MOTHER'S LIFESTYLE

This questionnaire is for the mother, or person taking the place of the mother.

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

Please answer all questions if you can, even if they are similar. If you do not want to answer a question or if it does not apply to you, put a line through it. There are no good or bad answers. Just tell us what you really think.

All answers are confidential

THANK YOU FOR YOUR HELP

21/03/97

SECTION A: BEING A GAMBLER

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

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

……

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

£1000 - £10,000 [1] £100-£999 [2] £25 - £99 [3]

£10 - £24 [4] £1 - £9 [5] less than £1 [6]

never gambled [7] → **go to Section B on page 6**

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

every time [1] most of the time [2] some of the time [3]

no, never [4] have never lost [7]

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

yes, most of the time [1] yes, some of the time [2]

never [3]

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

yes [1] yes, in the past, but not now [3]

no [2]

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

yes [1] no [2]

A7. Has anyone ever criticised your gambling?

yes [1] no [2]

A8. Have you ever felt guilty about gambling?

yes [1] no [2]

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

yes 1 no 2

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

yes 1 no 2

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

yes 1 no 2 → **go to A12 below**

If <u>yes</u>,

b) Have money arguments ever centred on your gambling?

yes 1 no 2

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

yes 1 no 2

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

yes 1 no 2

SECTION B: YOUR FEELINGS

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

Please indicate the way you feel.

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

Your feelings in the past week.

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

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

In the past week:

B10. 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

B11. 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

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

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

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

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

In the past week:

B14. Things have been getting on top of me:

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

B15. 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

B16. I have felt sad or miserable:

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

B17. 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

In the past week:

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

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

B19. On the whole <u>are there</u> more good days than bad?

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

SECTION C: YOUR HEALTH

C1. 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

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

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

C2 cont.

Since your child was 5	Yes and consulted doctor	Yes but did not consult doctor	No
m) alcohol problem	1	2	3
n) wheezing or asthma	1	2	3
o) bronchitis	1	2	3
p) stomach ulcer	1	2	3
q) eczema	1	2	3
r) psoriasis	1	2	3
s) arthritis	1	2	3
t) rheumatism	1	2	3
u) urinary infection	1	2	3
v) problems with your periods	1	2	3
w) problems with a pregnancy	1	2	3
x) syphilis	1	2	3
y) gonorrhoea	1	2	3
z) cancer (please state type)	1	2	3

……

za) other problems (please tick & describe)	1	2	3

.....

C3. Since your study child's 5th birthday how often have you taken the following:

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

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

q)	1	2	3
r)	1	2	3
s)	1	2	3

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

For office use

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

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

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

Yes ☐ 1 No ☐ 2 → **If no, go to C6 below**

If yes,

b) how many times? ☐☐

c) for how many different reasons? ☐☐

Reason for each hospital stay:	**How long did you stay?**	**At what hospital**
d)	☐☐ nights	.....
e)	☐☐ nights	.....
f)	☐☐ nights	.....
g)	☐☐ nights	.....
h)	☐☐ nights	.....

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

In the past month:	**Almost all the time**	**Sometimes**	**Not at all**
a) backache	☐ 1	☐ 2	☐ 3
b) headache or migraine	☐ 1	☐ 2	☐ 3
c) urinary infection	☐ 1	☐ 2	☐ 3
d) nausea	☐ 1	☐ 2	☐ 3
e) vomiting	☐ 1	☐ 2	☐ 3
f) diarrhoea	☐ 1	☐ 2	☐ 3
g) haemorrhoids or piles	☐ 1	☐ 2	☐ 3

C6. cont.

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

.....

.....

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

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

b) In general, do you enjoy it ?

yes, very much	1
yes, somewhat	2
no, not a lot	3
no, not at all	4
it doesn't happen	5

C8. Have you been pregnant at all since your study child?

