

SWS serial number



QUESTIONNAIRE

Name: _____

Address: _____
_____Postcode:

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--	--	--

Phone No:

--	--	--	--	--

--	--	--	--	--	--

Interviewer:

--	--

Date of interview:

d	d

m	m

y	y

*If the woman wants to have a cup of tea/coffee with you and has not eaten or drunk anything in the past hour, do the mouthwash sample first but remember to obtain the woman's **consent**. If not, go to section 1.*

Mouthwash sample provided (0 = No, 1 = Yes)

Time of mouthwash sample
(24 hr clock)

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1: OCCUPATION

I would like to start by talking about any paid work that you do.

1.1 Were you in paid employment or self-employed in the week ending last Sunday?

0. No, *go to 1.3*
1. Yes, *go to 1.2*

1.2 Were you working full time or part time?

0. Full time (more than 30 hours) *go to 1.6b*
1. Part time (30 hours or fewer) *go to 1.3*

1.3 Are you going to college full time?

- 0.No *if working part-time go to 1.6a*
if not working go to 1.5
1.Yes

1.4 *If yes, what are you studying?* _____
If working part time go to 1.7
If not working go to section 2

1.5 *If not working or studying were you*

- Unemployed ? (1)
Permanently unable to work because
of long term sickness or disability ? (2)
looking after home or family? (3)
other ? (specify) _____ (4)

- 1.6a** *If **not** working or working part-time, what was your last **full-time** job ?
If only ever part-time ask for last part time job.
Then if currently working part time go to 1.7, otherwise go to section 2.*

Job Position _____ Self-employed/manager/foreman/employee
Industry _____

- 1.6b** *If working full-time, what is your job ? (Then go to section 2)
Probe industry & self-employed/manager/foreman/employee*

Job Position _____ Self-employed/manager/foreman/employee
Industry _____

- 1.7** *If working part-time now, what is your current job?*

Job Position _____ Self-employed/manager/foreman/employee
Industry _____

- 1.8** *If working part time, how many hours per week do you work?*

hrs mins

2: ACTIVITY AND EXERCISE

Now I'm going to ask you about your activity and exercise patterns over the last three months. We would like you to divide up a "typical" day into three types of activity. These are:

(1) sleeping or lying, (2) sitting, (3) standing or walking.

- 2.1** Over a typical 24 hour day how many hours do you generally spend sleeping or lying with your feet up? hrs mins

(ask time usually go to bed & wake up, including any at work!)

This would indicate xx hours sitting or on your feet.

- 2.2** Of those hours how many on a typical day do you spend sitting down? (e.g. includes sitting at work, mealtimes, driving, reading, watching TV)

hrs mins

- 2.3** This would mean that you spend about xx hours a day on your feet. Does this sound about right?

hrs mins

2.4 Out of these xx hours spent on your feet, about how much of the time are you **actively on the move** (rather than standing fairly still)?

- * 1. Very little 10%
 2. Some 30%
 3. About half 50%
 4. Most 70%
 5. Almost all 90%

2.5 **During the past three months**, how often have you done the following kinds of exercise or activities?

- *
 a) **strenuous exercise** which normally makes your heart beat rapidly **AND** leaves you breathless e.g. jogging, vigorous swimming or cycling, aerobics.

FFQ categories 1-7

>x1

and **on average** about how long does each period of activity last?

hrs

mins

- b) **moderate exercise** which normally leaves you exhausted but not breathless, e.g. brisk walking, dancing, easy swimming or cycling, badminton, sailing.

FFQ categories 1-7

>x1

and **on average** about how long does each period of activity last?

hrs

mins

- c) **gentle exercise** which normally leaves you tired but not exhausted, e.g. walking, heavy housework (including washing windows and polishing), gardening, DIY, golf.

FFQ categories 1-7

>x1

and **on average** about how long does each period of activity last?

hrs

mins

2.6 On a typical day, how many hours do you generally spend watching television?

- *
 1. More than 5 hours
 2. 4-5 hours
 3. 3-4 hours
 4. 2-3 hours
 5. 1-2 hours
 6. Less than one hour
 7. None

2.7 Which of the following best describes your walking speed?

- *
 1. Very slow
 2. Stroll at an easy pace
 3. Normal speed
 4. Fairly brisk
 5. Fast

3: DIETARY QUESTIONS

- 3.1** Now I am going to ask you about the foods you eat. To do this I have a list of foods and I would like you to tell me how often you have eaten each food during the past 3 months. The list may include foods you never eat or you may find foods which you eat a lot are missing. These can be added on at the end. (*Define the 3 month period*)

