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## **PARTNER'S NEW QUESTIONNAIRE**

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. It should be filled in by the mother's partner.

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 VERY MUCH**

01/05/95
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*Recycled Paper*



**SECTION A: YOUR HEALTH**

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

fit and well

1

mostly well and healthy

2

often feel unwell

3

hardly ever feel well

4

A2. Have you had any of the following in the past year?

	<b>In the past year:</b>	<b>Yes and consulted doctor</b>	<b>Yes but did not consult doctor</b>	<b>No</b> ↓
a)	anxiety or 'nerves'	1	2	3
b)	depression	1	2	3
c)	headache or migraine	1	2	3
d)	backache	1	2	3
e)	indigestion	1	2	3
f)	cough or cold	1	2	3
g)	haemorrhoids/piles	1	2	3
h)	influenza	1	2	3
i)	wheezing	1	2	3
j)	bronchitis	1	2	3
k)	stomach ulcer	1	2	3
l)	eczema	1	2	3
m)	psoriasis	1	2	3
n)	arthritis	1	2	3
o)	rheumatism	1	2	3
p)	urinary infection	1	2	3
q)	other problems (please tick and describe)	1	2	3

.....

A3. **In the past year** how often have you taken or used the following?

	<b>I have taken:</b>	<b>Every day</b>	<b>Often</b>	<b>Sometimes</b>	<b>Not at all</b>
a)	sleeping pills	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b)	vitamins	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c)	cannabis/marihuana	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
d)	tranquillisers	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
e)	pills for depression	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
f)	antibiotics	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
g)	painkillers (aspirin paracetamol, etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
h)	amphetamines or other stimulants	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
i)	iron	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
j)	heroin, methadone, crack, cocaine	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
k)	anticonvulsants	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
l)	steroids	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

Other pill, medicine, treatment, drug, ointment or cream (please describe each and tick how frequently you have taken **in the past year.**)

m)	.....	<div>1</div>	<div>2</div>	<div>3</div>
n)	.....	<div>1</div>	<div>2</div>	<div>3</div>
o)	.....	<div>1</div>	<div>2</div>	<div>3</div>

A4. Please list all the names of the actual medicines, pills or ointments that you have taken **in the past month:**

for office use

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	<b>What did you take:</b>	<b>About how many days did you take or use it?</b>	<b>How often per day?</b>
1.	.....	.....	.....
2.	.....	.....	.....
3.	.....	.....	.....
4.	.....	.....	.....
5.	.....	.....	.....
6.	.....	.....	.....
7.	.....	.....	.....
8.	.....	.....	.....
9.	.....	.....	.....
10.	.....	.....	.....

**Check** Have you included iron tablets, laxatives, vitamins, sleeping tablets, aspirin, cough mixtures, pain killers, herbal medicine, homeopathic medicine and ointments?



A5. a) Since your study child was 3 years old have you had to go and stay in hospital?

Yes  No  → 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?	<input type="text"/> <input type="text"/> months	<input type="text"/> <input type="text"/> months	<input type="text"/> <input type="text"/> months
d) What were the reasons for your admission? (please describe)	..... .....	..... .....	..... .....
e) How long did you stay?	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> days

A6. In the past month, how often have you had the following:

In the past month:	Almost all the time	Sometimes	Not at all
a) backache	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b) headaches or migraines	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c) urinary infection	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
d) nausea	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
e) vomiting	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
f) diarrhoea	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
g) haemorrhoids or piles	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
h) feeling weepy/tearful	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
i) feeling irritable	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
j) feeling exhausted	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
k) varicose veins	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
l) passing urine very often	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
m) problem holding urine when you jump, sneeze etc.	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

