Questionnaire No:

LIFESTYLE AND HEALTH

OF PARTNER

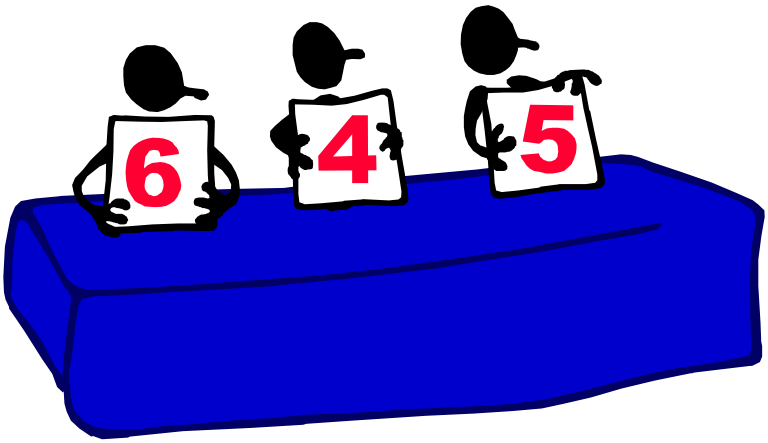
All answers are confidential

20/05/02

This questionnaire is for the study child's father or person taking the role of father.

It will help us to catch up with some current problems you may have, as well as some features of your lifestyle.

Some of the questions we are asking may seem remote from the health of your study child, but the answers will help us to plan for studying the changes that will be occurring in our children as they develop, and how these may be passed down from one generation to the next.



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

THANK YOU FOR YOU HELP

SECTION A: DIZZINESS AND BALANCE

A1. About how many times have you experienced each of the symptoms listed below during the past 12 months:

	How often in the past 12 months have you:	**More than once a week**	**More than once a month**	**4-12 times**	**1-3 times**	**Not at all**
a)	Felt that things are spinning or moving around, lasting less than 2 minutes	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b)	Felt that things are spinning or moving around, lasting up to 20 minutes	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c)	Felt that things are spinning or moving around, lasting 20 minutes to 1 hour	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d)	Felt that things are spinning or moving around, lasting several hours	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
e)	Felt that things are spinning or moving around, lasting more than 12 hours	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
f)	Felt unsteady, so severe that you actually fell	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
g)	Felt nauseous (feeling sick), stomach churning	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
h)	Felt light-headed, "swimmy" or giddy lasting less than 2 minutes	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

A1. **How often in the past 12 months have you:**		**More than once a week**	**More than once a month**	**4-12 times** ↓	**1-3 times** ↓	**Not at all** ↓
i)	Felt light-headed, "swimmy" or giddy lasting up to 20 minutes	1	2	3	4	5
j)	Felt light-headed, "swimmy" or giddy lasting 20 minutes to 1 hour	1	2	3	4	5
k)	Felt light-headed, "swimmy" or giddy lasting several hours	1	2	3	4	5
l)	Felt light-headed, "swimmy" or giddy lasting more than 12 hours	1	2	3	4	5
m)	Vomited	1	2	3	4	5
n)	Been unable to stand or walk properly without support because you were feeling dizzy	1	2	3	4	5
o)	Felt unsteady, about to lose balance, lasting less than 2 minutes	1	2	3	4	5
p)	Felt unsteady, about to lose balance, lasting up to 20 minutes	1	2	3	4	5
q)	Felt unsteady, about to lose balance, lasting 20 minutes to 1 hour	1	2	3	4	5
r)	Felt unsteady, about to lose balance, lasting several hours	1	2	3	4	5
s)	Felt unsteady, about to lose balance, lasting more than 12 hours	1	2	3	4	5

A2. How confident are you that you will **not** lose your balance and **not** become unsteady when you do the following nowadays:

	Completely confident ↓	**Reasonably confident** ↓	**Sometimes don't feel confident about it**	**Not very confident at all**	**Definitely not confident**	**Never do this**
a) Walk around the house	1	2	3	4	5	6
b) Walk up or down stairs	1	2	3	4	5	6
c) Bend over and pick up something off the floor	1	2	3	4	5	6
d) Reach for a small can/jar off a shelf at eye level	1	2	3	4	5	6
e) Stand on your tip toes and reach for something above your head	1	2	3	4	5	6
f) Stand on a chair and reach for something	1	2	3	4	5	6
g) Sweep the floor	1	2	3	4	5	6
h) Walk outside to a parked car	1	2	3	4	5	6
i) Get into or out of a car	1	2	3	4	5	6
j) Walk across a car park to a supermarket	1	2	3	4	5	6
k) Walk up or down a ramp	1	2	3	4	5	6

A2.	**Completely confident** ↓	**Reasonably confident** ↓	**Sometimes don't feel confident about it**	**Not very confident at all**	**Definitely not confident**	**Never do this**
l) Walk in a crowded place, where people quickly walk past you	1	2	3	4	5	6
m) Are bumped into by people as you walk through a shopping centre	1	2	3	4	5	6
n) Step onto or off an escalator while holding onto the handrail	1	2	3	4	5	6
o) Step onto or off an escalator while holding onto parcels, which prevent you from holding onto the handrail	1	2	3	4	5	6
p) Walk outside on icy pavements	1	2	3	4	5	6

A3. a) Do you have any other difficulty in walking?

