



**YOUR HEALTH, EVENTS  
AND FEELINGS**

This questionnaire aims to find out what problems parents have. Your answers will help us to identify those problems that may be solved by changes in the health care system, or in society. It should be filled in by the mother or person taking the place of the mother.

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

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

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**

01/10/94

Recycled Paper

**SECTION A:YOUR HEALTH**

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

- fit and well <sub>1</sub>
- mostly well and healthy<sub>2</sub>
- often feel unwell<sub>3</sub>
- hardly ever feel well<sub>4</sub>

A2. Have you had any of the following since your study child was 18 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 tick and describe)			
.....			

A3. Since your study child was 18 months old how often have you taken the following?

	Every day	Often	Sometimes	Not at all
<b>I have taken:</b>				
a) sleeping pills	1	2	3	4
b) vitamins				
c) cannabis/marihuana				
d) tranquillisers				
e) pills for depression				
f) hormone tablets				
g) antibiotics				
h) painkillers (aspirin, paracetamol, etc)				
i) amphetamines or other stimulants				

j)     contraceptive pill

		Every day	Often	Sometimes	Not at all
<b>I have taken:</b>					
k)	iron	1	2	3	4
l)	heroin, methadone, crack, cocaine				
m)	anticonvulsants				
n)	steroids				

Other pill, medicine, treatment, drug or medicine (please describe each and state how frequently you have taken since your study child was 18 months old).

		Every day	Often	Sometimes	Not at all
<b>I have taken:</b>					
o)	.....	1	2	3	4
p)	.....				
q)	.....				

A4. Please list all the names of the actual medicines, pills or ointments 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.	.....	.....	.....
7.	.....	.....	.....
8.	.....	.....	.....
9.	.....	.....	.....
10.	.....	.....	.....

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

A5. a) Since your study child was 18 months old have you had to go and stay in hospital?

Yes <sub>1</sub> No <sub>2</sub> If no, go to A6 below

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?	Yes <sub>1</sub> No <sub>2</sub>	Yes <sub>1</sub> No <sub>2</sub>	Yes <sub>1</sub> No <sub>2</sub>

If yes,

g) Was this your study child? Yes<sub>1</sub> No<sub>2</sub> Yes<sub>1</sub> No<sub>2</sub> Yes<sub>1</sub> No<sub>2</sub>

A6. In the past month, 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) 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 tick and describe)			
.....			
.....			

A7. a) How often are you having sexual intercourse now?

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

b) In general, do you enjoy it?

- yes, very much <sub>1</sub>
- yes, somewhat <sub>2</sub>
- no, not a lot <sub>3</sub>
- no, not at all <sub>4</sub>
- no sex at the moment <sub>5</sub>

A8. a) Are you currently trying to get pregnant?

- |                         |   |                                     |
|-------------------------|---|-------------------------------------|
| no                      | 1 | } → If <u>yes</u> to these go to A9 |
| no, but intend to later | 2 |                                     |
| yes, we are trying      | 3 |                                     |
| I am already pregnant   | 4 |                                     |

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

- |                             |        |
|-----------------------------|--------|
| 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..... |

A9. a) Since having this study child have you been pregnant at all?

Yes <sub>1</sub>      No <sub>2</sub>      If no, go to A10

If yes,

b) How many times have you been pregnant since having this study child?

c) For these pregnancies please give: (If you have had more than 3 pregnancies, please continue on the next page).

	1st pregnancy	2nd pregnancy	3rd pregnancy
i) date of your last menstrual period before the pregnancy (if you remember it)	___/___/199__	___/___/199__	___/___/199__
ii) what happened:	miscarriage <sub>1</sub>	miscarriage <sub>1</sub>	miscarriage <sub>1</sub>
	abortion/ termination <sub>2</sub> for unwanted pregnancy	abortion/ termination <sub>2</sub> for unwanted pregnancy	abortion/ termination <sub>2</sub> for unwanted pregnancy
	termination <sub>3</sub> for problem (please describe)	termination <sub>3</sub> for problem (please describe)	termination <sub>3</sub> for problem (please describe)
	.....	.....	.....
	.....	.....	.....
	still pregnant <sub>4</sub>	still pregnant <sub>4</sub>	still pregnant <sub>4</sub>
	baby born <sub>5</sub>	baby born <sub>5</sub>	baby born <sub>5</sub>
	other (please <sub>6</sub> describe)	other (please <sub>6</sub> describe)	other (please <sub>6</sub> describe)
	.....	.....	.....
	.....	.....	.....



iii)	please give actual date of delivery or end of pregnancy: (If still pregnant put <u>77/77/1997</u> )	____/____/199__	____/____/199__	____/____/199__
iv)	do/did you have any problems?	Yes <sub>1</sub> No <sub>2</sub>	Yes <sub>1</sub> No <sub>2</sub>	Yes <sub>1</sub> No <sub>2</sub>
	<b>If <u>yes</u></b> , please describe:	..... .....	..... .....	..... .....