A6. (cont.)		Almost all the time	Sometimes	Not at all
In the past month:				
n)	indigestion	<div>1</div>	<div>2</div>	<div>3</div>
o)	feeling dizzy/fainting	<div>1</div>	<div>2</div>	<div>3</div>
p)	flashing lights/spots before eyes	<div>1</div>	<div>2</div>	<div>3</div>
q)	shoulder ache	<div>1</div>	<div>2</div>	<div>3</div>
r)	tingling in hands/fingers	<div>1</div>	<div>2</div>	<div>3</div>
s)	tingling in feet/toes	<div>1</div>	<div>2</div>	<div>3</div>
t)	neck ache	<div>1</div>	<div>2</div>	<div>3</div>
u)	feeling depressed	<div>1</div>	<div>2</div>	<div>3</div>
v)	other problem (please tick and describe)	<div>1</div>	<div>2</div>	<div>3</div>

.....

.....

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

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

A7. b) In general do you enjoy it?

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



## SECTION B: YOUR DIET

B1. How often nowadays do you eat the following foods? Please answer every question even if you never eat the food (in this case tick "Never or rarely").

	<b>Never or rarely</b>	<b>Once in 2 weeks</b>	<b>1-3 times a week</b>	<b>4-7 times a week</b>	<b>More than once a day</b>
a) Oat cereals (e.g. porridge, Ready Brek, muesli)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
b) Wholegrain or bran cereals (e.g. All Bran, Bran Flakes, Weetabix, Wheatflakes, Fruit & Fibre, Shredded Wheat)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
c) Other cereals (e.g. Corn-flakes, Rice Krispies, Special K, Frosties)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
d) Sausages, Burgers	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
e) Meat Pies, Pasties (pork pie, steak/meat pie, Cornish pastie etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
f) Vegetarian Pies, Pasties (cheese and onion pasty, vegetable samosa, onion bhaji, vegetable grills etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
g) Ham, bacon, paté and cold meats (e.g. salami, luncheon meat, garlic sausage etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
h) Meat: roast, chops and stews etc. (e.g. beef, lamb, pork, mince)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
i) Liver, kidney, heart and other offal	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
j) Chicken/Turkey in crispy coating (e.g. chicken nuggets, turkey burgers, chicken fingers etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
k) Poultry: roast, baked or stewed (chicken, turkey etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
l) Shellfish (prawns, scampi, crab, cockles, mussels etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

	Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than once a day
B1. (cont).					
m) White fish in breadcumbs or batter (e.g. fishfingers, chip shop fish, breaded cod, plaice or haddock,)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
n) White fish without coating (e.g. grilled fish, cod in parsley sauce etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
o) Tuna	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
p) Other fish (pilchards, sardines, mackerel, herrings, kippers, trout, salmon etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
q) Eggs, quiche/flans, omelettes etc.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
r) Cheese	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
s) Pizza	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
t) Oven chips	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
u) Fried chips, potato waffles and croquettes, Alphabites etc.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
v) Roast potatoes (cooked in fat or oil)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
w) Boiled, mashed, jacket potatoes	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
x) Rice (boiled, or fried, not rice pudding)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
y) Canned pasta (e.g. spaghetti rings, ravioli, macaroni cheese etc.) Pot Noodles, Super Noodles etc.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
z) Boiled pasta (e.g. spaghetti, fusilli, lasagne) bulgar wheat and cous-cous	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

B2. Do you eat the fat on meat?

yes, all of it

1

yes, some of it

2

no

3

never eat meat

4

B3. How many times nowadays do you eat:

	<b>Never or rarely</b>	<b>Once in 2 weeks</b>	<b>1-3 times a week</b>	<b>4-7 times a week</b>	<b>More than once a day</b>
a) Baked beans	1	2	3	4	5
b) Peas, broad beans	1	2	3	4	5
c) Sweetcorn	1	2	3	4	5
d) Cabbage, brussel sprouts, spinach, broccoli and other dark green leafy vegetables	1	2	3	4	5
e) Other green vegetables (cauliflower, runner beans, leeks, courgettes etc.)	1	2	3	4	5
f) Carrots	1	2	3	4	5
g) Other root vegetables (turnip, swede, parsnip etc.)	1	2	3	4	5
h) Tomatoes (cooked or raw)	1	2	3	4	5
i) Salads	1	2	3	4	5
j) Pulses - dried peas, beans, lentils, chick peas etc.	1	2	3	4	5
k) Soya 'Meat', TVP, Soya-type Vegeburgers, Bean Curd (Tofu, Miso etc.)	1	2	3	4	5
l) Nuts (eg peanuts, cashews), nut roast etc.	1	2	3	4	5