Yes 1 No 2 → **If <u>no</u>, go to A4a below**

If <u>yes</u>,

b) Is this due to heart disease or breathing problems?

Yes 1 No 2 → **If <u>no</u>,** please describe cause

Don't know 9 …….

A4. a) Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

Yes 1 No 2

b) Do you get short of breath walking with other people of your own age on level ground?

Yes 1 No 2

A4. c) Do you have to stop for breath when walking at your own pace on level ground?

Yes [1] No [2]

d) Are you short of breath on washing or dressing?

Yes [1] No [2]

A5. Have you ever, without warning:

		Yes	**No**
a)	Suddenly lost the power of an arm?	[1]	[2]
b)	Suddenly lost the power of a leg?	[1]	[2]
c)	Suddenly been unable to speak properly?	[1]	[2]
d)	Suddenly lost consciousness for no apparent reason?	[1]	[2]

Space for comments:

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SECTION B: YOUR HEALTH

B1. Have you ever had any of the following problems:

	Yes, had it recently (in past year)	Yes, in past, not recently	No never
a) hay fever	1	2	3
b) indigestion	1	2	3
c) bulimia	1	2	3
d) asthma	1	2	3
e) eczema	1	2	3
f) epilepsy	1	2	3
g) ME or chronic fatigue syndrome	1	2	3
h) migraine	1	2	3
i) back pain/slipped disc	1	2	3
j) kidney disease*	1	2	3
k) varicose veins	1	2	2
l) haemorrhoids/piles	1	2	3
m) rheumatism	1	2	3
n) arthritis	1	2	3
o) psoriasis	1	2	3
p) stomach ulcer	1	2	3
q) drug addiction	1	2	3
r) alcoholism	1	2	3
s) schizophrenia	1	2	3

B1.		**Yes, had it recently (in past year)**	**Yes, in past, not recently**	**No never**
t)	anorexia nervosa	1	2	3
u)	severe depression	1	2	3
v)	other psychiatric problem*	1	2	3
w)	other problem(s)* (please tick & describe)	1	2	

* please tick appropriate box and describe below

……

……..

……..

B2. a) Have you ever had diabetes?

Yes 1 No 2 → **If <u>no,</u> go to B2b below**

If <u>yes</u>,

i) How is/was it treated?

insulin injections 1

other drugs 2

diet only 3

ii) How old were you when you first developed it? ☐☐ years

b) Have you ever had hypertension (high blood pressure)?

Yes 1 No 2 → **If <u>no</u>, go to B3 on page 10**

If <u>yes</u>,

i) How old were you when you first developed it? ☐☐ years

B2. b) ii) Do you have hypertension nowadays?

Yes [1] No [2]

B3. a) Are there any problems for which you have **regular** treatment or medicine nowadays?

Yes [1] No [2] → **If <u>no,</u> go to B4 below**

b) **If <u>yes</u>,** please describe these problems and regular treatment or medicine:

Problem	**Treatment or medicine**
…….	……
…….	……
…….	……
…….	……

B4. a) Would you say that you were allergic to anything?

Yes [1] No [2] → **If <u>no,</u> go to B5 on page 11**

b) **If <u>yes</u>,** is it to:

	Yes	**No**
i) cat	[1]	[2]
ii) pollen	[1]	[2]
iii) dust	[1]	[2]
iv) insect bites or stings	[1]	[2]
v) medication (e.g. penicillin)	[1]	[2]
vi) something else (Please tick & describe)	[1]	[2]

…….

B5. Have you had any of the following **in the past two years:**

	In the past 2 years:	**Yes often**	**Yes, sometimes**	**No, not at all**
a)	attacks of wheezing with whistling on the chest	1	2	3
b)	a dry itchy rash	1	2	3
c)	a blotchy blistery rash (hives)	1	2	3
d)	sneezing attacks	1	2	3
e)	runny nose	1	2	3
f)	watery eyes	1	2	3
g)	attacks of breathlessness	1	2	3
h)	cough often during the night	1	2	3
i)	cough often when you wake in the morning	1	2	3

B6. a) Since your study child's 9th birthday have <u>you</u> been admitted to hospital?

Yes 1 No 2 → **If <u>no</u>, go to B7 on page 12**

If <u>yes</u>,

b) how many times? ☐☐

c) for how many <u>different</u> reasons? ☐☐

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

Write 00 if you did not stay overnight

B7. a) Have you ever had any pain or discomfort in your chest?

Yes, in past year 1 — Yes, but not in past year 2 — No 3 → **If no, go to B8 on page 13**

If yes, **go to B7h below**

b) Do/did you get this pain or discomfort when you walk uphill or hurry?

Yes 1 No 2

c) Do/did you get the pain or discomfort when you walk at an ordinary pace on the level?

Yes 1 No 2

d) When you get/got pain or discomfort in your chest what do you do? (Please tick **one** box only)

stop 1 slow down 2 continue at the same pace 3

e) Does/did it go away when you stand still?

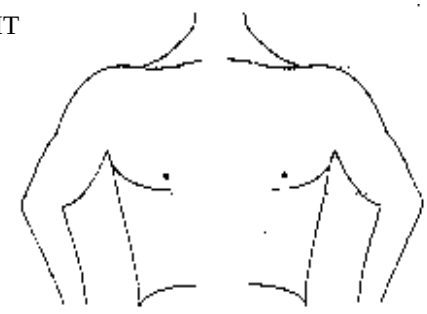
Yes 1 No 2 Don't know 9

f) How soon?