Yes 1 No 2 → **If <u>no</u>, go to C9a on page 17**

If <u>yes</u>,

(i) how many times ☐☐

(ii) For the **first** pregnancy after your study child - how long were you trying before you got pregnant?

Less than 6 months 1 | 6-11 months 2 | at least 12 months 3

pregnancy wasn't planned 4 | don't remember 9

C9. a) Are you currently trying to get pregnant?

no [1]

no, but intend to later [2]

yes, we are trying [3] → **If <u>yes</u>,** (i) for how long have you been trying? → months [ ][ ] ↓ **now go to C10 on page 18**

I am already pregnant [4] → **If <u>yes</u>**, (ii) how long were you trying before you became pregnant? ↓ months [ ][ ] ↓ **now go to C10 on page 18**

C9. b) What forms of contraception are you using now? (tick all that you have used in the past 3 months)

	Yes	**No**
i) withdrawal	1	2
ii) the pill	1	2
iii) IUCD/coil	1	2
iv) condom/sheath	1	2
v) calendar/rhythm method	1	2
vi) diaphragm/cap	1	2
vii) spermicide	1	2

C9.b (cont.)

	Yes	No
viii) I have been sterilised	1	2
ix) My partner has been sterilised	1	2
x) none	1	2
xi) other (please describe)	1	2

.....

C10. Before you became pregnant for the first time how many children did you think you would like to have?

none 1 one 2 two 3 three 4

4 or more 5 didn't have an opinion 6 don't remember what I wanted 9

C11. a) **After having your study child,** what did you decide about having more children?

I definitely wanted another child 1

I didn't mind if I had another child 2

I didn't think about it 3

→ **Go to C12 on page 19**

I definitely didn't want another child 4

C11. b) **If you didn't want another child,** why was this? (please tick all that apply)

(i)	Could not afford another child	1
(ii)	I had as many children as I wanted	1
(iii)	I was not in good health	1
(iv)	I wanted to concentrate on my career	1
(v)	My partner did not want any more children	1
(vi)	I didn't have a partner	1
(vii)	I could not cope with another child	1
(viii)	I had such a bad experience of pregnancy with the study child I did not want to go through it again	1
(ix)	Other reason (Please tick & describe)	1

……

C12. How would you describe your most recent periods:

	Very	**Moderately**	**Mildly**	**Not at all**	**No periods**	
a) how heavy are your periods?	1	2	3	4	7	→ **go to D1 on page 21**
b) how painful are your periods?	1	2	3	4		
c) irregular	1	2	3	4		

d) how many days does bleeding usually last? ☐☐ days

C13. Do you generally find that in the days before or during your periods you have particular problems (please tick all that apply)?

		(i) Yes before	(ii) Yes during
a)	Very fatigued	1	1
b)	Irritable	1	1
c)	Depressed	1	1
d)	Anxious	1	1
e)	Other (please tick & describe)	1	1

……

SECTION D: RECENT EVENTS

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

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

Since your child was 5	**Yes & affected me a lot**	**Yes, moderately affected**	**Yes, mildly affected**	**Yes, but did not affect me at all**	**No, did not happen**
D13. Your partner had problems at work	1	2	3	4	5
D14. You had problems at work	1	2	3	4	5
D15. You lost your job	1	2	3	4	5
D16. Your partner went away	1	2	3	4	5
D17. Your partner was in trouble with the law	1	2	3	4	5
D18. You and your partner separated	1	2	3	4	5
D19. Your income was reduced	1	2	3	4	5
D20. You argued with your partner	1	2	3	4	5
D21. You argued with your family and friends	1	2	3	4	5
D22. You moved house	1	2	3	4	5
D23. Your partner was physically cruel to you	1	2	3	4	5
D24. You became homeless	1	2	3	4	5
D25. You had a major financial problem	1	2	3	4	5
D26. You got married	1	2	3	4	5

