

Questionnaire No:

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STUDY MOTHER'S QUESTIONNAIRE

This questionnaire is for you, the mother, whether or not you are the main carer. Its purpose is to find out what health and other problems you have. Your answers will help us to identify those problems that may be helped by changes in the health care system.

To answer please 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 over time.

Please answer all questions if you can, even if they seem similar. If you do not want to 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 FOR YOUR HELP

23.09.96

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SECTION A: YOUR HEALTH

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

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

A2. Have you had any of the following in the past year (since your study child was 4 years old)?

In past year:	Yes and consulted doctor	Yes but did not consult doctor	No ↓
a) anxiety or 'nerves'	<div>1</div>	<div>2</div>	<div>3</div>
b) depression	<div>1</div>	<div>2</div>	<div>3</div>
c) headache or migraine	<div>1</div>	<div>2</div>	<div>3</div>
d) epilepsy	<div>1</div>	<div>2</div>	<div>3</div>
e) back pain, sciatica, slipped disc	<div>1</div>	<div>2</div>	<div>3</div>
f) indigestion	<div>1</div>	<div>2</div>	<div>3</div>
g) high blood pressure	<div>1</div>	<div>2</div>	<div>3</div>
h) cough or cold	<div>1</div>	<div>2</div>	<div>3</div>
i) diabetes	<div>1</div>	<div>2</div>	<div>3</div>
j) haemorrhoids/piles	<div>1</div>	<div>2</div>	<div>3</div>
k) schizophrenia	<div>1</div>	<div>2</div>	<div>3</div>
l) influenza	<div>1</div>	<div>2</div>	<div>3</div>

A2. (cont.)

In past year:	Yes and consulted doctor	Yes but did not consult doctor	No ↓
m) alcohol problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) wheezing or asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) stomach ulcer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) eczema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) psoriasis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) rheumatism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) urinary infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) problems with your periods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) problems with a pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) pre-menstrual tension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
za) other problems (please tick & describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

In past year:	Every day	Often	Sometimes	Not at all
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) hormone tablets	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
g) antibiotics	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
h) aspirin	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
i) paracetamol	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
j) other painkillers	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
k) amphetamines or other stimulants	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
l) contraceptive pill	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
m) iron	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
n) heroin, methadone, crack, cocaine	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
o) anticonvulsants	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
p) steroids	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
other pill, medicine, drug or treatment (please describe each and state how frequently taken)				
q)	<div>1</div>	<div>2</div>	<div>3</div>	
r)	<div>1</div>	<div>2</div>	<div>3</div>	
s)	<div>1</div>	<div>2</div>	<div>3</div>	

A4. Please list all the drugs, medicines and 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 the contraceptive pill, iron tablets, laxatives, vitamins, sleeping tablets, aspirin, cough mixture, pain killers, herbal medicine, homeopathic remedies?

A5. a) Since your study child was 4 years old have you been admitted to hospital?

Yes

1

No

2

 → If **no**, go to A6 on page 7

If **yes**,

b) how many times?

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c) for how many different reasons?

--	--

A5. Reason for each hospital stay:

How long did you stay?

d)

--	--

nights

e)

--	--

nights

f)

--	--

nights

g)

--	--

nights

h)

--	--

nights

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

In the past month:

**Almost all
the time**

Sometimes

Once

Not at all

a) backache

1

2

3

4

b) headache or migraine

1

2

3

4

c) urinary infection

1

2

3

4

d) nausea

1

2

3

4

e) vomiting

1

2

3

4

f) diarrhoea

1

2

3

4

g) haemorrhoids or piles

1

2

3

4

h) feeling weepy/tearful

1

2

3

4

i) feeling irritable

1

2

3

4

j) feeling exhausted

1

2

3

4

k) varicose veins

1

2

3

4

l) passing urine very often

1

2

3

4

m) problem holding urine
when you jump, sneeze etc.

1

2

3

4

n) indigestion

1

2

3

4

o) feeling dizzy/fainting

1

2

3

4

A6. (cont.)