	FOOD DESCRIPTION	FREQUENCY EATEN							
FOOD CODE		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
1	White bread	1	2	3	4	5	6	7	<input type="text"/>
	When you eat bread/toast/sandwiches, how many slices/rolls do you each at a typical meal? <i>Rolls (count as 2 slices)</i> <input type="text"/> <input type="text"/> . <input type="text"/> <i>French bread (2" counts as 1 slice)</i>								
2	Brown and wholemeal bread/rolls	1	2	3	4	5	6	7	<input type="text"/>
	How many slices/rolls do you eat at a typical meal? <i>Rolls (count as 2 slices)</i> <input type="text"/> <input type="text"/> . <input type="text"/>								
3	Crackers and cheese biscuits	1	2	3	4	5	6	7	<input type="text"/>
4	Wholemeal and rye crackers	1	2	3	4	5	6	7	<input type="text"/>
5	'Bran' breakfast cereals	1	2	3	4	5	6	7	<input type="text"/>

	FOOD DESCRIPTION	FREQUENCY EATEN							
FOOD CODE		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
6	Other breakfast cereals	1	2	3	4	5	6	7	<input type="checkbox"/>
7	Added bran to foods	1	2	3	4	5	6	7	<input type="checkbox"/>
8	Cakes and gateaux	1	2	3	4	5	6	7	<input type="checkbox"/>
9	Buns	1	2	3	4	5	6	7	<input type="checkbox"/>
10	Pastries	1	2	3	4	5	6	7	<input type="checkbox"/>
11	Biscuits – chocolate, digestive and ginger	1	2	3	4	5	6	7	<input type="checkbox"/> <input type="checkbox"/>
12	Other biscuits	1	2	3	4	5	6	7	<input type="checkbox"/> <input type="checkbox"/>
13	Fruit puddings	1	2	3	4	5	6	7	<input type="checkbox"/>
14	Milk based puddings and sauces	1	2	3	4	5	6	7	<input type="checkbox"/>

FOOD CODE	FOOD DESCRIPTION	FREQUENCY EATEN							
		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
15	Other puddings	1	2	3	4	5	6	7	<input type="text"/>
16	Yogurt and fruit fools	1	2	3	4	5	6	7	<input type="text"/>
17	Potatoes - boiled and jacket	1	2	3	4	5	6	7	<input type="text"/>
	When you eat these how many potatoes do you eat at a typical meal? <input type="text"/> <input type="text"/> . <input type="text"/> <i>Large baking (count as 3)/new (count as 0.5)</i>								
18	Roast potatoes and chips	1	2	3	4	5	6	7	<input type="text"/>
	When you eat these how many potatoes do you eat at a typical meal? <input type="text"/> <input type="text"/> . <input type="text"/>								
19	Yorkshire puddings and savoury pancakes	1	2	3	4	5	6	7	<input type="text"/>
20	Brown and white rice	1	2	3	4	5	6	7	<input type="text"/>
21	Pasta and dumplings	1	2	3	4	5	6	7	<input type="text"/>

FOOD CODE	FOOD DESCRIPTION	FREQUENCY EATEN							
		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
22	Tinned vegetables	1	2	3	4	5	6	7	<input type="checkbox"/>
23	Peas and green beans	1	2	3	4	5	6	7	<input type="checkbox"/>
24	Carrots	1	2	3	4	5	6	7	<input type="checkbox"/>
25	Parsnips, swede and turnip	1	2	3	4	5	6	7	<input type="checkbox"/>
26	Sweetcorn and mixed veg	1	2	3	4	5	6	7	<input type="checkbox"/>
27	Beans and pulses	1	2	3	4	5	6	7	<input type="checkbox"/>
28	Tomatoes	1	2	3	4	5	6	7	<input type="checkbox"/>
29	Spinach	1	2	3	4	5	6	7	<input type="checkbox"/>
30	Broccoli, Brussels sprouts and spring greens	1	2	3	4	5	6	7	<input type="checkbox"/>

FOOD CODE	FOOD DESCRIPTION	FREQUENCY EATEN							
		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
31	Cabbage and cauliflower	1	2	3	4	5	6	7	<input type="checkbox"/>
32	Peppers and watercress	1	2	3	4	5	6	7	<input type="checkbox"/>
33	Onion	1	2	3	4	5	6	7	<input type="checkbox"/>
34	Green salad	1	2	3	4	5	6	7	<input type="checkbox"/>
35	Side salads in dressing	1	2	3	4	5	6	7	<input type="checkbox"/>
36	Courgettes, marrow and leeks	1	2	3	4	5	6	7	<input type="checkbox"/>
37	Mushrooms	1	2	3	4	5	6	7	<input type="checkbox"/>
38	Vegetable dishes	1	2	3	4	5	6	7	<input type="checkbox"/>
39	Vegetarian foods	1	2	3	4	5	6	7	<input type="checkbox"/>