A9c. (cont)	<b>4th pregnancy</b>	<b>5th pregnancy</b>	<b>6th pregnancy</b>	
i)	date of your last menstrual period before the pregnancy (if you remember it)	____/____/199__	____/____/199__	
ii)	what happened:	miscarriage <sub>1</sub>  abortion/ termination <sub>2</sub> for unwanted pregnancy  termination <sub>3</sub> for problem (please describe)  ..... .....  still pregnant <sub>4</sub>  baby born <sub>5</sub>  other (please <sub>6</sub> describe)  ..... .....	miscarriage <sub>1</sub>  abortion/ termination <sub>2</sub> for unwanted pregnancy  termination <sub>3</sub> for problem (please describe)  ..... .....  still pregnant <sub>4</sub>  baby born <sub>5</sub>  other (please <sub>6</sub> describe)  ..... .....	miscarriage <sub>1</sub>  abortion/ termination <sub>2</sub> for unwanted pregnancy  termination <sub>3</sub> for problem (please describe)  ..... .....  still pregnant <sub>4</sub>  baby born <sub>5</sub>  other (please <sub>6</sub> describe)  ..... .....
iii)	please give actual date of delivery or end of pregnancy: (If still pregnant put <u>77/77/1997</u> )	____/____/199__	____/____/199__	
iv)	do/did you have any problems?	Yes <sub>1</sub> No <sub>2</sub>	Yes <sub>1</sub> No <sub>2</sub>	
	<b>If <u>yes</u></b> , please describe:	..... .....	..... .....	

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



A10. How would you describe your most recent periods:

	Very	Moderately	Mildly	Not at all	No periods
a) how heavy are your periods?	1	2	3	4	7
b) how painful are your periods?	1	2	3	4	7
c) irregular	1	2	3	4	7
d) how many days does bleeding usually last?	_____days				

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A11. Have you ever had a D and C (scrape)? Yes<sub>1</sub> NO<sub>2</sub> Don't know <sub>9</sub>

If yes,

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

.....

#### SECTION B:MORE ABOUT YOURSELF

B1. **Handedness.** Read each of the questions below. Decide which hand you use for each activity. If you are unsure, try it out.

Which hand:	Left	Right	Either
a) do you normally use to write?	1	2	3
b) do you use to draw?			
c) do you use to throw a ball?			
d) would you use to hold a racket or bat?			
e) do you use to hold your toothbrush to clean your teeth?			
f) holds a knife when you are cutting things?			
g) holds a hammer when you are driving a nail?			
h) would you use to hold a match to strike it?			
i) would you use to hold a rubber to rub out a mark on paper?			
j) do you use to deal from a pack of cards?			
k) do you use to hold the thread when threading a needle?			

B2. **Footedness**

	Which foot:	Left	Right	Either
a)	would you use to kick a ball to someone?	1	2	3
b)	would you use to pick up a pebble with your toes?			
c)	would you use to step on an insect or something similar?			
d)	would you put on a chair first if you had to step onto the chair?			

B3. **Eyedness**

		Left	Right	Either
a)	which eye would you use to look through a telescope?	1	2	3
b)	if you had to look into a dark <sub>1</sub> 2 3 bottle to see how full it was, which eye would you use?			

## B4. Which hands do various members of your family use?

		Left	Right	Either	Don't Know
a)	the study child's father	1	2	3	9
b)	your own mother				
c)	your own father				

## B5. Thinking back to your childhood, (i.e. up to the age of 16) please answer the following questions:

- a) What sort of home were you mostly brought up in?
- (i) house <sub>1</sub>      flat <sub>2</sub>      caravan <sub>3</sub>
- other <sub>4</sub> please describe .....
- ii) was this: council housing<sub>1</sub>      being bought <sub>2</sub>      owned<sub>3</sub>
- other rented<sub>4</sub>      other<sub>5</sub> please describe.....
- Don't know<sub>9</sub>
- b) Did you have any household pets?
- Yes always <sub>1</sub>      Yes, for part of time<sub>2</sub>      No, not at all<sub>3</sub>
- c) Would you say that as a family you did things together?
- Yes often<sub>1</sub>      Yes, sometimes<sub>2</sub>      No, not at all<sub>3</sub>      was not in a family <sub>7</sub>
- d) Did you feel neglected emotionally during your childhood?
- Yes, severely neglected<sub>1</sub>
- Yes, somewhat neglected<sub>2</sub>
- No, not at all<sub>3</sub>

e) Were you physically neglected as a child (e.g. not fed or clothed properly)?

Yes, severely neglected<sub>1</sub>

Yes, somewhat neglected<sub>2</sub>

No, not at all<sub>3</sub>

f) Were you physically abused (e.g. beaten) as a child?

Yes, severely abused<sub>1</sub>

Yes, somewhat abused<sub>2</sub>

No, not at all<sub>3</sub>

Go to B5g

If **yes**,

who abused you? (tick all that apply)

	<b>Yes</b>	<b>No</b>
(i) mother	1	2
(ii) father	1	2
(iii) someone else	1	please describe .....
(iv) how old were you when this first happened?years		

g) How would you describe the relationship between your mother and father when you were growing up?

<b>When together were they:</b>	<b>Yes, always</b>	<b>Yes, frequently</b>	<b>Yes, sometimes</b>	<b>No, not at all</b>	<b>Single parent family always</b>
i) violent	1	2	3	4	
ii) affectionate	1	2	3	4	7
iii) quarrelsome					↓
iv) happy					go to h below
v) frightening					
vi) friendly					
vii) respectful of one another					
viii) remote or distant from one another					

h) Space for anything else you might like to tell us about your childhood.

B6. Did you like school?

yes always	1
yes mostly	2
it was alright	3
no, not really	4
no, definitely not	5

B7. Was school a valuable experience for you?

yes, very valuable	1
yes, generally valuable	2
I'm not sure	3
no, generally not valuable	4
no, of no value	5

B8. a) Were you frequently away from school?

