing					
c)	heating					
d)	rent or mortgage					
e)	things you need for the toddler					

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

		None	1 - 3 hours	4 - 5 hours	6 - 7 hours	More than 7 hours
a)	during an average night	1	2	3	4	5
b)	during an average day					
c)	do you feel you are getting enough sleep?					
	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:

H1. This questionnaire was completed by:

	Yes	No
toddler's mother	1	2
toddler's father		
someone else		
(please describe) .....		

H2. Please give the date on which you completed this questionnaire:

day month year 199

H3. 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. Tel: (0117) 928 5007