Since your child was 5	Yes & affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but did not affect me at all	No, did not happen
D27. Your partner was physically cruel to your children	1	2	3	4	5
D28. You were physically cruel to your children	1	2	3	4	5
D29. You attempted suicide	1	2	3	4	5
D30. You were convicted of an offence	1	2	3	4	5
D31. You became pregnant	1	2	3	4	5
D32. You started a new job	1	2	3	4	5
D33. You returned to work	1	2	3	4	5
D34. You had a miscarriage	1	2	3	4	5
D35. You had an abortion	1	2	3	4	5
D36. You took an examination	1	2	3	4	5
D37. Your partner was emotionally cruel to you	1	2	3	4	5
D38. Your partner was emotionally cruel to your children	1	2	3	4	5
D39. You were emotionally cruel to your children	1	2	3	4	5

Since your child was 5	**Yes & affected me a lot** ↓	**Yes, moderately affected** ↓	**Yes, mildly affected** ↓	**Yes, but did not affect me at all**	**No, did not happen** ↓
D40. Your house or car was burgled	1	2	3	4	5
D41. You found a new partner	1	2	3	4	5
D42. One of your children started school	1	2	3	4	5
D43. Your partner started a new job	1	2	3	4	5
D44. A pet died	1	2	3	4	5
D45. You had an accident (please tick and describe)	1	2	3	4	5

……

D46. 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 1 No 2 → **Go to E1 on page 25**

If <u>yes</u>,

b) please describe for each event:

what happened:

(i) ……

(ii) ……

(iii) ……

SECTION E: YOUR ENVIRONMENT

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

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

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

.....

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

Yes a lot 1 Yes occasionally 2 No, not at all 3

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

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

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

(a) weekday **(b) weekend day**

SECTION F: YOUR PARTNER

F1. a) Do you currently have a partner?

yes, a male partner [1]

yes, a female partner [2]

no partner [3] → **If no partner, go to Section G on page 40**

If yes,

b) does your partner live with you?

Yes [1] No [2] ⟶ **If no, go to F2 below**

If yes,

c) how long have you lived together?

[ ][ ] years [ ][ ] months

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

F2. 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]

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

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

	Since your child was 5 Partner had:	**saw a doctor**	**did not see a doctor**	**at all**	**know**
F3.					
v)	syphilis	1	2	3	9
w)	gonorrhoea	1	2	3	9
x)	other condition(s) (please tick and describe)	1	2	3	9

.....

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

		This is always how how I feel	**This is sometimes how I feel**	**I never feel this this way**
a)	My partner really loves this child	1	2	3
b)	My partner is glad that I had this child when I did	1	2	3
c)	I like to watch him play with the child	1	2	3
d)	I am afraid to leave the child alone with him because I think he might be violent	1	2	3
e)	My partner seems to feel very close to the child	1	2	3
f)	This child gets on his nerves	1	2	3
g)	He really cannot bear it when this child cries	1	2	3
h)	I think my partner is interested as he watches the child gradually develop	1	2	3

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

		(i) weekdays	(ii) weekend days
F5.	a) How many cigarettes per day does your partner currently smoke? (If none, put 00)		

	Yes every day	Yes sometimes	No never
b) Does he smoke:			
(i) pipe	1	2	3
(ii) cigar/cigarillo	1	2	3

F6.a) Is your partner currently employed or self-employed?

Yes 1 No 2 → **If <u>no</u>, go to F7 on page 33**

If <u>yes</u>,

b) (i) What is his occupation?.....

(ii) Please give the industry or trade ……

c) Has he had the same job since the study child was 5 years old?