In the past month:	Almost all the time	Sometimes	Once	Not at all
p) flashing lights/spots before eyes	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
q) shoulder ache	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
r) tingling in hands/fingers	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
s) tingling in feet/toes	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
t) neck ache	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
u) feeling depressed	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
v) pain in your knee(s)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
w) other problem (please tick & describe)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

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A7. a) Have you ever had pain in one or both of your knees lasting for at least a month?

Yes, one Yes, both No → If **no**, go to A8 on page 9

If yes,

b) about how old were you when this first happened?

Less than 10 10-13 14-16 17-19 20 or more

c) Have you had pain in your knees **in the past month**?

Yes No

A8. a) How often are you having sexual intercourse now?

not at all

less than once a month

1-3 times a month

about once a week

2-4 times a week

5 or more times a week

b) In general, do you enjoy it?

yes, very much

yes, somewhat

no, not a lot

no, not at all

no sex at the moment

A9. a) Are you currently trying to get pregnant?

no

no, but intend to later

yes, we are trying

→ **If yes,** for how long have you been trying?

months



go to A10 on page 11

I am already pregnant



How long were you trying before you became pregnant?

months



go to A10 on page 11

A9. b) What forms of contraception are you using now? (tick all that you have used in the past 3 months)

Yes

i) withdrawal

☐

ii) the pill

☐

iii) IUCD/coil

☐

iv) condom/sheath

☐

v) calendar/rhythm method

☐

vi) diaphragm/cap

☐

vii) spermicide

☐

viii) I have been sterilised

☐

ix) My partner has been
sterilised

☐

x) none

☐

xi) other (please describe)

☐

.....

A10. a) Have you been pregnant at all in the past 2 years?

Yes No → If **no**, go to A11 on Page 13

If **yes**,

b) How many times?

c) For these pregnancies please give:

	1st pregnancy	2nd pregnancy	3rd pregnancy
i) date of your last menstrual period before the pregnancy (if you remember it)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/>
ii) what happened:	miscarriage <input type="text"/> abortion/termination for unwanted pregnancies <input type="text"/> termination for problem (please describe) <input type="text"/> still pregnant <input type="text"/> baby born <input type="text"/> other (please describe) <input type="text"/>	miscarriage <input type="text"/> abortion/termination for unwanted pregnancies <input type="text"/> termination for problem (please describe) <input type="text"/> still pregnant <input type="text"/> baby born <input type="text"/> other (please describe) <input type="text"/>	miscarriage <input type="text"/> abortion/termination for unwanted pregnancies <input type="text"/> termination for problem (please describe) <input type="text"/> still pregnant <input type="text"/> baby born <input type="text"/> other (please describe) <input type="text"/>
iii) please give actual date of delivery or end of pregnancy: (If still pregnant put 77 77 7)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/>
iv) do/did you have any problems?	Yes <input type="text"/> No <input type="text"/>	Yes <input type="text"/> No <input type="text"/>	Yes <input type="text"/> No <input type="text"/>
If yes , please describe:

A10c. (cont.)

	4th pregnancy	5th pregnancy	6th pregnancy
i) date of your last menstrual period before the pregnancy (if you remember it)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/>
ii) what happened:	miscarriage <input type="text"/> 1 abortion/ termination for unwanted pregnancies <input type="text"/> 2 termination for problem (please describe) <input type="text"/> 3 still pregnant <input type="text"/> 4 baby born <input type="text"/> 5 other (please describe) <input type="text"/> 6	miscarriage <input type="text"/> 1 abortion/ termination for unwanted pregnancies <input type="text"/> 2 termination for problem (please describe) <input type="text"/> 3 still pregnant <input type="text"/> 4 baby born <input type="text"/> 5 other (please describe) <input type="text"/> 6	miscarriage <input type="text"/> 1 abortion/ termination for unwanted pregnancies <input type="text"/> 2 termination for problem (please describe) <input type="text"/> 3 still pregnant <input type="text"/> 4 baby born <input type="text"/> 5 other (please describe) <input type="text"/> 6
iii) please give actual date of delivery or end of pregnancy: (If still pregnant put 77 77 7)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/>
iv) do/did you have any problems?	Yes <input type="text"/> ₁ No <input type="text"/> ₂	Yes <input type="text"/> ₁ No <input type="text"/> ₂	Yes <input type="text"/> ₁ No <input type="text"/> ₂
If <u>yes</u> , please describe:

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

A11. Please describe your most recent periods:

	Very	Moderately	Mildly	Not at all	No periods	
a) how heavy are your periods?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="7"/>	→ go to A12 below
b) how painful are your periods?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>		
c) are your periods irregular?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>		
d) how many days does bleeding usually last?					days	

A12. Have you had a D and C (scrape) in the last 2 years? Yes No Don't know

If **yes**,

		Yes	No
Was this because of: (tick all that apply)	(i) heavy periods	<input type="text" value="1"/>	<input type="text" value="2"/>
	(ii) painful periods	<input type="text" value="1"/>	<input type="text" value="2"/>
	(iii) fibroids	<input type="text" value="1"/>	<input type="text" value="2"/>
	(iv) termination/abortion	<input type="text" value="1"/>	<input type="text" value="2"/>
	(v) infertility	<input type="text" value="1"/>	<input type="text" value="2"/>
	(vi) miscarriage	<input type="text" value="1"/>	<input type="text" value="2"/>
	(vii) don't know	<input type="text" value="1"/>	<input type="text" value="2"/>
	(viii) other (please describe)	<input type="text" value="1"/>	<input type="text" value="2"/>

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SECTION B: YOUR OPINION OF YOURSELF

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

		Always true	Often true	Sometimes true	Seldom true	Never true
B1.	I feel that I am a person of worth, at least equal to others.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
B2.	I feel I have a number of good qualities.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
B3.	I am able to do things as well as most other people.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
B4.	I feel I do not have much to be proud of.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
B5.	I take a positive attitude towards myself.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
B6.	Sometimes I think I am no good at all.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
B7.	I am a useful person to have around.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
B8.	I feel I cannot do anything right.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
B9.	When I do a job I do it well.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
B10.	I feel that my life is not very useful.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
B11.	I am unlucky.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

SECTION C: 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 might be feeling differently **now**.

Please indicate the way you feel.

		Very often	Often	Not very often	Never
C1.	Do you feel upset for no obvious reason?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C2.	Do you get troubled by dizziness or shortness of breath?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C3.	Have you felt as though you might faint?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C4.	Do you feel sick or have indigestion?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C5.	Do you feel that life is too much effort?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C6.	Do you feel uneasy and restless?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C7.	Do you feel tingling or prickling sensations in your body, arms or legs?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C8.	Do you regret much of your past behaviour?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C9.	Do you sometimes feel panicky?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C10.	Do you find that you have little or no appetite?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C11.	Do you wake unusually early in the morning even when you haven't been woken by your children?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C12.	Do you worry a lot?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

		Very often	Often	Not very often	Never
C13.	Do you feel tired or exhausted?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C14.	Do you experience long periods of sadness?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C15.	Do you feel strung-up inside?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C16.	Can you go to sleep all right?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C17.	Do you ever have the feeling you are going to pieces?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C18.	Do you often have excessive sweating or fluttering of the heart?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C19.	Do you find yourself needing to cry?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C20.	Do you have bad dreams which upset you when you wake up?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C21.	Do you lose the ability to feel sympathy for others?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C22.	Can you think as quickly as you used to?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C23.	Do you have to make a special effort to face up to a crisis or difficulty?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

Your feelings in the past week.

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

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

C25. I have looked forward with enjoyment to things:

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

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
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 good reason:

Yes, quite a lot	<div>1</div>
Yes, sometimes	<div>2</div>
No, not much	<div>3</div>
No, not at all	<div>4</div>

C29. Things have been getting on top of me:

Yes, most of the time I haven't been able to cope	<div>1</div>
Yes, sometimes I haven't been coping as well as usual	<div>2</div>
No, most of the time I have coped quite well	<div>3</div>
No, I have been coping as well as ever	<div>4</div>

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

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

C31. I have felt sad or miserable:

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

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

Never

4

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

Yes, quite often

1

Sometimes

2

Hardly ever

3

Never

4

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

Yes, more good days

1

About half and half

2

No, more bad days

3

SECTION D: RECENT EVENTS

Listed below are a number of events which may have brought changes in your life. Have any of the these occurred in the past year (since your study child was 4). Some of these may be distressing to recall, but we hope you will let us know just how they affected you.

		Yes & affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but did not affect me at all	No did not happen
In the past year:						
D1.	Your partner died	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D2.	One of your children died	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D3.	A friend or relative died	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D4.	One of your children was ill	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D5.	Your partner was ill	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D6.	A friend or relative was ill	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D7.	You were admitted to hospital	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D8.	You were in trouble with the law	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D9.	You were divorced	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D10.	You found that your partner didn't want your child	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D11.	You were very ill	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D12.	Your partner lost his job	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

		Yes & affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but did not affect me at all	No did not happen
In the past year:						
D13.	Your partner had problems at work	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D14.	You had problems at work	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D15.	You lost your job	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D16.	Your partner went away	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D17.	Your partner was in trouble with the law	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D18.	You and your partner separated	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D19.	Your income was reduced	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D20.	You argued with your partner	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D21.	You argued with your family and friends	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D22.	You moved house	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D23.	Your partner was physically cruel to you	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D24.	You became homeless	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D25.	You had a major financial problem	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D26.	You got married	<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
In the past year:						
D27.	Your partner was physically 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"/>
D28.	You were physically 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"/>
D29.	You attempted suicide	<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"/>
D30.	You were convicted of an offence	<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"/>
D31.	You 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"/>
D32.	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"/>
D33.	You returned to 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"/>
D34.	You 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"/>
D35.	You 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"/>
D36.	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"/>
D37.	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"/>
D38.	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"/>
D39.	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"/>
D40.	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"/>

		Yes & affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but did not affect me at all	No did not happen
In the past year:						
D41.	Your partner started a new job	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D42.	A pet died	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D43.	You had an accident (please tick & describe)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

.....

D44. 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 **no**, go to E1 on page 24

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

.....

c) How did this affect you?

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

SECTION E: YOUR HOME

Below are a number of questions about your home. They are similar to some you answered 2 years ago, and will be used to see how your circumstances might have changed.

		month		year
E1.	a)	When did you move to your present address?	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
	b)	How many times have you moved home since your study child was 2½ years old ?	<input type="text"/> <input type="text"/>	

E2.	Is your home:
	being bought/mortgaged
	being bought from council
	owned - with no mortgage to pay
	rented from council
	rented from private landlord - furnished
	rented from private landlord - unfurnished
	rented from housing association
	other (please tick & describe)

<input type="text"/>
0
<input type="text"/>
1
<input type="text"/>
2
<input type="text"/>
3
<input type="text"/>
4
<input type="text"/>
5
<input type="text"/>
6
<input type="text"/>
7

.....

E3.	Do you live in your own home or do you live with your parents or others?
-----	--

live in own home (or shared with partner)	<input type="text"/>
live in partner's home	<input type="text"/>
live with your parents in their home	<input type="text"/>
live with your partner's parents in their home	<input type="text"/>
other situation (please tick & describe)	<input type="text"/>

.....

- E4. Do you currently live in:
- a whole detached house (or bungalow)
- a whole semi-detached house/bungalow
- an end of terrace house
- a whole terraced house
- a flat/maisonette (self contained)
- room in someone else's house
- other (please describe)

1
2
3
4
5
6
7

- E5. What is the lowest level of your living accommodation:

basement

78

ground floor

00

1st floor

01

2nd floor or above, give floor.....

--	--

- E6. In the coldest time of year, describe the temperature in your:

		Very warm	Warm	About right	Cold	Very cold
a)	living room	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
b)	bedroom	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

- E7. Does your home have the following?

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

E8. Apart from the kitchen, how many rooms do you have for living and/or sleeping ?

--	--

E9. Do you have sole use of the following amenities or are they shared with other household(s)?

	Yes sole use	Yes shared	No ↓
a) running hot water	<div style="border: 1px solid black; width: 40px; height: 30px; line-height: 30px;">1</div>	<div style="border: 1px solid black; width: 40px; height: 30px; line-height: 30px;">2</div>	<div style="border: 1px solid black; width: 40px; height: 30px; line-height: 30px;">3</div>
b) bath	<div style="border: 1px solid black; width: 40px; height: 30px; line-height: 30px;">1</div>	<div style="border: 1px solid black; width: 40px; height: 30px; line-height: 30px;">2</div>	<div style="border: 1px solid black; width: 40px; height: 30px; line-height: 30px;">3</div>
c) shower	<div style="border: 1px solid black; width: 40px; height: 30px; line-height: 30px;">1</div>	<div style="border: 1px solid black; width: 40px; height: 30px; line-height: 30px;">2</div>	<div style="border: 1px solid black; width: 40px; height: 30px; line-height: 30px;">3</div>
d) garden or yard	<div style="border: 1px solid black; width: 40px; height: 30px; line-height: 30px;">1</div>	<div style="border: 1px solid black; width: 40px; height: 30px; line-height: 30px;">2</div>	<div style="border: 1px solid black; width: 40px; height: 30px; line-height: 30px;">3</div>
e) balcony	<div style="border: 1px solid black; width: 40px; height: 30px; line-height: 30px;">1</div>	<div style="border: 1px solid black; width: 40px; height: 30px; line-height: 30px;">2</div>	<div style="border: 1px solid black; width: 40px; height: 30px; line-height: 30px;">3</div>

E10. a) Is there a working telephone in your home?

No

1

Yes, but
for incoming
calls only

2

Yes, a fully
working phone

3

 → **Go to E11a
below**

↓

b) where is the nearest working telephone that you can use in an emergency?

pay phone in the building	<div style="border: 1px solid black; width: 40px; height: 30px; line-height: 30px;">1</div>
pay phone in the street	<div style="border: 1px solid black; width: 40px; height: 30px; line-height: 30px;">2</div>
neighbour's phone	<div style="border: 1px solid black; width: 40px; height: 30px; line-height: 30px;">3</div>
none within 5 minutes walk	<div style="border: 1px solid black; width: 40px; height: 30px; line-height: 30px;">4</div>
other (please describe)	<div style="border: 1px solid black; width: 40px; height: 30px; line-height: 30px;">5</div>

.....

E11. a) Do you or your partner have the use of a car (including vans, minibuses, etc.)?

Yes, we
own a car

1

Yes, we can
borrow a car

2

No

3

 → **If no, go to E12a
on page 27**

If **yes**,

E11. b) how often do you yourself have the use of a car?

never

sometimes

often

every day

not applicable/do not drive

1
2
3
4
7

→ c) do you wish you could have it more often?

Yes 1 No 2

E12. a) Is there ever any damp, condensation or mould in your home?

Yes 1

No 2

→ If **no**, go to E13a on page 28

If **yes**,

b) How much of a problem is damp or condensation?

no damp or condensation

not serious

fairly serious

very serious

1
2
3
4

c) How much of a problem is mould?

no mould

not serious

fairly serious

very serious

1
2
3
4

Please tick the boxes relating to the problems you get in each room.

E12.	Condensation on windows/ walls/ceilings	Damp patches on walls	Mould on walls	Damp on furniture, carpets or clothes	Mould on furniture, carpets or clothes	None ↓
d) kitchen (or kitchen/diner)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>6</div>
e) living room (or lounge/diner)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>6</div>
f) hall/landing	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>6</div>
g) my bedroom	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>6</div>
h) study child's bedroom	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>6</div>
i) bathroom/toilet	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>6</div>
j) other rooms	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>6</div>

E13. a) Does your roof leak at all? (If you have another flat above yours, please tick 'does not apply')

does not apply	<div>7</div>
no leak	<div>1</div>
yes, slight leak	<div>2</div>
yes, serious leak	<div>3</div>

b) In wet weather, does water get in from anywhere else, such as through badly fitting windows or doors?

no leaks	<div>1</div>
yes, slight leaks	<div>2</div>
yes, serious leaks	<div>3</div>

E14. Taking everything into account, which of the following best describes your feeling about your home?

satisfied	1
fairly satisfied	2
dissatisfied	3
very dissatisfied	4

E15. **In the past year** have any of the following rooms been decorated or had any brand new furniture?

a) Your bedroom:		Yes	No	Don't know
i)	painted	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
ii)	wall papered	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
iii)	<u>new</u> carpet	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
iv)	<u>new</u> furniture	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>

b) Your living room:				
i)	painted	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
ii)	wall papered	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
iii)	<u>new</u> carpet	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
iv)	<u>new</u> furniture	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>

c) The room the study child sleeps in:				
i)	painted	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
ii)	wall papered	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
iii)	<u>new</u> carpet	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
iv)	<u>new</u> furniture	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>

E15.	d)	Any other rooms:	Yes	which room(s)	No	Don't know
	i)	painted	<div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">1</div>	→	<div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">2</div>	<div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">9</div>
	ii)	wall papered	<div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">1</div>	→	<div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">2</div>	<div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">9</div>
	iii)	<u>new</u> carpet	<div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">1</div>	→	<div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">2</div>	<div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">9</div>
	iv)	<u>new</u> furniture	<div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">1</div>	→	<div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">2</div>	<div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">9</div>

E16. How would you rate your home in relation to that of other mothers?

a)	much cleaner	<div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">1</div>
	a bit cleaner	<div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">2</div>
	about the same	<div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">3</div>
	less clean	<div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">4</div>
	much less clean	<div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">5</div>
	don't know	<div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">9</div>
b)	much tidier	<div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">1</div>
	a bit tidier	<div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">2</div>
	about the same	<div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">3</div>
	less tidy	<div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">4</div>
	much less tidy	<div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">5</div>
	don't know	<div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">9</div>

E17. Do you have a rule that smoking never happens in particular rooms?

Smoking not allowed in the house at all	<div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">1</div>
Smoking only allowed in some rooms	<div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">2</div>
Smoking allowed anywhere	<div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">3</div>

E17. (cont.) Space for comments:.....

.....

E18. Here is a list of some things that can be a problem in people's homes or in the neighbourhood. How much of a problem are the following for you and your family?

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

.....

.....

SECTION F: YOUR OCCUPATION AND LIFESTYLE

F1. a) In the last year have you worked at all?

no



If no, go to Question F9 on page 35

yes, paid work at home

yes, paid work outside home

yes, paid work both at home and outside home

If yes,

b) how old was this study child when you started (or went back to) your most recent job?

years

months

c) are you still working?

Yes

No

If no,

i) when did you finish?

month

199

**Now go
→ to F9 on page 35**

If yes,

ii) how many jobs are you now doing?

iii) what job(s) are you doing (please describe the job(s) you do and the type of industry/employer(s) you work for)

.....

.....

d) How many hours a week altogether do you now work?

hours

i) Does this include weekends ?

Yes

No

Sometimes

F1. d) ii) Do you work in the evenings or at night?

Yes

No

Sometimes

e) How would you describe the physical effort you need for your current job(s)?

very little effort, mostly sitting

some physical effort

quite a lot of physical effort

considerable physical effort

F2. What are the main reasons you work?

	Yes	No
a) financial, I am important as a breadwinner	<input type="text" value="1"/>	<input type="text" value="2"/>
b) financial, for family extras	<input type="text" value="1"/>	<input type="text" value="2"/>
c) career	<input type="text" value="1"/>	<input type="text" value="2"/>
d) enjoyment	<input type="text" value="1"/>	<input type="text" value="2"/>
e) to get out of the home	<input type="text" value="1"/>	<input type="text" value="2"/>
f) other (please describe)	<input type="text" value="1"/>	<input type="text" value="2"/>

.....

F3. Are you working at the same status as you did before you had your study child?

didn't work before

no, lower level

yes, same level

no, higher level

F4. Do you find your job satisfying?