	<b>Never or rarely</b>	<b>Once in 2 weeks</b>	<b>1-3 times a week</b>	<b>4-7 times a week</b>	<b>More than once a day</b>
m) Fresh citrus fruit e.g. oranges, grapefruit, satsumas, tangerines etc.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
n) Other fresh fruit e.g. apple, banana, pear, bunch of grapes, peach etc.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
o) Canned fruit	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
p) Yoghurt, Fromage Frais, Milk puddings (e.g. rice pudding, semolina) mousse	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
q) Ice cream, choc ice, chocolate ice cream bar etc.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
r) Pudding e.g. fruit pie, crumble, cheesecake, gateaux	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
s) Custard, cream, Elmlea, Tip-Top, evaporated milk etc. on puddings	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
t) Cakes or buns (fruit cake, sponge, teacake, doughnut, flapjack, scone, custard tart, cream cake etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
u) Crispbreads (Ryvita, crackerbread etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
v) Full-coated chocolate biscuits eg. Club, Kit Kat, Penguin, Breakaway etc.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
w) Other biscuits eg. rich tea, shortcake, digestive and chocolate digestive, Hob Nobs	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
x) Chocolate (dairy milk or plain, nut, fruit, filled etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
y) Sweets (peppermints, boiled sweets, toffees etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
z) Crisps, corn snacks (e.g. Wotsits, Quavers), tortilla chips etc.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

B4. How many times a week nowadays do you drink

	<b>Never or rarely</b>	<b>Once in 2 weeks</b>	<b>1-3 times a week</b>	<b>4-7 times a week</b>	<b>More than once a day</b>
a) Fruit juice from a carton, tin or freshly squeezed including tomato juice	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
b) Squash, fruit drinks or Ribena	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
c) Cola drinks eg. Coca Cola, Pepsi etc.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
d) Other fizzy drinks e.g. lemonade	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
e) Bottled water	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
f) Water from tap	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
g) Milk on its own	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
h) Flavoured milk drinks (e.g. Horlicks, Ovaltine, milkshakes) or yoghurt drinks	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

B5. When you have a soft drink (e.g. lemonade, cola or squash) how often do you choose low calorie or diet soft drinks?

always	<div>1</div>
sometimes	<div>2</div>
not at all	<div>3</div>
don't drink soft drinks	<div>4</div>

B6. When you have a cola drink how often do you choose decaffeinated cola?

always	<div>1</div>
sometimes	<div>2</div>
not at all	<div>3</div>
don't drink cola	<div>4</div>

B7. How many pieces of bread, rolls or chappatis do you eat on a usual day?

**less than 1**

**1-2**

**3-4**

**5 or more**

B8. What type of bread do you eat?

**Yes usually**

**Yes sometimes**

**No not at all**

a) white bread




b) soft grain white bread  
(e.g. Mighty White)




c) brown/granary bread




d) wholemeal bread




e) chappatis or pitta bread




f) naan bread




B9. What sort of fat do you mainly use:

**(i)  
on bread or vegetables**

**Yes**

**No**

**(ii)  
for frying**

**Yes**

**No**

a) Butter, Ghee, Dripping, Lard ,  
solid cooking fat





b) Polyunsaturated margarine  
eg Flora, sunflower margarine, Vitalite





c) Hard or soft margarine  
e.g. Blue Band, Stork,  
supermarket own brand





d) Low fat spread e.g. Delight,  
St Ivel Gold, Flora Xtra Light





e) Sunflower oil, corn oil, soya oil





f) Olive oil, hazelnut oil, rapeseed  
oil





g) Other vegetable oil





h) Other (please describe )





.....

