



PARTNER ' S Q U E S T I O N N A I R E

This questionnaire asks about you and your feelings at this stage in your partner's pregnancy.

Your answers are confidential. Your name will not be on the questionnaire and none of the doctors or nurses you might see will know your answers.

Please answer all the questions you can. If there are any you cannot answer or do not wish to answer that is fine. Just leave them blank.

THANK YOU VERY MUCH FOR YOUR HELP

06/02/92

Recycled Paper

FILLING IN THIS BOOKLET

Most of the questions can be answered by ticking the box beside the right answer.

For example

How many times have you been to the supermarket in the past week?

None	<input type="checkbox"/>	1	<input type="checkbox"/>	2-6	<input type="checkbox"/>	7 or more	<input type="checkbox"/>
		1	2	3	4		

↓

This means you went to the supermarket once in the past week

Sometimes there are questions with if in front of them.

For example

a) Have you been to the supermarket today?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

↓

This means you didn't go to the supermarket and you don't need to answer the next question

b) If yes, did you buy any carrots?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

In general, though, each question needs an answer.

In some questions you may be asked to describe something. It would be helpful if you wrote as clearly as possible.

The small numbers in the squares are for office use only.

SECTION A: YOUR REACTIONS TO BECOMING A PARENT

A1. How would you describe your reaction when you first found your partner was pregnant? (tick one box only)

overjoyed 1

Pleased 2

mixed feelings 3

not happy 4

very unhappy 5

no particular feelings 6

A2. a) Does becoming a father mean giving up something that is important to you?

yes, a great deal 1

yes, quite a lot 2

not really 3

definitely not 4

don't know 9

Please add any extra comments you wish to make:

.....

b) does becoming a father give you new opportunities and interests?

yes, a great deal 1

yes, quite a lot 2

not really 3

definitely not 4

don't know 9

Please add any extra comments you wish to make:

.....

A3. How do you feel about the pregnancy now? (tick one box only)

overjoyed 1

pleased 2

mixed feelings 3

not happy 4

very unhappy 5

no particular feelings 6

A4. Do you want a boy or girl?

boy₁ girl₂ don't mind₃

A5. Do you think your partner wants a boy or girl?

boy₁ girl₂ doesn't mind₃

A6. Have you decided on the names for the child yet?

yes, but boys names only	1
yes, but girls names only	2
yes, both names	3
no, haven't decided	4
no, haven't thought about it	5

A7. Would you like to be with your partner while she has the baby?

yes, I want this very much	1
yes, I would quite like this	2
I don't mind	3
no, I would prefer not to do this	4
no, I definitely do not want this	5

SECTION B:ACTIVITIES AND LIFESTYLE

B1. Which of the following statements best applied to you just before your partner became pregnant, and now.

		Very energetic	Quite energetic	Lacking in energy
a)	Before your partner became pregnant	1	2	3
b)	Now	1	2	3
c)	Compared with other men 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		
d)	Nowadays at least once a week do you engage in any regular activity like brisk walking, gardening, housework, jogging, cycling, etc. long enough to work up a sweat?			
	Yes 1 No 2			

If **yes**,

e) how many hours a week:
hours

B2. We are interested in your diet - how many times each week nowadays do you eat:

		Never or rarely	Once in 2 weeks	1 - 3 times a week	4 - 7 times a week	More than once a day
a)	Sausages, Burgers	1	2	3	4	5
b)	Pies, Pasties (pork pie, steak/meat pie etc.)	1	2	3	4	5
c)	Meat (beef, lamb, pork, ham, bacon etc.)	1	2	3	4	5
d)	Poultry (chicken, turkey etc)	1	2	3	4	5
e)	Liver, liver pate, kidney, heart	1	2	3	4	5
f)	White fish (cod, haddock, plaice, fish fingers etc)	1	2	3	4	5
g)	Other fish (pilchards, sardines, mackerel, tuna, herring, kippers, trout, salmon etc)	1	2	3	4	5
h)	Shellfish (prawns, crab, cockles, mussels etc)	1	2	3	4	5
i)	Fried foods (eg. fried fish, eggs, bacon, chops etc)	1 Never or rarely	2 Once in 2 weeks	3 1 - 3 times a week	4 4 - 7 times a week	5 More than once a day