Yes

No

Sometimes

F5. Do you wish that you could generally spend more time with this child?

yes, often	<input type="text" value="1"/>
yes, sometimes	<input type="text" value="2"/>
yes, but rarely	<input type="text" value="3"/>
no, not at all	<input type="text" value="4"/>

F6. a) How do you usually travel to work? (Tick all that apply)

	Yes	No	Work at home
i) public transport (bus, train)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="7"/> → Go to F7 below
ii) car	<input type="text" value="1"/>	<input type="text" value="2"/>	
iii) cycle	<input type="text" value="1"/>	<input type="text" value="2"/>	
iv) walk	<input type="text" value="1"/>	<input type="text" value="2"/>	
v) other	<input type="text" value="1"/>	<input type="text" value="2"/>	

b) How long does it usually take:

	Less than 15 mins	15-29 mins	30-59 mins	An hour or more
i) to travel to work?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
ii) to travel home from work?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

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

	Yes almost always	Yes often	Not very often	Never
a) I enjoy seeing my child after work	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b) After a day working I find it hard to cope with a young child	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

F8. a) Do you worry about your study child when you are at work?

Yes ₁ Sometimes ₂ No ₃

b) Does he/she make a fuss when you leave him/her?

Yes ₁ Sometimes ₂ No ₃

If you are working please now go to Question F10 below

If you are not working:

F9. a) Have you chosen not to work so that you can stay at home with your child?

No ₁ Yes ₂ → **If yes, go to F10 below**

If no,

b) Have you been looking for work? Yes ₁ No ₂ → **If no, go to F10 below**

c) **If yes,** how long have you been seeking work? months

F10. a) Please list all previous paid jobs since the day the study child was born:

If none go to F11 on page 36.

Job done	Hours/ week (average)	Month started	Year started	Month finished	Year finished
1.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	199 <input type="text"/>	<input type="text"/> <input type="text"/>	199 <input type="text"/>
2.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	199 <input type="text"/>	<input type="text"/> <input type="text"/>	199 <input type="text"/>
3.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	199 <input type="text"/>	<input type="text"/> <input type="text"/>	199 <input type="text"/>
4.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	199 <input type="text"/>	<input type="text"/> <input type="text"/>	199 <input type="text"/>
5.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	199 <input type="text"/>	<input type="text"/> <input type="text"/>	199 <input type="text"/>

b) Did any of these jobs involve working at weekends?

Yes ₁ Sometimes ₂ No ₃ → **If no, go to F10d on page 36**

F10. c) **If yes**, which ones? (Tick all that apply)

Job No.				
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d) Did any of these jobs involve working in the evenings or at nights?

Yes ☐ 1 No ☐ 2 → **If no**, go to F10f below

e) **If yes**, which ones? (Tick all that apply)

Job No.				
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

f) Were any gaps in employment due to paid maternity leave?

Yes ☐ 1 No ☐ 2

For office use

g) **If yes**, between which jobs?

.....

F11. How many cigarettes per day do you currently smoke?

30+ <input type="checkbox"/> 30	25-29 <input type="checkbox"/> 25	20-24 <input type="checkbox"/> 20	15-19 <input type="checkbox"/> 15	10-14 <input type="checkbox"/> 10
5-9 <input type="checkbox"/> 05	1-4 <input type="checkbox"/> 01	none <input type="checkbox"/> 00	pipe only <input type="checkbox"/> 08	cigars only <input type="checkbox"/> 09

F12. a) How much alcohol do you drink?

never drink alcohol

☐ 1

very occasionally (less than once a week)

☐ 2

occasionally (at least once a week)

☐ 3

drink 1-2 glasses* nearly every day

☐ 4

drink 3-9 glasses* every day

☐ 5

drink at least 10 glasses* a day

☐ 6

(* by glass we mean a pub measure (1oz) of spirits, half a pint ($\frac{1}{2}$ litre) of lager or cider, a wine glass of wine, etc)

F12. b) How many days in the past month do you think you had the equivalent of at least 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"/>
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"/>

c) Do you or your partner make your own alcoholic drinks?

	Yes	No
i) wine	<input type="text" value="1"/>	<input type="text" value="2"/>
ii) beer	<input type="text" value="1"/>	<input type="text" value="2"/>
iii) spirits	<input type="text" value="1"/>	<input type="text" value="2"/>

F13. How difficult at the moment do you find it to afford these items:

	Very difficult	Fairly difficult	Slightly difficult	Not difficult	Paid directly by Social Security
a) food	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<div style="text-align: center;">↓</div> <input type="text" value="5"/>
b) clothing	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	
c) heating	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	
d) rent or mortgage	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	
e) things you need for your children	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	
f) costs of educational courses (e.g. ballet, music, etc)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	
g) medical care	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	
h) child care	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	
i) something else (please tick and describe)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>		

.....

