



C A R I N G F O R A T O D D L E R

This questionnaire is for the parent who is most involved in the day-to-day care of your toddler. Usually this will be the mother. Its purpose is to find out what problems toddlers and their parents have. Your answers will help us to identify those problems that may be solved by changes in the health care system.

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

Some questions are the same as those you answered a year ago. This is so that we can tell what changes have happened to you.

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

All answers are confidential.

THANK YOU FOR YOUR HELP

25/04/93

SECTION A:YOUR HEALTH

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

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

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

- | | Yes and
consulted
doctor | Yes but
did not
consult
doctor | No |
|--|---|---|-----------|
| a) anxiety or 'nerves' | 1 | 2 | 3 |
| b) depression | | | |
| c) headache or migraine | | | |
| d) back ache | | | |
| e) indigestion | | | |
| f) cough or cold | | | |
| g) haemorrhoids/piles | | | |
| h) influenza | | | |
| i) wheezing | | | |
| j) bronchitis | | | |
| k) stomach ulcer | | | |
| l) eczema | | | |
| m) psoriasis | | | |
| n) arthritis | | | |
| o) rheumatism | | | |
| p) urinary infection | | | |
| q) problems with your periods | | | |
| r) problems with a pregnancy | | | |
| s) other problems
(please describe) | | | |

.....

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

		Every day	Often	Sometimes	Not at all
a)	sleeping pills	1	2	3	4
b)	vitamins				
c)	cannabis/marijuana				
d)	tranquillisers				
e)	pills for depression				
f)	hormone tablets				
g)	antibiotics				
h)	painkillers (aspirin, paracetamol, etc)				
i)	amphetamines or other stimulants				
j)	contraceptive pill				
k)	iron				
l)	heroin, methadone, crack, cocaine				
m)	anticonvulsants				
n)	steroids				
o)	other pill, medicine, treatment, drug or medicine				

(please describe each and state how frequently taken)

.....

.....

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

Yes 1 No 2 If no, go to A5 below

If yes,

b) was it prescribed by:

your GP 1 specialist homeopathic doctor2

qualified lay homeopath 3 Chemist 4

family, friend, neighbour 5 Yourself 6

Other 7 please describe

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

yes usually 1 yes sometimes 2 yes occasionally 3

yes, only once or twice 4 no, never 5

A6. Please list all the medicines and pills that you have taken in the past month:

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

Check Have you included the contraceptive pill, homeopathic medicines, iron tablets, laxatives, vitamins, sleeping tablets, aspirin, cough mixture, pain killers, herbal medicine?
If you need more space, please continue on a spare sheet.

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

Yes 1 No 2 If no, go to A8 on page 6

If yes,

b) how many times?

Please describe for each admission.

	1st admission	2nd admission	3rd admission
c) How old was your study child?	months	months	months
d) What were the reasons for your admission? (please describe)	.....	.....	.....
e) How long did you stay?	days	days	days
f) Did any child stay in hospital with you? If <u>yes</u> ,	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2
g) Was this your study child?	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2

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

In the past month:		Almost all the time	Sometimes	Once Only	Not at all
a)	backache	1	2	3	4
b)	headaches or migraines				
c)	urinary infection				
d)	nausea				
e)	vomiting				
f)	diarrhoea				
g)	haemorrhoids or piles				
h)	feeling weepy/tearful				
i)	feeling irritable				
j)	feeling exhausted				
k)	varicose veins				
l)	passing urine very often				
m)	problem holding urine when you jump, sneeze etc.				
n)	indigestion				
o)	feeling dizzy/fainting				
p)	flashing lights/spots before eyes				
q)	shoulder ache				
r)	tingling in hands/ fingers				
s)	tingling in feet/toes				
t)	neck ache				
u)	feeling depressed				
v)	other problem (please describe)				
				
				

- A9. a) How often are you having sexual intercourse now?
- | | |
|------------------------|---|
| not at all | 1 |
| less than once a month | 2 |
| 1-3 times a month | 3 |
| about once a week | 4 |
| 2-4 times a week | 5 |
| 5 or more times a week | 6 |

A9. b) Is this as often as before you were pregnant with your toddler?

more often 1

about as often 2

less often 3

A10. a) Are you currently trying to get pregnant?

no 1

no, but intend to later 2

yes, we are trying 3 If yes to either of these, go to A11

I am already pregnant 4

A10. b) What forms of contraception are you using now? (tick all that you have used in the past month or so)

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) none 1

ix) other (please describe) 1

A11. a) Since having your toddler have you been pregnant at all?