	Yes	No
i) before age 11	1	2
ii) aged 11 or more	1	2

If yes, 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 C: YOUR OPINION OF YOURSELF

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

	Almost always true	Often true	Sometimes true	Seldom true	Never true
C1. I feel that I am a person of worth, at least equal to others.	1	2	3	4	5
C2. I feel I have a number of good qualities.					
C3. I am able to do things as well as most other people.					
C4. I feel I do not have much to be proud of.					
C5. I take a positive attitude towards myself.					
C6. Sometimes I think I am no good at all.					
C7. I am a useful person to have around.					
C8. I feel I cannot do anything right.					
C9. When I do a job I do it well.					
C10. I feel that my life is not very useful.					

C11. I am unlucky

**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 may be feeling differently now.

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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 family?				
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 often have excessive sweating or fluttering of the heart?				
D19. Do you find yourself needing to cry?				
D20. Do you have bad dreams which upset you when you wake up?				
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 <sub>1</sub>

Not quite so much now <sub>2</sub>

Definitely not so much now <sub>3</sub>

Not at all <sub>4</sub>

D25. I have looked forward with enjoyment to things:

As much as I ever did <sub>1</sub>

Rather less than I used to <sub>2</sub>

Definitely less than I used to <sub>3</sub>

Hardly at all <sub>4</sub>

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

Yes, most of the time <sub>1</sub>

Yes, some of the time <sub>2</sub>

Not very often <sub>3</sub>

Never <sub>4</sub>

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

No, not at all <sub>1</sub>

Hardly ever <sub>2</sub>

Yes, sometimes <sub>3</sub>

Yes, often <sub>4</sub>

**In the past week:**

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

Yes, quite a lot <sub>1</sub>

Yes, sometimes <sub>2</sub>

No, not much <sub>3</sub>

No, not at all <sub>4</sub>

D29. Things have been getting on top of me:

Yes, most of the time I <sub>1</sub>  
haven't been able to cope

Yes, sometimes I haven't  
been coping as well as usual <sub>2</sub>

No, most of the time I have  
coped quite well <sub>3</sub>

No, I have been coping as well  
as ever <sub>4</sub>

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

- <sub>1</sub> Yes, most of the time
- <sub>2</sub> Yes, sometimes
- <sub>3</sub> Not very often
- <sub>4</sub> No, not at all.

D31. I have felt sad or miserable:

- Yes, most of the time <sub>1</sub>
- Yes, quite often <sub>2</sub>
- Not very often <sub>3</sub>
- No, not at all <sub>4</sub>

**In the past week:**

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

- Yes, most of the time <sub>1</sub>
- Yes, quite often <sub>2</sub>
- Only occasionally <sub>3</sub>
- Never <sub>4</sub>

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

- Yes, quite often <sub>1</sub>
- Sometimes <sub>2</sub>
- Hardly ever <sub>3</sub>
- Never <sub>4</sub>

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

- Yes, more good days <sub>1</sub>
- About half and half <sub>2</sub>
- No, more bad days <sub>3</sub>

**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 study child was 18 months old? If so, please assess how much effect it had on you.

Since the study child was 18 months old:	Yes & affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but did not affect me at all	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					
E25. You had a major financial problem					
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

	Yes & affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but did not affect me at all	No did not happen
Since the study child was 18 months old:					

E37. Your partner was  
emotionally cruel to you

1

2

3

4

5

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 tick and 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<sub>1</sub>No<sub>2</sub>

If yes, b) please describe :

.....

.....

c) How did this affect you?

a lot<sub>1</sub>moderately <sub>2</sub>mildly <sub>3</sub>not at all <sub>4</sub>

#### 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.

		month	year
F1. a)	When did you move to your present address?	_____	19____
b)	How many times have you moved home since your study child was <u>18 months old</u> ?		

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 tick and describe) 7

.....

F3. Do you live in your own home or do you live with your parents or others?

live in own home (or shared with partner)	1
live in partner's home	2
live with your parents in their home	3
live with your partner's parents in their home	4
other situation (please tick and 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
a room in someone else's house	6
other (please tick and 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. 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			
c) coal fires			
d) paraffin heaters			
e) gas fires (mains gas)			
f) gas fires (bottled gas)			
g) other type of heating (please tick and describe)			

.....

F7. 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 the study child sleeps	1	2	3	4	5

F8. If your home is centrally heated in winter, please describe:

a) type:

solid fuel	1	
oil	2	
gas	3	
electricity	4	
no central heating	7	go to F9 below
other (please tick and describe)	5	.....

b) how is heating distributed?

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

c) where is the boiler?

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

F9. 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 <sub>1</sub> radiators	room thermostat <sub>2</sub>	room thermometer <sub>3</sub>
none of these <sub>4</sub>	other <sub>5</sub> (please describe)	.....

b) In your study child's bedroom:

thermostat on <sub>1</sub> radiator	room thermostat <sub>2</sub>	room thermometer <sub>3</sub>
none of these <sub>4</sub>	other <sub>5</sub> (please describe)	.....

F9. c) What temperature do you try to keep to in winter:

- (i) in living rooms \_\_\_\_\_day \_\_\_\_\_night
- (ii) in room where your  
study child sleeps \_\_\_\_\_day \_\_\_\_\_night
- (If you don't keep to any particular temperature put 87)

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. Do you use the cooker for any other purpose than cooking (e.g. drying clothes, heating the room)?