j)	Cabbage, brussel sprouts, kale and other green leafy vegetables	1	2	3	4	5
k)	Carrots	1	2	3	4	5
l)	Other vegetables	1	2	3	4	5
m)	Salad (lettuce, tomato, cucumber etc)	1	2	3	4	5
n)	Fresh fruit (apple, pear, banana, orange, bunch of grapes etc)	1	2	3	4	5
o)	Tinned fruit juice (not squash)	1	2	3	4	5
p)	Pure juice not in tin	1	2	3	4	5
q)	Nuts, nut roast	1	2	3	4	5

B3. Do you eat the fat on meat?

yes, all of it	1	yes, some of it	2
no	3	never eat meat	7

B4. When you have a soft drink, how often do you choose low calorie or diet soft drinks ?

always	1	sometimes	2
not at all soft drinks	3	don't drink	7

B5. How often, in a week, would you eat takeaway
foods for your main meal?

days

B6. How many pieces of bread or rolls or chappatis
do you eat on a usual day ?

less than 1	1	1 - 2	2
3 - 4	3	5 or more	4

B7. What types of bread do you eat most days?

Yes	No
-----	----

a) white bread	1	2
b) brown/granary bread	1	2
c) wholemeal bread	1	2
d) chappatis, nan bread	1	2
e) don't usually eat any bread	1	2

B8. How many slices of bread (or rolls) do you spread with butter, margarine etc and eat on a usual
day? slices

B9. How often do you have milk:		Yes usually	Yes sometimes	No not at all
a)	In tea	1	2	3
b)	In coffee	1	2	3
c)	On breakfast cereal	1	2	3
d)	As pudding (custard, rice)	1	2	3
e)	To drink on its own	1	2	3
f)	As a milky drink (Horlicks, cocoa, all milk coffee)	1	2	3

B10. a)	How many cups of tea do you drink in a day ? (do not include herbal teas)	cups
b)	How many spoons of sugar in each cup ? spoons	
c)	How many of the cups of tea you drink each day are decaffeinated?	cups

B11. a)	How many cups of coffee do you drink in a day ?	cups
b)	How many spoons of sugar in each cup ? spoons	
c)	How many of the cups of coffee you drink each day are decaffeinated?	cups
d)	How many of the cups of coffee you drink each day are made using real coffee (ie. not instant)?	cups
e)	How many of the cups of real coffee were decaffeinated?	cups

B12. a)	How many drinks of cola do you have in a week?	drinks
b)	How many of these drinks are decaffeinated?	drinks

B13. What type of water do you usually drink?		
a)	Cold water in squashes etc or to drink on it's own: I usually use:	
	water from the tap 1 softened tap water 2 filtered tap water 3	
	bottled water 4 hardly ever drink 5	
		cold water
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 5	
		hot water

- B14. a) Are you vegetarian or vegan?
 yes, vegetarian 1 yes, vegan 2 no, neither 3
- b) If yes, for how many years have you been vegetarian/ vegan? years

- B15. a) Have you ever been a smoker?
- Yes 1 No 2 If no, go to B17

If yes,

- b) at what age did you start smoking regularly?
 years

- c) What was the maximum number of times a day you smoked?

30+ 30	25-29 25	20-24 20	15-19 15
10-14 10	5-9 05	1-4 01	

- B15. d) Have you now stopped smoking?
- Yes 1 No 2

If yes, how long ago? years, months

- e) Did you smoke regularly at any time in the last 9 months?

No 1

yes, cigarettes 2

yes, cigars 3

yes, pipe 4

yes, other (please describe) 5

.....

- f) how many times per day did you smoke -

- i) at the start of your partner's pregnancy?

30+ 30	25-29 25	20-24 20	15-19 15
10-14 10	5-9 05	1-4 01	0 00

- ii) 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, type and strength of cigarette/tobacco do you usually smoke?