Yes 1 No 2 If no, go to A12a

If yes,

b) How many times have you been pregnant since having your toddler?

c) For these pregnancies please give:

	1st pregnancy		2nd pregnancy		3rd pregnancy
i) date of your last menstrual period before the pregnancy (if you don't know put 99 99 9)	199		199		199
ii) what happened:					
	miscarriage 1		miscarriage 1		miscarriage 1
	abortion/termination 2		abortion/termination 2		abortion/termination 2
	Still pregnant 3		still pregnant 3		still pregnant 3
	baby born 4		baby born 4		baby born 4
	other (please describe) 5		other (please describe) 5		other (please describe) 5

A11. (cont)		1st pregnancy		2nd pregnancy		3rd pregnancy			
iii)	please give date of delivery or end of pregnancy:	199		199		199			
iv)	do/did you have any problems?	Yes	1	No	2	Yes	1	No	2
	If <u>yes</u> , please describe:	.....		.....		.....
				
A12.	a)	Have you at any time in the past year used special shampoos for yourself - for dandruff or other problems.							
		Yes	1	No	2	If <u>no</u> go to A13a			
	b)	If <u>yes</u> , please give:							
		Type of shampoo			How long did you use this for?				
		1.....			.....			
		2.....			.....			
		3.....			.....			
A13.	a)	Have you at any time in the past year used any medicinal skin ointments, creams or lotions for yourself?							
		Yes	1	No	2	If <u>no</u> go to section B			
	b)	If <u>yes</u> , please give:							
		Name of ointment etc.			Reason used (e.g. eczema, scabies)		How many days did you use it for?		
		1. ....			.....		.....
		2. ....			.....		.....
		3. ....			.....		.....
		4. ....			.....		.....
	c)	What parts of your body did you use these ointments/creams on? (Please list in order you have listed them in A13b).							
		1.							
		2.							
		3.							
		4.							

SECTION B:BEING A PARENT

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

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

The following statements are about how you may feel about your child.

	This is exactly how I feel	This is often how I feel	This is how I sometimes feel	I never feel this way
B12. I really cannot bear it when my child cries	1	2	3	4
B13. I don't mind the mess that surrounds a toddler				
B14. I am afraid to be left alone with the toddler because I think I might be violent				
B15. It is a great pleasure to watch my child grow				
B16. I feel desperate when my child goes on complaining and being difficult				
B17. I often worry whether my child is eating enough				
B18. My child's demands sometimes bring intense feelings of anger				
B19. Trying to get my child to eat the right food makes me very anxious				
B20. I feel pretty sure that I'm doing the right thing for my child				
B21. I feel anxious if someone else is looking after my child				
B22. My child gives me great joy				

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

	This is exactly how I feel	This is often how I feel	This is how I sometimes feel	I never feel this way
B23. I have no one to share my feelings with	1	2	3	4
B24. My partner provides the emotional support I need				Have no partner 7
B25. There are other women with children with whom I can share my experiences				
B26. I believe in moments of difficulty my neighbours would help me				Have no partner
B27. I'm worried that my partner might leave me				7
B28. There is always someone with whom I can share my happiness and excitement about my child				Have no partner
B29. If I feel tired I can rely on my partner to take over				7
B30. If I was in financial difficulty I know my family would help if they could				
B31. If I was in financial difficulty I know my friends would help if they could				
B32. If all else fails I know the state will support and assist me				

SECTION C:YOUR FAMILY AND FRIENDS

- C1. Excluding your partner and children, how many of your relatives and your partner's relatives do you see at least twice a year?
- | | | | |
|------|---|-----|-------------|
| None | 1 | 2-4 | more than 4 |
| 1 | 2 | 3 | 4 |
- C2. 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 |
- C3. Overall, would you say you belong to a close circle of friends - a group of people who keep in close touch with each other - or not?
- Yes 1 No 2
- C4. 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 |
- C5. 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 |
- C6. 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 |
- C7. 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 |
- C8. 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 |
- C9. 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 |
- C10. During the last month, how many times did you get together with one or more of your relatives or your partner's relatives?
- | | | | |
|------|---|-----|-------------|
| None | 1 | 2-4 | more than 4 |
| 1 | 2 | 3 | 4 |

SECTION D:YOUR FEELINGS

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

Please indicate the way you feel.

	Very often	Often	Not very often	Never
D1. Do you feel upset for no obvious reason?	1	2	3	4
D2. Do you get troubled by dizziness or shortness of breath?				
D3. Have you felt as though you might faint?				
D4. Do you feel sick or have indigestion?				
D5. Do you feel that life is too much effort?				
D6. Do you feel uneasy and restless?				
D7. Do you feel tingling or prickling sensations in your body, arms or legs?				
D8. Do you regret much of your past behaviour?				
D9. Do you sometimes feel panicky?				
D10. Do you find that you have little or no appetite?				
D11. Do you wake unusually early in the morning even when you haven't been woken by the baby?				
D12. Do you worry a lot?				
D13. Do you feel tired or exhausted?				
D14. Do you experience long periods of sadness?				
D15. Do you feel strung-up inside?				
D16. Can you go to sleep alright?				
D17. Do you ever have the feeling you are going to pieces?				
D18. Do you have excessive sweating or fluttering of the heart?				
D19. Do you find yourself needing to cry?				

