



## **THE BABY AND ME**

**(PARTNER'S QUESTIONNAIRE)**

This questionnaire asks about your health and lifestyle now that the baby is over 6 months old.

Some questions may seem similar, but they are not the same. Others will be the same as you have answered in earlier questionnaires. This is so that we can see how things may have changed for you.

All the answers you give are confidential. We would be grateful if you would help us by answering as many of these questions as possible, but if there is any question you do not want to answer that is fine. Just leave it blank.

**THANK YOU VERY MUCH FOR YOUR HELP**

10/09/92

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	1	1-2	2	2-6	3	7 or more	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	1	No	2
-----	---	----	---



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	1	No	2
-----	---	----	---

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 only.

SECTION A:YOUR HEALTH

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

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

A2. a) Since the baby was born have you had to stay in hospital?

Yes 1 No 2 If no, go to A3

If yes,

- b) how many times: 1st time 2nd time 3rd time
- c) what were the reasons for each admission? (please describe) .....  
.....  
.....  
.....
- d) how long did you stay? days days days  
each time?

A3. Have you had any of the following since the new baby was born?

- |                         | Yes and<br>consulted doctor | Yes but did not<br>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) influenza            |                             |                                   |    |
| h) haemorrhoids/piles   |                             |                                   |    |
| i) wheezing             |                             |                                   |    |
| j) bronchitis           |                             |                                   |    |
| k) stomach ulcer        |                             |                                   |    |
| l) eczema               |                             |                                   |    |
| m) psoriasis            |                             |                                   |    |
| n) arthritis            |                             |                                   |    |
| o) rheumatism           |                             |                                   |    |
| p) urinary infection    |                             |                                   |    |
| q) other problems       |                             |                                   |    |

(please describe) .....

A4. Since the baby was born how often have you used any of the following?

	<b>Every day</b>	<b>Often</b>	<b>Some- times</b>	<b>Not at all</b>
a) sleeping pills	1	2	3	4
b) cannabis/marihuana				
c) tranquillisers				
d) pills for depression				
e) antibiotics				
f) painkillers (aspirin, paracetamol, etc)				
g) amphetamines or other stimulants				
h) heroin, methadone, crack, cocaine				
i) anticonvulsants				
j) steroids				
k) iron				
l) vitamins				
m) other pill, medicine or ointment (including herbal and homeopathic remedies) - please describe and state how frequently taken				

.....

**SECTION B:BEING A PARENT**

The following questions are about how you feel about having a baby in the house.

	<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>
B1. I really enjoy the baby	1	2	3	4
B2. I would have preferred that we had not had this baby when we did				
B3. I feel confident with the baby				
B4. I dislike the mess that surrounds the baby				
B5. It is a great pleasure to watch the baby develop				
B6. I really cannot bear it when the baby cries				
B7. I feel constantly unsure if I'm doing the right thing for the baby				
B8. I feel I should be enjoying the baby but am not				
B9. I feel I have no time to myself				
B10. A baby has made me feel more fulfilled				
B11. Babies are fun				

### **SECTION C:YOUR FEELINGS**

The questions in this section ask you about your feelings and the way you behave.  
Please indicate the way you feel nowadays.

		<b>Very often</b>	<b>Often</b>	<b>Not very often</b>	<b>Never</b>
C1.	Do you feel upset for no obvious reason?	1	2	3	4
C2.	Do you get troubled by dizziness or shortness of breath?				
C3.	Have you felt as though you might faint?				
C4.	Do you feel sick or have indigestion?				
C5.	Do you feel that life is too much effort?				
C6.	Do you feel uneasy and restless?				
C7.	Do you feel tingling or prickling sensations in your body, arms or legs?				
C8.	Do you regret much of your past behaviour?				
C9.	Do you sometimes feel panicky?				
C10.	Do you find that you have little or no appetite?				
C11.	Do you wake unusually early in the morning even when you haven't been woken by your children				
C12.	Do you worry a lot?				
C13.	Do you feel tired or exhausted?				
C14.	Do you experience long periods of sadness?				
C15.	Do you feel strung-up inside?				
C16.	Can you get off to sleep alright?				
C17.	Do you ever have the feeling you are going to pieces?				
C18.	Do you often have excessive sweating or fluttering of the heart?				
C19.	Do you find yourself needing to cry?				
C20.	Do you have bad dreams which upset you when you wake up?				
C21.	Do you lose the ability to feel sympathy for others?				
C22.	Can you think quickly?				