Yes<sub>1</sub>          No<sub>2</sub>          don't have cooker <sub>7</sub> Go to F12 below

If **yes**, please describe: .....

F12. When you are cooking, how often do you get rid of the smells and steam using the following?

	Usually	Sometimes	Not at all
a) open windows	1	2	3
b) ventaxia/air extractor	1	2	3
c) extractor hood which vents to outside	1	2	3
d) extractor hood with charcoal that doesn't vent to outside	1	2	3
e) other (please tick and describe)	1	2	3
.....			

F13. Does your home have the following?

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

F14. Apart from the kitchen, how many rooms do you have for living and/or sleeping? \_\_\_\_\_

F15. Do you have sole use of the following amenities or are they shared with other household(s)?

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



F16. Is there a working telephone in your home?

- |                                  |   |
|----------------------------------|---|
| No                               | 1 |
| Yes, but for incoming calls only | 2 |
| Yes, a fully working phone       | 3 |

F17. Do you or your partner have the use of a car (including vans, minibuses, etc.)?

- |                          |   |
|--------------------------|---|
| Yes, we own a car        | 1 |
| Yes, we can borrow a car | 2 |
| No                       | 3 |

F18. How often do you have any windows open in your home:

- |    |   | Windows almost<br>always open | Windows open<br>only when<br>weather is<br>good | Windows open<br>occasionally | Windows almost<br>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                            |
| 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 <sub>1</sub> No <sub>2</sub> If <u>no</u> , go to F19 below             |                               |   |                              |                              |
| e) | If <u>yes</u> , have they been blocked up?                                  |                               |   |                              |                              |
|    | yes all of them <sub>1</sub>  |                               |   |                              |                              |
|    | yes some of them <sub>2</sub>   |                               |   |                              |                              |
|    | no <sub>3</sub>   |                               |   |                              |                              |
|    | don't know <sub>9</sub>   |                               |   |                              |                              |

F19. a) Is there ever any damp, condensation or mould in your home?

Yes <sup>1</sup> No <sup>2</sup> If no, go to F20 on page 31

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

F19. c) How much of a problem is mould?

no mould	1
not serious	2
fairly serious	3
very serious	4

F20. 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

F21. 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:**

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 study child 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) new furniture 1 ..... 2 9



F22. How would you rate your home in relation to that of 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

F23. Here is a list of some things that can be a problem in people's homes or in the neighbourhood. How much of a problem are the following for you and your family?

	Serious problem	Minor problem	Not a problem	No pinion
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				
l) Other problems (please tick and describe)				
.....				
.....				

**SECTION G:YOUR HOUSEHOLD**

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- 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 tick and describe) 1

.....

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

- G3. a) What is your present marital status?

- never married 1
- widowed 2
- divorced 3
- separated 4
- married (once only) 5
- married for second or third time 6

- b) If married, what was the date of the most recent marriage? \_\_\_\_ / \_\_\_\_ / 19\_\_\_\_

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

- Yes <sub>1</sub> father
- No <sub>2</sub>
- No live-in <sub>7</sub> figure
- Don't know <sub>9</sub>

If yes, or don't know go to G4c below

If no,

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

\_\_\_\_\_months (put 00 for from birth or before 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 is dead 7
- about once a fortnight 4
- 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 is dead	7
no	3

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

No 1      Yes 2      If yes, go to G5 on page 36

If no,

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

\_\_\_\_\_months (put 00 for from birth)

G4.

(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 is dead	7
about once a fortnight	4
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 is dead	7
no	3

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	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<sub>1</sub>                      No <sub>2</sub>                      If no, go to G8 below

If yes, please describe:

<u>Nature of condition(s)</u>	<u>Person(s) involved</u> (state relationship to you - partner, child, mother, etc)
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

G8. Do you agree with the statements:

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
a) No family is complete until there is a pet in the home	1	2	3	4
b) Pets should have the same rights and privileges as family members	1	2	3	4

G9. a) Do you have any pets?

Yes <sub>1</sub>                      No <sub>2</sub>                      If no, go to G10 on page 38

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) .....

c) Would you say that owning a pet has helped your health?

Yes, improved it<sub>1</sub>                      No, made it worse <sub>2</sub>                      No effect <sub>3</sub>

	<b>Never</b>	<b>Occasionally</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
d) How often do you take pets along when you visit friends or relatives?	1	2	3	4	5
e) How often are your feelings towards people affected by the way they react to your pets?	1	2	3	4	5
f) Do you keep a picture of your pet(s) with you or on display at home or at work?					

Yes<sub>1</sub>
No<sub>2</sub>

G10. 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	1	2	3	
c) pigeons	1	2	3	
d) cats	1	2	3	
e) cockroaches	1	2	3	
f) ants	1	2	3	
g) dogs	1	2	3	
h) woodlice	1	2	3	
i) other (please tick and describe)	1	2	3	
.....				