10 minutes or less 1 More than 10 minutes 2 Don't know 9

g) Where do/did you get this pain or discomfort? (Please mark the place(s) with an X on the diagram below) .

RIGHT LEFT



FRONT VIEW

h) Have you ever had a severe pain across the front of your chest lasting for half an hour or more?

Yes 1 No 2 → **If no, go to B8 on page 13**

If <u>yes</u>,

B7. i) Did you talk to a doctor about it?

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

If <u>yes</u>,

j) What did they say it was? ……

……

……

k) How many of these attacks have you had? [ ][ ]

B8. In the past month, how often have you had any of 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
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

B8. **In the past month:**	**Almost all the time**	**Sometimes**	**Not at all**
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 describe)	1	2	3

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B9. What forms of contraception are you and your partner 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 am no longer fertile (have been sterilised, e.g. have had a vasectomy)	1

			Yes	
B9.	ix)	my partner has been sterilised	1	
	x)	none	1	
	xi)	other (please describe)	1	……

SECTION C: ALL ABOUT YOUR WATERWORKS

C1. a) During the day, how many times do you urinate (pass water or have a wee) on average?

1 - 6 times	1
7 - 8 times	2
9 - 10 times	3
11 – 12 times	4
13 or more times	5

b) During the night, how many times do you have to get up to urinate, on average?

None	1
Once	2
Twice	3
Three times	4
Four times or more	5

c) How often do you have to rush to the toilet to urinate?

Never	1
Occasionally	2
Sometimes	3
More often than not	4
Every time	5

d) Does urine leak before you can get to the toilet?

Never	1
Occasionally	2
Sometimes	3
Most times	4
Every time	5

C1. e) Does urine leak when you are physically active, exert yourself, cough or sneeze?

Never	1
Occasionally	2
Sometimes	3
Most times	4
Every time	5

f) Do you ever leak urine for no obvious reason and without feeling that you want to go?

Never	1
Occasionally	2
Sometimes	3
Most of the time	4
All of the time	5

g) How often is there a delay before you can start to urinate?

Never	1
Occasionally	2
Sometimes	3
Most times	4
Every time	5

h) Do you have to strain to urinate?

Never	1
Occasionally	2
Sometimes	3
Most times	4
Every time	5

C1. i) Do you stop and start more than once while you urinate without meaning to?

Never	1
Occasionally	2
Sometimes	3
Most times	4
Every time	5

j) How often do you leak urine when you are asleep?

Never	1
Occasionally	2
Sometimes	3
Most of the time	4
All of the time	5

k) Have you ever blocked up completely so that you could not urinate at all and had to have a catheter to drain the bladder?

Never	1
Yes, once	2
Yes, twice	3
Yes, more than twice	4

l) How often have you had a burning feeling when you urinate?

Never	1
Occasionally/once	2
Sometimes	3
Most times	4
Always	5

C1. m) How often do you feel that your bladder has not emptied properly after you have urinated?

Never	1
Occasionally	2
Sometimes	3
Most of the time	4
All of the time	5

n) If you had to spend the rest of your life with any urinary symptoms that you may have now, how would you feel?

No particular symptoms	1
Perfectly happy	2
Pleased	3
Mostly satisfied	4
Mixed feelings	5
Mostly dissatisfied	6
Very unhappy	7
Desperate	8

SECTION D: ACCIDENTS AND INJURIES

D1. Have you had any accidents of the following types in the last four years (since your study child's 7th birthday)? [If you had more than 1 of the same type of accident, answer for the most serious]

		Yes & stayed in hospital	Yes & saw a doctor	Yes, but did not see a doctor	No, never happened
a)	Road traffic accident	1	2	3	4
b)	Playing sport or games	1	2	3	4
c)	At your place of work	1	2	3	4
d)	Inside your home	1	2	3	4
e)	Outside your home (e.g. in garden)	1	2	3	4
f)	At another building	1	2	3	4
g)	During a fight or argument	1	2	3	4
h)	You were attacked	1	2	3	4
i)	Other type of accident (please tick & describe)	1	2	3	4

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D2. Have you had any of the following injuries in the last four years (since your study child's 7th birthday)?

You were:		Yes & stayed in hospital	Yes & saw a doctor	Yes, but did not see a doctor	No, never happened
a)	burnt	1	2	3	4
b)	scalded	1	2	3	4
c)	badly cut	1	2	3	4
d)	stabbed	1	2	3	4
e)	shot	1	2	3	4
f)	nearly drowned	1	2	3	4

D2.