	FOOD DESCRIPTION	FREQUENCY EATEN							
FOOD CODE		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
40	Tinned fruit not including grapefruit, prunes, figs or blackcurrants	1	2	3	4	5	6	7	<input type="checkbox"/>
41	Cooked fruit not including blackcurrants	1	2	3	4	5	6	7	<input type="checkbox"/>
42	Dried fruit	1	2	3	4	5	6	7	<input type="checkbox"/>
43	Fresh apples and pears	1	2	3	4	5	6	7	<input type="checkbox"/>
44	Fresh oranges and orange juice	1	2	3	4	5	6	7	<input type="checkbox"/> <input type="checkbox"/>
45	Grapefruit and grapefruit juice	1	2	3	4	5	6	7	<input type="checkbox"/> <input type="checkbox"/>
46	Blackcurrants, ribena and hi-juce blackcurrant drinks	1	2	3	4	5	6	7	<input type="checkbox"/> <input type="checkbox"/>
47	Other fruit juices (not squashes)	1	2	3	4	5	6	7	<input type="checkbox"/> <input type="checkbox"/>
48	Diet Coke and Pepsi not including caffeine free	1	2	3	4	5	6	7	<input type="checkbox"/> <input type="checkbox"/>

	FOOD DESCRIPTION	FREQUENCY EATEN							
FOOD CODE		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
49	Coke and Pepsi	1	2	3	4	5	6	7	<input type="text"/>
50	Soft drinks not including diet drinks (low calorie or low sugar)	1	2	3	4	5	6	7	<input type="text"/>
51	Bananas	1	2	3	4	5	6	7	<input type="text"/>
52	Fresh peaches, plums, cherries and grapes	1	2	3	4	5	6	7	<input type="text"/>
53	Strawberries and raspberries	1	2	3	4	5	6	7	<input type="text"/>
54	Fresh pineapple, melon, kiwi fruit and other tropical fruits	1	2	3	4	5	6	7	<input type="text"/>
55	Nuts	1	2	3	4	5	6	7	<input type="text"/>
56	Bacon and gammon	1	2	3	4	5	6	7	<input type="text"/>
57	Pork	1	2	3	4	5	6	7	<input type="text"/>
58	Chicken and turkey	1	2	3	4	5	6	7	<input type="text"/>

FOOD CODE	FOOD DESCRIPTION	FREQUENCY EATEN							
		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
59	Lamb	1	2	3	4	5	6	7	<input type="checkbox"/>
60	Beef	1	2	3	4	5	6	7	<input type="checkbox"/>
61	Minced meat dishes	1	2	3	4	5	6	7	<input type="checkbox"/>
62	Meat pies	1	2	3	4	5	6	7	<input type="checkbox"/>
63	Liver and kidney	1	2	3	4	5	6	7	<input type="checkbox"/>
64	Paté and liver sausage	1	2	3	4	5	6	7	<input type="checkbox"/>
65	Faggots and black pudding	1	2	3	4	5	6	7	<input type="checkbox"/>
66	Sausages	1	2	3	4	5	6	7	<input type="checkbox"/>
67	Ham and luncheon meat	1	2	3	4	5	6	7	<input type="checkbox"/>
68	White fish	1	2	3	4	5	6	7	<input type="checkbox"/>

FOOD CODE	FOOD DESCRIPTION	FREQUENCY EATEN							
		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
69	Fish fingers and fish dishes	1	2	3	4	5	6	7	<input type="checkbox"/>
70	Oily fish	1	2	3	4	5	6	7	<input type="checkbox"/>
71	Shellfish	1	2	3	4	5	6	7	<input type="checkbox"/>
72	Boiled and poached eggs	1	2	3	4	5	6	7	<input type="checkbox"/>
73	Omelette and fried eggs	1	2	3	4	5	6	7	<input type="checkbox"/>
74	Cottage Cheese	1	2	3	4	5	6	7	<input type="checkbox"/>
75	Cheese	1	2	3	4	5	6	7	<input type="checkbox"/>
76	Pizza, quiches and cheese flans	1	2	3	4	5	6	7	<input type="checkbox"/>
77	Soup	1	2	3	4	5	6	7	<input type="checkbox"/>
78	Mayonnaise and salad cream	1	2	3	4	5	6	7	<input type="checkbox"/>