G11. Below are questions about financial matters. We realise this may be a sensitive subject. As with all our questions you may leave this section out if you want to. [However, if you can complete it, it will be of great importance to us].

a) On average, about how much is the take home family income each **week** (include social benefits etc)?

less than £100	1	£300 - £399	4
£100 - £199	2	£400 or more	5
£200-£299	3	don't know	9

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

nothing	1	£40 - £59	4
less than £20	2	£60 - £79	5
£20 - £39	3	£80 or more	6
don't know	9		

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

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

d) How much do you spend on child care each week (playgroup, childminder, baby sitter etc)?

nothing	1	£30 - £39	5
less than £10	2	£40 - £49	6
£10 - £19	3	£50 or more	9
£20 - £29	4	varies	8
don't know	9		

e) Do you manage to save at all?      **Yes<sub>1</sub>**      **No<sub>2</sub>**

f) Do you receive any financial help from your parents or other relatives?

**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

b) does your partner live with you?

Yes<sub>1</sub> No<sub>2</sub> If no, go to H2 below

If yes,

c) how long have you lived together? \_\_\_\_\_ years \_\_\_\_\_ months

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

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 your study child. Please indicate whether he has had any of these since your study child was 18 months old.

Partner had:	Yes, and saw a doctor	Yes, but did not see a doctor	No, not at all	Do not know
a) headaches or migraine	1	2	3	9
b) indigestion				
c) epilepsy				
d) depression <sub>1</sub>				
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				
p) eczema				
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 partner's relationships with young children.  
Please indicate how you feel in your particular situation.

- |   | This is<br>always<br>how I feel | This is<br>sometimes<br>how I feel | I never<br>feel<br>this way |
|---|---------------------------------|------------------------------------|-----------------------------|
| a) My partner really loves this child   | 1                               | 2                                  | 3                           |
| b) My partner is glad that I had<br>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<br>because I think he might be violent |                                 |                                    |                             |
| e) My partner seems to feel very<br>close to this child                                 |                                 |                                    |                             |
| f) This child never gets on his nerves  |                                 |                                    |                             |
| g) He really cannot bear it when<br>this child cries                                    |                                 |                                    |                             |
| h) I think my partner is excited as he gradually<br>watches this child develop          |                                 |                                    |                             |
| i) My partner feels anxious when someone other<br>than us looks after this child        |                                 |                                    |                             |
| j) He doesn't mind the mess<br>that surrounds a young child.                            |                                 |                                    |                             |
| k) This child makes my partner very happy   |                                 |                                    |                             |

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

H6. a) Is your partner currently employed?

Yes<sub>1</sub>

No<sub>2</sub>

If no, go to Question H7 on Page 43

If yes,

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

.....

c) Has he had the same job since this child was 18 months old?

Yes<sub>1</sub>

No<sub>2</sub>

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?

		<b>Almost always</b>	<b>Sometimes</b>	<b>Hardly ever</b>	<b>Never</b>
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, easygoing				

H8. Who does these various household tasks?

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

H9. Who decides:

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 redecorate							
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?

		<b>Very satisfied</b>	<b>Moderately satisfied</b>	<b>Somewhat dissatisfied</b>	<b>Very dissatisfied</b>
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 5 day
------------	---	-----------------------	---	------------------	---	------------------	---	-------------

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 5 day
------------	---	-----------------------	---	------------------	---	------------------	---	-------------

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

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

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

		Yes, I did this	Yes, he did this	Yes, we both did this	No, not at all
i)	not speaking to partner for more than half an hour	1	2	3	4
ii)	one of you walking out of the house	1	2	3	4
iii)	shouting at partner and/or calling partner names	1	2	3	4
iv)	hitting or slapping partner	1	2	3	4
v)	throwing or deliberately breaking things	1	2	3	4

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	At least once a week
a)	gone out for a meal	1	2	3	4
b)	gone out for a drink	1	2	3	4
c)	visited friends	1	2	3	4
d)	visited family	1	2	3	4
e)	gone to the cinema or theatre	1	2	3	4

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

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

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

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 (e.g. 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* nearly every day	4
Drinks 3-9 glasses* every day	5
Drinks at least 10 glasses* a day	6
Don't know	9

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

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	don't know	9
5-10 days	3	3-4 days	4		
1-2 days	5	none	6		

H17. Below are attitudes and behaviours which people reveal in their close relationships. Please rate your partner's attitudes and behaviour towards you in recent times and tick the most appropriate box for each item.

My partner:	Very true	Moderately true	Somewhat true	Not at all true
a) Is very considerate of me	1	2	3	4
b) Wants me to take his side in an argument				
c) Wants to know exactly what I'm doing and where I am				
d) Is a good companion				
e) Is affectionate to me				
f) Is clearly hurt if I don't accept his views				
g) Tends to try to change me				
h) Confides closely in me				
i) Tends to criticize me over small issues				
j) Understands my problems and worries				

k)	Tends to order me about				
<b>My partner:</b>		<b>Very true</b>	<b>Moderately true</b>	<b>Somewhat true</b>	<b>Not at all true</b>
l)	Insists I do exactly as I'm told	1	2	3	4
m)	Is physically gentle and considerate				
n)	Makes me feel needed				
o)	Wants me to change in small ways				
p)	Is very loving to me				
q)	Seeks to dominate me				
r)	Is fun to be with				
s)	Wants to change me in big ways				
t)	Tends to control everything I do				
u)	Shows his appreciation of me				
v)	Is critical of me in private				
w)	Is gentle and kind to me				
x)	Speaks to me in a warm and friendly voice				

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#### SECTION I:SAFETY EQUIPMENT

I1. 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	_____	1	2
c) Smoke alarms	_____	1	2
d) Electric socket covers*	_____	1	2
e) Windows with locks/bars*	_____	1	2
f) Door slam protectors*	_____	1	2
g) Child car seats	_____	1	2

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

I2. 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

I3. Have you ever had any training in first aid?

Yes<sub>1</sub> No 2 **If no**, go to J1 on page 50

**If yes**, please describe .....

.....

.....

**SECTION J:YOUR OCCUPATION AND LIFESTYLE**

J1. Compared with other mothers of your age, would you consider yourself to be:

- much more active <sub>1</sub>
- somewhat more active <sub>2</sub>
- about the same <sub>3</sub>
- somewhat less active <sub>4</sub>

J2. 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<sub>1</sub> No <sub>2</sub>

If **yes**,

b) how many days a week: days

J3. a) Since having this study child, have you started work?

- no <sub>1</sub> If **no**, go to Question J11 on Page 53
- yes, but work at home <sub>2</sub>
- yes, work outside home <sub>3</sub>

If **yes**,

b) how old was this study child when you started? months

c) are you still working?

Yes<sub>1</sub> No<sub>2</sub>

If **no**, i) when did you finish? \_\_\_\_ / \_\_\_\_ / 199\_\_ Now go to J13

If **yes**, ii) what job(s) are you doing (please describe the job you do and the type of industry/employer(s) you work for)

.....

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

i) Does this include weekends?

Yes<sub>1</sub> No<sub>2</sub> sometimes <sub>3</sub>

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

Yes<sub>1</sub> No<sub>2</sub> sometimes <sub>3</sub>

J3. e) How would you describe the physical effort you need for your current job?

- very little effort, mostly sitting <sub>1</sub>
- some physical effort <sub>2</sub>
- quite a lot of physical effort <sub>3</sub>
- considerable physical effort <sub>4</sub>

J4.	What are the <u>main</u> reasons you work?	<b>Yes</b>	<b>No</b>
a)	financial, I am important as a breadwinner	1	2
b)	financial, for family extras	1	2
c)	career	1	2
d)	enjoyment	1	2
e)	to get out of the home	1	2
f)	other (please describe)	1	2

.....

J5. Are you working at the same status as you did before you had your study child?

didn't work before <sub>7</sub>

no, lower level<sub>1</sub>

yes, same level<sub>2</sub>

no, higher level <sub>3</sub>

J6. Do you find your job satisfying?

Yes<sub>1</sub>                      No <sub>2</sub>                      Sometimes <sub>3</sub>

J7. Do you wish that you could generally spend more time with this child?

yes often<sub>1</sub>

yes sometimes<sub>2</sub>

yes but rarely <sub>3</sub>

no not at all<sub>4</sub>

J8. a) How do you usually travel to work?(Tick all that apply)

	<b>Yes</b>	<b>No</b>	<b>Work at home</b>
i) public transport (bus, train)	1	2	<sub>7</sub> Go to J9 below
ii) car	1	2	
iii) cycle	1	2	
iv) walk	1	2	
v) other (please tick and describe)	1	2	

.....

b) How long does it usually take:

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

J9. Below are statements about how working affects being a parent. Please indicate which is true for you:

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

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J10. a) Do you worry about your study child when you are at work?

Yes often <sub>1</sub>      Yes sometimes<sub>2</sub>      No <sub>3</sub>

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

Yes often <sub>1</sub>      Yes sometimes<sub>2</sub>      No <sub>3</sub>

If you are working please now go to Question J13

If you are not working:

J11. a) Have you chosen not to work so that you can stay at home with your child?

Yes<sub>1</sub>      No<sub>2</sub>

If yes, go to Question J12 below

If no,

b) Have you been looking for work?

Yes<sub>1</sub>      No<sub>2</sub>      If no, go to J12 below

c) If yes, for how long have you been seeking work? \_\_\_\_\_ months

J12. How has not working made you feel?

		Yes	No
a)	depressed	1	2
b)	bored	1	2
c)	angry	1	2
d)	happy	1	2
e)	don't mind	1	2
f)	other (please tick and describe)	1	2

.....

J13. How many cigarettes per day do you currently smoke?

30+	30	25-29	25	20-24	20	15-19	15
10-14	10	5-9	05	1-4	01	none	00
pipe only	08	cigars only	09				

J14. 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 do you think you have 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 alcoholic drinks?

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

J15. 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 this study child	1	2	3	4	

J16. How much help would you say you had nowadays:

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

J17. How many hours sleep do you get altogether now?

	None	1 - 3 hours	4 - 5 hours	6 - 7 hours	More than 7 hours
a) during an average night	1	2	3	4	5
b) during an average day	1	2	3	4	5



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

Yes 1 No2

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J18. You and your study child.

The following statements are about how you feel about the study child.

		<b>This is exactly how I feel</b>	<b>This is often how I feel</b>	<b>This is how I sometimes feel</b>	<b>I never feel this way</b>
a)	I really enjoy this child	1	2	3	4
b)	I would have preferred that we had not had this child when we did	1	2	3	4
c)	I feel confident with my child	1	2	3	4
J19.					
d)	I dislike the mess that surrounds my child	1	2	3	4
e)	It is a great pleasure to watch my child develop	1	2	3	4
f)	I really cannot bear it when the child cries	1	2	3	4
g)	I feel constantly unsure if I'm doing the right thing for my child	1	2	3	4
h)	I feel I should be enjoying my child but am not	1	2	3	4
i)	I feel I have no time to myself	1	2	3	4
j)	Having this child has made me feel more fulfilled	1	2	3	4
k)	children are fun	1	2	3	4

# **SECTION K:YOUR NEIGHBOURHOOD**

K1. a) Do the other people in your neighbourhood:

		No, never	Rarely	Some- times	Often	Always <sup>42</sup>
i)	visit your home	1	2	3	4	5
ii)	argue with you	1	2	3	4	5
iii)	look after your children	1	2	3	4	5
iv)	keep to themselves	1	2	3	4	5

b) Do you:

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

K2. 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

K3. How heavy is the traffic on the street where you live?

- very heavy<sub>1</sub>
- quite heavy 2
- not very heavy<sub>3</sub>
- hardly any traffic<sub>4</sub>

# **SECTION L:MORE ABOUT YOUR STUDY PREGNANCY**

It is now a long time since your study baby was born, but as the result of our research so far there are some more questions we would like to ask about that time.

L0. At the time you became pregnant about how many silver (amalgam) fillings did you have in your mouth?

- None<sub>0</sub>
- One<sub>1</sub>
- 2-3 2
- 4 or more<sub>3</sub>
- don't remember 9

L1. During your study pregnancy, did you go to the dentist at all?

Yes <sub>1</sub>                  No <sub>2</sub>                  Unsure <sub>3</sub>

If yes,

- (a) did you have any teeth out?                  Yes<sub>1</sub>    No <sub>2</sub>
- (b) did you have any new silver  
(dental amalgam) fillings put in?                  Yes<sub>1</sub>    No <sub>2</sub>
- (c) did you have any old silver  
(dental amalgam) fillings taken out?                  Yes<sub>1</sub>    No <sub>2</sub>
- (d) did you have dental gas?                  Yes<sub>1</sub>    No <sub>2</sub>
- (e) did you have a dental X ray?                  Yes<sub>1</sub>    No <sub>2</sub>

If yes, how many X rays altogether  
during the study pregnancy?                  \_\_\_\_\_times

L2. a) During the first months of the study pregnancy, did you have any bleeding episodes?

Yes<sub>1</sub>                  No <sub>2</sub>                  Don't know <sub>3</sub>

b) If yes, please describe these:

spotting only                  <sub>1</sub>                  one bleed a bit like a period <sub>2</sub>

quite heavy bleeding                  <sub>3</sub>                  other <sub>4</sub>

please describe .....

L3. Are you and the father of the study child related by blood to one another?

No, not at all                  <sub>1</sub>

Yes, 1st cousins                  <sub>2</sub>

Yes, other                  <sub>3</sub>                  (please describe) .....

L4. ULTRASOUND in your Study Child's pregnancy.

a) Please try to remember where and when you had ultrasound scans and list them below, if you can (including miniscans).

ULTRASOUND	PLACE	WHO DID IT?(G.P., Midwife Hospital doctor, Radiographer)	DATE (if known)
1st	.....	.....	.../.../...
2nd	.....	.....	.../.../...
3rd	.....	.....	.../.../...
4th	.....	.....	.../.../...
5th	.....	.....	.../.../...
6th	.....	.....	.../.../...
7th	.....	.....	.../.../...
8th	.....	.....	.../.../...
9th	.....	.....	.../.../...
10th	.....	.....	.../.../...
11th	.....	.....	.../.../...
12th	.....	.....	.../.../...
13th	.....	.....	.../.../...
14th	.....	.....	.../.../...

15<sup>th</sup>

b) Were any of these called Doppler scans, (with a wave pattern on the screen and the sound of your baby's heartbeat)?

Yes<sub>1</sub>                      No<sub>2</sub>                      Don't know<sub>9</sub>

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If yes, put a \* by each such scan above.

c) Were any of the scans:

	Yes	No	Don't know
i) to look at the baby's movements?	1	2	9
ii) to see if the child was growing properly?	1	2	9
iii) other reason (please tick and describe)	1	2	9
.....			
iv) vaginal? (i.e. the probe was put into the vagina)	1	2	9

#### SECTION M:CHEMICALS IN YOUR ENVIRONMENT

M1. 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) moth repellent (moth balls)					
u) other chemical (please tick and describe)					
.....					

M2. Is your study child ever exposed to other chemicals or fumes?

Yes <sub>1</sub>                      No<sub>2</sub>

If yes, please describe:

.....

M3. What type of powder or detergent do you usually wash the study child's clothes in?

**Please list:**

**Brand**    **Type** (e.g. biological)

.....

.....

M4. 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

#### **SECTION N:HEALTH SERVICES**

N0. Most young children get an ear problem at some time. Has your study child ever had an earache or ear infection?

Yes<sub>1</sub>                      No<sub>2</sub>                      If no, go to N19 on page 66

If your child has had earache or ear infections, please answer the following questions.

N1. When your 'Children of the Nineties' child has an earache or ear infection, what do you do?

	<b>Always (or yes, if only one illness)</b>	<b>Usually</b>	<b>Sometimes</b>	<b>Never (or no, if only one illness)</b>
a) Contact the family doctor (GP)	1	2	3	4
b) Contact your health visitor				
c) Ask the chemist about it				
d) Seek advice from family and friends				
e) Treat it yourself				
f) Wait for it to clear up by itself				
g) Other (please tick and describe)				
.....				