B10. How many slices of bread (or rolls) spread with fat do you eat each day? (include shop bought sandwiches)

--	--

B11. What types of milk do you use?

	Yes usually	Yes sometimes	No not at all
a) Full fat (e.g. silver or gold top )	1	2	3
b) Semi Skimmed (e.g. red stripe )	1	2	3
c) Skimmed (e.g. blue stripe )	1	2	3
d) Dried milk (e.g. Marvel )	1	2	3
e) Goat/sheep milk	1	2	3
f) Soya milk	1	2	3
g) Other (please describe )	1	2	3

.....

B12. Is this milk usually:

Pasteurised	UHT	Sterilised	Other (please describe)
1	2	3	4 .....

B13. a) How many cups of tea do you drink in a day?  
(do not include herbal teas )

--	--

b) How many spoons of sugar in each cup?

--	--

c) How many cups per day are with milk?

--	--

d) How many cups per day are decaffeinated?

--	--

- B14. a) How many cups of coffee do you drink in a day?
- b) How many spoons of sugar in each cup?
- c) How many cups per day are with milk ?
- d) How many cups per day are decaffeinated?
- e) How many are made with real (not instant) coffee?

B15. a) Do you drink herbal teas at all?

**yes, often**

**yes, occasionally**

**no, not at all**



**If no, go to B16 below**

**If yes,**

b) how many cups/mugs of herbal teas have you drunk in the past week ?

c) Please list the types of herbal teas you have drunk in the past 3 months:

.....

B16. Apart from herbal teas, are there any other health foods (whether or not bought from a health food shop) that you often eat or drink?

Yes

No

**If yes , please describe below:**

.....

B17. Are you at present on a diet to lose weight?

Yes

No

B18. Are you at present a vegetarian (do not eat any meat or poultry)?

Yes

No

B19. Are you at present a vegan (i.e. do not eat meat, poultry, fish, eggs, butter, milk or cheese)?

Yes

No



B20. Are you at present on any kind of special diet?

Yes

No

If **yes**, please describe below.

B21. a) During the last week **how many** of each type of alcoholic drink did you have on each day? (Please put a number.)

		Mon.	Tues.	Wed.	Thurs.	Frid.	Sat.	Sun.
(i)	Beer, lager or cider (no. of ½ pints)							
(ii)	Wine (no. of glasses)							
(iii)	Spirits (no. of single pub measures)							
(iv)	Other alcoholic drinks (please describe) (no. of glasses or measures)							
(v)	Low alcohol drink (no. of glasses or ½ pints)							

b) Is this week fairly typical of your alcohol drinking?

No

Yes

→ If **yes**, go to B22 below

c) If **no**, would you normally drink

More

Less

B22. For your main meal of the day how often do you eat takeaway foods or have meals out?

Never or rarely

1 - 3 times a month

1- 2 times a week

3-4 times a week

5-7 times a week

B23. For your main meal of the day how often do you eat an oven/microwave ready or convenience meal (e.g. Menu Master lasagne, individual shepherds pie, ready prepared chilli con carne etc.)?

Never or rarely

1

1 - 3 times a month

2

1- 2 times a week

3

3-4 times a week

4

5-7 times a week

5

**SECTION C: 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 2½ years old? If so please assess how much effect it had on you.

	<b>Yes &amp; affected me a lot</b> ↓	<b>Yes, moderately affected</b> ↓	<b>Yes, mildly affected</b> ↓	<b>Yes, but did not affect me at all</b>	<b>No did not happen</b> ↓
<b>Since the study child was 2½ years old:</b>					
C1. Your partner died	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C2. One of your children died	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C3. A friend or relative died	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C4. One of your children was ill	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C5. Your partner was ill	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C6. A friend or relative was ill	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C7. You were admitted to hospital	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C8. You were in trouble with the law	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C9. You were divorced	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C10. You found that your partner didn't want your child	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C11. You were very ill	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C12. Your partner lost her job	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C13. Your partner had problems at work	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C14. You had problems at work	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