	Very often	Often	Not very often	Never
C23. Do you have to make a special effort to face up to a crisis or difficulty?	1	2	3	4

**Your feelings in the past week.**

C24. I have been able to laugh and see the funny side of things:

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

C25. I have looked forward with enjoyment to things:

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

**In the past week:**

C26. I have blamed myself unnecessarily when things went wrong:

Yes, most of the time	1
Yes, some of the time	2
Not very often	3
No never	4

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

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

C28. 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

C29. 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:**

C30. I have been so unhappy that I have had difficulty sleeping:

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

C31. I have felt sad or miserable:

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

C32. 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 |

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

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

C34. On the whole are there more good days than bad?

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



**SECTION D: RECENT EVENTS**

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

Since the baby was born:		Yes & affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but did not affect me at all	No did not happen
D1.	Your partner died	1	2	3	4	5
D2.	One of your children died					
D3.	A friend or relative died					
D4.	One of your children was ill					
D5.	Your partner was ill					
D6.	A friend or relative was ill					
D7.	You were admitted to hospital					
D8.	You were in trouble with the law					
D9.	You were divorced					
D10.	You found that your partner didn't want your child					
D11.	You were very ill					
D12.	Your partner lost her job					
D13.	Your partner had problems at work					
D14.	You had problems at work					
D15.	You lost your job					
D16.	Your partner went away					
D17.	Your partner was in trouble with the law					
D18.	You and your partner separated					
D19.	Your income was reduced					
D20.	You argued with your partner					
D21.	You argued with your family and friends					
D22.	You moved house					
D23.	Your partner was physically cruel to you					
D24.	You became homeless					
D25.	You had a major financial problem					
D26.	You got married					
D27.	Your partner was physically cruel to your children					

	Yes & affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but did not affect me at all	No did not happen
<b>Since the baby was born:</b>					
D28. You were physically cruel to the children	1	2	3	4	5
D29. You attempted suicide					
D30. You were convicted of an offence					
D31. Your partner became pregnant					
D32. You started a new job					
D33. You returned to work					
D34. Your partner had a miscarriage					
D35. Your partner had an <sub>1</sub> 2345 abortion					
D36. You took an examination					
D37. Your partner was emotionally cruel to you					
D38. Your partner was emotionally cruel to the children					
D39. You were emotionally cruel to the children					
D40. Your house or car was burgled					
D41. Your partner started a new job					
D42. A pet died					
D43. You had an accident please describe					
.....					
D44. a) Is there anything else which is not on the list which has concerned you or required additional effort from you to cope since the baby was born?					
	Yes 1	No 2	If <u>no</u> , go to Section E		
If <u>yes</u> , b) please describe :					
.....					
c) How did this affect you?					
a lot	1				
moderately		2			
mildly			3		
not at all				4	
D45. Space for any comments:					
.....					

**SECTION E:YOUR PARTNER**

[We assume your partner is female - but recognise that this may not be so]

E1. The following questions are about how your partner gets on with the baby.

		<b>Always</b>	<b>Sometimes</b>	<b>Never</b>
		1	2	3
a)	She really enjoys this baby			
b)	She would really have preferred that we had not had this baby when we did			
c)	She likes to play with the baby			
d)	She is confident with the baby			
e)	She takes great pleasure in watching the baby develop			
f)	She really cannot bear it when the baby cries			
g)	She dislikes the mess that surrounds the baby			
h)	I trust her alone with the baby			
i)	She takes an active part in bringing up the baby			

E2. Below are a number of statements. How frequently does each description fit your own partnership?

		<b>Very often</b>	<b>Often</b>	<b>Some-times</b>	<b>Rarely</b>	<b>Never</b>
		1	2	3	4	5
a)	Would you say your partner is loving (affectionate) toward you?					
b)	Does your partner get angry with you?					
c)	Does your partner listen to you when you want to discuss your problems or talk about your feelings?					
d)	Do you have arguments with your partner?					
e)	Does your partner talk to you about her problems and feelings?					
f)	Do you get angry with your partner?					
g)	Do you enjoy the company of your partner?					
h)	Does your partner show her approval of you?					
i)	Do you behave affectionately toward your partner?					
j)	Do you go out socially together?					
k)	Does your partner hug and kiss you?					
l)	Do you feel parenthood has brought you closer together?					
m)	Does your partner hold you in her arms?					