Yes 1 No 2

F6. d) Does he work nights?

yes, always 1

yes, sometimes 2

no, never 3

e) Does he leave home for several days as part of his work?

yes, often 1

yes, occasionally 2

no, never 3

f) Does he work shifts ?

yes, often 1 yes, occasionally 2 no, never 3

g) How many hours a week does he normally work?

i) If his hours are regular, please state how many

(put 99 if don't know)

ii) If his hours vary, please put the minimum

and the maximum

h) Does he usually work:

the basic no. of hours per week 1

basic hours plus paid overtime 2

longer than basic hours (but not paid extra) 3

self-employed - as long as necessary 4

F6. j) Does he get home after work before the study child is in bed?

yes, usually 1 yes, sometimes 2 no, never 3

F7. How would you rate your partner on these characteristics?

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

F8. Who does these various household tasks?

		Me always	Me mostly	Sometimes me, sometimes my partner	Partner mostly	Partner always	Someone else
a)	shopping for groceries	1	2	3	4	5	6
b)	cooking	1	2	3	4	5	6
c)	cleaning house	1	2	3	4	5	6
d)	repairs in home	1	2	3	4	5	6
e)	looking after children	1	2	3	4	5	6
f)	washing clothes	1	2	3	4	5	6
g)	ironing	1	2	3	4	5	6

F9. Who decides:

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

F10. 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	1	2	3	4
c)	sex	1	2	3	4
d)	amount of time spent together	1	2	3	4
e)	making major decisions	1	2	3	4
f)	household tasks	1	2	3	4
g)	leisure time interests & activities	1	2	3	4

F11.a) How often recently have you been irritable with your partner?

not at all 1 | less than once a week 2 | 1-2 times a week 3 | 3-6 times a week 4 | every day 5

F11. b) How often has he been irritable with you?

not at all	less than once a week	1-2 times a week	3-6 times a week	every day
1	2	3	4	5

F12. a) How many arguments or disagreements have you had in the past three months?

None	1-3	4-7	8-13	14 or more
1	2	3	4	5

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

		Yes, I did this	**Yes, he 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	1	2	3	4
iii)	shouting or calling partner names	1	2	3	4
iv)	hitting or slapping partner	1	2	3	4
v)	throwing or breaking things	1	2	3	4

F13. 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	1	2	3	4
c)	visited friends	1	2	3	4
d)	visited family	1	2	3	4

			Never	Less than once a month	Less than once a week	At least once a week
F13.	e)	gone to the cinema or theatre	1	2	3	4
	f)	other (please tick and describe)		2	3	4

……..

F14. a) How many evenings a month do you go out and do things **on your own** or with your own friends?

none 1 once 2 2-3 times 3 4-7 times 4 8 or more times 5

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

none 1 once 2 2-3 times 3 4-7 times 4 8 or more times 5

F15. 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	1	2	3	4
c)	calmly talk over something (e.g. the news, a hobby or interest)	1	2	3	4
d)	kiss or hug	1	2	3	4
e)	make plans	1	2	3	4
f)	talk over feelings or worries	1	2	3	4

F16. a) Which of the following statements about alcohol best applies to your partner:

Never drinks alcohol	1
Very occasionally (less than once a week)	2
Occasionally (at least once a week)	3
Drinks 1-2 glasses* nearly every day	4
Drinks 3-9 glasses* every day	5
Drinks at least 10 glasses a day	6
Don't know	9

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

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

every day	1	more than 10 days	2
5-10 days	3	3-4 days	4
1-2 days	5	none	6

F17. Below are attitudes and behaviours which people reveal in their close relationships. Please rate your partner's attitudes and behaviour towards you in recent times and tick the most appropriate box for each item.

My partner:		**Very true**	**Moderately true**	**Somewhat true**	**Not at all true**
a)	Is very considerate of me	1	2	3	4
b)	Wants me to take his side in an argument	1	2	3	4
c)	Wants to know exactly what I'm doing and where I am	1	2	3	4
d)	Is a good companion	1	2	3	4
e)	Is affectionate to me	1	2	3	4

F17. cont.

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

F17. cont.

My partner:		Very true	Moderately true	Somewhat true	Not at all true
u)	Shows his appreciation of me	1	2	3	4
v)	Is critical of me in private	1	2	3	4
w)	Is gentle and kind to me	1	2	3	4
x)	Speaks to me in a warm and friendly voice	1	2	3	4

SECTION G: YOUR FAMILY AND FRIENDS

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

None	1	2-4	more than 4
1	2	3	4

G2. About how many friends do you have?

None	1	2-4	more than 4
1	2	3	4

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

Yes 1 No 2

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

None	1	2-4	more than 4
1	2	3	4

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

None	1	2-4	more than 4
1	2	3	4

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

None	1	2-4	more than 4
1	2	3	4

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

None	1	2-4	more than 4
1	2	3	4

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

None	1	2-4	more than 4
1	2	3	4

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

None	1	2-4	more than 4
1	2	3	4

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

None	1	2-4	more than 4
1	2	3	4

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

		This is exactly how I feel	**This is often how I feel**	**This is how I sometimes feel**	**I never feel this way**	
G11.	I have no one to share my feelings with	1	2	3	4	
G12.	My partner provides the emotional support I need	1	2	3	4	**no partner** 7
G13.	There are other mothers with whom I can share my experiences	1	2	3	4	
G14.	I believe in moments of difficulty my neighbours would help me	1	2	3	4	

		This is exactly how I feel	This is often how I feel	This is how I sometimes feel	I never feel this way	no partner
G15.	I'm worried that my partner might leave me	1	2	3	4	7
G16.	There is always some-one with whom I can share my happiness and excitement about my child	1	2	3	4	
G17.	If I feel tired I can rely on my partner to take over	1	2	3	4	7
G18.	If I was in financial difficulty I know my family would help if they could	1	2	3	4	
G19.	If I was in financial difficulty I know my friends would help if they could	1	2	3	4	
G20.	If all else fails I know the state will support and assist me	1	2	3	4	

G21. a) Do you believe in God or in some divine power?

yes 1

am not sure 2

no, not at all 3

b) Do you feel that God (or some divine power) has helped you at any time?

Yes 1 Not sure 2 No 3

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

Yes 1 Not sure 2 No 3

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

Yes 1 No 2

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

Church of England 01

Roman Catholic 02

Methodist, Baptist or other Protestant Christian (please tick & describe) 03

Christian Science 04

……

Mormon 05

Jehovah's Witness 06

Jewish 07

Buddhist 08

Sikh 09

Hindu 10

Muslim 11

Rastafarian 12

None 00

Other (please tick & describe) 13

……

f) How long have you had this particular faith?

all my life 1

more than 5 years 2

3-5 years 3

1-2 years 4

less than a year 5

G21. g) Are you bringing your child up in this faith?

Yes [1] No [2]

h) Do you go to a place of worship?

yes, at least once a week [1]

yes, at least once a month [2]

yes, at least once a year [3]

only for special occasions [4]

no, not at all [5]

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

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

.....

SECTION H: HEALTH SERVICES

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

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

.....

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

		This is exactly how I feel	This is often how I feel	This is how I sometimes feel	I never feel this way
a)	I don't have any confidence in the national health service	1	2	3	4
b)	I know that if my child was very ill my doctor would come quickly	1	2	3	4
c)	The doctor in the clinic is always helpful	1	2	3	4

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

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

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

……..

……..

J1. This questionnaire was completed by:

a) mother [1]

b) father [1]

c) other [1] .....
(please tick & describe)

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

day		month		year			
				1	9	9	

J3. Please give your date of birth:

day		month		year			
				1	9		

THANK YOU VERY MUCH FOR YOUR HELP

Space for any additional comments you would like to make.

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

When completed, please return the questionnaire to:

Professor Jean Golding
Children of the Nineties - ALSPAC
Institute of Child Health
24 Tyndall Avenue
Bristol
BS8 1BR **Tel: Bristol 9285007**

For office use only

coder int