	FOOD DESCRIPTION	FREQUENCY EATEN							
FOOD CODE		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
79	Pickles, chutney, tomato ketchup and brown sauce	1	2	3	4	5	6	7	<input type="checkbox"/>
80	Chocolate	1	2	3	4	5	6	7	<input type="checkbox"/> <input type="checkbox"/>
81	Other sweets	1	2	3	4	5	6	7	<input type="checkbox"/> <input type="checkbox"/>
82	Ice cream and chocolate desserts	1	2	3	4	5	6	7	<input type="checkbox"/>
83	Cream	1	2	3	4	5	6	7	<input type="checkbox"/>
84	Crisps and savoury snacks	1	2	3	4	5	6	7	<input type="checkbox"/> <input type="checkbox"/>
85	Sweet spreads	1	2	3	4	5	6	7	<input type="checkbox"/>
86A	Gravy granules and powders	1	2	3	4	5	6	7	<input type="checkbox"/>
86B	Stock cubes and Marmite	1	2	3	4	5	6	7	<input type="checkbox"/>

FOOD CODE	FOOD DESCRIPTION	FREQUENCY EATEN							
		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
87	Drinking chocolate and milk shakes not including McDonald style milkshakes	1	2	3	4	5	6	7	<input type="checkbox"/>
88	Decaffeinated coffee and tea	1	2	3	4	5	6	7	<input type="checkbox"/> <input type="checkbox"/>
89	Tea	1	2	3	4	5	6	7	<input type="checkbox"/> <input type="checkbox"/>
90	Coffee	1	2	3	4	5	6	7	<input type="checkbox"/> <input type="checkbox"/>
93	Spreading fat (1) _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1	2	3	4	5	6	7	<input type="checkbox"/>
94	Spreading fat (2) _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1	2	3	4	5	6	7	<input type="checkbox"/>
95	Spreading fat (3) _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1	2	3	4	5	6	7	<input type="checkbox"/>
96	Frying fat or oil (1) _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1	2	3	4	5	6	7	<input type="checkbox"/>
97	Frying fat or oil (2) _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1	2	3	4	5	6	7	<input type="checkbox"/>
98	Frying fat or oil (3) _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1	2	3	4	5	6	7	<input type="checkbox"/>

FOOD CODE	FOOD DESCRIPTION	FREQUENCY EATEN							
		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
99	Other vegetable oil (1) e.g. salad dressings, _____ marinades	1	2	3	4	5	6	7	<input type="checkbox"/>
100	Other vegetable oil (2) e.g. salad dressings, _____ marinades	1	2	3	4	5	6	7	<input type="checkbox"/>

3.2 Are there food or drinks which you have eaten or drunk **once a week or more** which are not on the list? (Include breakfast bars such as Nutrigrain and Kellogs).

0. No/1. Yes

☐

If Yes

Name of food/drink	1-2 times per week	3-6 times per week	Once a day	More than once a day
<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"/> <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"/> <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"/>				<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>

Now I would like to ask in more detail about some specific foods

3.3 Which types of milk have you used regularly in drinks and added to breakfast cereals over the last 3 months?

1. Whole pasteurised
2. Semi-skimmed pasteurised
3. Skimmed pasteurised
4. Whole UHT
5. Semi-skimmed UHT
6. Skimmed UHT
7. Other

Milk 1 ☐ Other (specify) _____

Milk 2 ☐ Other (specify) _____

Milk 3 ☐ Other (specify) _____

3.4 On average over the last 3 months how much
* of each milk have you consumed per day?

Milk 1 . pints

Milk 2 . pints

Milk 3 . pints

3.5 Do you add sugar to breakfast cereals, tea & coffee, puddings etc.?

☐

0. No *go to 3.7*
1. Yes

3.6 Approximately how many teaspoons of sugar do you add each day?

3.7 When you eat meat, how much of the fat do you usually cut off (including chicken skin)?

☐

1. all 100%
2. most 60%
3. some 30%
4. none 0%
9. not applicable

4: FOOD SUPPLEMENTS

- 4.1** During the past three months have you taken any pills, tonics or tablets to supplement your diet? (e.g. vitamins, minerals, iron tablets, folic acid, fish oils etc.) ☐
 0. No 1. Yes

If yes, please state which:

(for number per day, record number of tablets/capsules/teaspoons per day, as appropriate)

Supplement	Number per day	How many days in the last 90?
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

5: GENERAL DIET QUESTIONS

- 5.1** Are the **past three months** typical of the way you generally eat? ☐

0. No
 1. Yes
 2. Reasonably

- 5.2** Still thinking about your normal pattern of eating - in a typical **week** how often do you:

*	Never	< once/ week	1-2 times	3-6 times	everyday
eat breakfast					
eat lunch					
eat an evening meal					
go out in the evening not necessarily to eat but also to socialise					

- 5.3** Just thinking about the **past week** how many servings did you eat of:

vegetables and vegetable-containing dishes (excluding potatoes)?	
fruit and pure fruit juices?	
meat and fish and their dishes?	

6: DIETING

6.1 Which of the following describes you best?

*

1. I have **NEVER** been on a diet to lose weight
2. I have **ONLY ONCE** been on a diet to lose weight
3. I **USED TO** diet **REGULARLY** to lose weight but **DON'T ANYMORE**
4. I go on a diet to lose weight **EVERY NOW AND AGAIN**
5. I am **USUALLY** on a diet to lose weight

☐

If 2, 4 or 5 ask 6.2 otherwise go to section 7

6.2 Are you currently trying to lose weight by dieting?

0. No
1. Yes

☐

7: ALCOHOL CONSUMPTION

I'd like to ask you a few questions about your drinking and smoking habits.

7.1 Do you ever drink alcohol?

0. No *go to section 8*
1. Yes

☐

During the past three months:

7.2 a) How often have you drunk

Shandy or Low Alcohol Beer/Lager/Cider? FFQ 1-7 ☐ >x1 ☐ ☐

(don't include alcohol free lager etc)

b) When you drank these how many pints did you normally have?

(if range given code mid-point)

☐ . ☐ ☐

7.3 a) How often have you drunk

Beer/Stout/Lager/Cider/Alcopops?

FFQ 1-7

☐ >x1 ☐ ☐

b) When you drank these how many pints did you normally have?

(if range given code mid-point)

☐ . ☐ ☐

7.4 a) How often have you drunk

Low alcohol wine?

FFQ 1-7

☐ >x1 ☐ ☐

b) When you drank this how many glasses did you normally have?

(if range given code mid-point)

☐ . ☐ ☐

7.5 a) How often have you drunk
Wine/Sherry/Martini/Cinzano? FFQ 1-7 > x1

b) When you drank these how many glasses did you normally have?
(if range given code mid-point) .

7.6 a) How often have you drunk
Spirits/Liqueurs? FFQ 1-7 > x1

b) When you drank these how many measures did you normally have?
(if range given code mid-point) .

8: SMOKING

8.1 Have you ever smoked regularly (at least once a day for a year or more) ?
0. No go to section 9
1. Yes

8.2 How old were you when you first smoked regularly ?

8.3 Are you currently smoking ?
0. No go to section 9
1. Yes go to 8.4

8.4 How many per day? Record maximum stated

9: FAMILY BACKGROUND

Now I'd like to ask some questions about your family.

Tell the woman that she may find some of these questions difficult or impossible to answer. Explain that you would like to leave a form for her to complete where possible by asking her parents for the details. Answers that she can give us now (even approximately) are useful but if she can supplement them later that would be extremely helpful.

Starting with your **FATHER**:

9.1 Is your father still alive?
0.No, 1.Yes, 7. Adopted, 8. Don't talk about him, 9. Don't know

9.2 What was his full-time job when you were born?
or if unemployed or part time, last full time job before that time.
Probe industry & self-employed/manager/foreman/employee.
If full time student give subject.

Job Position

Self-employed/manager/foreman/employee

Industry

9.3 Approximately what is/was his height?

In feet and inches?

	ft			.		ins
				.		cms

OR In centimetres

9.4 Approximately what is/was his current/latest weight?

In stones and pounds?

		st			lbs
			.		kg

OR In kilograms?

9.5 What was his birth weight?

In pounds and ounces?

		lbs			.		oz
							grams

OR In grams?

Now your **MOTHER**:

9.6 Is your mother still alive?

0. No, 1. Yes, 7. Adopted, 8. Don't talk about her, 9. Don't know

☐

9.7 and what was her **full** name when you were born? _____

9.8 What is/was her date of birth?

d	d	m	m	y	y

9.9 Where was she born?

If in UK: Town/Village _____

County _____

If abroad: Country _____

9.10 What is/was her height?

In feet and inches

	ft			.		ins
--	----	--	--	---	--	-----

OR In centimetres?

			.		cm
--	--	--	---	--	----

9.11 What did she weigh before you were conceived?

In stones and pounds?

		st			lbs
--	--	----	--	--	-----

OR In kilograms?

			.		kg
--	--	--	---	--	----

9.12 What was her birth weight?

In pounds and ounces?

		lbs			.		oz
--	--	-----	--	--	---	--	----

OR In grams?

				grams
--	--	--	--	-------

Returning to **YOURSELF**:

9.13 What is your date of birth?

d	d	m	m	y	y

9.14 What was your birth weight?

In pounds and ounces?

		lbs			.		oz
--	--	-----	--	--	---	--	----

Or In grams?

				grams
--	--	--	--	-------

9.15 Where were you born?

If in UK: Town/Village _____

County _____

If abroad: Country _____

9.16 Were you born at home or in hospital ?

1. Home

2. Hospital - specify _____

☐

9.17 Were you part of a multiple birth (twin, triplet etc.)?

0. No

1. Yes

☐

9.18 Were you born early, late or when you were expected?

1. Early

2. When expected *go to 9.20*

3. Late

9. Don't know

☐

9.19 How early/ late were you?

99. Don't know

		weeks		days
--	--	-------	--	------

1. Certain

2. Not certain or mid point of a range

☐

9.20 How many children did your mother have before you were born (including stillbirths)?

--	--

9.21 Do you have any sisters aged 20 or over?
0.No, 1.Yes

--

10: EDUCATION

I would like to ask you briefly about your education.

10.1 How old were you when you left full-time education ?
(don't round up; enter current age if still studying)
(count a year or less out as continuous education)

--	--

 yrs

10.2 Have you passed any exams or do you have any formal qualifications ?

1. None
2. CSE/ School cert/ GCSE grade D or lower/ NVQ1/ Foundation GNVQ
3. O levels/ Matric/ GCSE grade A,B,C/ RSA secretarial/ NVQ2/
Intermediate GNVQ
4. A levels/ City & Guilds/ EN(G)/ ONC/ NNEB/
BTech (day release)/ NVQ3/ Advanced GNVQ/ OND / HNC
5. HND/ RGN/ Teaching Cert/ NVQ4
6. Degree/ NVQ5
7. Other (specify)

--

11: ETHNIC GROUP

11.1 To which of the ethnic groups listed on this card do you consider you belong?

*

1. White
2. Black Caribbean
3. Black African
4. Black Other
5. Indian
6. Pakistani
7. Bangladeshi
8. Chinese
9. Other Asian group
10. Other (specify)_____

--	--

12: MARITAL STATUS

12.1 What is your marital status?

1. Single (never married)
2. Married (living with husband)
3. Separated
4. Divorced
5. Widowed

--

13: HOUSING

13.1 What type of accommodation do you live in?

1. Detached house/bungalow
2. Semi-detached house/bungalow
3. End terraced house
4. Terraced house
5. Purpose built flat/maisonette
6. Converted flat/maisonette
7. Dwelling with business premises
8. Bedsitter in multiple occupation
9. Bedsitter other
10. Hostel
11. Hall of residence
12. Other student accommodation
13. Other (specify)_____

--	--

13.2 On what floor is the main part of living accommodation?

(If more than one code the lowest)

1. Basement
2. Ground floor/street level
3. 1st floor
4. 2nd floor
5. 3rd floor
6. 4th to 9th floor
7. 10th to 19th floor
8. 20th floor or higher

--

13.3 Do you own your own home, or are you buying it on a mortgage, or do you rent it in some way?

*

1. Owns outright or buying with mortgage
2. Rent from private landlord
3. Rent from council or housing association
4. Other rented accommodation (hostel, hall of residence, B& B)
5. Lives with parents
6. Other (specify)_____

--

13.4 Here is a list of some problems that people often have with their homes. Please tell me if you think that each one is a big problem, a small problem or not a problem for you and your family? *(Tick appropriate boxes)*

*	Big problem	Small problem	Not a problem
Condensation			
Rising or penetrating damp			
Difficulty in keeping home warm			
Leaking roof			
Rot in window frames, timbers or floorboards			
Not enough space			

14: HOUSEHOLD COMPOSITION AND CHILDREN

14.1. Does anyone else live in the house with you? ☐

0 = No go to 14.2

1 = Yes

For each person living in the household (apart from the woman herself) complete one line.

A household is defined as a group of people who share a living room or eat together for at least one meal a day.

People living in hostels or halls of residence are classed as living alone.