	Very often	Often	Not very often	Never
D20. Do you have bad dreams which upset you when you wake up?	1	2	3	4
D21. Do you lose the ability to feel sympathy for others?				
D22. Can you think as quickly as you used to?				
D23. Do you have to make a special effort to face up to a crisis or difficulty?				

Your feelings in the past week.

D24. I have been able to laugh and see the funny side of things:

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

In the past week:

D25. I have looked forward with enjoyment to things:

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

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

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

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

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

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

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

D29. Things have been getting on top of me:

Yes, most of the time I haven't been able to cope	1
Yes, sometimes I haven't been coping as well as usual	2

No, most of the time I have coped quite well	3
No, I have been coping as well as ever	4

In the past week:

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

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

D31. I have felt sad or miserable:

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

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

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

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

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

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

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

SECTION E: RECENT EVENTS

Listed below are a number of events which may have brought changes in your life. Have any of these occurred since the baby was 8 months old? If so, please assess how much effect it had on you.

Since the baby was 8 months old:		Yes & affected me a lot	Yes, moderately affected	Yes, mildly affected at all	Yes, but did not affect me	No did not happen
E1.	Your partner died	1	2	3	4	5
E2.	One of your children died					
E3.	A friend or relative died					
E4.	One of your children was ill					
E5.	Your partner was ill					
E6.	A friend or relative was ill					
E7.	You were admitted to hospital					
E8.	You were in trouble with the law					
E9.	You were divorced					
E10.	You found that your partner didn't want your child					
E11.	You were very ill					
E12.	Your partner lost his job					
E13.	Your partner had problems at work					
E14.	You had problems at work					
E15.	You lost your job					
E16.	Your partner went away					
E17.	Your partner was in trouble with the law					
E18.	You and your partner separated					
E19.	Your income was reduced					
E20.	You argued with your partner					
E21.	You argued with your family and friends					
E22.	You moved house					
E23.	Your partner was physically cruel to you					
E24.	You became homeless					

	Yes & affected me a lot	Yes, moderately affected	Yes, mildly affected at all	Yes, but did not affect me	No did not happen
Since the baby was 8 months old:					

- | | | | | | |
|--|---|---|---|---|---|
| E25. You had a major financial problem | 1 | 2 | 3 | 4 | 5 |
| E26. You got married | | | | | |
| E27. Your partner was physically cruel to your children | | | | | |
| E28. You were physically cruel to your children | | | | | |
| E29. You attempted suicide | | | | | |
| E30. You were convicted of an offence | | | | | |
| E31. You became pregnant | | | | | |
| E32. You started a new job | | | | | |
| E33. You returned to work | | | | | |
| E34. You had a miscarriage | | | | | |
| E35. You had an abortion | | | | | |
| E36. You took an examination | | | | | |
| E37. Your partner was emotionally cruel to you | | | | | |
| E38. Your partner was emotionally cruel to your children | | | | | |
| E39. You were emotionally cruel to your children | | | | | |
| E40. Your house or car was burgled | | | | | |
| E41. Your partner started a new job | | | | | |
| E42. A pet died | | | | | |
| E43. You had an accident (please describe) | | | | | |

.....

- E44. a) Is there anything else which is not on the list which has concerned you or required additional effort from you to cope in the last year?

Yes 1 No 2 If no, go to section F

- If yes, b) please describe :

.....
.....

- c) How did this affect you?

a lot	1
moderately	2
mildly	3
not at all	4

SECTION F:YOUR HOME

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

		Day	month	year		
F1.	a)	When did you move to your present address?		19		
	b)	How many times have you moved home since the child was 8 months old?				
F2.	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 describe)	7				
					
F3.	Do you live in your own home or do you live with your parents or others?					
	live in your 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 describe)	5				
					
F4.	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				
					
F5.	What is the lowest level of your living accommodation:					
	basement	78				
	ground floor	00				
	1st floor	01				
	2nd floor or above, give floor					
F6.	In the coldest time of year, describe the temperature in your:					
		Very warm	Warm	About right	Cold	Very cold
a)	living rooms	1	2	3	4	5
b)	the room where	1	2	3	4	5

the baby sleeps

F7. To heat your home in winter what methods do you **mainly** use:
(please tick all boxes that apply)

	(i) In main living room	(ii) In study child's bedroom	(iii) In other rooms
a) central heating or storage heaters	1	1	1
b) wood stoves or wood fires	1	1	1
c) coal fires	1	1	1
d) paraffin heaters	1	1	1
e) gas fires (mains gas)	1	1	1
f) gas fires (bottled gas)	1	1	1
g) other type of heating (please describe)	1	1	1

.....

F8. Do you use a thermometer or thermostat to help keep the temperature at the level you want in winter?

a) In main living room:

thermostat on 1 room thermostat 2 room thermometer 3
radiators

none of these 4 other 5 (please describe)

b) In your study child's bedroom:

thermostat on 1 room thermostat 2 room thermometer 3
radiator

none of these 4 other 5 (please describe)

c) What temperature do you try to keep to in winter:

(i) in living rooms

(ii) in room where your
study child sleeps

F9. If your home is centrally heated in winter, please describe:

a) type:

solid fuel	1	no central heating	7	go to F10
oil	2			
gas	3			
electricity	4			
other (please describe)	5	.....	

b) how is heating distributed?

radiators	1	warm air	2	storage heaters	3
under floor heating	4	other	5	please describe	

c) where is the boiler?

kitchen	1	living room	2	other (please describe)	3	no boiler	4
.....							

F10. Do you use gas for cooking?

yes, ring(s) only	1
yes, oven only	2
yes, rings and oven	3
no, not at all	4

F11. a) Do you use the cooker (whether gas or electric) for any other purpose than cooking (eg. drying clothes, heating the room)?

Yes	1	No	2	don't have a cooker	7	go to F12a
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go to F11b

If yes, please describe:

F11. b) How old is your cooker?

more than 20 years old	1
10 - 19 years old	2
5 - 9 years old	3
2 - 4 years old	4
less than 2 years old	5
don't know	9

c) When you first got your present cooker - was it:

brand new	1	second hand	2
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F12. a) When you are cooking, do you have any way of getting rid of the smells and steam?

	Yes	No
(i) open windows	1	2
(ii) ventaxia/air extractor fitted on window	1	2
(iii) extractor hood which vents to outside	1	2
(iv) extractor hood with charcoal that doesn't vent to outside	1	2
(v) other (please describe)	1	2
.....		

b) When you are cooking, how often do you use any of the methods you have ticked above:

almost always	1
Usually	2
Sometimes	3
hardly ever	4
don't have any way of getting rid of steam	7

F13. a) This question is about whether various appliances in your home were fitted by professionals or by you, your family or friends.

	Fitted by Professionals			
	Yes	No	Don't know	Don't have this
(i) central heating boiler	1	2	3	7
(ii) gas fires	1	2	3	7
(iii) cooker	1	2	3	7

b) Do you have these appliances regularly serviced?

	Regularly serviced	Serviced occasionally	Not serviced	Don't have this
(i) Central heating boiler	1	2	3	7
(ii) Gas fires	1	2	3	7
(iii) Cooker	1	2	3	7

F14. Do you have a tumble dryer?

yes, gas ₁ yes, electric ₂ no, don't have ₃

F15. Does your home have the following?

		Yes sole use	Yes shared with other house- hold(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

F16. Apart from the kitchen, how many rooms do you have for living and/or sleeping?

F17. Do you have the following amenities or are they shared with other household(s)?

		Yes have sole use	Yes but shared	No, do not have
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

F18. a) Is there a working telephone in your home?

No 1 Yes, but 2 Yes, a fully 3 Go to F19a
for incoming calls only working phone 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 5
(please describe)
.....

F19. a) Do you or your partner have the use of a car (including vans, minibuses, etc.)?

Yes 1 No 2 If no, go to F20

If yes,

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

never 1 c) do you wish you
sometimes 2 had it more often?
often 3 Yes 1 No 2
every day 4
not applicable/do not drive 7

F20. How often do you have any windows open in your home:

		Windows almost always open	Windows open only when weather is good	Windows open occasionally	Windows almost never open
a)	In <u>summer</u> :				
	i) day	1	2	3	4
	ii) night	1	2	3	4
b)	In <u>winter</u> :				
	i) day	1	2	3	4
	ii) night	1	2	3	4

F20. c) Are any of your windows double glazed (including secondary double glazing)?

yes all of them	1	yes some of them	2
no none of them	3	don't know	9

d) Does your home have chimneys?

Yes	1	No	2	If <u>no</u> , go to F21a
-----	---	----	---	---------------------------

e) If yes, have they been blocked up?

yes all of them	1	yes some of them	2
No	3	don't know	9

F21. a) Is there ever any damp, condensation or mould in your home ?

Yes	1	No	2	If <u>no</u> , go to F22a
-----	---	----	---	---------------------------

If yes,

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
some mould but not serious	2
fairly serious mould	3
very serious mould	4

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

F21. (cont)		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)						
f)	hall/landing						
g)	my bedroom						
h)	baby's bedroom						
i)	bathroom/toilet						
j)	other rooms						

F22.	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

F23.		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

F24. **In the past year** have any of the following rooms been decorated or had any brand new furniture?

a)	Your bedroom:	Yes	No	Don't know
i)	painted	1	2	9
ii)	wall papered	1	2	9
iii)	<u>new</u> carpet	1	2	9
iv)	<u>new</u> furniture	1	2	9

b)	Your living room:	Yes	No	Don't know
i)	painted	1	2	9
ii)	wall papered	1	2	9
iii)	<u>new</u> carpet	1	2	9
iv)	<u>new</u> furniture	1	2	9

c) The room the toddler sleeps in:

i)	painted	1	2	9
ii)	wall papered	1	2	9
iii)	<u>new</u> carpet	1	2	9
iv)	<u>new</u> furniture	1	2	9

d) Any other rooms:	Yes	which room(s)	No	Don't know
i) painted	1	.....	2	9
ii) wall papered	1	.....	2	9
iii) <u>new</u> carpet	1	.....	2	9
iv) <u>new</u> furniture	1	.....	2	9

F25. How would you rate your home in relation to other homes with young children?

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

F26. Here is a list of some things that can be a problem in peoples'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				
c)	Noise travelling between the rooms of your home				
d)	Noise from other homes				
e)	Noise from outside in the street				
f)	Rubbish or litter dumped around your neighbourhood				
g)	Dog dirt on pavements/walkways				
h)	Worry about vandalism				
i)	Worry about burglaries				
j)	Worry about muggings or attacks				
k)	Disturbance from teenagers or youths				

SECTION G:YOUR HOUSEHOLD

G1.a) How many people live in your household now? (including yourself)

- i) adults (over 18 years)
- ii) young adults (16-18 years)
- iii) children (less than 16 years)

b) Please indicate who the adults over 18 are.

Yes

- i) yourself 1
- ii) your partner 1
- iii) your parent(s) 1
- iv) your partner's parent(s) 1
- v) other relation(s) of yourself 1
- vi) other relations of your partner 1
- vii) friend(s) 1
- viii) lodger 1
- ix) other (please describe) 1

.....

G2. How many people living in your household (including yourself) are smokers?

G3. What is your present marital status?

- never married 1
- widowed 2
- Divorced 3
- separated 4
- married (once only) 5 If married, give date of most recent marriage
- married or second or third time 6 19

G4. a) Is the present live-in father-figure the natural father of the study child?

- Yes 1 No 2 No live-in 7 Don't know 9
- father figure

If yes, or don't know go to G4c

If no,

b) i) how old was the child when the natural father stopped living with the child?

months

(put 00 for from birth)

(ii) how often does the natural father see the study child?

- not at all 1
- less than once a month 2
- about once a month 3 child's father 7
- about once a fortnight 4 is dead
- once or twice a week 5
- nearly every day 6

iii) does he help support the child financially?

yes, on a regular basis	1		
yes, occasionally	2	child's father	7
no	3	is dead	

G4. c) Is the live-in mother figure the biological (natural) mother of the study child?

No 1 Yes 2 If yes, go to G5

If no,

i) how old was the child when the natural mother stopped living with the child?

months

(put 00 for from birth)

(ii) how often does the natural mother see the study child?

not at all	1		
less than once a month	2		
about once a month	3	child's mother	7
about once a fortnight	4	is dead	
once or twice a week	5		
nearly every day	6		

iii) does she help support the child financially?

yes, on a regular basis	1		
yes, occasionally	2	child's mother	7
no	3	is dead	

G5. Please indicate how many of the children living with you have:

Number of children

- a) you and your partner as their natural parents
 - b) you as their natural mother (but their natural father is not present)
 - c) your partner as the natural father (but you are not their natural mother)
 - d) neither you nor your partner as natural parents (please describe whether you have adopted, fostered etc.)
-

G6. Are there other children of yourself or your partner who visit (whether to play or to stay)?

	No	Yes	Number of children
a) children of my partner but not me	1	2	
b) children of myself but not my partner	1	2	
c) children of me and my partner [include any adult children]	1	2	

G7. Do any of the people living in your household, including yourself and your toddler, have a chronic illness or disabling condition?

Yes 1 No 2 If no, go to G8 below

If yes, please describe:

Nature of condition(s)

Person(s) involved

(state relationship to you - partner, child, mother, etc)

.....
.....
.....
.....
.....
.....

G8. a) Do you have any pets?

Yes ₁ No ₂ If no, go to G9

If yes,

b) How many of the following pets do you have?

Number

- i) cats
- ii) dogs
- iii) rabbits
- iv) rodents (mice, hamster, gerbil etc)
- v) birds (budgerigar, parrot, etc)
- vi) fish
- vii) turtles/tortoises/terrapins
- viii) other pets (please say how many
and describe)

G9. Do any of the following animals or insects inhabit or invade your home or cause dirty conditions in your balcony, garden or yard?

- | | Yes
frequently | Yes
occasionally | No not
at all |
|----------------------------|-------------------|---------------------|------------------|
| a) rats | 1 | 2 | 3 |
| b) mice | | | |
| c) pigeons | | | |
| d) cats | | | |
| e) cockroaches | | | |
| f) ants | | | |
| g) dogs | | | |
| h) woodlice | | | |
| i) other (please describe) | | | |

.....

SECTION H:YOUR PARTNER

- H1. a) Do you currently have a partner?
- yes, a male partner 1
- yes, a female partner 2
- no partner 3 If no, go to Section I.

If yes,

- b) does your partner live with you?
- Yes 1 No 2 If no, go to H2

If yes,

- c) how long have you lived together?
- years months

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

- H2. 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

H3. Below are listed a number of conditions which might influence your partner's enjoyment of a toddler. Please indicate whether he has had any of these since your toddler was 8 months old.

		Yes, and saw a doctor	Yes, did not see a doctor	but No, not at all	Do not know
Partner had:					
a)	headaches or migraine	1	2	3	9
b)	indigestion				
c)	epilepsy				
d)	depression				
e)	anxiety or nerves				
f)	haemorrhoids/piles				
g)	cough or cold				
h)	influenza				
i)	bronchitis				
j)	high blood pressure (hypertension)				
k)	diabetes				
l)	schizophrenia				
m)	drink (alcohol) problem				
n)	stomach ulcers				
o)	asthma or wheezing				

		Yes, and saw a doctor	Yes, did not see a doctor	but No, not at all	Do not know
Partner had:					
H3.	p) eczema	1	2	3	9
	q) psoriasis				
	r) arthritis				
	s) urinary infection				
	t) rheumatism				
	u) back pain, sciatica or slipped disc				
	v) other condition(s) (please tick and describe)				
				

H4. Below are some statements about partners' relationships with toddlers. Please indicate how you feel in your particular situation.

		This is always how I feel	This is sometimes how I feel	I never feel this way
a)	My partner really loves our toddler	1	2	3
b)	My partner is glad that I had this child when I did			
c)	I like to watch him play with the child			
d)	I am afraid to leave the child alone with him because I think he might be violent			
e)	My partner seems to feel very close to the child			
f)	The toddler never gets on his nerves			
g)	He really cannot bear it when the toddler cries			
h)	I think my partner is excited as he gradually watches the child develop			
i)	My partner feels anxious when someone other than us looks after the child			
j)	He doesn't mind the mess that surrounds a toddler			
k)	The toddler makes my partner very happy			

H5. How many cigarettes per day does your partner smoke nowadays? (If none, put 00)

H6.a) Is your partner employed?

Yes 1 No 2 If no, go to Question H7

If yes,

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

H6. c) Has he had the same job since the baby was 8 months old?

Yes 1 No 2

d) Does he work nights?

yes always 1
yes sometimes 2
no never 3

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

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

H7. How would you rate him on these characteristics?

		Almost always	Sometimes	Hardly ever	Never
a)	helpful, co-operative	1	2	3	4
b)	quiet, reserved				
c)	unreliable				
d)	sociable, outgoing				
e)	dominating				
f)	understanding				
g)	quick tempered, easily upset				
h)	cheerful, easy going				

H8. Who does these various household tasks?

		Me always	Me mostly	Sometimes me, some- times my partner	Partner mostly	Partner always	Always both of us	Some- one else
a)	shopping for groceries	1	2	3	4	5	6	0
b)	cooking							
c)	cleaning house							
d)	repairs in home							
e)	looking after children							

H9. Who decides:

		Me always	Me mostly	Sometimes me, some- times my partner	Partner mostly	Partner always	Always both of us	Some- one else
a)	how to spend free time	1	2	3	4	5	6	0
b)	how much to see family or friends							
c)	when to do repairs or decorate							
d)	how we should spend our money							

H10. People vary greatly in the amount they are satisfied or dissatisfied with their relationship. How do you feel about the following aspects of your life together?

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

H11. 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
------------	---	-----------------------	---	------------------	---	------------------	---	-----------	---

b) How often has he been irritable with you?

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

H12. a) How many arguments or disagreements have you and your partner had in the past three months?

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

H12.

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

		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				
iii)	shouting or calling partner names				
iv)	hitting or slapping partner				
v)	throwing or breaking things				

H13. 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	Once a week or more
a)	gone out for a meal	1	2	3	4
b)	gone out for a drink				
c)	visited friends				
d)	visited family				
e)	gone to the cinema or theatre				

H14. 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	3	4-7	4	8 or more	5
				times		times		times	

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	3	4-7	4	8 or more	5
				times		times		times	

H15. How often in a week, on average, would you and your partner:

		Never	Less than once a week	1 - 3 times a week	Most days
a)	discuss work or how the day has gone	1	2	3	4
b)	laugh together				
c)	calmly talk over something (eg. the news, a hobby or interest)				
d)	kiss or hug				
e)	make plans				
f)	talk over feelings or worries				

H16. 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* 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 a pub measure (1oz) of spirits, half a pint (¼ litre) of lager or cider, a wine glass of wine, etc)

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

every day	1	more than 10 days	2	9	don't know
5-10 days	3	3-4 days	4		
1-2 days	5	none	6		

SECTION I:YOUR OCCUPATION AND LIFESTYLE

I1. Compared with other mothers of your age, would you consider yourself to be:

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

I2. a) At least once a week do you engage in any regular activity like brisk walking, jogging, cycling, etc. long enough to work up a sweat?

Yes 1 No 2 If no, go to I3a

If yes,

b) how many days a week: days

I3. a) Since having the toddler have you started work?

- | | | |
|------------------------|---|-------------------------------------|
| no | 1 | If <u>no</u> , go to Question I 11a |
| yes, but work at home | 2 | |
| yes, work outside home | 3 | |

If yes,

b) how old was the baby when you started? months

i) what job(s) are you doing (please describe your current or most recent job and the type of industry/employer(s) you work for)

.....
.....
.....

c) are you still working?

Yes 1 No 2

If no, i) when did you finish? 199 Now go to I 11a

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

i) Does this include weekends?

Yes 1 No 2 Sometimes 3

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

Yes₁ No 2 Sometimes 3

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

very little effort, mostly sitting 1
some physical effort 2
quite a lot of physical effort 3
considerable physical effort 4

I4. What are the main reasons you work?

Yes **No**

a) financial, I am important as a breadwinner 1 2
b) financial, for family extras
c) career
d) enjoyment
e) to get out of the home
f) other (please describe)

.....

I5. Are you working at the same status as you did before you had your child?

didn't work before 7
no, lower level 1
yes, same level 2
no, higher level 3

I6. Do you find your job satisfying?

Yes 1 No 2 Sometimes 3

I7. Do you wish that you could spend more time with your child?
yes often₁

yes sometimes 2
yes but rarely 3
no not at all 4

I8. a) How do you usually travel to work?(Tick all that apply)

Yes **No** **Work at home**

i) public transport 1 2 7 **Go to I9**
(bus, train)
ii) car
iii) cycle
iv) walk
v) other
(please describe)

.....

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				

I 9. 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 toddler after work	1	2	3	4
b) After a day at work I find it hard to cope with a toddler				

I 10.a) Do you worry about your baby when you are at work?

Yes 1 often Yes 2 sometimes No not 3 at all

b) Does he/she cry when you leave him/her?

Yes 1 often Yes 2 sometimes No not 3 at all

If you are working please now go to Question I 13

If you are not working:

I 11.a) Are you voluntarily unemployed to care for your children?

Yes 1 No 2

If yes, go to Question I 12

If no,

b) Have you been seeking work? Yes₁ No ₂
If yes, for how long? months

I 12. How has being unemployed made you feel?

	Yes	No
a) depressed	1	2
b) bored		
c) angry		
d) happy		
e) no particular feelings		
f) other (please describe)		

.....

I 13. 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	09				

only

I 14.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 ($\frac{1}{2}$ litre) of lager or cider, a wine glass of wine, etc)

b) How many days in the past month would you think you had had the equivalent of 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 wine or beer?

- | | | | | | | | |
|-----------|---|-----------|---|-----------|---|-------------|---|
| yes, wine | 1 | yes, beer | 2 | yes, both | 3 | no, neither | 4 |
|-----------|---|-----------|---|-----------|---|-------------|---|

I 15. What type of water do you usually drink?

a) Cold water in squashes etc or to drink on its own: I usually use:

- | | | | | | |
|--------------------|---|------------------------------|---|--------------------|---|
| water from the tap | 1 | softened tap water | 2 | filtered tap water | 3 |
| bottled water | 4 | hardly ever drink cold water | 5 | | |

b) Hot water in tea, coffee etc, I usually use:

- | | | | | | |
|--------------------|---|-----------------------------|---|--------------------|---|
| water from the tap | 1 | softened tap water | 2 | filtered tap water | 3 |
| bottled water | 4 | hardly ever drink hot water | 5 | | |

I 16. 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 the toddler	1	2	3	4	

I 17. 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			

I 18. How many hours sleep do you get altogether now?

		None	1 - 3 hours	4 - 5 hours	6 - 7 hours	More than 7 hours
a)	during an average night	1	2	3	4	5
b)	during an average day					
c)	Do you feel that you are getting enough sleep?					
	Yes 1 No 2					

SECTION J:YOUR NEIGHBOURHOOD

J1. a) Do the other people in your neighbourhood:

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

b) Do you:

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

J2. 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

J3. How heavy is the traffic on the street where you live?

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

SECTION K: EQUIPMENT FOR BABIES AND TODDLERS

K1. Please indicate whether you have the following in your home:

		Yes, but not used now	Yes, and used now	No, do not have	No but did have
a)	Baby bath	1	2	3	4
b)	Baby nest				
c)	High chair				
d)	Play pen				
e)	Cot				
f)	Cot bumpers				
g)	Cooker/hob guard				
h)	Pram				
i)	Pushchair/buggy				
j)	Harness				
k)	Reins				
l)	Coiled kettle flex				

K2. How many of the following do you have? (If none put 00)

If you have them are any used?

	Number	Yes	No
a)	Safety gate/barriers	1	2
b)	Fire guards		
c)	Smoke alarms		
d)	Electric socket covers*		
e)	Windows with locks/bars*		
f)	Door slam protectors*		
g)	Child car seats		

(* If all sockets, windows, doors in the home are protected put 66)

K3. a) Do you have a pond or pool in your garden?

Yes 1 No 2 Don't have a garden 7

b) If yes, is there a fence around it?

Yes 1 No 2

SECTION L:CHEMICALS IN YOUR ENVIRONMENT

L1. In the last few months, how often have you used the following at home:

	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					
c) window cleaner					
d) chemical carpet cleaner					
e) oven/drain cleaner					
f) dry cleaning fluid					
g) turpentine/white spirit					
h) paint stripper					
i) household paint or varnish					
j) weed killers					
k) pesticides/insect killers					
l) air fresheners (spray, stick, or aerosol)					
m) other aerosols or sprays including hair spray					
n) vacuum cleaner					
o) broom/carpet sweeper					
p) glue					
q) nail varnish/acetone					
r) metal cleaners/degreasers, polishers					
s) petrol					
t) other chemical (please describe)					
.....					

L2. Is your toddler ever exposed to other chemicals or fumes?

Yes 1 No 2

If yes, please describe:

.....

L3. How would you describe the noise level in your home:

	Yes	No
a) there is usually music or television on in our home	1	2
b) the noises from outside our home are disturbing (neighbours, traffic, factory)		
c) it is often so noisy at home it is difficult to hold a conversation		

SECTION M:HEALTH SERVICES

M1. In the past year please indicate whether you have had contact with any of the following, for whatever reason:

	Yes	No
a) G.P./family doctor	1	2
b) Health visitor		
c) Midwife		
d) Teacher		
e) Social worker		
f) Physiotherapist		
g) Psychologist/psychiatrist		
h) Other support service (please describe)		
.....		

M2. The statements below describe the ways some mothers feel about the health services. We should be grateful if you would 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) The health visitor never seems to have time to talk and explain things to me.	1	2	3	4
b) Immunisations are very important for the child.				
c) I don't have any confidence in the doctors and nurses in the clinic.				
d) I know that if my toddler was very ill my doctor would come quickly				
e) The health visitor gives very helpful advice				
f) The doctor in the clinic is always helpful.				
g) I don't think I could have coped well without the health visitor to help and advise me.				

M3. a) Since your baby was born have you changed the family doctor you are registered with?

Yes 1 No 2 If no, go to M4 below

b) If yes, was this because:

- You moved to another area 1
- Your doctor moved, retired or otherwise became unavailable 2
- You chose to register with another doctor 3
- Your doctor asked you to register elsewhere 4
- Other reason 5
- (please describe)
-

M4. How would you describe the attitude of your current doctor/GP
(Please describe the GP you would normally try and see in a practice)

	Always	Usually	Sometimes	Never
i) Supportive	1	2	3	4
ii) Sympathetic				
iii) Interested				
iv) Helpful				
v) Easy to talk to				
vi) Prepared to give you time				

THANK YOU VERY MUCH FOR YOUR HELP

N1. This questionnaire was completed by:

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

N2. Please give the date on which you completed this questionnaire:

day	month	year
		199

N3. Please give your date of birth:

day	month	year
		19

N4. Please give the date of birth of your Children of the Nineties child:

day	month	year
		199

Space for any additional comments you would like to make.

NB Please remember that we cannot respond personally to your comments unless they are signed.
When completed, please return the questionnaire to:

Dr. Jean Golding,
Children of the Nineties - ALSPAC,
Institute of Child Health,
24, Tyndall Avenue,
Bristol.
BS8 1BR. Tel: Bristol 256260