

[Note that this questionnaire was originally written in WordPerfect. In conversion to Word format, from which this PDF was created, the tick boxes were lost but the code numbers that appeared in the tick boxes survived.]

Questionnaire No:

# PARTNER'S HEALTH, EVENTS AND FEELINGS

This questionnaire asks about your lifestyle and the role you have in bringing up a child and any problems you have.

It asks you a number of questions. To answer you simply tick the box which is most accurate in your opinion.

Please answer all questions if you can, even if some are similar to those you may have answered before. 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 think. All answers are confidential.

**THANK YOU VERY MUCH FOR YOUR HELP**

01/10/94

*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 since your study child was 18 months old?

	<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) back ache	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. Since your study child was 18 months old how often have you taken 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	1	2	3	4
b)	vitamins	1	2	3	4
c)	cannabis/marihuana	1	2	3	4
d)	tranquillisers	1	2	3	4
e)	pills for depression	1	2	3	4
f)	antibiotics	1	2	3	4
g)	painkillers (aspirin, paracetamol, etc)	1	2	3	4
h)	amphetamines or other stimulants	1	2	3	4
i)	iron	1	2	3	4
j)	heroin, methadone, crack, cocaine	1	2	3	4
k)	anticonvulsants	1	2	3	4
l)	steroids	1	2	3	4

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

m)	.....	1	2	3	4
n)	.....	1	2	3	4
o)	.....	1	2	3	4

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

For office use

	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 iron tablets, laxatives, vitamins, sleeping tablets, aspirin, cough mixture, pain killers, herbal medicine and homeopathic preparations?

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

Yes 1 No 2 → 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

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	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

A6. In the past month:	Almost all the time	Sometimes	Not at all
h) feeling weepy/tearful	1	2	3
i) feeling irritable	1	2	3
j) feeling exhausted	1	2	3
k) varicose veins	1	2	3
l) passing urine very often	1	2	3
m) problem holding urine when you jump, sneeze etc	1	2	3
n) indigestion	1	2	3
o) feeling dizzy/fainting	1	2	3
p) flashing lights/spots before eyes	1	2	3
q) shoulder ache	1	2	3
r) tingling in hands/fingers	1	2	3
s) tingling in feet/toes	1	2	3
t) neck ache	1	2	3
u) feeling depressed	1	2	3
v) other problem (please tick and describe)	1	2	3

.....

.....

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

not at all 1

less than once a month 2

1-3 times a month 3

about once a week 4

2-4 times a week 5

5 or more times a week 6

b) In general do you enjoy it?

yes, very much 1

yes, somewhat 2

no, not a lot 3

no, not at all 4

no sex at the moment 5

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

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?	1	2	3
c) would you use to step on an insect or something similar?	1	2	3
d) would you put on a chair first if you had to step onto the chair?	1	2	3



B3. **Eyedness**

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

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

		<b>Left</b>	<b>Right</b>	<b>Either</b>	<b>Don't Know</b>
a)	your own mother	1	2	3	9
b)	your own father	1	2	3	9

## 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 1 flat 2 caravan 3

other 4 please describe .....

ii) was this: council housing 1 being bought 2 owned 3

other rented 4 other 5 please describe .....

don't know 9

b) Did you have any household pets?

Yes always 1 Yes, for part of time 2 No, not at all 3

c) Would you say that as a family you did things together?

Yes often 1 Yes, sometimes 2 No, not at all 3

was not in a family 7

d) Did you feel neglected emotionally during your childhood?

1 Yes, severely neglected

2 Yes, somewhat neglected

3 No, not at all

B5. e) Were you physically neglected as a child (e.g. not fed or clothed properly)?

1 Yes, severely neglected

2 Yes, somewhat neglected

3 No, not at all

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

1 Yes, severely abused

2 Yes, somewhat abused

3 No, not at all —————→ Go to B5g below

If **yes**,

who abused you? (tick all that apply)

**Yes**

**No**

(i) mother 1

2

(ii) father 1

2

(iii) someone else 1 please describe .....

(iv) how old were you when this first happened? years

B5. g) How would you describe the relationship between your mother and father when you were growing up?

Was it:	Yes, always	Yes, frequently	Yes sometimes	No, not at all	Single parent family always
(i) violent	1	2	3	4	
(ii) affectionate	1	2	3	4	7
(iii) quarrelsome	1	2	3	4	
(iv) happy	1	2	3	4	
(v) frightening	1	2	3	4	
(vi) friendly	1	2	3	4	

↓  
go to h  
on page  
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	Were your parents:	Yes, always	Yes, frequently	Yes, sometimes	No, not at all
B5. g)	(vii) respectful of one another	1	2	3	4
	(viii) remote or distant from one another	1	2	3	4

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

B6. How many brothers and sisters did you have in the family where you grew up:

**Brothers                      Sisters**

a) older than you

b) younger than you

c) did you have a twin?

yes, twin brother      1      —→ If yes, go to B6 i) below

yes, twin sister      2      —→ Go to Section C on page 12

no      3      —→

If you had a twin brother:

B6. i) were you identical twins?

yes    1                      no    2                      not sure    3

ii) did you usually dress alike?

yes, usually    1                      yes, sometimes    2                      no, not at all    3

**SECTION C: YOUR OPINION OF YOURSELF**

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

		<b>Almost always true</b>	<b>Often true</b>	<b>Sometimes true</b>	<b>Seldom true</b>	<b>Never true</b>
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.	1	2	3	4	5
C3.	I am able to do things as well as most other people.	1	2	3	4	5
C4.	I feel I do not have much to be proud of.	1	2	3	4	5
C5.	I take a positive attitude towards myself.	1	2	3	4	5
C6.	Sometimes I think I am no good at all.	1	2	3	4	5
C7.	I am a useful person to have around.	1	2	3	4	5
C8.	I feel I cannot do anything right.	1	2	3	4	5
C9.	When I do a job I do it well.	1	2	3	4	5
C10.	I feel that my life is not very useful.	1	2	3	4	5
C11.	I am unlucky.	1	2	3	4	5

**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.

Please indicate the way you feel.

	<b>Very often</b>	<b>Often</b>	<b>Not very often</b>	<b>Never</b>
D1. Do you feel upset for no obvious reason?	1	2	3	4
D2. Do you get troubled by dizziness or shortness of breath?	1	2	3	4
D3. Have you felt as though you might faint?	1	2	3	4
D4. Do you feel sick or have indigestion?	1	2	3	4
D5. Do you feel that life is too much effort?	1	2	3	4
D6. Do you feel uneasy and restless?	1	2	3	4
D7. Do you feel tingling or prickling sensations in your body, arms or legs?	1	2	3	4
D8. Do you regret much of your past behaviour?	1	2	3	4
D9. Do you sometimes feel panicky?	1	2	3	4
D10. Do you find that you have little or no appetite?	1	2	3	4
D11. Do you wake unusually early in the morning even when you haven't been woken by the family?	1	2	3	4
D12. Do you worry a lot?	1	2	3	4
D13. Do you feel tired or exhausted?	1	2	3	4

	<b>Very often</b>	<b>Often</b>	<b>Not very often</b>	<b>Never</b>
D14. Do you experience long periods of sadness?	1	2	3	4
D15. Do you feel strung up inside?	1	2	3	4
D16. Can you go to sleep alright?	1	2	3	4
D17. Do you ever have the feeling you are going to pieces?	1	2	3	4
D18. Do you often have excessive sweating or fluttering of the heart?	1	2	3	4
D19. Do you find yourself needing to cry?	1	2	3	4
D20. Do you have bad dreams which upset you when you wake up?	1	2	3	4
D21. Do you lose the ability to feel sympathy for others?	1	2	3	4
D22. Can you think as quickly as you used to?	1	2	3	4
D23. 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.**

D24.	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
D25.	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:**

- D26. 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 |
| Never                 | 4 |
- D27. I have been anxious or worried for no good reason:
- |                |   |
|----------------|---|
| No, not at all | 1 |
| Hardly ever    | 2 |
| Yes, sometimes | 3 |
| Yes, often     | 4 |
- D28. 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 |
- D29. Things have been getting on top of me:
- |   |   |
|---|---|
| Yes, most of the time I haven't been able to cope     | 1 |
| Yes, sometimes I haven't been coping as well as usual | 2 |
| No, most of the time I have coped quite well          | 3 |
| No, I have been coping as well as ever                | 4 |
- D30. 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 |

**In the past week:**

D31. 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

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

Yes, most of the time	1
Yes, quite often	2
Only occasionally	3
Never	4

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

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

D34. 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 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.

	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 study child was 18 months old:</b>					
E1. Your partner died	1	2	3	4	5
E2. One of your children died	1	2	3	4	5
E3. A friend or relative died	1	2	3	4	5
E4. One of your children was ill	1	2	3	4	5
E5. Your partner was ill	1	2	3	4	5
E6. A friend or relative was ill	1	2	3	4	5
E7. You were admitted to hospital	1	2	3	4	5
E8. You were in trouble with the law	1	2	3	4	5
E9. You were divorced	1	2	3	4	5
E10. You found that your partner didn't want your child	1	2	3	4	5
E11. You were very ill	1	2	3	4	5
E12. Your partner lost her job	1	2	3	4	5
E13. Your partner had problems at work	1	2	3	4	5
E14. You had problems at work	1	2	3	4	5
E15. You lost your job	1	2	3	4	5
E16. Your partner went away	1	2	3	4	5
E17. Your partner was in trouble with the law	1	2	3	4	5

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
E18. You and your partner separated	1	2	3	4	5
E19. Your income was reduced	1	2	3	4	5
E20. You argued with your partner	1	2	3	4	5
E21. You argued with your family and friends	1	2	3	4	5
E22. You moved house	1	2	3	4	5
E23. Your partner was physically cruel to you	1	2	3	4	5
E24. You became homeless	1	2	3	4	5
E25. You had a major financial problem	1	2	3	4	5
E26. You got married	1	2	3	4	5
E27. Your partner was physically cruel to your children	1	2	3	4	5
E28. You were physically cruel to your children	1	2	3	4	5
E29. You attempted suicide	1	2	3	4	5
E30. You were convicted of an offence	1	2	3	4	5
E31. Your partner became pregnant	1	2	3	4	5
E32. You started a new job	1	2	3	4	5
E33. Your partner had a miscarriage	1	2	3	4	5
E34. Your partner had an Abortion	1	2	3	4	5
E35. You took an examination	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
<b>Since the study child was 18 months old:</b>					
E36. Your partner was emotionally cruel to you	1	2	3	4	5
E37. Your partner was emotionally cruel to your children	1	2	3	4	5
E38. You were emotionally cruel to your children	1	2	3	4	5
E39. Your house or car was burgled	1	2	3	4	5
E40. Your partner started a new job	1	2	3	4	5
E41. A pet died	1	2	3	4	5
E42. You had an accident (please tick and describe)	1	2	3	4	5

.....

E43. 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 1                      No 2

If yes, b) please describe :

.....  
.....

c) How did this affect you?

a lot                      1  
moderately              2  
mildly                    3  
not at all                4

**SECTION F: YOUR PARTNER**

The 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.)

F1. 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

F2. How would you rate her on these characteristics?

	<b>Almost always</b>	<b>Sometimes</b>	<b>Hardly ever</b>	<b>Never</b>
a) helpful, cooperative	1	2	3	4
b) quiet, reserved	1	2	3	4
c) unreliable	1	2	3	4
d) sociable, outgoing	1	2	3	4
e) dominating, assertive	1	2	3	4
f) understanding	1	2	3	4
g) quicktempered, easily upset	1	2	3	4
h) cheerful, easygoing	1	2	3	4

F3. 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	1	2	3	4	5	6	0

F3.		Me always	Me mostly	Sometimes me, some- times my partner	Partner mostly	Partner always	Always both of us together	Some- one else
c)	cleaning house	1	2	3	4	5	6	0
d)	repairs in home	1	2	3	4	5	6	0
e)	looking after children	1	2	3	4	5	6	0
f)	washing clothes	1	2	3	4	5	6	0
g)	ironing	1	2	3	4	5	6	0
F4. Who decides:								
		Me always	Me mostly	Sometimes me, some- times my partner	Partner mostly	Partner always	Always both of us	Some- one else
a)	how to spend free time	1	2	3	4	5	6	0
b)	how much to see family or friends	1	2	3	4	5	6	0
c)	when to do repairs or redecorate	1	2	3	4	5	6	0
d)	how we should spend our money	1	2	3	4	5	6	0
F5. 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?								
		Very satisfied		Moderately satisfied		Somewhat dissatisfied		Very dissatisfied
a)	handling family finances	1		2		3		4
b)	demonstrations of affection	1		2		3		4

F5.		Very satisfied	Moderately satisfied	Somewhat dissatisfied	Very dissatisfied
c)	sex	1	2	3	4
d)	amount of time spent together	1	2	3	4
e)	making major decisions	1	2	3	4
f)	household tasks	1	2	3	4
g)	leisure time interests & activities	1	2	3	4

F6. 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 day	5
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b) How often has she 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 day	5
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F7. 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, she 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

F8. 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

F9. 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	3	4-7	4	8 or more	5
				times		times		times	

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

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

F10. 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	1	2	3	4
c)	calmly talk over some thing (eg. the news, a hobby or interest)	1	2	3	4
d)	kiss or hug	1	2	3	4
e)	make plans	1	2	3	4
f)	talk over feelings or worries	1	2	3	4

F11. 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 12 glasses* nearly every day	4
Drinks 39 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  $\frac{1}{2}$  pints ( $\frac{1}{4}$  litre) of beer or cider]

b) How many days in the past month do you think she 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		

F12. 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 her side in an argument	1	2	3	4
c)	Wants to know exactly what I'm doing and where I am	1	2	3	4
d)	Is a good companion	1	2	3	4
e)	Is affectionate to me	1	2	3	4
f)	Is clearly hurt if I don't accept her views	1	2	3	4
g)	Tends to try to change me	1	2	3	4



	<b>My partner:</b>	<b>Very true</b>	<b>Moderately true</b>	<b>Somewhat true</b>	<b>Not at all true</b>
F12	h) Confides closely in me	1	2	3	4
	i) Tends to criticize me over small issues	1	2	3	4
	j) Understands my problems and worries	1	2	3	4
	k) Tends to order me about	1	2	3	4
	l) Insists I do exactly as I'm told	1	2	3	4
	m) Is physically gentle and considerate	1	2	3	4
	n) Makes me feel needed	1	2	3	4
	o) Wants me to change in small ways	1	2	3	4
	p) Is very loving to me	1	2	3	4
	q) Seeks to dominate me	1	2	3	4
	r) Is fun to be with	1	2	3	4
	s) Wants to change me in big ways	1	2	3	4
	t) Tends to control everything I do	1	2	3	4
	u) Shows her appreciation of me	1	2	3	4
	v) Is critical of me in private	1	2	3	4
	w) Is gentle and kind to me	1	2	3	4
	x) Speaks to me in a warm and friendly voice	1	2	3	4

F13. **You and the 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
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 G: YOUR OCCUPATION AND LIFESTYLE**

G1. Compared with other parents 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 |

G2. 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 | 1 | No | 2 |
|-----|---|----|---|

If **yes**,

b) how many days a week: days

G3. As far as you can, please describe your 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.**

a) Actual job, occupation, trade or profession

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

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

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

G3. c) Type of industry or service given (main things done in job):

.....

d) How would you describe the physical effort you need for your current job?

very little effort, mostly sitting	1
some physical effort	2
quite a lot of physical effort	3
considerable physical effort	4
don't have a job	7 → Go to G9 on page 29

G4. Do you find your job satisfying?

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

G5. Do you wish that you could generally spend more time with your study child?

yes often	1
yes sometimes	2
yes but rarely	3
no not at all	4

G6. a) How do you usually travel to work? (Tick all that apply)

	Yes	No	Work at home
i) public transport (bus, train)	1	2	7 → Go to G7 on page 29
ii) car	1	2	
iii) cycle	1	2	
iv) walk	1	2	
v) other (please describe)	1	2	

.....

G6. 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

G7. 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>
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

G8. a) Do you worry about your study child when you are at work?

Yes often 1                      Yes sometimes 2                      No 2

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

Yes 1                      No 2

G9. How many cigarettes per day do you currently smoke?

30+	30	25-29	25	20-24	2	15-19	15
10-14	10	5-9	05	1-4	01	none	00
pipe only	08	cigars only	09				

G10. 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 (loz) of spirits, half a pint ( $\frac{1}{4}$  litre) of lager or cider, a wine glass of wine, etc)

G10. 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

G11. How difficult at the moment do you find it to afford these items:

	<b>Very difficult</b>	<b>Fairly difficult</b>	<b>Slightly difficult</b>	<b>Not difficult</b>	<b>Paid directly by Social Security</b>	
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		

G12. 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	1	2	3	4	5
c) do you feel you are getting enough sleep?					
Yes	1	No	2		

**SECTION H: YOUR HOME AND NEIGHBOURHOOD**

H1. 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?

		<b>Serious problem</b>	<b>Minor problem</b>	<b>Not a problem</b>	<b>No opinion</b>
a)	Badly fitted doors and windows	1	2	3	4
b)	Poor ventilation	1	2	3	4
c)	Noise travelling between the rooms of your home	1	2	3	4
d)	Noise from other homes	1	2	3	4
e)	Noise from outside in the street	1	2	3	4
f)	Rubbish or litter dumped around your neighbourhood	1	2	3	4
g)	Dog dirt on pavements/walkways	1	2	3	4
h)	Worry about vandalism	1	2	3	4
i)	Worry about burglaries	1	2	3	4
j)	Worry about muggings or attacks	1	2	3	4
k)	Disturbance from teenagers or youths	1	2	3	4
l)	Other problems (please tick and describe)	1	2	3	4

.....

.....

- H2. 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 |
- H2. b)
- |                |   |
|----------------|---|
| much tidier    | 1 |
| a bit tidier   | 2 |
| about the same | 3 |
| less tidy      | 4 |
| much less tidy | 5 |
| don't know     | 9 |
- H3. How many people living in your household (including yourself) are smokers?
- H4. 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
- H5. 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 |



**SECTION I: CHEMICALS IN YOUR ENVIRONMENT**

11. In the last few months, how often have you used the following at home:

	<b>Every day</b>	<b>Most days</b>	<b>About once a week</b>	<b>Less than once a week</b>	<b>Not at all</b>
a) disinfectant	1	2	3	4	5
b) bleach	1	2	3	4	5
c) window cleaner	1	2	3	4	5
d) chemical carpet cleaner	1	2	3	4	5
e) oven/drain cleaner	1	2	3	4	5
f) dry cleaning fluid	1	2	3	4	5
g) turpentine/white spirit	1	2	3	4	5
h) paint stripper	1	2	3	4	5
i) household paint or varnish	1	2	3	4	5
j) weed killers	1	2	3	4	5
k) pesticides/insect killers	1	2	3	4	5
l) air fresheners (spray, stick or aerosol)	1	2	3	4	5
m) other aerosols or sprays including hair spray	1	2	3	4	5
n) vacuum cleaner	1	2	3	4	5
o) broom/carpet sweeper	1	2	3	4	5
p) glue	1	2	3	4	5
q) nail varnish/acetone	1	2	3	4	5
r) metal cleaners/degreasers, polishers	1	2	3	4	5

		Every day	Most days	About once a week	Less than once a week	Not at all
I1.	s) petrol	1	2	3	4	5
	t) moth repellent (moth balls)	1	2	3	4	5
	u) other chemical (please tick and describe)	1	2	3	4	5

.....

I2. 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
35 hours	3	3
12 hours	4	4
less than 1 hour	5	5
not at all	6	6

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

Yes 1                      No 2



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

I4. Do you agree with the statements:

		Strongly agree	Agree	Disagree	Strongly disagree
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

I5. a) Do you have any pets?

Yes 1                      No 2                      —————> If no, go to J1 on page 36

If yes,

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

Yes,                      1                      No, made                      2                      No                      3  
improved it                      it worse                      effect

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

Yes 1                      No 2

**THANK YOU VERY MUCH FOR YOUR HELP**

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.**

J1. This questionnaire was completed by:

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

.....

J2. Please give the date on which you completed this questionnaire:

day                      month                                      year

1      9      9

J3. Please give your date of birth:

day                      month                                      year

1      9

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.      Te;: Bristol 925 6260**

For office use only:

Coder