**SECTION F:YOUR OCCUPATION AND LIFESTYLE**

F1. 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

F2. a) How often do you drink alcoholic drinks?

every day	1
3-6 times per week	2
1-2 times per week	3
occasionally	4
never	5

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

F3. Compared with other fathers 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

F4. How many evenings a week do you usually go out? evenings

F5. What is your present job situation?

employed	1
unemployed but looking for a job	2
in full-time education	3
looking after the home and family	4
other (please describe)	5

.....

F6. 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	leading hand	4
manager	2	self-employed	5
supervisor	3	none of these	6

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

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

	<b>Yes almost always</b>	<b>Yes often</b>	<b>Not very often</b>	<b>Never</b>	<b>Do not work</b>
a) I enjoy seeing my baby after work	1	2	3	4	7
b) After a day at work I find it hard to cope with a baby					

F8. How difficult do you find it to afford these items nowadays:

	<b>Very difficult</b>	<b>Fairly difficult</b>	<b>Slightly difficult</b>	<b>Not difficult</b>
a) food	1	2	3	4
b) clothing				
c) heating				
d) rent or mortgage				
e) things you need for the baby				

F9. How much help would you say you have given with the following since having your baby?

	<b>A lot of help</b>	<b>Some help</b>	<b>Hardly any help</b>	<b>No help at all</b>
a) shopping	1	2	3	4
b) cleaning the home				
c) preparing meals				
d) washing up				
e) changing nappies				
f) washing the clothes				
g) help with the housework				
h) cook meals				
i) looking after your other children				
j) other tasks (please describe)				

.....

F10. How many hours sleep do you get altogether now?

	<b>None</b>	<b>1 - 3 hours</b>	<b>4 - 5 hours</b>	<b>6 - 7 hours</b>	<b>more than 7 hours</b>
a) during an average night	1	2	3	4	5
b) during an average day					

F11. Do you feel that you are getting enough sleep?

Yes 1      No 2

F12. On balance what would you say was the result of having this young baby?

	Yes	No	Can't say
a) It has made a big difference to the way I live	1	2	3
b) It has meant that I have less money to spend on myself			
c) It has meant that I have had to stay at home more than I used to			
d) I have felt more fulfilled			

**SECTION G: 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.

	<b>Yes, I agree</b>	<b>I'm unsure but probably agree</b>	<b>I'm unsure but probably disagree</b>	<b>No, I disagree</b>
G1. Babies should be picked up whenever they cry	1	2	3	4
G2. It is important to develop a regular pattern of feeding and sleeping with a baby				
G3. Babies should be fed whenever they are hungry				
G4. Babies need to be stimulated if they are to develop well				
G5. Babies need quiet secure surroundings and should not be disturbed too much				
G6. Parents need to adapt their lives to the baby's demands				
G7. A baby should fit into its parents' routine				
G8. Babies should be left to develop naturally				
G9. Talking, to even a very young baby, is important				
G10. Cuddling a baby is very important				

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

	<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>
G11. I have no one to share my feelings with	1	2	3	4
G12. My partner provides the emotional support I need				
G13. There are other fathers with whom I can share my experiences				
G14. I believe in moments of difficulty my neighbours would help me				
G15. I'm worried that my partner might leave me				
G16. There is always someone with whom I can share my happiness and excitement about my family				

	This is exactly how I feel	This is often how I feel	This is how I sometimes feel	I never feel this way
G17. If I feel tired I can rely on my partner to take over	1	2	3	4
G18. If I was in financial difficulty I know my family would help if they could				
G19. If I was in financial difficulty I know my friends would help if they could				
G20. If all else fails I know the state will support and assist me				



SECTION H:CHEMICALS IN YOUR ENVIRONMENT

In the last few months, how often have you used the following (whether at home or at work):

	Every day	Most days	About once a week	Less than once a week	Not at all
H1. a) disinfectant	1	2	3	4	5
b) bleach					
c) window cleaner					
d) carpet shampoo					
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) aerosols or sprays including hair spray					
m) hair dye/bleach					
n) deodorants					
o) air fresheners (spray, stick or aerosol)					
p) ceramics/enamels					
q) soldering					
r) dental amalgam					
s) electroplating					
t) glues					
u) leather working					
v) fabric/textiles					
w) dyes					
x) radiation (x-ray or other)					
y) plastics					
z) metal cleaners/degreasers, polishers					
za) petrol					
zb) machining					
zc) photographic chemicals					
zd) electrical wiring					
ze) diesel					
zf) other chemical (please describe)					
.....					