If you have never taken your child to the doctor for an earache or ear infection, please go to N6

N3. When you took your child to the doctor because you thought he/she had earache and was fretful, did the doctor:

	Always (or yes, if only one illness)	Usually	Sometimes	Never (or no, if only one illness)	Not sure
a) Prescribe an antibiotic	1	2	3	4	5
b) Prescribe something else	1	2	3	4	5
c) Refer your child to someone else	1	2	3	4	5

N4. If your doctor has prescribed medicine or tablets for your child's ear problems, have you

usually: (tick one)

used it all up ..... 1

used it until he/she seemed better ..... 2

saved some in case he/she gets another attack ..... 3

shared it with someone else who needed it ..... 4

found it didn't agree with him/her and went back to the doctor 5

found it didn't agree with him/her and stopped giving it ..... 6

Doctor didn't prescribe anything ..... 7

N5. If you have taken your study child to the doctor for an ear problem, has the doctor (or surgery nurse) explained all that you wanted to know:

a) About your child's ear problem	Yes 1	No <sub>2</sub>
b) About the treatment <u>or</u> reason for no treatment	Yes 1	No <sub>2</sub>
c) About what else you could do	Yes 1	No <sub>2</sub>

N6. Does your study child attend nursery/playgroup/child-minder?

Yes 1      No<sub>2</sub>      If No, go to N8a on page 64

N7. If your child had an earache or ear infection, did you:

	Always (or yes, if only one illness)	Usually	Sometimes	Never (or no, if only one illness)
a) Let him/her go to nursery/play-group/ child-minder	1	2	3	4
b) Keep him/her at home	1	2	3	4
c) Make other arrangements (please tick and describe)	1	2	3	4

.....

d) During the last 12 months, about how many days has he/she missed nursery/playgroup or not been with the child-minder because of ear problems?

\_\_\_\_\_ days

- N8. a) In the past 12 months, about how many times have you or your partner had to take time off work because of your child's ear problems?

**Self**

**Partner**

\_\_\_\_\_times

\_\_\_\_\_times

If no times go to N10a

- b) How many days off would this add up to altogether?

**Self**

**Partner**

\_\_\_\_\_days

\_\_\_\_\_days

- N9. If you or your partner had to take time off because your child had ear problems, did you usually:  
(tick as many as apply)

	<b>You (i)</b>	<b>Partner (ii)</b>
a) lose pay .....	1	1
b) take it as holiday .....	1	1
c) say <b>you</b> were ill or give some other reason	1	1
d) make up the time later .....	1	1
e) no time off work/not working .....	1	1

- N10. a) In the last 6 months how many times have you taken your child to the doctor for ear problems?

\_\_\_\_\_ times

- b) Thinking of the last 6 months, can you say how much your child's ear problems have cost the family? Please add up carefully all the costs you can think of (e.g.: for travel to the doctor counted at 15p per mile, loss of pay, extra medicines, extra child-care, etc.)

Up to £10	1
£11 - £30	2
£31 - £100	3
over £100	4
not sure	5

- N11. How much of a burden has this been for your household finances?

Small	1
moderate	2
heavy	3
no problem	4

- N12. Did your child's ear problems mean you needed to give him/her more attention than you would otherwise have done?

no	1
a little	2
more than a little	3
a lot	4

- N13. How much time have you lost for leisure activities because of these problems? (Please total it up over 6 months)

**Self**

**Partner**

\_\_\_\_\_hours

\_\_\_\_\_hours

N14. Who seemed to understand how difficult it can be to have a child with ear/hearing problems:  
(tick all those who really understand)

- a) Partner 1
- b) Other family member 1
- c) Play-group staff/teacher 1
- d) Health visitor/school nurse 1
- e) G.P. 1
- f) Other person 1 (please describe) .....
- g) No-one 1
- h) I don't think it's difficult 1

N15. Are there any other children living in your household?

Yes 1      No 2      Go to N19 below

N16. Have your other children had ear problems?

- Yes, older child has had ear problems 1
- Yes, younger child has had ear problems 2
- Yes, both older & younger children have had ear problems 3
- No other children have had ear problems 4

N17. Does any other child in the family **often** get coughs, cold, sore throats or ear problems?

Yes 1      No 2

N18. Do you think your other children suffered in any way because of the study child's ear problem?  
(tick as many as apply)

- a) Yes, they caught colds etc. from him/her 1
- b) Yes, I didn't have as much time for them 1
- c) Yes, they missed doing things (e.g.: nursery) because of it 1
- d) Other ..... 1
- e) No, it didn't affect them 1

N19. In the past 18 months please indicate whether you have had contact with any of the following, for whatever reason, for yourself or any member of your family.

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

.....



N20. The statements below describe the ways some mothers feel about the health services.  
We would be grateful if you could indicate what your own feelings are.

		<b>This is exactly how I feel</b>	<b>This is often how I feel</b>	<b>This is how I sometimes feel</b>	<b>I never feel this way</b>
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.	1	2	3	4
c)	I don't have any confidence in the doctors and nurses in the clinic.	1	2	3	4
d)	I know that if my child was very ill my doctor would come quickly.	1	2	3	4
e)	The health visitor gives very helpful advice	1	2	3	4
f)	The doctor in the clinic is always helpful.	1	2	3	4
g)	I don't think I could have coped well without the health visitor to help and advise me.	1	2	3	4

01. This questionnaire was completed by:

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

.....

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

day	month	year
_____	_____	199__

03. Please give your date of birth:

day	month	year
_____	_____	19_____

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 925 6260