STUDY

MOTHER'S

QUESTIONNAIRE

This questionnaire is for you, the mother, whether or not you are the main carer. Its purpose is to find out what health and other problems you have. Your answers will help us to identify those problems that may be helped by changes in the health care system.

To answer please tick the box which is most accurate in your opinion.

Some questions are the same as those you have answered before. This is so that we can tell what changes have happened to you over time.

Please answer all questions if you can, even if they seem 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 VERY MUCH FOR YOUR HELP

23.09.96

Recycled paper

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 in the past year (since your study child was 4 years old)?

In past year:	**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	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

A2. (cont.)

In past year:	**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) pre-menstrual tension	1	2	3
za) other problems (please tick & describe)	1	2	3

.....

A3. **In the past year** how often have you taken the following?

In past year:	**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

A4. 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, homeopathic remedies?**

A5. a) Since your study child was 4 years old have you been admitted to hospital?

Yes [1] No [2] → **If no, go to A6 on page 7**

If yes,

b) how many times? [ ]

c) for how many different reasons? [ ]

A5. **Reason for each hospital stay:** **How long did you stay?**

d) ..... ☐☐ nights

e) ..... ☐☐ nights

f) ..... ☐☐ nights

g) ..... ☐☐ nights

h) ..... ☐☐ nights

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

In the past month:	**Almost all the time**	**Sometimes**	**Once**	**Not at all**
a) backache	1	2	3	4
b) headache or migraine	1	2	3	4
c) urinary infection	1	2	3	4
d) nausea	1	2	3	4
e) vomiting	1	2	3	4
f) diarrhoea	1	2	3	4
g) haemorrhoids or piles	1	2	3	4
h) feeling weepy/tearful	1	2	3	4
i) feeling irritable	1	2	3	4
j) feeling exhausted	1	2	3	4
k) varicose veins	1	2	3	4
l) passing urine very often	1	2	3	4
m) problem holding urine when you jump, sneeze etc.	1	2	3	4
n) indigestion	1	2	3	4
o) feeling dizzy/fainting	1	2	3	4

A6. (cont.)

In the past month:	Almost all the time	Sometimes	Once	Not at all
p) flashing lights/spots before eyes	1	2	3	4
q) shoulder ache	1	2	3	4
r) tingling in hands/fingers	1	2	3	4
s) tingling in feet/toes	1	2	3	4
t) neck ache	1	2	3	4
u) feeling depressed	1	2	3	4
v) pain in your knee(s)	1	2	3	4
w) other problem (please tick & describe)	1	2	3	4

.....

.....

A7. a) Have you <u>ever</u> had pain in one or both of your knees lasting for at least a month?

Yes, one 1 Yes, both 2 No 3 → **If <u>no</u>, go to A8 on page 9**

If <u>yes</u>,

b) about how old were you when this first happened?

Less than 10 1 10-13 2 14-16 3 17-19 4 20 or more 5

c) Have you had pain in your knees **in the past month?**

Yes 1 No 2

A8. 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

no sex at the moment 5

A9. 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>,** for how long have you been trying? months

↓

go to A10 on page 11

I am already pregnant 4

↓

How long were you trying before you became pregnant? months

↓

go to A10 on page 11

A9. b) What forms of contraception are you using now? (tick all that you have used in the past 3 months)

	Yes
i) withdrawal	1
ii) the pill	1
iii) IUCD/coil	1
iv) condom/sheath	1
v) calendar/rhythm method	1
vi) diaphragm/cap	1
vii) spermicide	1
viii) I have been sterilised	1
ix) My partner has been sterilised	1
x) none	1
xi) other (please describe)	1

.....

A10. a) Have you been pregnant at all in the past 2 years?

Yes [1] No [2] → **If no, go to A11 on Page 13**

If yes,

b) How many times? [ ]

c) For these pregnancies please give:

	1st pregnancy	2nd pregnancy	3rd pregnancy
i) date of your last menstrual period before the pregnancy (if you remember it)	[ ][ ] [ ][ ] 19 9[ ]	[ ][ ] [ ][ ] 19 9[ ]	[ ][ ] [ ][ ] 19 9[ ]
ii) what happened:	miscarriage [1]	miscarriage [1]	miscarriage [1]
	abortion/ termination for unwanted pregnancies [2]	abortion/ termination for unwanted pregnancies [2]	abortion/ termination for unwanted pregnancies [2]
	termination for problem [3] (please describe)	termination for problem [3] (please describe)	termination for problem [3] (please describe) ....
	still pregnant [4]	still pregnant [4]	still pregnant [4]
	baby born [5]	baby born [5]	baby born [5]
	other (please describe) [6]	other (please describe) [6]	other (please describe) [6] ....
iii) please give actual date of delivery or end of pregnancy: (If still pregnant put 77 77 7)	[ ][ ] [ ][ ] 19 9[ ]	[ ][ ] [ ][ ] 19 9[ ]	[ ][ ] [ ][ ] 19 9[ ]
iv) do/did you have any problems?	Yes [1] No [2]	Yes [1] No [2]	Yes [1] No [2]
If yes, please describe:	.....	.....	.....