- i) brand:

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

Please enclose an empty packet of your usual brand with this questionnaire.

B16. Please indicate how often you smoked marijuana/grass/cannabis/ ganja -

		Almost every day	2-4 times a week	Once a week	Less than once week	Not at all
a)	In the 6 months before your partner conceived	1	2	3	4	5
b)	In the last 3 months	1	2	3	4	5

B17. How often have you taken the following in the past 3 months?

		Nearly every day	At least once a week	At least once a month	Not at all
a)	amphetamines	1	2	3	4
b)	barbiturates	1	2	3	4
c)	crack	1	2	3	4
d)	cocaine	1	2	3	4
e)	heroin	1	2	3	4
f)	methadone	1	2	3	4
g)	ecstasy	1	2	3	4
h)	other (please describe)	1	2	3	4
.....					

B18. How often have you drunk alcoholic drinks?

	Never	Less than once a week	At least once a week	1-2 glasses every day	3-9 glasses every day	At least 10 glasses every day
a) Before your partner became pregnant	1	2	3	4	5	6
b) In the past 3 months	1	2	3	4	5	6

B19. How many days **in the past month** did you drink the equivalent
of 2 pints of beer, 4 glasses of wine or 4 pub measures of spirit?

everyday	5	more than 10 days	4
5-10 days	3	3-4 days	2
1-2 days	1	none.	0

B20. Which is the alcoholic drink you most often drink?
(tick one only)
wine 1
beer/lager 2
sherry/port 3
gin/whisky/vodka/brandy 4
other (please describe) 5
don't drink at all 7

SECTION C:YOUR FAMILY AND FRIENDS

- C1. 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 ?
- | | | | |
|------|---|-----|-------------|
| None | 1 | 2-4 | more than 4 |
| 1 | 2 | 3 | 4 |
- C3. Overall, would you say you belong to a close circle of friends ?
- | | | | |
|-----|---|----|---|
| Yes | 1 | No | 2 |
|-----|---|----|---|
- C4. How many people 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 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 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 |

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 sometimes how I feel	I never feel this way
C11.	I have no one to share my feelings with	1	2	3	4
C12.	My partner provides the emotional support I need	1	2	3	4
C13.	There are other fathers-to-be with whom I can share my experiences	1	2	3	4
C14.	I believe in moments of difficulty my neighbours would help me	1	2	3	4
C15.	I'm worried that my partner might leave me	1	2	3	4
C16.	There is always someone with whom I can share my happiness and excitement about my partner's pregnancy	1	2	3	4
C17.	If I feel tired I can rely on my partner to take over	1	2	3	4
C18.	If I was in financial difficulty I know my family would help if they could	1	2	3	4
C19.	If I was in financial difficulty I know my friends would help if they could	1	2	3	4
C20.	If all else fails I know the state will support and assist me	1	2	3	4
C21.	Do you believe in God or in some divine power?				
	yes	1			
	am not sure	2			
	no, not at all	3			
C22.	Do you feel that God (or some divine power) has helped you at any time?				
	Yes	1	Not sure	2	No
					3
C23.	Would you appeal to God for help if you were in trouble?				
	Yes	1	Not sure	2	No
					3
C24.	a) 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

.....
.....

C24. b) 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

C25. 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
not at all	4

C26. Do you obtain help and support from leaders or other members of religious groups?

	Yes	No
a) Leaders of your religious group (e.g. priests, rabbis, imams)	1	2
b) Other members of <u>your</u> religious group	1	2
c) Members of <u>other</u> religious group (please describe)	1	2

.....

SECTION D:RECENT EVENTS

Listed below are a number of events which may have brought changes in your life. Have any of these occurred since your partner became pregnant? If so, please assess how much effect it had on you.

Since your partner became pregnant:	Yes & affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but did not affect at all	No did me not happen
D1. Your parent 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 the child	1	2	3	4	5
D11. You were very ill	1	2	3	4	5
D12. Your partner lost her job	1	2	3	4	5
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 had arguments with your family or friends	1	2	3	4	5
D22. You moved house	1	2	3	4	5

Since your partner became pregnant:	Yes & affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but did not affect at all	No did me not happen
D23. Your partner hurt 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
D27. Your partner hurt your children	1	2	3	4	5
D28. You attempted suicide	1	2	3	4	5
D29. You were convicted of an offence	1	2	3	4	5
D30. You thought your partner might miscarry	1	2	3	4	5
D31. You started a new job	1	2	3	4	5
D32. Your partner had a test to see if your baby was normal	1	2	3	4	5
D33. Your partner had a result on a test that suggested your baby might not be normal	1	2	3	4	5
D34. You were told that your partner was going to have twins	1	2	3	4	5
D35. You heard that something that had happened might be harmful to the baby	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. Your house or car was burgled	1	2	3	4	5
D40. You had an accident	1	2	3	4	5
D41. a) Is there anything else which is not on the list which has concerned you or required additional effort from you to cope?					
Yes 1 No 2					
If <u>yes</u> , b) please describe :					
.....					
c) How did this affect you?					
a lot 1 moderately 2					
Mildly 3 not at all 4					

D42. How much did it affect you when your partner became pregnant?

a lot 1 moderately 2

Mildly 3 not at all 4

she wasn't my 7
partner at the
time

SECTION E:YOUR FEELINGS

The following questions are about feelings. Please indicate the way you feel.

		Very often	Often	Not very often	Never
E1.	Do you feel upset for no obvious reason?	1	2	3	4
E2.	Do you get troubled by dizziness or shortness of breath?	1	2	3	4
E3.	Have you felt as though you might faint?	1	2	3	4
E4.	Do you feel sick or have indigestion?	1	2	3	4
E5.	Do you feel that life is too much effort?	1	2	3	4
E6.	Do you feel uneasy and restless?	1	2	3	4
E7.	Do you feel tingling or prickling sensations in your body, arms or legs?	1	2	3	4
E8.	Do you regret much of your past behaviour?	1	2	3	4
E9.	Do you sometimes feel panicky?	1	2	3	4
E10.	Do you find that you have little or no appetite?	1	2	3	4
E11.	Do you wake unusually early in the morning	1	2	3	4
E12.	Do you worry a lot?	1	2	3	4
E13.	Do you feel tired or exhausted?	1	2	3	4
E14.	Do you experience long periods of sadness?	1	2	3	4

	Very often	Often	Not very often	Never
E15. Do you feel strung-up inside?	1	2	3	4
E16. Can you get off to sleep alright?	1	2	3	4
E17. Do you ever have the feeling you are going to pieces?	1	2	3	4
E18. Do you often have excessive sweating or fluttering of the heart?	1	2	3	4
E19. Do you find yourself needing to cry?	1	2	3	4
E20. Do you have bad dreams which upset you when you wake up?	1	2	3	4
E21. Do you lose the ability to feel sympathy for other?	1	2	3	4
E22. Can you think quickly?	1	2	3	4
E23. 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.

E24. 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:

E25. 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

E26. 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
No never	4

E27. I have been anxious or worried for no good reason:

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

E28. 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

E29. Things have been getting on top of me:

Yes, most of the time	1
Yes, sometimes	2
No, hardly ever	3
No, not at all	4

In the past week:

E30. 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

E31. 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

E32. I have been so unhappy that I have been crying:

Yes, most of the time	1
Yes, quite often	2
Only occasionally	3
No, never	4

E33. The thought of harming myself has occurred to me:

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

E34. Since your partner became pregnant have you noticed any change in **your partner** in any of the following:

		Yes, increased a lot	Yes, increased a little	No change	Yes decreased a little	Yes decreased a lot
a)	How irritable she is	1	2	3	4	5
b)	How nervous she is	1	2	3	4	5
c)	How healthy she is	1	2	3	4	5
d)	How communicative she is	1	2	3	4	5
e)	How active she is	1	2	3	4	5
f)	How able she is to think and concentrate	1	2	3	4	5
g)	How physically attractive she is	1	2	3	4	5

E35. How frequently **during her pregnancy** has she been:

		Always	Often	Sometimes	Rarely	Never
a)	Irritable	1	2	3	4	5
b)	Nervous	1	2	3	4	5
c)	Active	1	2	3	4	5
d)	In good health	1	2	3	4	5
e)	Communicative	1	2	3	4	5
f)	Able to think and concentrate	1	2	3	4	5
g)	Looking attractive	1	2	3	4	5

E36. Since your partner became pregnant have you noticed any change in:

		Yes, increased a lot	Yes, increased a little	No change	Yes decreased a little	Yes decreased a lot
a)	How irritable you are	1	2	3	4	5
b)	How nervous you are	1	2	3	4	5
c)	How healthy you are	1	2	3	4	5
d)	How communicative you are	1	2	3	4	5
e)	How active you are	1	2	3	4	5
f)	How able you are to think and concentrate	1	2	3	4	5
g)	How physically attractive you are	1	2	3	4	5

E37. How frequently during the pregnancy have you been:

		Always	Often	Sometimes	Rarely	Never
a)	Irritable	1	2	3	4	5
b)	Nervous	1	2	3	4	5
c)	Active	1	2	3	4	5
d)	In good health	1	2	3	4	5
e)	Communicative	1	2	3	4	5
f)	Able to think and concentrate	1	2	3	4	5
g)	Feeling attractive	1	2	3	4	5

SECTION F:EDUCATION AND OCCUPATION

F1. What educational qualifications do you, your partner, your mother, and your father have? Please tick all that apply.

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

[* by this we mean the mother figure or father figure who was mostly responsible for bringing you up]

F2. What is the present employment situation of yourself and your partner?
Please tick all that apply.

	(i) Yourself	(ii) Your partner
a) Working for an employer full-time (more than 30 hours a week)	1	1
b) Working for an employer part-time (one hour or more a week)	1	1
c) Self-employed, employing other people	1	1
d) Self-employed, not employing other people	1	1
e) On a government employment or training scheme	1	1
f) Waiting to start a job already accepted	1	1
g) Unemployed and looking for a job	1	1
h) At school or in other full-time education	1	1
i) Unable to work because of long- term sickness or disability	1	1
j) Retired from paid work	1	1
k) Looking after the home or family	1	1
l) Other (please describe)	1	1
.....		

The questions below ask about your current occupation.

F3. As far as you can, please describe the actual job, occupation, trade or profession. (Use precise terms such as radio mechanic, woodworking machinist, toolroom foreman. If the occupation is known by a special name, please use that name. If in H.M. Forces, give the rank in addition to the actual job. Please also describe the type of industry or service given: i.e. give details of what is made, materials used, or services given).

Your present job or last main job.

i) Actual job, occupation, trade or profession

.....

ii) Hours worked per week:
(on average)

iii) Please tick which of the following apply to you:

foreman	1
manager	2
supervisor	3
leading hand	4
self-employed	5
none of these	6

iv) Type of industry or service given (main things done in job):

.....

F4. a) **The main job your mother did at around the time you left school**
(Please put HW if she was a housewife)

i) Actual job, occupation, trade or profession: For office use

.....

F4. ii) Type of industry or service given (main things
done in job):

.....

b) How old was your mother when you were born?

years (If you don't know, put 99)

c) Did she ever smoke cigarettes?

Yes ₁ No ₂

i) **If yes**, did she smoke when she was expecting you?

Yes ₁ No ₂ Don't know ₉

d) Is she still alive?

Yes ₁ No ₂ Don't know ₉

F5. a) The main job your father did at around the time you left school

i) Actual job, occupation, trade or profession:
.....
.....

F5. ii) Please tick which of the following apply/applied to him

- foreman 1
- manager 2
- supervisor 3
- leading hand 4
- self-employed 5
- none of these 6

iii) Type of Industry or service given (main things done in job):
.....

b) How old was your father when you were born?

years(If you don't know, put 99)

c) Did your father ever smoke?

- No 1
- Yes, cigarettes 2
- Yes, cigars 3
- Yes, a pipe 4
- Yes, other (please describe) 5
- Don't know 6

d) Is he still alive?

Yes 1 No 2 Don't know 9

F6. How would you describe the race or ethnic group of yourself, your partner and your parents?

	(i) Yourself	(ii) Partner	(iii) Your mother*	(iv) Your father*
white	01	01	01	01
black/Caribbean	02	02	02	02
black/African	03	03	03	03
black/other (please describe below)	04	04	04	04
Indian	05	05	05	05

Pakistani	06	06	06	06
Bangladeshi	07	07	07	07
Chinese	08	08	08	08
Any other ethnic group (please describe)	09	09	09	09

.....

.....

(* by this we mean the mother or father who was mostly responsible for bringing you up)

SECTION G:YOUR OWN CHILDHOOD

Please indicate if any of the following events happened to you **before** you were 17 and how much it affected you.

Before you were 17:		Yes affected me a lot	Yes moderately affected	Yes mildly affected	Yes but did not affect me	No did not happen
G1.	A parent died	1	2	3	4	5
G2.	A brother or sister died	1	2	3	4	5
G3.	A relative died	1	2	3	4	5
G4.	A friend died	1	2	3	4	5
G5.	A parent had a serious illness	1	2	3	4	5
G6.	A parent was in hospital	1	2	3	4	5
G7.	You had a serious physical illness	1	2	3	4	5
G8.	You were in hospital	1	2	3	4	5
G9.	Brother or sister had a serious illness	1	2	3	4	5
G10.	Brother or sister was in hospital	1	2	3	4	5
G11.	A parent had a serious accident	1	2	3	4	5
G12.	You had a serious accident	1	2	3	4	5
G13.	Brother or sister had a serious accident	1	2	3	4	5
G14.	You acquired a physical deformity	1	2	3	4	5
G15.	Your girlfriend became pregnant	1	2	3	4	5
G16.	A parent was imprisoned	1	2	3	4	5
G17.	A parent was physically cruel to you	1	2	3	4	5
G18.	Your parents separated	1	2	3	4	5
G19.	Your parents divorced	1	2	3	4	5
G20.	A parent remarried	1	2	3	4	5
G21.	A parent was emotionally cruel to you	1	2	3	4	5
G22.	Your parents had serious arguments	1	2	3	4	5
G23.	You were sexually abused	1	2	3	4	5
G24.	A parent was mentally ill	1	2	3	4	5
G25.	You discovered you	1	2	3	4	5

G26.	Your family moved to a new district	1	2	3	4	5
G27.	You were in trouble with the police	1	2	3	4	5
G28.	You were expelled or suspended from school	1	2	3	4	5
G29.	You failed an important exam	1	2	3	4	5
G30.	Your family's financial circumstances got worse	1	2	3	4	5
G31.	Other important happening (please tick & describe)	1	2	3	4	5

.....

.....

.....

.....

G33. Did you like school?

G34. Was school a valuable experience for you?

G35. a) Were you frequently away from school?

	Yes	No

If <u>yes</u> ,	b)	why was this?	Before age 11		After age 11	
			Yes	No	Yes	No
	i)	illness	1	2	1	2
	ii)	truancy	1	2	1	2
	iii)	other (please tick and describe)	1	2	1	2

.....

SECTION H:ABOUT YOU

In general:	Very like me	Moderately like me	Moderately unlike me	Very unlike me
H1. I feel insecure when I say goodbye to people	1	2	3	4
H2. I worry about the effect I have on other people	1	2	3	4
H3. I avoid saying what I think for fear of being rejected	1	2	3	4
H4. I feel uneasy meeting new people	1	2	3	4
H5. If others knew the real me, they would not like me	1	2	3	4
H6. I feel secure when I'm in a close relationship	1	2	3	4
H7. I don't get angry with people for fear that I may hurt them	1	2	3	4
H8. After a fight with a friend, I feel uncomfortable until I have made peace	1	2	3	4
H9. I am always aware of how other people feel	1	2	3	4
H10. I worry about being criticised for things I have said or done	1	2	3	4
H11. I always notice if someone doesn't respond to me	1	2	3	4
H12. I worry about losing someone close to me	1	2	3	4
H13. I feel that people generally like me	1	2	3	4
H14. I will do something I don't want to do rather than offend or upset someone	1	2	3	4
H15. I can only believe that something I have done is good when someone tells me	1	2	3	4
H16. I will go out of my way to please someone I am close to	1	2	3	4
H17. I feel anxious when I say goodbye to people	1	2	3	4
H18. I feel happy when someone compliments me	1	2	3	4
H19. I fear that my feelings will overwhelm me	1	2	3	4
H20. I can make other people feel happy	1	2	3	4
H21. I find it hard to get angry with people	1	2	3	4
H22. I worry about criticising people	1	2	3	4
H23. If someone is critical of something I do, I feel bad	1	2	3	4
H24. If other people knew what I am really like, they would think less of me	1	2	3	4
H25. I always expect criticism	1	2	3	4