	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 2½ years old:					
C15. You lost your job	1	2	3	4	5
C16. Your partner went away	1	2	3	4	5
C17. Your partner was in trouble with the law	1	2	3	4	5
C18. You and your partner separated	1	2	3	4	5
C19. Your income was reduced	1	2	3	4	5
C20. You argued with your partner	1	2	3	4	5
C21. You argued with your family and friends	1	2	3	4	5
C22. You moved house	1	2	3	4	5
C23. Your partner was physically cruel to you	1	2	3	4	5
C24. You became homeless	1	2	3	4	5
C25. You had a major financial problem	1	2	3	4	5
C26. You got married	1	2	3	4	5
C27. Your partner was physically cruel to your children	1	2	3	4	5
C28. You were physically cruel to your children	1	2	3	4	5
C29. You attempted suicide	1	2	3	4	5
C30. You were convicted of an offence	1	2	3	4	5

	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 2½ years old:					
C31. Your partner became pregnant	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
C32. You started a new job	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
C33. Your partner had a miscarriage	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
C34. Your partner had an abortion	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
C35. You took an examination	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
C36. Your partner was emotionally cruel to you	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
C37. Your partner was emotionally cruel to your children	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
C38. You were emotionally cruel to your children	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
C39. Your house or car was burgled	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
C40. Your partner started a new job	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
C41. A pet died	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
C42. You had an accident (please tick and describe)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

.....

.....

C43. 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

No



If **no**, go to D1 on page 23

If **yes**, b) please describe:

.....

.....

c) How did this affect you?

a lot

moderately

mildly

not at all

C44. a) Are you currently employed?

Yes

No



If **no**, go to section D on page 23

If **yes**,

b) What is your occupation? .....

.....

c) Have you had the same type of job since this child was 2½ years old?

Yes

No

d) Do you work nights?

yes, always

yes, sometimes

no, never

e) Do you ever leave home for several days as part of your work?

yes, often

yes, occasionally

no, never

**SECTION D: YOUR HOUSEHOLD**

D1. 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	<input type="text"/> 1
ii) your partner	<input type="text"/> 1
iii) your parent(s)	<input type="text"/> 1
iv) your partner's parent(s)	<input type="text"/> 1
v) other relation(s) of yourself	<input type="text"/> 1
vi) other relation(s) of your partner	<input type="text"/> 1
vii) friend(s)	<input type="text"/> 1
viii) lodger	<input type="text"/> 1
ix) other (please tick and describe)	<input type="text"/> 1

.....

D2 a) Do you have a rule that smoking never happens in particular rooms?

no smoking in house at all   
1

smoking only allowed in some rooms   
2

smoking allowed anywhere   
3

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

D3. a) What is your present marital status?

never married .....	<div>1</div>
widowed .....	<div>2</div>
divorced .....	<div>3</div>
separated .....	<div>4</div>
married (once only) .....	<div>5</div>
married for second or third time	<div>6</div>

b) If married, what was the date of the most recent marriage?

<div></div>	<div></div>	<div></div>	<div></div>	<div>1</div>	<div>9</div>	<div></div>	<div></div>
-------------	-------------	-------------	-------------	--------------	--------------	-------------	-------------

D4. Please indicate how many of the children living with you have:

**Number of children**

a) you and your partner as their natural parents

<div></div>	<div></div>
-------------	-------------

b) you as their natural father (but their natural mother is not present)

<div></div>	<div></div>
-------------	-------------

c) your partner as the natural mother (but you are not their natural father)

<div></div>	<div></div>
-------------	-------------

d) neither you nor your partner as natural parents (please describe whether you have adopted fostered etc.)

<div></div>	<div></div>
-------------	-------------

.....

D5. 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	<div>1</div>	<div>2</div> →	<div></div> <div></div>
b) children of myself but not my partner	<div>1</div>	<div>2</div> →	<div></div> <div></div>
c) children of me and my partner	<div>1</div>	<div>2</div> →	<div></div> <div></div>



D6. Do you or your partner have any chronic illness or disabling condition?

Yes

No



If **no**, go to D7 below

If **yes**, please describe:

**Nature of condition(s)**

**Person(s) involved**  
(self/partner)

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

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

D7. a) Do you have any pets?

Yes

No



If **no**, go to D8 on page 26

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/terrapin

--	--

viii) other pets (please say how many and describe)

--	--

.....

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

Yes improved it

No, made it worse

No effect

D7. d) How often do you take pets along when you visit friends or relatives?

	Never	Occasionally	Sometimes	Often	Always
	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

e) How often are your feelings towards people affected by the way they react to your pets?

<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------

f) Do you keep a picture of your pet(s) with you or on display at home or at work?

Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>
-----	--------------------------------	----	--------------------------------

D8. 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.[If you can complete it though it will be of great help to the study].

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

less than £100	<input type="text" value="1"/>	£100 - £199	<input type="text" value="2"/>	£200 - £299	<input type="text" value="3"/>
£300 - £399	<input type="text" value="4"/>	£400 or more	<input type="text" value="5"/>	don't know	<input type="text" value="9"/>

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

nothing	<input type="text" value="1"/>	less than £20	<input type="text" value="2"/>	£20 - £39	<input type="text" value="3"/>	£40 - £59	<input type="text" value="4"/>
£60 - £79	<input type="text" value="5"/>	£80 or more	<input type="text" value="6"/>	don't know	<input type="text" value="9"/>		

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

less than £20	<input type="text" value="1"/>	£20 - £29	<input type="text" value="2"/>	£30 - £39	<input type="text" value="3"/>	£40 - £49	<input type="text" value="4"/>
£50 - £59	<input type="text" value="5"/>	£60 or more	<input type="text" value="6"/>	don't know	<input type="text" value="9"/>		

D8. d) How much do you spend on child care each week (playgroup, childminder, baby sitter etc.)

nothing	<input type="text" value="1"/>	less than £10	<input type="text" value="2"/>	£10 - £19	<input type="text" value="3"/>	£20 - £29	<input type="text" value="4"/>
£30 - £39	<input type="text" value="5"/>	£40 - £49	<input type="text" value="6"/>	£50 or more	<input type="text" value="7"/>		
varies	<input type="text" value="8"/>	don't know	<input type="text" value="9"/>				

e) Do you manage to save at all? Yes  No

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

Yes  No

g) Do you give financial help to your parents or other relatives?

Yes  No

D9. Now we would like you to think about your 4 year old study child's behaviour over the last six months.

The study child:	Doesn't apply	Applies somewhat	Certainly applies
a) Is considerate of other people's feelings	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b) Is restless, overactive, cannot stay still for long	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c) Often complains of headaches, stomach-aches or sickness	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
d) Shares readily with other children (treats, toys, pencils etc.)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
e) Often has temper tantrums or hot tempers	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
f) Is rather solitary, tends to play alone	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
g) Is generally obedient, usually does what adults request	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
h) Has many worries, often seems worried	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

D9. (cont.) The study child:	Doesn't apply	Applies somewhat	Certainly applies
i) Is helpful if someone is hurt, upset or feeling ill	<div>1</div>	<div>2</div>	<div>3</div>
j) Is constantly fidgeting or squirming	<div>1</div>	<div>2</div>	<div>3</div>
k) Has at least one good friend	<div>1</div>	<div>2</div>	<div>3</div>
l) Often fights with other children or bullies them	<div>1</div>	<div>2</div>	<div>3</div>
m) Is often unhappy, down hearted or tearful	<div>1</div>	<div>2</div>	<div>3</div>
n) Is generally liked by other children	<div>1</div>	<div>2</div>	<div>3</div>
o) Is easily distracted, concentration wanders	<div>1</div>	<div>2</div>	<div>3</div>
p) Is nervous or clingy in new situations, easily loses confidence	<div>1</div>	<div>2</div>	<div>3</div>
q) Is kind to younger children	<div>1</div>	<div>2</div>	<div>3</div>
r) Often lies or cheats	<div>1</div>	<div>2</div>	<div>3</div>
s) Is picked on or bullied by other children	<div>1</div>	<div>2</div>	<div>3</div>
t) Often volunteers to help others (parents, teachers, other children)	<div>1</div>	<div>2</div>	<div>3</div>
u) Thinks things out before acting	<div>1</div>	<div>2</div>	<div>3</div>
v) Steals from home, school or elsewhere	<div>1</div>	<div>2</div>	<div>3</div>
w) Gets on better with adults than with other children	<div>1</div>	<div>2</div>	<div>3</div>
x) Has many fears, is easily scared	<div>1</div>	<div>2</div>	<div>3</div>
y) Sees tasks through to the end, has good attention span	<div>1</div>	<div>2</div>	<div>3</div>

### You and your study child:

D10. Below are some statements about relationships with children. Please indicate how you think these apply in your situation

	Yes	No
<b>Your 4 year old study child:</b>		
a) I really love this child	<input type="text" value="1"/>	<input type="text" value="2"/>
b) I often get very irritated with this child	<input type="text" value="1"/>	<input type="text" value="2"/>
c) I don't mind the mess and noise that surrounds this child	<input type="text" value="1"/>	<input type="text" value="2"/>
d) This child makes me pretty happy	<input type="text" value="1"/>	<input type="text" value="2"/>
e) I have frequent battles of will with this child	<input type="text" value="1"/>	<input type="text" value="2"/>
f) This child is very affectionate to me	<input type="text" value="1"/>	<input type="text" value="2"/>
g) This child gets on my nerves	<input type="text" value="1"/>	<input type="text" value="2"/>
h) I feel very close to this child	<input type="text" value="1"/>	<input type="text" value="2"/>

### Your partner and your study child:

D11. Below are some statements about your partner's relationships with children. Please indicate how you think these apply in your situation.

	Yes	No	Have no partner
a) My partner really loves this child	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="7"/> → <b>Go to E1 on page 30</b>
b) My partner often gets very irritated with this child	<input type="text" value="1"/>	<input type="text" value="2"/>	
c) My partner doesn't mind the mess and noise that surrounds this child	<input type="text" value="1"/>	<input type="text" value="2"/>	
d) This child makes my partner pretty happy	<input type="text" value="1"/>	<input type="text" value="2"/>	
e) My partner has frequent battles of will with this child	<input type="text" value="1"/>	<input type="text" value="2"/>	
f) This child is very affectionate to my partner	<input type="text" value="1"/>	<input type="text" value="2"/>	
g) This child gets on my partner's nerves	<input type="text" value="1"/>	<input type="text" value="2"/>	
h) My partner seems to feel very close to this child	<input type="text" value="1"/>	<input type="text" value="2"/>	

## SECTION E YOUR PARTNER

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

E1. How would you assess your partner's physical health?

always fit and well	<div>1</div>
mostly well and healthy	<div>2</div>
often feels unwell	<div>3</div>
hardly ever feels well	<div>4</div>

E2. How many cigarettes per day does your partner currently smoke?  (If none, put 00)

E3. a) Is your partner currently employed?

Yes	<div>1</div>	No	<div>2</div>	→ If <b><u>no</u></b> , go to E4a on page 31
-----	--------------	----	--------------	--

If **yes**,

b) What is her occupation? .....

.....

c) Has she had the same type of job since this child was 2½ years old?

Yes	<div>1</div>	No	<div>2</div>
-----	--------------	----	--------------

d) Does she work nights?

yes, always	<div>1</div>
yes, sometimes	<div>2</div>
no, never	<div>3</div>

e) Does she ever leave home for several days as part of her work?

yes, often	<div>1</div>
yes, occasionally	<div>2</div>
no, never	<div>3</div>

E4. a) How many evenings a month do you go out and do things on your own or with your own friends?

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

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

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

E5. 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	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b) laugh together	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c) calmly talk over something (e.g. the news, a hobby or interest)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
d) kiss or hug	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
e) make plans	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
f) talk over feelings or worries	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

E6. a) Which of the following statements about alcohol best applies to you and you partner:

	(i) You	(ii) Your partner
Never drinks alcohol	<input type="text" value="1"/>	<input type="text" value="1"/>
Very occasionally (less than once a week )	<input type="text" value="2"/>	<input type="text" value="2"/>
Occasionally (at least once a week)	<input type="text" value="3"/>	<input type="text" value="3"/>
Drinks 1-2 glasses* nearly every day	<input type="text" value="4"/>	<input type="text" value="4"/>
Drinks 3-9 glasses* every day	<input type="text" value="5"/>	<input type="text" value="5"/>
Drinks at least 10 glasses* a day	<input type="text" value="6"/>	<input type="text" value="6"/>
Don't know	<input type="text" value="9"/>	<input type="text" value="9"/>

[\*by glass we mean a pub measure (1oz) of spirits or ½ pint of beer or cider, a wine glass of wine etc.]

E6. b) How many days in the past month did you have the equivalent of 2 pints of beer, 4 glasses of wine or 4 pub measures of spirit?

every day	<input type="text" value="1"/>	more than 10 days	<input type="text" value="2"/>	don't know	<input type="text" value="9"/>
5-10 days	<input type="text" value="3"/>	3-4 days	<input type="text" value="4"/>		
1-2 days	<input type="text" value="5"/>	none	<input type="text" value="6"/>		



## **SECTION F: CHEMICALS IN YOUR ENVIRONMENT**

F1. 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
a)	disinfectant		<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
b)	bleach		<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
c)	window cleaner		<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
d)	carpet shampoo		<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
e)	oven/drain cleaner		<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
f)	dry cleaning fluid		<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
g)	turpentine/white spirit		<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
h)	paint stripper		<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
i)	household paint or varnish		<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
j)	weed killers		<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
k)	pesticides/insect killers		<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
l)	aerosols or sprays, including hair spray)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
m)	hair dye/bleach	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
n)	deodorants	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
o)	air fresheners (spray, stick or aerosol)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

			Every day	Most days	About once a week	Less once a week	Not than once
at all							
F1.	p)	ceramics/enamels	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
	q)	solder	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
	r)	dental amalgam	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
	s)	electroplating	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
	t)	glues	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
	u)	leather work	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
	v)	fabric/textiles	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
	w)	dyes	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
	x)	radiation (x-ray or other)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
	y)	plastics	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
	z)	metal cleaners/degreasers, polishers	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
	za)	petrol	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
	zb)	machining	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
	zc)	photographic chemicals	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
	zd)	electrical wiring	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
	ze)	diesel	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
	zf)	other chemical (please tick and describe)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

F2. Do you drive a car, van or lorry?

Yes

No

→ Go to F3 below



If **yes**, what type of fuel is used?

a) diesel

b) lead free petrol

c) other petrol

F3. How often during the day are you in a room or enclosed place where other people are smoking?

	(i) weekdays	(ii) weekends
all the time	<input type="text"/>	<input type="text"/>
more than 5 hours	<input type="text"/>	<input type="text"/>
3-5 hours	<input type="text"/>	<input type="text"/>
1-2 hours	<input type="text"/>	<input type="text"/>
less than 1 hour	<input type="text"/>	<input type="text"/>
not at all	<input type="text"/>	<input type="text"/>

## THANK YOU VERY MUCH FOR YOUR HELP

G1. This questionnaire was completed by:

- a) child's father 

1
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- b) child's mother 

1
---
- c) someone else  
(please describe) 

1
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.....

G2. Please give the date on which you completed this questionnaire:

day		month		year											
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9															

G3. Please give **your** date of birth:

day		month		year											
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1															
9															

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**

For office use only:

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