A10c. (cont.)

		4th pregnancy	5th pregnancy	6th pregnancy
i)	date of your last menstrual period before the pregnancy (if you remember it)	☐☐ ☐☐ 19 9☐	☐☐ ☐☐ 19 9☐	☐☐ ☐☐ 19 9☐
ii)	what happened:	miscarriage 1	miscarriage 1	miscarriage 1
		abortion/ termination for unwanted pregnancies 2	abortion/ termination for unwanted pregnancies 2	abortion/ termination for unwanted pregnancies 2
		termination for problem (please describe) 3	termination for problem (please describe) 3	termination for problem (please describe) 3 ....
		still pregnant 4	still pregnant 4	still pregnant 4
		baby born 5	baby born 5	baby born 5
		other (please describe) 6	other (please describe) 6	other (please describe) 6 ....
iii)	please give actual date of delivery or end of pregnancy: (If still pregnant put 77 77 7)	☐☐ ☐☐ 19 9☐	☐☐ ☐☐ 19 9☐	☐☐ ☐☐ 19 9☐
iv)	do/did you have any problems?	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2
	If yes, please describe:	.....	.....	.....

If more than 6 pregnancies, please describe others on a separate page.

A11. Please 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 A12 below**
b) how painful are your periods?	1	2	3	4		
c) are your periods irregular?	1	2	3	4		

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

A12. Have you had a D and C (scrape) in the last 2 years? Yes 1 No 2 Don't know 9

If <u>yes</u>,

Was this because of: (tick all that apply)		Yes	No
	(i) heavy periods	1	2
	(ii) painful periods	1	2
	(iii) fibroids	1	2
	(iv) termination/abortion	1	2
	(v) infertility	1	2
	(vi) miscarriage	1	2
	(vii) don't know	1	2
	(viii) other (please describe)	1	2

.....

SECTION B: YOUR OPINION OF YOURSELF

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

		Always true	Often true	Sometimes true	Seldom true	Never true
B1.	I feel that I am a person of worth, at least equal to others.	1	2	3	4	5
B2.	I feel I have a number of good qualities.	1	2	3	4	5
B3.	I am able to do things as well as most other people.	1	2	3	4	5
B4.	I feel I do not have much to be proud of.	1	2	3	4	5
B5.	I take a positive attitude towards myself.	1	2	3	4	5
B6.	Sometimes I think I am no good at all.	1	2	3	4	5
B7.	I am a useful person to have around.	1	2	3	4	5
B8.	I feel I cannot do anything right.	1	2	3	4	5
B9.	When I do a job I do it well.	1	2	3	4	5
B10.	I feel that my life is not very useful.	1	2	3	4	5
B11.	I am unlucky.	1	2	3	4	5

SECTION C: 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
C1.	Do you feel upset for no obvious reason?	1	2	3	4
C2.	Do you get troubled by dizziness or shortness of breath?	1	2	3	4
C3.	Have you felt as though you might faint?	1	2	3	4
C4.	Do you feel sick or have indigestion?	1	2	3	4
C5.	Do you feel that life is too much effort?	1	2	3	4
C6.	Do you feel uneasy and restless?	1	2	3	4
C7.	Do you feel tingling or prickling sensations in your body, arms or legs?	1	2	3	4
C8.	Do you regret much of your past behaviour?	1	2	3	4
C9.	Do you sometimes feel panicky?	1	2	3	4
C10.	Do you find that you have little or no appetite?	1	2	3	4
C11.	Do you wake unusually early in the morning even when you haven't been woken by your children?	1	2	3	4
C12.	Do you worry a lot?	1	2	3	4

		Very often	Often	Not very often	Never
C13.	Do you feel tired or exhausted?	1	2	3	4
C14.	Do you experience long periods of sadness?	1	2	3	4
C15.	Do you feel strung-up inside?	1	2	3	4
C16.	Can you go to sleep all right?	1	2	3	4
C17.	Do you ever have the feeling you are going to pieces?	1	2	3	4
C18.	Do you often have excessive sweating or fluttering of the heart?	1	2	3	4
C19.	Do you find yourself needing to cry?	1	2	3	4
C20.	Do you have bad dreams which upset you when you wake up?	1	2	3	4
C21.	Do you lose the ability to feel sympathy for others?	1	2	3	4
C22.	Can you think as quickly as you used to?	1	2	3	4
C23.	Do you have to make a special effort to face up to a crisis or difficulty?	1	2	3	4

Your feelings in the past week.

C24. 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

C25. 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

C26. 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

C27. I have been anxious or worried for no good reason:

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

In the past week:

C28. 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

C29. 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

C30. 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

C31. 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

In the past week:

C32. 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

C33. The thought of harming myself has occurred to me:

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

C34. 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 D: RECENT EVENTS

Listed below are a number of events which may have brought changes in your life. Have any of the these occurred in the past year (since your study child was 4). Some of these may be distressing to recall, but we hope you will let us know just how they affected you.

		Yes & affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but did not affect me at all	No did not happen
In the past year:						
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

In the past year:	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

In the past year:	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
D40. Your house or car was burgled	1	2	3	4	5

In the past year:	Yes & affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but did not affect me at all	No did not happen
D41. Your partner started a new job	1	2	3	4	5
D42. A pet died	1	2	3	4	5
D43. You had an accident (please tick & describe)	1	2	3	4	5

.....

D44. 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 → **If <u>no</u>, go to E1 on page 24**

If <u>yes</u>, b) please describe:

.....

.....

c) How did this affect you?

a lot 1

moderately 2

mildly 3

not at all 4

SECTION E: YOUR HOME

Below are a number of questions about your home. They are similar to some you answered 2 years ago, and will be used to see how your circumstances might have changed.

			month	year
E1.	a)	When did you move to your present address?	☐☐	☐☐
	b)	How many times have you moved home since your study child was 2½ years old ?	☐☐	

E2. Is your home:

- being bought/mortgaged ☐ 0
- being bought from council ☐ 1
- owned - with no mortgage to pay ☐ 2
- rented from council ☐ 3
- rented from private landlord - furnished ☐ 4
- rented from private landlord - unfurnished ☐ 5
- rented from housing association ☐ 6
- other (please tick & describe) ☐ 7

.....

E3. Do you live in your own home or do you live with your parents or others?

- live in own home (or shared with partner) ☐ 1
- live in partner's home ☐ 2
- live with your parents in their home ☐ 3
- live with your partner's parents in their home ☐ 4
- other situation (please tick & describe) ☐ 5

.....

E4. Do you currently live in:

a whole detached house (or bungalow)	1
a whole semi-detached house/bungalow	2
an end of terrace house	3
a whole terraced house	4
a flat/maisonette (self contained)	5
room in someone else's house	6
other (please describe)	7

.....

E5. What is the lowest level of your living accommodation:

basement	78
ground floor	00
1st floor	01
2nd floor or above, give floor.....	

E6. In the coldest time of year, describe the temperature in your:

		Very warm	**Warm**	**About right**	**Cold**	**Very cold**
a)	living room	1	2	3	4	5
b)	bedroom	1	2	3	4	5

E7. Does your home have the following?

		Yes sole use	**Yes shared with other household(s)**	**No**
a)	kitchen where there is space to sit and eat	1	2	3
b)	kitchen for cooking only	1	2	3
c)	indoor flushing toilet	1	2	3

E8. Apart from the kitchen, how many rooms do you have for living and/or sleeping ? ☐☐

E9. Do you have sole use of the following amenities or are they shared with other household(s)?

		Yes sole use	**Yes shared**	**No** ↓
a)	running hot water	1	2	3
b)	bath	1	2	3
c)	shower	1	2	3
d)	garden or yard	1	2	3
e)	balcony	1	2	3

E10. a) Is there a working telephone in your home?

No 1 — Yes, but for incoming calls only 2 — Yes, a fully working phone 3 → **Go to E11a below**

b) where is the nearest working telephone that you can use in an emergency?

pay phone in the building 1

pay phone in the street 2

neighbour's phone 3

none within 5 minutes walk 4

other (please describe) 5

.....

E11. a) Do you or your partner have the use of a car (including vans, minibuses, etc.)?

Yes, we own a car 1 — Yes, we can borrow a car 2 — No 3 → **If <u>no</u>, go to E12a on page 27**

If <u>yes</u>,

E11. b) how often do you yourself have the use of a car?

never 1

sometimes 2

often 3

every day 4

not applicable/do not drive 7

→ c) do you wish you could have it more often?

Yes 1 No 2

E12. a) Is there ever any damp, condensation or mould in your home?

Yes 1 No 2 → **If <u>no</u>, go to E13a on page 28**

If <u>yes</u>,

b) How much of a problem is damp or condensation?

no damp or condensation 1

not serious 2

fairly serious 3

very serious 4

c) How much of a problem is mould?

no mould 1

not serious 2

fairly serious 3

very serious 4

Please tick the boxes relating to the problems you get in each room.

E12.	**Condensation on windows/ walls/ceilings**	**Damp patches on walls**	**Mould on walls**	**Damp on furniture, carpets or clothes**	**Mould on furniture, carpets or clothes**	**None** ↓
d) kitchen (or kitchen/diner)	1	2	3	4	5	6
e) living room (or lounge/diner)	1	2	3	4	5	6
f) hall/landing	1	2	3	4	5	6
g) my bedroom	1	2	3	4	5	6
h) study child's bedroom	1	2	3	4	5	6
i) bathroom/toilet	1	2	3	4	5	6
j) other rooms	1	2	3	4	5	6

E13. a) Does your roof leak at all? (If you have another flat above yours, please tick 'does not apply')

does not apply	7
no leak	1
yes, slight leak	2
yes, serious leak	3

b) In wet weather, does water get in from anywhere else, such as through badly fitting windows or doors?

no leaks	1
yes, slight leaks	2
yes, serious leaks	3

E14. Taking everything into account, which of the following best describes your feeling about your home?

satisfied	1
fairly satisfied	2
dissatisfied	3
very dissatisfied	4

E15. **In the past year** have any of the following rooms been decorated or had any brand new furniture?

		Yes	No	Don't know
a)	**Your bedroom:**			
i)	painted	1	2	9
ii)	wall papered	1	2	9
iii)	new carpet	1	2	9
iv)	new furniture	1	2	9
b)	**Your living room:**			
i)	painted	1	2	9
ii)	wall papered	1	2	9
iii)	new carpet	1	2	9
iv)	new furniture	1	2	9
c)	**The room the study child sleeps in:**			
i)	painted	1	2	9
ii)	wall papered	1	2	9
iii)	new carpet	1	2	9
iv)	new furniture	1	2	9

E15. d) **Any other rooms:**

		Yes		which room(s)	No	Don't know
i)	painted	1	→	……..	2	9
ii)	wall papered	1	→	……..	2	9
iii)	new carpet	1	→	……..	2	9
iv)	new furniture	1	→	……..	2	9

E16. How would you rate your home in relation to that of other mothers?

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

b)
- much tidier 1
- a bit tidier 2
- about the same 3
- less tidy 4
- much less tidy 5
- don't know 9

E17. Do you have a rule that smoking never happens in particular rooms?

- Smoking not allowed in the house at all 1
- Smoking only allowed in some rooms 2
- Smoking allowed anywhere 3

E17. (cont.) Space for comments:……..

……

E18. Here is a list of some things that can be a problem in people's homes or in the neighbourhood. How much of a problem are the following for you and your family?

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

.....

.....

SECTION F: YOUR OCCUPATION AND LIFESTYLE

F1. a) In the last year have you worked at all?

no [1] → **If no, go to Question F9 on page 35**

yes, paid work at home [2]

yes, paid work outside home [3]

yes, paid work both at home and outside home [4]

If yes,

b) how old was this study child when you started (or went back to) your most recent job?

years [ ] months [ ]

c) are you still working?

Yes [1] No [2]

If no, i) when did you finish? month [ ] 199 [ ] **Now go → to F9 on page 35**

If yes, ii) how many jobs are you now doing? [ ]

iii) what job(s) are you doing (please describe the job(s) you do and the type of industry/employer(s) you work for)

.....

.....

d) How many hours a week altogether do you now work? [ ] hours

i) Does this include weekends ?

Yes [1] No [2] Sometimes [3]

F1. d) ii) Do you work in the evenings or at night?

Yes [1] No [2] Sometimes [3]

e) How would you describe the physical effort you need for your current job(s)?

very little effort, mostly sitting [1]

some physical effort [2]

quite a lot of physical effort [3]

considerable physical effort [4]

F2. What are the main reasons you work?

		Yes	No
a)	financial, I am important as a breadwinner	[1]	[2]
b)	financial, for family extras	[1]	[2]
c)	career	[1]	[2]
d)	enjoyment	[1]	[2]
e)	to get out of the home	[1]	[2]
f)	other (please describe)	[1]	[2]

.....

F3. Are you working at the same status as you did before you had your study child?

didn't work before [7]

no, lower level [1]

yes, same level [2]

no, higher level [3]

F4. Do you find your job satisfying?

Yes [1] No [2] Sometimes [3]

F5. Do you wish that you could generally spend more time with this child?

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

F6. 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 F7 below**
ii)	car	1	2		
iii)	cycle	1	2		
iv)	walk	1	2		
v)	other	1	2		

b) How long does it usually take:

		Less than 15 mins	**15-29 mins**	**30-59 mins**	**An hour or more**
i)	to travel to work?	1	2	3	4
ii)	to travel home from work?	1	2	3	4

F7. Below are statements about how working affects being a parent. Please indicate which is true for you:

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

F8. a) Do you worry about your study child when you are at work?

Yes [1] Sometimes [2] No [3]

b) Does he/she make a fuss when you leave him/her?

Yes [1] Sometimes [2] No [3]

If you are working please now go to Question F10 below

If you are <u>not</u> working:

F9. a) Have you chosen not to work so that you can stay at home with your child?

No [1] Yes [2] → **If <u>yes</u>, go to F10 below**

If <u>no</u>,

b) Have you been looking for work? Yes [1] No [2] → **If <u>no</u>, go to F10 below**

c) **If <u>yes</u>,** how long have you been seeking work? [ ][ ] months

F10. a) Please list all <u>previous</u> paid jobs since the day the study child was born:
If none go to F11 on page 36.

	Job done	**Hours/ week (average)**	**Month started**	**Year started**	**Month finished**	**Year finished**
1.	……	[ ][ ]	[ ][ ]	199[ ]	[ ][ ]	199[ ]
2.	……	[ ][ ]	[ ][ ]	199[ ]	[ ][ ]	199[ ]
3.	……	[ ][ ]	[ ][ ]	199[ ]	[ ][ ]	199[ ]
4.	……	[ ][ ]	[ ][ ]	199[ ]	[ ][ ]	199[ ]
5.	……	[ ][ ]	[ ][ ]	199[ ]	[ ][ ]	199[ ]

b) Did any of these jobs involve working at weekends?

Yes [1] Sometimes [2] No [3] → **If <u>no</u>, go to F10d on page 36**

			Job No. 1	2	3	4	5
F10.	c)	**If <u>yes</u>,** which ones? (Tick all that apply)					

d) Did any of these jobs involve working in the evenings or at nights?

Yes 1 No 2 → **If <u>no</u>, go to F10f below**

			Job No. 1	2	3	4	5
.	e)	**If <u>yes</u>,** which ones? (Tick all that apply)					

f) Were any gaps in employment due to paid maternity leave?

Yes 1 No 2

For office use

g) **If <u>yes</u>,** between which jobs? ……

……..

F11. 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

F12. 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 1-2 glasses* nearly every day	4
drink 3-9 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)

F12. b) How many days in the past month do you think you 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

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

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

F13. 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	
b)	clothing	1	2	3	4	
c)	heating	1	2	3	4	5
d)	rent or mortgage	1	2	3	4	5
e)	things you need for your children	1	2	3	4	
f)	costs of educational courses (e.g. ballet, music, etc)	1	2	3	4	
g)	medical care	1	2	3	4	
h)	child care	1	2	3	4	
i)	something else (please tick and describe)	1	2	3		

.....

F14. How much help would you say you had nowadays:

		Too much help	**Right amount of help**	**Too little help**
a)	with housework	1	2	3
b)	with looking after the children	1	2	3

F15. 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	1	2	3	4	5

c) Do you feel that you are getting enough sleep?

Yes 1 No 2

F16. 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

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

Yes 1 Not sure 2 No 3

F16. d) What sort of religious faith would you say you had? (tick one only)

Church of England	01	Roman Catholic	02
Jehovah's Witness	03	Christian Science	04
Mormon	05	Other Christian (please describe)	06
		.....	
Jewish	07	Buddhist	08
Sikh	09	Hindu	10
Muslim	11	Rastafarian	12
None	00	Other (please describe)	13
		.....	

e) 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

f) 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
no, not at all	4

F16. g) Do you obtain help and support from leaders or other 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(s) (please describe)	1	2

.....

F17. a) Do you, in your spare time, belong to any organisations or groups of people (e.g. choir, gardening club, sports club, charity fund raising etc.)?

Yes 1 No 2

If <u>yes</u>, please describe:

.....

.....

b) Are you on any committees?

Yes 1 No 2

If <u>yes</u>, please describe .....

c) Do you do any voluntary work?

Yes 1 No 2

If <u>yes</u>, please describe .....

F18. In the past 2 years have you taken any courses or other educational training?

		Yes	**No**
a)	training within my job	1	2
b)	evening classes	1	2
c)	University	1	2
d)	other (please describe.....)	1	2

F19. What educational qualifications do you, and your partner, have? Please tick all that apply.

		(i) Your self	(ii) Your partner
a)	No qualifications	1	1
b)	CSE or GCSE (D, E, F or G)	1	1
c)	O-level or GCSE (A, B or C)	1	1
d)	A-level	1	1
e)	Qualifications in shorthand/typing/ or other skills, e.g. hairdressing	1	1
f)	Apprenticeship	1	1
g)	State enrolled nurse	1	1
h)	State registered nurse	1	1
i)	City & Guilds intermediate technical	1	1
j)	City & Guilds final technical	1	1
k)	City & Guilds full technical	1	1
l)	Teaching qualification	1	1
m)	University degree	1	1
n)	Qualifications not known	1	1
o)	Not applicable, no such person		1
p)	Other (please tick describe)	1	1

……..

……..

SECTION G: YOUR NEIGHBOURHOOD

G1. a) Do the other people in your neighbourhood:

		No, never	Rarely	Some-times	Often	Almost every day
i)	visit your home	1	2	3	4	5
ii)	argue with you	1	2	3	4	5
iii)	look after your children	1	2	3	4	5
iv)	keep to themselves	1	2	3	4	5

b) Do you:

		No, never	Rarely	Some-times	Often	Almost every day
i)	visit the home of your neighbours	1	2	3	4	5
ii)	argue with your neighbours	1	2	3	4	5
iii)	look after your neighbours children	1	2	3	4	5
iv)	keep to yourselves	1	2	3	4	5

G2. What do you think of your neighbourhood as a place to live?

a very good place to live 1

a fairly good place to live 2

not a very good place to live 3

not at all a good place to live 4

G3. How heavy is the traffic in the street you live on?

very heavy 1 quite heavy 2 not very heavy 3 hardly any traffic 4

How much time do you and your study child spend:(If never, please put 00 in the boxes)

G4. **On a usual weekday in school term-time:**

	(i) You		(ii) Study child	
	hours	**minutes**	**hours**	**minutes**
a) walking/cycling				
b) in a car				
c) on a bus				

G5. **On a usual week-end* in term-time:**

a) walking/cycling				
b) in a car				
c) on a bus				

G6. **On a usual weekday in school holidays:**

a) walking/cycling				
b) in a car				
c) on a bus				

G7. **On a usual week-end* in school holidays:**

a) walking/cycling				
b) in a car				
c) on a bus				

[***** Count time on Saturday and on Sunday added together]

SECTION H: YOUR FAMILY AND FRIENDS

H1. Excluding your partner and children, 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

H2. About how many friends do you have, (people you know more than just casually)?

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

H3. Overall, would you say you belong to a close circle of friends?

Yes 1 No 2

H4. How many people, including your partner, are there that you can talk to about personal problems?

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

H5. How many people, including your partner, talk to you about their personal problems or their private feelings?

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

H6. If you have to make an important decision, how many people, including your partner are there with whom you can discuss it?

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

H7. 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

H8. 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

H9. 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

H10. 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**	
H11.	I have no one to share my feelings with	1	2	3	4	
H12.	My partner provides the emotional support I need	1	2	3	4	**no partner** 7
H13.	There are other mothers with whom I can share my experiences	1	2	3	4	
H14.	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
H15.	I'm worried that my partner might leave me	1	2	3	4	7
H16.	There is always someone with whom I can share my happiness and excitement about my child	1	2	3	4	
						no partner
H17.	If I feel tired I can rely on my partner to take over	1	2	3	4	7
H18.	If I was in financial difficulty I know my family would help if they could	1	2	3	4	
H19.	If I was in financial difficulty I know my friends would help if they could	1	2	3	4	
H20.	If all else fails I know the state will support and assist me	1	2	3	4	

I1. This questionnaire was completed by:

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

.....

I2. Please give the date on which you completed this questionnaire

day month year

				1	9		

I3. Please give <u>your</u> 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.

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

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

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