*For all children (see younger generation list) record **date of birth** (or age if d.o.b. is not available).*

*For the **woman's own children** give the child's **birthweight**.*

For all adults, record whether they currently smoke at least once a day. 0=No, 1=Yes

***Days per week** is for anyone who is only in the household part-time. Record the average number of days per week that person lives in the household.*

KEY: Own Generation

H	=	Husband
C	=	Cohabitee
S	=	Sibling (brother/sister)
AS	=	Adopted sibling
SIL	=	Sibling-in-law (sister/brother-in-law)
SS	=	Stepsibling
FS	=	Foster sibling

Older Generation

P	=	Parent
FP	=	Foster parent
SP	=	Step parent
PIL	=	Parent-in-law
GP	=	Grandparent

Younger Generation

OC	=	Own child (son/daughter)
SC	=	Step child
AC	=	Adopted child
FC	=	Foster child
CIL	=	Child-in-law (son/daughter-in-law)
CC	=	Cohabitee's child
GC	=	Grandchild
SB	=	Still born child

Other

OR	=	Other relative
ON	=	Other non-relative

Person number	Relationship to woman	Sex		Date of birth			Age (yrs)	Birthweight			Smoker	Days per week
		M	F	Day	Mth	Yr		lb	oz	grams		
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												

14.2. How many children have you had, including any stillbirths?

(Any not included above add to the table with 0 days/week)

☐

- 14.4** *If the woman has a child under the age of two years: Are you breastfeeding your (youngest) child? (Any amount of breastfeeding counts as yes)*
0. No 1. Yes ☐

15: PARTNER'S OCCUPATION

If there is a husband or partner living in the house (if not go to 16):

- 15.1** Was your husband/partner in paid employment or self-employed in the week ending last Sunday? ☐
0. No *go to 15.3*
1. Yes *go to 15.2*

- 15.2** Was he working full time or part time? ☐
0. Full time (more than 30 hours) *go to 15.6b*
1. Part time (30 hours or fewer) *go to 15.3*

- 15.3** Was he going to college full time? ☐
0.No *if working part-time go to 15.6a*
if not working go to 15.5
1.Yes

- 15.4** *If yes, what is he studying? _____*
If working part time go to 15.7
If not working go to section 16.

- 15.5** *If not working or studying was he*
Unemployed ? (1) ☐
Permanently unable to work because of
long term sickness or disability ? (2)
looking after home or family? (3)
other ? (specify) _____ (4)

- 15.6a** *If **not** working or working part-time, what was his last **full-time** job?*
If only ever part-time give last part time job.
Then if currently working part time go to 15.7, otherwise go to section 16

Job Position _____
Self-employed/manager/foreman/employee
Industry _____

- 15.6b** *If working full-time, what is his job ? (Then go to section 16)*
Probe industry & self-employed/manager/foreman/employee

Job Position _____
Self-employed/manager/foreman/employee
Industry _____

- 15.7** *If working part-time now, what is his current job?*

Job Position _____
Self-employed/manager/foreman/employee
Industry _____

15.8 If working part time, how many hours per week does he work?

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

16: CHILDCARE ARRANGEMENTS

16.1 If the woman works (part-time or full-time) and has children at home under the age of twelve years: (if not go to section 17)

Which of the following best describes the way you arrange for your children aged 12 or under to be looked after while you are at work?

Tick up to three boxes.

*	1 st mention	2 nd mention	3 rd mention
1. I work only while they are at school			
2. They look after themselves until I get home			
3. I work from home			
4. My husband/partner looks after them			
5. A nanny or mother's help looks after them at home			
6. They go to a work-place nursery			
7. They go to a day nursery			
8. They go to a child minder			
9. A relative looks after them			
10. A friend or neighbour looks after them			
11. Other (specify)			

17: BENEFITS

17.1 Are you (or your husband/partner) receiving any of the following benefits?

* (Income support/job seekers allowance/family credit/housing benefit)

0 = No *go to section 18*

1 = Yes

☐

17.2 How long have you been receiving them?

(0=No, 1=<1 year, 2=1-2 years, 3=2+years, 9=Don't know)

(a) Income support

☐

(b) Job seekers allowance

☐

(c) Family credit

☐

(d) Housing benefit

☐

If not done before, get **consent** here

18: BODY MEASUREMENTS

18.1 Pulse (30sec)

(Double the value to give pulse for 1 minute)

--	--	--

18.2 Which hand do you write with ?

1. Right

2. Left

3. Completely ambidextrous

--

18.3 Weight

--	--	--

.	
---	--

kg

18.4 Height

--	--	--

.	
---	--

cm

Mark and measure up the non-dominant arm and side of the body
(measure the left if completely ambidextrous)

18.5 Leg length

--	--	--

.	
---	--

cm

18.6 Waist circumference

--	--	--

.	
---	--

cm

18.7 Hip circumference

--	--	--

.	
---	--

cm

18.8 Mid-thigh circumference

--	--

.	
---	--

cm

18.9 Calf circumference

--	--

.	
---	--

cm

18.10 Mid-upper arm circumference
(non-dominant side)

--	--

.	
---	--

cm

18.11 Triceps skinfold
(non-dominant side)

.	
.	
.	

mm
mm
mm

.	
.	

mm
mm

18.12 Biceps skinfold
(non-dominant side)

.	
.	
.	

mm
mm
mm

.	
.	

mm
mm

18.13 Subscapular skinfold
(non-dominant side)

		.		mm			.		mm
		.		mm			.		mm
		.		mm			.		mm

18.14 Upper suprailiac skinfold
(non-dominant side)

		.		mm			.		mm
		.		mm			.		mm
		.		mm			.		mm

18.15 Skinfold calipers used

--	--	--

18.16 Time (24 hr clock)

--	--	--	--

19: MOUTHWASH SAMPLE

If the mouthwash sample was obtained at the beginning, go to section 20

19.1 Mouthwash sample provided

(0=No, 1=Yes)

--

19.2 Time of mouthwash sample (24 hr clock)

--	--	--	--

20: GENERAL HEALTH

20.1 How is your health in general? Would you say it was:

- *
1. Very good
2. Good
3. Fair
4. Bad
5. Very bad

--

20.2 Do you have any long-standing illness, disability or infirmity? By long standing, I mean anything that has troubled you over a period of time or that is likely to affect you over a period of time.

0. No *go to 20.4*
1. Yes

--

20.3 What is the illness/disability/infirmity? _____
(Do not record headaches, indigestion, aches and pains. We are interested in major problems such as diabetes, multiple sclerosis, rheumatoid arthritis, muscular dystrophy – anything which might affect growth or body composition)

20.4 To what extent do you feel that the stress or pressure you have experienced in your life has affected your health?

*

1. None
2. Slightly
3. Moderately
4. Quite a lot
5. Extremely

☐

20.5 In general, how much stress or pressure have you experienced in your daily living in the last 4 weeks?

*

1. None
2. Just a little
3. A good bit
4. Quite a lot
5. A great deal

☐

21: MENSTRUAL CYCLE AND PREGNANCIES

21.1 What was the date of the first day of your last menstrual period?

d	d	m	m	y	y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

21.2 How long is your usual cycle between the start of one period and the start of the next period?
(Don't know 99)

 days

21.3 Is your usual cycle regular, or has it varied by more than 5 days between periods in the last 6 months?

- 1: Regular
- 2: Varied by more than 5 days

☐

21.4 How old were you when you had your first period ?
(Don't know 99.9)

 . yrs

21.5 Within the last 3 months have you taken the oral contraceptive pill or had the Depot injection or other hormonal treatment?

0. No *go to 21.8*
1. Yes

☐

21.6 Which? Specify (most recent if several) _____

21.7 Are you currently taking this?

0. No
1. Yes

☐

21.8 Do you anticipate trying for a baby within the next 12 months?

0. No
1. Yes

☐

That is the end of the questionnaire but we would be grateful for your help with some extra items.

Use the explanations in fieldworker notes for the following items but please mark the results below:

Have you left a birth details form?

0. No

1. Yes

☐

Have you left a food diary?

0. No

1. Yes

☐

Is there agreement to a blood sample?

(Remember to mark the woman's record card as well)

0. No

1. Yes

☐

*Has **consent** been obtained for the GP to notify us if the woman becomes pregnant?*

0. No

1. Yes

☐

Is the woman willing to be approached for other studies related to the SWS?

0. No

1. Yes

☐

Don't forget to leave a fridge magnet, pregnancy reply card, two prepaid envelopes (one large and one small), and, if the woman is interested, an information leaflet.

THANK YOU VERY MUCH FOR ALL YOUR HELP. THE INFORMATION YOU HAVE GIVEN US IS VERY IMPORTANT FOR IMPROVING THE HEALTH OF WOMEN. THE MORE WOMEN WHO TAKE PART, THE MORE VALUABLE ALL THE DATA BECOME SO WE WOULD BE VERY GRATEFUL IF YOU WOULD ENCOURAGE YOUR FRIENDS TO TAKE PART.

MANY THANKS AGAIN