H26.	I can never be really sure if someone is pleased with me	1	2	3	4
H27.	I don't like people to really know me	1	2	3	4
H28.	If someone upsets me, I am not able to put it easily out of my mind	1	2	3	4
H29.	I feel others do not understand me	1	2	3	4
H30.	I worry about what others think of me	1	2	3	4
H31.	I don't feel happy unless people I know admire me	1	2	3	4
H32.	I am never rude to anyone	1	2	3	4
H33.	I worry about hurting the feelings of other people	1	2	3	4
H34.	I feel hurt when someone is angry with me	1	2	3	4
H35.	My value as a person depends enormously on what others think of me	1	2	3	4
H36.	I care about what people feel about me	1	2	3	4

SECTION I: BEING A PARENT

Below are a number of statements about how some people think a parent should behave with a baby. Please indicate how much you agree with them.

		Yes, I agree	I'm un- sure probably agree	I'm un- but sure probably disagree	No, I but disagree
I1.	Babies should be picked up whenever they cry	1	2	3	4
I2.	It is important to develop a regular pattern of feeding and sleeping with a baby	1	2	3	4
I3.	Babies should be fed whenever they are hungry	1	2	3	4
I4.	Babies need to be stimulated if they are to develop well	1	2	3	4
I5.	Babies need quiet secure surroundings and should not be disturbed too much	1	2	3	4
I6.	Parents need to adapt their lives to the baby's demands	1	2	3	4
I7.	A baby should fit into its parents' routine	1	2	3	4
I8.	Babies should be left to develop naturally	1	2	3	4
I9.	Talking, to even a very young baby, is important	1	2	3	4
I10.	Cuddling a baby is very important	1	2	3	4

SECTION J:INFANT FEEDING

Below are some attitudes about infant feeding. Please indicate your views.

		Strongly agree	Agree disagree	Unsure	Disagree	Strongly
J1.	Breast-feeding stops a mother from having the freedom to do what she wants	1	2	3	4	5
J2.	Breast-feeding gives the mother a special relationship with her baby	1	2	3	4	5
J3.	Bottle feeding allows the father to share the child more	1	2	3	4	5
J4.	Bottle feeding is more convenient for the mother	1	2	3	4	5
J5.	A mother who does not breast feed is inferior	1	2	3	4	5
J6.	Breast-feeding is difficult	1	2	3	4	5
J7.	How would you like the baby to be fed?					
	don't know	1				
	no strong feelings	2				
	Undecided	3				
	want the baby to be breast fed	4				
	want the baby to be bottle fed	5				
J8.	Were you breast fed as a baby?					
	Yes 1 No 2 Don't know 9					

SECTION K

K1. Please put the date of completing this questionnaire:

day month year
199

K2. Please give your date of birth:

day month year
19

Space for any comments you might like to make:

VERY MANY THANKS FOR ALL YOUR HELP

Please remember, because this is strictly confidential, the people who look at this booklet will not know your name. They will be unable to give you any help or contact anyone after reading what you have written. If you feel you need advice, please feel free to contact our hotline (Bristol 256260 during office hours). Alternatively your General Practitioner should be able to advise you.

When completed, return the questionnaire to:

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

If you smoke, please enclose an empty cigarette packet.