Thank you for your help so far.

These next pages are concerned with early sexual experience.

IF YOU WOULD RATHER NOT ANSWER THEM, WE QUITE UNDERSTAND.  
JUST GO STRAIGHT TO SECTION J.

But it is possible that whether or not such events have taken place they may be a vital clue in understanding some of the problems we are trying to solve- even though they may appear to be unconnected. If you feel you can help, we would be very grateful.

SECTION I

As we are growing up we all have sexual experiences. These are a normal part of development and learning. Some people also have unwanted experiences to which they do not agree. These experiences can be important and may affect how you feel about yourself, your partner and your baby. Below are questions which ask about your sexual experiences from childhood until the present time.

I1. Did anyone ever purposefully expose/flash themselves to you before you were 16?

- Yes, happened once only 1
- Yes, happened more than once 2
- No, did not happen 3

If yes,

(i)		(ii)		
Who was involved?		If yes, did you want this to happen with this person?		
No	Yes	No	Yes	Unsure
a) boy friend 1	2	1	2	9
b) girl friend				
c) parent or parent figure				
d) brother or sister				
e) other relative				
f) family friend				
g) stranger				
h) other (please describe)				

.....  
iii) how old were you when this first happened: years

I2. Did anyone masturbate in front of you before you were 16?

- Yes, happened once only 1
- Yes, happened more than once 2
- No, did not happen 3

If yes,

(i)		(ii)		
Who was involved?		If yes, did you want this to happen with this person?		
No	Yes	No	Yes	Unsure
a) boy friend 1	2	1	2	9
b) girl friend				
c) parent or parent figure				
d) brother or sister				
e) other relative				
f) family friend				
g) stranger				
h) other (please describe)				



I5. Did anybody rub their genitals against your body in a sexual way before you were 16?

Yes, happened once only	1
Yes, happened more than once	2
No, did not happen	3

If yes,

	(i) Who was involved?		(ii) If yes, did you want this to happen with this person?		
	No	Yes	No	Yes	Unsure
a) boy friend	1	2	1	2	9
b) girl friend					
c) parent or parent figure					
d) brother or sister					
e) other relative					
f) family friend					
g) stranger					
h) other (please describe)					

.....

iii) how old were you when this first happened:      years

I6. Did anyone have sexual intercourse with you before you were 16?

Yes, happened once only	1
Yes, happened more than once	2
No, did not happen	3

If yes,

	(i) Who was involved?		(ii) If yes, did you want this to happen with this person?		
	No	Yes	No	Yes	Unsure
a) boy friend	1	2	1	2	9
b) girl friend					
c) parent or parent figure					
d) brother or sister					
e) other relative					
f) family friend					
g) stranger					
h) other (please describe)					

.....

iii) how old were you when this first happened:      years

I7. Did anyone ever try to put their penis into your mouth before you were 16?

Yes, happened once only	1
Yes, happened more than once	2
No, did not happen	3

If yes,

		(i) Who was involved?		(ii) If yes, did you want this to happen with this person?		
		No	Yes	No	Yes	Unsure
a)	boy friend	1	2	1	2	9
b)	father or father figure					
c)	brother					
d)	other relative					
e)	family friend					
f)	stranger					
g)	other (please describe)					
.....						
iii)	how old were you when this first happened:				years	

Thank you for answering these questions which we realise may be difficult to answer. If there are any comments you'd like to make please write them below.

SECTION J

J1. Please put the date of completing this questionnaire:

day month year  
199

J2. Please give your date of birth:

day month year  
19

J3. This questionnaire was filled in by:

- 1 baby's father
- 2 baby's mother
- 3 other (please describe your relationship to the baby -  
e.g. mother's partner, foster mother, etc.)

.....

**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 special information line (Bristol 256260 during office ours). Alternatively your General Practitioner should be able to advise you.

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.**

Space for any comments you might like to make: