



B E I N G A F A T H E R

This questionnaire asks about how you have been since the birth of the baby. It asks how you are feeling, whether you are getting enough sleep and how you reacted to the actual birth.

All the answers you give are confidential. Your name and address will not be on the questionnaire.

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

06/02/92

Recycled Paper

FILLING IN THIS BOOKLET

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

For example

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

None	1	1✓	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 office use only.

SECTION A:THE BIRTH OF THE BABY

These questions are about the birth of the baby and the effect this had on you.

- A1.

a)

Were you present at the birth?

Yes

1

No

2
- b)

If no, was it entirely your decision?

Yes

1

No

2
- A2.

Did your partner want you to be present?

Yes

1

No

2

Don't know

9
- A3.

Did you feel that there was pressure on you to attend the birth?

Yes

1

No

2

Don't know

9
- A4.

My partner's pain during labour and delivery:

was worse than I thought

1

was what I had thought

2

I was not there

7

was better than I thought

3

other (give details)

4

.....
- A5.

Did the pain your partner felt make you feel:

very distressed

1

occasionally distressed

2

I was not there

7

it didn't bother me

3

she didn't feel much pain

4
- A6.

Did you feel actively involved in the birth?

yes, very involved

1

yes, moderately involved

2

I was not there

7

no, not involved

3

can't remember

4
- A7.

Were you satisfied with the care you and your partner received during labour?

yes, completely satisfied

1

yes, fairly satisfied

2

I was not there

7

no, not satisfied

3

I have no particular feeling about it

4

A8. Was the birth a wonderful experience for you?
Yes ₁ No ₂ Not sure ₉ I was not there ₇

A9. Space for any comments you might like to make about the birth of the baby:
.....
.....

A10. Did you attend antenatal or parentcraft classes with your partner during her pregnancy?
Yes ₁ No₂

SECTION B:YOUR HEALTH NOW

B1. Since the baby was born have you had any of the following?

Since having the baby:	Almost all the time	Sometimes	Not at all
a) backache	1	2	3
b) headaches or migraines	1	2	3
c) urinary infection	1	2	3
d) nausea	1	2	3
e) vomiting	1	2	3
f) diarrhoea	1	2	3
g) haemorrhoids or piles	1	2	3
h) feeling weepy/tearful	1	2	3
i) feeling irritable	1	2	3
j) varicose veins	1	2	3
k) indigestion	1	2	3
l) flashing lights/spots before eyes	1	2	3
m) shoulder ache	1	2	3
n) neck ache	1	2	3
o) other problem (please describe)	1	2	3
.....			
.....			

B2. How would you describe your health during the last 4 weeks of your partner's pregnancy:

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

B3. How would you describe your health now?

always fit and well	1
mostly fit and well	2
often unwell	3
hardly ever well	4

SECTION C: YOUR FEELINGS

The questions in this section ask you about your feelings. Although you may have answered similar questions before, we would like you to answer them again so that we can see how things may have changed for you.

		Very often	Often	Not very often	Never
C1.	Do you feel upset for no obvious reason?	1	2	3	4
C2.	Do you get troubled by dizziness or shortness of breath?	1	2	3	4
C3.	Have you felt as though you might faint?	1	2	3	4
C4.	Do you feel sick or have indigestion?	1	2	3	4
C5.	Do you feel that life is too much effort?	1	2	3	4
C6.	Do you feel uneasy and restless?	1	2	3	4
C7.	Do you feel tingling or prickling sensations in your body, arms or legs?	1	2	3	4
C8.	Do you regret much of your past behaviour?	1	2	3	4
C9.	Do you sometimes feel panicky?	1	2	3	4
C10.	Do you find that you have little or no appetite?	1	2	3	4
C11.	Do you wake unusually early in the morning?	1	2	3	4
C12.	Do you worry a lot?	1	2	3	4
C13.	Do you feel tired or exhausted?	1	2	3	4
C14.	Do you experience long periods of sadness?	1	2	3	4
C15.	Do you feel strung-up inside?	1	2	3	4
C16.	Can you get off to sleep alright?	1	2	3	4
C17.	Do you ever have the feeling you are going to pieces?	1	2	3	4
C18.	Do you often have excessive sweating or fluttering of the heart?	1	2	3	4
C19.	Do you find yourself needing to cry?	1	2	3	4
C20.	Do you have bad dreams which upset you when you wake up?	1	2	3	4
C21.	Do you lose the ability to feel sympathy for others?	1	2	3	4
C22.	Can you think quickly?	1	2	3	4
C23.	Do you have to make a special effort to face up to a crisis?	1	2	3	4

or difficulty?

The following questions ask about how you have felt 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 |

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 |

In the past week:

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 |

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

In the past week:

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. Have you been feeling at all depressed?

- No, not at all 1
- Only mildly depressed 2
- Yes, quite depressed 3
- Yes, very depressed 4

C35. 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:LIFE EVENTS

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

Since the middle of your partner's pregnancy:	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	1	2	3	4	5
D3.A friend or relative died	1	2	3	4	5
D4.One of your children was ill	1	2	3	4	5
D5.Your partner was ill	1	2	3	4	5
D6.A friend or relative was ill	1	2	3	4	5
D7.You were admitted to hospital	1	2	3	4	5
D8.You were in trouble with the law	1	2	3	4	5
D9.You were divorced	1	2	3	4	5
D10.You found that your partner didn't want your child	1	2	3	4	5
D11.You were very ill	1	2	3	4	5
D12.Your partner lost her job	1	2	3	4	5
D13.Your partner had problems at work	1	2	3	4	5
D14.You had problems at work	1	2	3	4	5
D15.You lost your job	1	2	3	4	5
D16.Your partner went away	1	2	3	4	5
D17.Your partner was in trouble with the law	1	2	3	4	5
D18.You and your partner separated	1	2	3	4	5
D19.Your income was reduced	1	2	3	4	5
D20.You argued with your partner	1	2	3	4	5
D21.You had arguments with your family or friends	1	2	3	4	5
D22.You moved house	1	2	3	4	5
D23.Your partner hurt you physically	1	2	3	4	5
D24.You became homeless	1	2	3	4	5
D25.You had a major financial problem	1	2	3	4	5
D26.You got married	1	2	3	4	5

Since the middle of your partner's pregnancy:	Yes & affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but did not affect me at all	No did not happen
D27. Your partner hurt your children physically	1	2	3	4	5
D28. You attempted suicide	1	2	3	4	5
D29. You were convicted of an offence	1	2	3	4	5
D30. You started a new job	1	2	3	4	5
D31. Your partner had a test to see if the baby was abnormal	1	2	3	4	5
D32. Your partner had a result on a test that suggested the baby might not be normal	1	2	3	4	5
D33. You were told that your partner was going to have twins	1	2	3	4	5
D34. You heard that something that had happened might be harmful to the baby	1	2	3	4	5
D35. You took an examination	1	2	3	4	5
D36. Your partner was emotionally cruel to you	1	2	3	4	5
D37. Your partner was emotionally cruel to your children	1	2	3	4	5
D38. Your house or car was burgled	1	2	3	4	5
D39. You had an accident	1	2	3	4	5
D40. Having a baby is a special event. How did this affect you?					
	a lot 1	moderately 2			
	mildly 3.	not at all 4			
D41. a) Is there anything else which is not on the list which has concerned you or required additional effort from you to cope during this time?					
	Yes 1	No 2	If <u>no</u> , go to Section E1.		
b) If <u>yes</u> , please describe:					
				
				
c) How did this affect you?					
	a lot 1	moderately 2			
	mildly 3.	not at all 4			

SECTION E:YOUR HEALTH AND LIFESTYLE

E1. In the last 2 months of your partner's pregnancy and since she had the baby did you smoke regularly?

		(a) Last 2 months of the pregnancy		(b) Since the baby was born	
		Yes	No	Yes	No
i)	cigarettes	1	2	1	2
ii)	pipe	1	2	1	2
iii)	cigar	1	2	1	2
iv)	other	1	2	1	2
c) How many times per day did you smoke -					
i) in the last 2 months of the pregnancy?					
per day					
30+	30	25-29	25	20-24	20
10-14	10	5-9	05	1-4	01
				15-19	15
				not at all	00
ii) in the past week?					
per day					
30+	30	25-29	25	20-24	20
10-14	10	5-9	05	1-4	01
				15-19	15
				not at all	00

E2. Please indicate how often you smoked marijuana/grass/cannabis/ ganja -

		Every day	2-4 times a week	Once a week	Less than once a week	Not at all
a)	In the last 2 months of the pregnancy	1	2	3	4	5
b)	Since the baby was born	1	2	3	4	5

E3. How often have you used the following since the baby was born?

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

.....

E4. How often have you drunk alcoholic drinks? Please indicate for each of the following times:

	Not at all	Less than once a week	At least once a week	1-2 glasses every day	At least 3-9 glasses every day	At least 10 glasses every day
a) Last 2 months of the pregnancy	1	2	3	4	5	6
b) Since the baby was born	1	2	3	4	5	6

[By glass we mean pub measure of spirits, or a half pint of beer, lager or cider]

E5. Did/does your partner breast-feed at all?

Yes 1 No 2 If no, go to E6.

If yes, please state how you felt even if your partner is no longer breast feeding.

	This is usually how I feel	This is often how I feel	This is sometimes how I feel	I never feel this way
a) I'm embarrassed when my partner breast-feeds in front of me	1	2	3	4
b) I find breast-feeding distasteful to watch	1	2	3	4
c) I don't like my partner breast-feeding in front of other people	1	2	3	4
d) I would not want my partner to breast-feed in front of other men	1	2	3	4
e) Because I can't breast-feed I feel excluded	1	2	3	4
f) Because I can't breast-feed my baby myself I resent my partner doing so	1	2	3	4
g) It is a great pleasure watching my partner breast feed	1	2	3	4

E6. Feelings about sex.

	This is usually how I feel	This is often how I feel	This is sometimes how I feel	I never feel this way
a) Since the birth I have not felt attracted to my partner	1	2	3	4
b) I cannot bear to be touched by my partner	1	2	3	4
c) I'm happy with our sexual relationship	1	2	3	4

SECTION F:SUPPORT AND HELP

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

	This is exactly how I feel	This is often how I feel	This is how I sometimes feel	I never feel this way
F1.I have no one to share my feelings with	1	2	3	4
F2.My partner provides the emotional support I need	1	2	3	4
F3. There are other fathers with whom I can share my experiences	1	2	3	4
F4.I believe in moments of difficulty my neighbours would help me	1	2	3	4
F5.I'm worried that my partner might leave me	1	2	3	4
F6. There is always someone with whom I can share my happiness and excitement about the baby		2	3	4
F7.If I feel tired I can rely on my partner to take over	1	2	3	4
F8.If I was in financial difficulty I know my family would help if they could	1	2	3	4
F9. If I was in financial difficulty I know my friends would help if they could	1	2	3	4
F10. If all else fails I know the state will support and assist me	1	2	3	4

SECTION G:LOOKING AFTER YOUR BABY

G1. I have found having a baby around:
easier than expected 1
about as difficult as I expected 2
more difficult than I expected 3

G2. How many hours sleep do you get altogether now?

	0 - 1 hours	2 - 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

G3. Do you feel that you are getting enough sleep?
Yes 1 No 2

G4. How much help would you say you have given with the following since the baby was born:

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

G5. In an ordinary week how often do you do the following:

	Every day	Every couple of days	Once in every 4 days	Once a week	Less than once a week	Never
a) change nappies	1	2	3	4	5	6
b) bath the baby	1	2	3	4	5	6
c) play with the baby	1	2	3	4	5	6
d) take the baby out for a walk	1	2	3	4	5	6
e) put the baby to bed	1	2	3	4	5	6
f) get up at night to feed or help with the baby	1	2	3	4	5	6
g) feed the baby	1	2	3	4	5	6

Can't-baby breast fed

G6. Below are some statements about family life. How often do they apply to you?

		I always feel like this	I often feel like this	I sometimes feel like this	I never feel like this
a)	My partner excludes me from looking after the baby	1	2	3	4
b)	I feel confident with the baby	1	2	3	4
c)	I feel my partner does not trust me with the baby	1	2	3	4
d)	I'm happy with the way my partner is bringing up our baby	1	2	3	4
e)	I'm happy with the way I'm bringing up the baby	1	2	3	4
f)	I'm making a strong bond with the baby	1	2	3	4
g)	I'm so stressed at home, it's a bad influence on the baby	1	2	3	4
h)	The home is the woman's place, I have no part in it	1	2	3	4
i)	I'm always getting under her feet	1	2	3	4
j)	She doesn't like me being involved with the baby even if I'd like to be	1	2	3	4
k)	I feel I should be enjoying the baby but am not	1	2	3	4
l)	I regret having the baby	1	2	3	4
m)	I wish I'd had more experience of other children before my child was born	1	2	3	4
n)	Having a baby has made me feel more fulfilled	1	2	3	4
o)	Parenthood has brought my partner and me closer together	1	2	3	4
p)	My partner no longer gives me any attention	1	2	3	4
q)	I feel hurt by the attention my partner gives the baby	1	2	3	4
r)	I was adequately prepared for the birth of the child and early infant care	1	2	3	4
s)	My partner gives me no encouragement in bringing up the baby	1	2	3	4

G7. Are you currently employed?

Yes ₁ No₂ If no, got to H1.

If <u>yes</u> ,		Yes, often	Yes, sometimes	Not very often	Never
a)	When I finish work my partner expects me to take the baby	1	2	3	4
b)	When I finish work I feel too tired to take the baby	1	2	3	4
c)	I enjoy getting home from work to see my partner and child	1	2	3	4
d)	When I finish work I take the child and let my partner get on with something she wants to do	1	2	3	4
e)	After a day at work I find the baby hard to cope with	1	2	3	4

SECTION H

H1. Please put the date of completing this questionnaire:

day month year
199

H2. Please give your date of birth:

day month year
19

Space for any comments you might like to make:

VERY MANY THANKS FOR ALL YOUR HELP

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

When completed, return the questionnaire to:

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