You had a:		Yes & stayed in hospital	Yes & saw a doctor	Yes, but did not see a doctor	No, never happened
g)	dislocated hip, shoulder, knee, etc.	1	2	3	4
h)	broken arm or hand	1	2	3	4
i)	broken leg or foot	1	2	3	4
j)	sexual assault	1	2	3	4
k)	overdose of pills or medicine	1	2	3	4
l)	overdose of something else (please tick & describe)	1	2	3	4

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m)	concussion	1	2	3	4
n)	other injury (please tick & describe)	1	2	3	4

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If '<u>no</u>' to all of these, go to E1 on page 23

D3. What physical problems did you have as a result of any of these accidents or injuries? (please tick all that apply)

Results of accident:		Yes & still present	Yes but no longer present	No did not happen
a)	pain	1	2	3
b)	reduction in movement	1	2	3
c)	a facial scar or defect	1	2	3
d)	less able to see or hear	1	2	3
e)	inability to work	1	2	3
f)	other physical result (please tick & describe)	1	2	3

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D4. What emotional problems did you have as a result of any of these accidents or injuries? (please tick all that apply)

Results of accident:	**Yes & still present**	**Yes but no longer present**	**No did not happen**
a) loss of self confidence	1	2	3
b) feeling of depression	1	2	3
c) very tense	1	2	3
d) unable to sleep well	1	2	3
e) loss of appetite	1	2	3
f) something else (please tick & describe)	1	2	3

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D5. What other consequences of any of these accidents or injuries were there?

Results of accident:	**Yes & still present**	**Yes but no longer present**	**No did not happen**
a) cost money	1	2	3
b) lost job	1	2	3
c) less earnings	1	2	3
d) problems at work	1	2	3
e) problems with partner or the family	1	2	3
f) problems with friends	1	2	3
g) other problem (please tick & describe)	1	2	3

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SECTION E: 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:

	Nowadays	Very often	Often	Not very often	Never
E1.	Do you feel upset for no obvious reason?	1	2	3	4
E2.	Have you felt as though you might faint?	1	2	3	4
E3.	Do you feel uneasy and restless?	1	2	3	4
E4.	Do you sometimes feel panicky?	1	2	3	4
E5.	Do you worry a lot?	1	2	3	4
E6.	Do you feel strung-up inside?	1	2	3	4
E7.	Do you ever have the feeling you are going to pieces?	1	2	3	4
E8.	Do you have bad dreams which upset you when you wake up?	1	2	3	4

Your feelings in the past week.

E9. 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:

E10. 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

E11. 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

E12. I have been anxious or worried for no good reason:

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

E13. 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:

E14. 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

E15. 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

E16. I have felt sad or miserable:

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

E17. 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:

E18. The thought of harming myself has occurred to me:

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

E19. 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 F: RECENT EVENTS

Listed below are a number of events which may have brought changes in your life. Have any of these occurred since your study child's 9th birthday?

Since the child's 9th birthday:		Yes, when the study child was 9 or 10	Yes, since the child's 11th birthday	No, did not happen in this period
F1.	Your wife/partner died	1	2	4
F2.	One of your children died	1	2	4
F3.	A friend or relative died	1	2	4
F4.	One of your children was ill	1	2	4
F5.	Your wife or partner was ill	1	2	4
F6.	A friend or relative was ill	1	2	4
F7.	You were admitted to hospital	1	2	4
F8.	You were in trouble with the law	1	2	4
F9.	You were divorced	1	2	4
F10.	You found that your wife/partner didn't want your child	1	2	4
F11.	You were very ill	1	2	4
F12.	Your wife/partner lost her job	1	2	4

Since the child's 9th birthday:		Yes, when the study child was 9 or 10	Yes, since the child's 11th birthday	No, did not happen in this period
F13.	Your wife/partner had problems at work	1	2	4
F14.	You had problems at work	1	2	4
F15.	You lost your job	1	2	4
F16.	Your wife/partner went away	1	2	4
F17.	Your wife/partner was in trouble with the law	1	2	4
F18.	You and your wife/ partner separated	1	2	4
F19.	Your income was reduced	1	2	4
F20.	You argued with your wife/partner	1	2	4
F21.	You argued with your family and friends	1	2	4
F22.	You moved house	1	2	4
F23.	Your wife/partner was physically cruel to you	1	2	4
F24.	You became homeless	1	2	4
F25.	You had a major financial problem	1	2	4
F26.	You got married	1	2	4

Since the child's 9th birthday:		Yes, when the study child was 9 or 10	Yes, since the child's 11th birthday	No, did not happen in this period
F27.	Your wife/partner was physically cruel to your children	1	2	4
F28.	You were physically cruel to your children	1	2	4
F29.	You attempted suicide	1	2	4
F30.	You were convicted of an offence	1	2	4
F31.	Your wife/partner became pregnant	1	2	4
F32.	You started a new job	1	2	4
F33.	You returned to work	1	2	4
F34.	Your wife/partner had a miscarriage	1	2	4
F35.	Your wife/partner had an abortion	1	2	4
F36.	You took an examination	1	2	4
F37.	Your wife/partner was emotionally cruel to you	1	2	4
F38.	Your wife/partner was emotionally cruel to your children	1	2	4
F39.	You were emotionally cruel to your children	1	2	4

Since the child's 9th birthday:		Yes, when the study child was 9 or 10	Yes, since the child's 11th birthday	No, did not happen in this period
F40.	Your house or car was burgled	1	2	4
F41.	You found a new partner	1	2	4
F42.	One of your children started school	1	2	4
F43.	Your wife/partner started a new job	1	2	4
F44.	A pet died	1	2	4
F45.	You had an accident (please tick and describe)	1	2	4

.....

F46. 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 3 years?

Yes 1 No 2 → **Go to F47a on page 31**

If <u>yes</u>,

please describe for each event:

	what happened:	**(i) When the study child was 9 or 10**	**(ii) Since the child's 11th birthday**
b)	.....	1	1
c)	.....	1	1
d)	.....	1	1

F47. a) Has anything else occurred which made you especially happy?

Yes [1] No [2] → **Go to G1 on page 32**

If <u>yes</u>,

please describe for each event:

	what happened:	**(i) When the study child was 9 or 10**	**(ii) Since the child's 11th birthday**
b)	……	[1]	[1]
c)	……	[1]	[1]
d)	……	[1]	[1]

SECTION G: ACTIVITIES AND LIFESTYLE

G1. On average, over the **past year**, about how many hours sleep do you get:

a) on work days ☐☐ hours ☐☐ minutes

b) on weekends (If you normally go out to work at weekends, then answer for your days off)

☐☐ hours ☐☐ minutes

G2. a) Have you ever been a smoker?

Yes ☐1 No ☐2 → **If no, go to G3 on page 33**

If yes,

b) At what age did you start smoking regularly?

☐☐ years

c) Which of the following have you ever smoked regularly?

		Yes
i)	cigarettes	☐1
ii)	pipe	☐1
iii)	cigar	☐1
iv)	other	☐1

d) Have you now stopped smoking?

Yes ☐1 No ☐2 → **If no, go to G2e on page 33**

If yes, how long ago?

☐☐ years ☐☐ months

G2. e) Have you smoked regularly in the last 2 weeks?

No [1] Yes, cigarettes [2] Yes, cigars [3] Yes, pipe [4]

Yes, other [5] (please describe) …….

f) How many times per day have you smoked in the last 2 weeks?

30+ [30] 25-29 [25] 20-24 [20] 15-19 [15]

10-14 [10] 5-9 [05] 1-4 [01] 0 [00]

g) What brand of cigarette/tobacco do you smoke?

i) brand …….

ii) type: filtered [1] unfiltered [2] roll-your-own [3]

pipe/cigar [4]

G3. a) Does your live-in wife or partner smoke?

Don't have a wife/partner [1] → **If <u>no</u>, or <u>don't have</u> a wife or partner, go to G4 on page 34**

No [2]

Yes, cigarettes [3]

Yes, cigars [4]

Yes, pipe [5]

Yes, other (please describe) [6] ……

If <u>yes</u>,

b) About how many times per day does your wife or partner smoke at the moment?

30+ [30] 25-29 [25] 20-24 [20] 15-19 [15]

10-14 [10] 5-9 [05] 1-4 [01] 0 [00]

G3. c) What brand and type of cigarette/tobacco does she usually smoke?

i) brand …….

ii) type: filtered [1] unfiltered [2]
roll-your-own [3] pipe/cigar [4]

d) At what age did she start smoking? [ ][ ] years don't know [99]

G4. a) Apart from yourself and your wife or partner, are there any other members of your household who smoke?

Yes [1] No [2]

b) **If <u>yes</u>**, how many people? [ ][ ]

G5. 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

G6. 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

G6.	In the last few months	Every day	Most days	About once a week	Less than once a week	Not at all
m)	other aerosols or sprays including hair spray	1	2	3	4	5
n)	deodorant or antiperspirant	1	2	3	4	5
o)	make up	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

……

G7. a) Do you have a mobile phone (i.e. one that can be used away from home)?

Yes 1 No 2 → **Go to G8 on page 37**

If yes,

G7. b) how often do you use it to make calls?

at least once a day 1

4-6 times a week 2

1-3 times a week 3

less than once a week 4

c) how often do people ring you on it?

at least once a day 1

4-6 times a week 2

1-3 times a week 3

less than once a week 4

G8. This question concerns travelling, **apart from when going to work**:

a) Which of the following do you use for most or all of the time:

Car 1 Public transport 2 Neither 3

b) Please indicate the average number of journeys you make **each week** (apart from going to work):

Average distance of most frequent journey

	Average number of journeys each week	**Less than ½ mile**	**½ -1½ miles**	**1½ -2½ miles**	**2½-3½ miles**	**3½-5½ miles**	**More than 5½ miles**
i) By bicycle		1	2	3	4	5	6
ii) Walking		1	2	3	4	5	6

G9. Please indicate the average hours of TV or Video watched per day over the **past year**:

Average per day over the past year

	None ↓	**Less than 1 hour**	**Between 1 and 2 hours**	**Between 2 and 3 hours**	**Between 3 and 4 hours**	**More than 4 hours**
a) On a weekday before 6pm	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
b) On a weekday after 6pm	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
c) On a weekend day before 6pm	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
d) On a weekend day after 6pm	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

G10. How many times do you climb up a flight of stairs (approx 10 steps) each day at home?

Average per day over the past year

	None ↓	**1-5 times**	**6-10 times**	**11-15 times**	**16-20 times**	**More than 20 times**
a) On a weekday	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
b) On a weekend day	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

G11. How many hours each week approximately do you spend time doing the following:

Average per week over the past year

	None ↓	**Less than 1 hour**	**Between 1 and 3 hours**	**Between 3 and 6 hours**	**Between 6 and 10 hours**	**Between 10 and 15 hours**	**More than 15 hours**
a) Preparing food, cooking and washing up	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
b) Shopping for food and groceries	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

G11. **Average per week over the past year**

	None ↓	**Less than 1 hour**	**Between 1 and 3 hours**	**Between 3 and 6 hours**	**Between 6 and 10 hours**	**Between 10 and 15 hours**	**More than 15 hours**
c) Shopping and browsing in shops for other items (e.g. clothes, toys)	1	2	3	4	5	6	7
d) Cleaning the house	1	2	3	4	5	6	7
e) Doing the washing and ironing	1	2	3	4	5	6	7
f) Caring for pre-school children or babies at home (not as paid employment)	1	2	3	4	5	6	7
g) Caring for handicapped, elderly or disabled people at home (not as paid employment)	1	2	3	4	5	6	7

SECTION H: ACTIVITY AT WORK

H1. Have you had any jobs or regular voluntary work in the past year?

Yes [1] No [2] → **If no, go to section I on page 46**

H2. What jobs have you held **in the past year**, including voluntary work, and how many months in the year did you do them? Answer for all jobs, whether you stopped one and started another, or whether you were doing them at the same time period.

	(i) Job 1	**(ii) Job 2**	**(iii) Job 3**
a) Name of occupation	…… ……	…… ……	…… ……
b) How many hours per week did you usually work?	[ ][ ] hours	[ ][ ] hours	[ ][ ] hours
c) For how many months in the past year did you do this work?	[ ][ ] months	[ ][ ] months	[ ][ ] months

We need to ask in more detail now about physical activity in various situations.

Thank you so much for taking part in this important study about children and their families. We do appreciate all your help.

H3. **Activity during each job:**

In the following questions, tick either Yes or No for each activity and write the number of hours **per week** that you spent doing each one:

	(i) Job 1			(ii) Job 2			(iii) Job 3		
	No	**Yes**	**hours**	**No**	**Yes**	**hours**	**No**	**Yes**	**hours**
a) Sitting – light work e.g. desk work, or driving a car or truck	1	2 →		1	2 →		1	2 →	
b) Sitting – moderate work e.g. driving a mower or forklift truck	1	2 →		1	2 →		1	2 →	
c) Standing – light work e.g. lab technician or working at a shop counter	1	2 →		1	2 →		1	2 →	
d) Standing – light/ moderate work e.g. light welding or stocking shelves	1	2 →		1	2 →		1	2 →	
e) Standing– moderate work e.g. fast rate assembly line work or lifting less than 50 lbs every 5 minutes for a few seconds at a time	1	2 →		1	2 →		1	2 →	
f) Standing- moderate/heavy work e.g. masonry/painting or lifting more than 50 lbs every 5 minutes for a few seconds at a time	1	2 →		1	2 →		1	2 →	
g) Walking at work carrying nothing heavier than a briefcase e.g. moving about a shop	1	2 →		1	2 →		1	2 →	

H3.

	(i) Job 1			(ii) Job 2			(iii) Job 3		
	No	**Yes**	**hours**	**No**	**Yes**	**hours**	**No**	**Yes**	**hours**
h) Walking – carrying something heavy	1	2 →		1	2 →		1	2 →	
i) Moving, pushing heavy objects, weighing over 75 lbs	1	2 →		1	2 →		1	2 →	
j) Something else (please tick and describe)	1	2 →		1	2 →		1	2 →	
	……..			……..			……..		

H4. How many times **<u>per day on average</u>** have you done the following **<u>at work</u>** over the **past year**:

a) Climbed up a flight of stairs (10 steps):

(i) Job 1	**(ii) Job 2**	**(iii) Job 3**
☐☐ times	☐☐ times	☐☐ times

b) Climbed up a ladder:

(i) Job 1	**(ii) Job 2**	**(iii) Job 3**
☐☐ times	☐☐ times	☐☐ times

H5. In an average working day, did you:

	Yes	**No**	**Don't know**
a) Kneel for more than one hour in total?	1	2	9
b) Squat for more than one hour in total?	1	2	9
c) Get up from kneeling or squatting more than 30 times?	1	2	9

H6. Thinking about **Job 1**:

a) Roughly how many miles is/was it from home to Job 1? ☐☐ miles

b) How many times a week do/did you travel from home to Job 1? ☐☐ times

c) How do/did you normally travel to Job 1?

	Always	**Usually**	**Occasionally**	**Never or rarely**
i) By car	1	2	3	4
ii) By works or public transport	1	2	3	4
iii) By bicycle	1	2	3	4
iv) Walking	1	2	3	4

H7. Thinking about **Job 2** (if appropriate):

a) Roughly how many miles is/was it from home to Job 2? ☐☐ miles

b) How many times a week do/did you travel from home to Job 2? ☐☐ times

c) How do/did you normally travel to Job 2?

	Always	**Usually**	**Occasionally**	**Never or rarely**
i) By car	1	2	3	4
ii) By works or public transport	1	2	3	4
iii) By bicycle	1	2	3	4
iv) Walking	1	2	3	4

H8. Thinking about **Job 3** (if appropriate):

a) Roughly how many miles is/was it from home to Job 3? ☐☐ miles

b) How many times a week do/did you travel from home to Job 3? ☐☐ times

c) How do/did you normally travel to Job 3?

	Always	**Usually**	**Occasionally**	**Never or rarely**
i) By car	☐ 1	☐ 2	☐ 3	☐ 4
ii) By works or public transport	☐ 1	☐ 2	☐ 3	☐ 4
iii) By bicycle	☐ 1	☐ 2	☐ 3	☐ 4
iv) Walking	☐ 1	☐ 2	☐ 3	☐ 4

SECTION I: RECREATION ACTIVITIES

I1. Please tell us about the number of times you have done the following activities in the past year, and state the average time spent on each one:

	Average time spent per episode: hours	Average time spent per episode: minutes	Number of times you did the activity in the past year: Every day	3-6 times a week	Once or twice a week	1-3 times a month	Less than once a month	None ↓
a) Swimming-competitive or laps	☐	☐☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
b) Swimming-leisurely not laps	☐	☐☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
c) Backpacking or mountain climbing	☐	☐☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
d) Walking for pleasure (not as a means of transportation)	☐	☐☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
e) Racing or rough terrain cycling	☐	☐☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
f) Cycling for pleasure (not as a means of transportation)	☐	☐☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
g) Mowing the lawn	☐	☐☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
h) Watering the lawn or garden	☐	☐☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

I1.	Average time spent per episode: hours	minutes	Number of time you did the activity in the past year: Every day	3-6 times a week	Once or twice a week	1-3 times a month	Less than once a month	None ↓
i) Digging, shovelling or chopping wood			1	2	3	4	5	6
j) Weeding, pruning			1	2	3	4	5	6
k) DIY e.g. carpentry, home or car maintenance			1	2	3	4	5	6
l) High impact aerobics, step aerobics			1	2	3	4	5	6
m) Other types of aerobics			1	2	3	4	5	6
n) Exercises with weights			1	2	3	4	5	6
o) Conditioning exercises e.g. using an exercise bike or rowing machine			1	2	3	4	5	6
p) Floor exercises e.g. stretching, bending, keep fit			1	2	3	4	5	6
q) Dancing, e.g. ballroom, disco			1	2	3	4	5	6

I1.	Average time spent per episode: hours	minutes	Number of times you did the activity in the past year: Every day	3-6 times a week	Once or twice a week	1-3 times a month	Less than once a month	None ↓
r) Competitive running			1	2	3	4	5	6
s) Jogging			1	2	3	4	5	6
t) Bowling - indoor, lawn or 10 pin			1	2	3	4	5	6
u) Tennis or badminton			1	2	3	4	5	6
v) Squash			1	2	3	4	5	6
w) Table tennis			1	2	3	4	5	6
x) Golf			1	2	3	4	5	6
y) Football, rugby or hockey			1	2	3	4	5	6
z) Cricket			1	2	3	4	5	6
za) Rowing			1	2	3	4	5	6
zb) Netball, volleyball, basketball			1	2	3	4	5	6
zc) Fishing			1	2	3	4	5	6
zd) Horse-riding			1	2	3	4	5	6

I1.

	Average time spent per episode: hours	Average time spent per episode: minutes	Number of times you did the activity in the past year: Every day	3-6 times a week	Once or twice a week	1-3 times a month	Less than once a month	None ↓
ze) Snooker, billiards, darts			1	2	3	4	5	6
zf) Musical instrument, playing, singing			1	2	3	4	5	6
zg) Ice-skating			1	2	3	4	5	6
zh) Sailing, wind-surfing, boating			1	2	3	4	5	6
zi) Winter sports e.g. skiing			1	2	3	4	5	6
zj) Martial arts, boxing, wrestling			1	2	3	4	5	6
zk) Other exercise (please tick and describe)			1	2	3	4	5	6

……

SECTION J: BUYING THINGS

J1. How difficult at the moment do you find it to afford these items:

		Very difficult	Fairly difficult	Slightly difficult	Not difficult	Don't pay for this
a)	food	1	2	3	4	5
b)	clothing	1	2	3	4	5
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	5
f)	costs of educational courses (e.g. ballet, music, etc.)	1	2	3	4	5
g)	medical (including dental care and eye tests)	1	2	3	4	5
h)	child care	1	2	3	4	5
i)	a week's annual holiday away from home	1	2	3	4	5
j)	regular trips and outings for your child (e.g. with school, the family or someone else)	1	2	3	4	5
k)	something else (please tick and describe)	1	2	3		

.....

J2. a) On average, about how much is the take-home income of your household each week (include social benefits etc.)?

less than £120	01	£120 - £189	02	£190 - £239	03
£240 - £289	04	£290 - £359	05	£360 - £429	06
£430 - £479	07	£480 - £559	08	£560 - £799	09
£800 or more	10	Don't know	11		

b) Out of this, how much do you pay for rent, loans or mortgage each week?

nothing	1	less than £40	2	£40 - £59	3	£60 - £79	4
£80-£99	5	£100- £119	6	£120 or more	7		
don't know'	9						

c) About how much do you spend on electricity, gas, water, and telephone each week?

less than £20	1	£20 - £29	2	£30 - £39	3	£40 - £49	4
£50 - £59	5	£60-£79	6	£80 or more	7	don't know	9

d) About how much do you spend on food for the whole family each week?

less than £20	1	£20 - £29	2	£30 - £39	3	£40 - £49	4
£50 - £59	5	£60 - £79	6	£80 - £99	7		
£100 or more	8	don't know	9				

J2. e) About how much do you spend on clothing, hobbies, and entertainment each week?

less than £20 [1] £20 - £29 [2] £30 - £39 [3] £40 - £49 [4]

£50 - £59 [5] £60 -£79 [6] £80 or more [7]

don't know [9]

f) About how much do you spend on childcare each week (e.g. after-school club, sitters, nursery)?

nothing [1] less than £20 [2] £20 - £39 [3] £40 - £59 [4]

£60 - £79 [5] £80 - £99 [6] £100 or more [7]

varies [8] don't know [9]

g) Do you manage to save at all? Yes [1] No [2]

h) Is your household <u>currently</u> in arrears of rent, mortgage, electricity, gas, water, telephone or council tax?

Yes [1] No [2]

i) Has your family had to go into debt <u>in the last 12 months</u> to meet ordinary living expenses (e.g. rent, food, Xmas, or back-to-school expenses)?

Yes [1] No [2]

j) Do you receive any financial help from your parents, other relatives or friends?

Yes [1] No [2]

k) Do you help your parents, other relatives or friends financially?

Yes [1] No [2]

J3. Which one of these statements best describes the way you feel about your cooking?

I always enjoy cooking	1
I enjoy cooking when I can take time over it	2
I cook only because I have to, not because I enjoy it	3
I avoid cooking if at all possible	4
I have no real feeling towards cooking	5

J4. Do you think about any of these health issues when choosing food?

	Yes often	**Yes, sometimes**	**No, not at all**
a) Heart disease	1	2	3
b) Cancer	1	2	3
c) Your weight	1	2	3
d) Food allergies/ intolerance	1	2	3
e) Healthy teeth	1	2	3
f) Other (please tick and describe)	1	2	3

……

J5. a) Do you drink tea? (If you only drink herbal tea, answer **No**)

Yes 1 No 2 → **If no, go to J9 on page 54**

If yes,

b) How often is the tea you drink decaffeinated?

Always 1 Usually 2 Sometimes 3 Never 4

J6. We would like to ask how much tea, on average, you drink per day:

a) *If possible, please tell us first about the size of your cups and mugs. It would help us if you measured, in a measuring jug, the amount of liquid that your usual cup and/or mug contains. This will be in 'fl.oz' or 'mls'.* **If you can't measure them, don't worry, just tick the box to show which you use, and then go straight to J6b below.**

(i) I use a cup [1] → [ ][ ] fl.oz **or** [ ][ ][ ] mls.

(ii) I use a mug [1] → [ ][ ] fl.oz **or** [ ][ ][ ] mls.

b) How many cups of tea per day do you drink, on average?* [ ][ ] cups a day

c) How many mugs of tea per day do you drink, on average?* [ ][ ] mugs a day

* If you only drink the occasional cup and/or mug write 97

J7. How strong is the tea you normally drink?

Strong [1] Medium [2] Weak [3]

J8. Describe the type of tea that you drink most often (e.g. Tesco Premium, Typhoo, Sainsbury's Red Label, Tetley Decaffeinated):

……

J9. a) Do you drink coffee?

Yes [1] No [2] → **If no, go to Section K on page 56**

b) How often is the coffee you drink decaffeinated?

Always [1] Usually [2] Sometimes [3] Never [4]

J10. a) If possible, measure the size of the cup and/or mug that you normally use for coffee, as described in J6 on page 54.

(i) I use a cup [1] → [ ][ ] fl.oz **or** [ ][ ][ ] mls.

(ii) I use a mug [1] → [ ][ ] fl.oz **or** [ ][ ][ ] mls.

b) How many cups of coffee per day do you drink, on average?* [ ][ ] cups a day

c) How many mugs of coffee per day do you drink, on average?* [ ][ ] mugs a day

* If you only drink the occasional cup and/or mug write 97

J11. There are different sorts of coffee. Please say how many cups and/or mugs per day you usually drink of the following types:

		(i) cups	**(ii) mugs**
a)	Real coffee (e.g. Filter, cafetière, cappuccino)	[ ][ ]	[ ][ ]
b)	Instant coffee, less than one spoonful	[ ][ ]	[ ][ ]
c)	Instant coffee, one level spoonful	[ ][ ]	[ ][ ]
d)	Instant coffee, one heaped spoonful or more	[ ][ ]	[ ][ ]
e)	Other (e.g. office coffee machine) (Please tick and describe)	[ ][ ]	[ ][ ]
		……	……

J12. Describe the type of real coffee and/or instant coffee that you drink most often (e.g. Tesco Classic Gold, Nescafé Gold Blend, Kenco Decaffeinated, Lyons Original Cafetière):

a) Real coffee ……

b) Instant coffee ……

SECTION K:

K1. This questionnaire was completed by: (tick all that apply)

a) Child's biological father [1]

b) Father figure [1]

c) Someone else (please tick and describe) [1] …….

K2. Please give the date on which you completed this questionnaire:

day		month		year			
				2	0	0	

K3. Please give your date of birth:

day		month		year			
				1	9		

K4. Please give the date of birth of your study child:

day		month		year			
				1	9	9	

THANK YOU VERY MUCH FOR YOUR HELP

Space for any additional comment you would like to make

NB. 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 928 8793

For office use only *coder* | | *int* | |