F14. How much help would you say you had nowadays:

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

F15. How many hours sleep do you get altogether now?

	None hours	1 - 3 hours	4 - 5 hours	6 - 7 hours	More than 7 hours
a) during an average night	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
b) during an average day	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
c) Do you feel that you are getting enough sleep?					
Yes	<div>1</div>	No	<div>2</div>		

F16. a) Do you believe in God or in some divine power?

yes	<div>1</div>
am not sure	<div>2</div>
no, not at all	<div>3</div>

b) Do you feel that God (or some divine power) has helped you at any time?

Yes	<div>1</div>	Not sure	<div>2</div>	No	<div>3</div>
-----	--------------	----------	--------------	----	--------------

c) Would you appeal to God for help if you were in trouble?

Yes	<div>1</div>	Not sure	<div>2</div>	No	<div>3</div>
-----	--------------	----------	--------------	----	--------------

F16. d) What sort of religious faith would you say you had? (tick one only)

Church of England	<input type="checkbox"/>	Roman Catholic	<input type="checkbox"/>
Jehovah's Witness	<input type="checkbox"/>	Christian Science	<input type="checkbox"/>
Mormon	<input type="checkbox"/>	Other Christian (please describe)	<input type="checkbox"/>
.....			
Jewish	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	Rastafarian	<input type="checkbox"/>
None	<input type="checkbox"/>	Other (please describe)	<input type="checkbox"/>
.....			

e) How long have you had this particular faith?

all my life	<input type="checkbox"/>
more than 5 years	<input type="checkbox"/>
3-5 years	<input type="checkbox"/>
1-2 years	<input type="checkbox"/>
less than a year	<input type="checkbox"/>

f) Do you go to a place of worship?

yes, at least once a week	<input type="checkbox"/>
yes, at least once a month	<input type="checkbox"/>
yes, at least once a year	<input type="checkbox"/>
no, not at all	<input type="checkbox"/>

F16. g) Do you obtain help and support from leaders or other members of religious groups?

Help from:

Yes

No

i) Leaders of your religious group
(e.g. priests, rabbis, imams)

ii) Other members of your religious group

iii) Members of other religious group(s)
(please describe)

.....

F17. a) Do you, in your spare time, belong to any organisations or groups of people (e.g. choir, gardening club, sports club, charity fund raising etc.)?

Yes

No

If yes, please describe:

.....

b) Are you on any committees?

Yes

No

If yes, please describe

c) Do you do any voluntary work?

Yes

No

If yes, please describe

F18. In the past 2 years have you taken any courses or other educational training?

Yes

No

a) training within my job

b) evening classes

c) University

d) other

(please describe.....)

F19. What educational qualifications do you, and your partner, have?
Please tick all that apply.

	(i) Your self	(ii) Your partner
a) No qualifications	<input type="checkbox"/>	<input type="checkbox"/>
b) CSE or GCSE (D, E, F or G)	<input type="checkbox"/>	<input type="checkbox"/>
c) O-level or GCSE (A, B or C)	<input type="checkbox"/>	<input type="checkbox"/>
d) A-level	<input type="checkbox"/>	<input type="checkbox"/>
e) Qualifications in shorthand/typing/ or other skills, e.g. hairdressing	<input type="checkbox"/>	<input type="checkbox"/>
f) Apprenticeship	<input type="checkbox"/>	<input type="checkbox"/>
g) State enrolled nurse	<input type="checkbox"/>	<input type="checkbox"/>
h) State registered nurse	<input type="checkbox"/>	<input type="checkbox"/>
i) City & Guilds intermediate technical	<input type="checkbox"/>	<input type="checkbox"/>
j) City & Guilds final technical	<input type="checkbox"/>	<input type="checkbox"/>
k) City & Guilds full technical	<input type="checkbox"/>	<input type="checkbox"/>
l) Teaching qualification	<input type="checkbox"/>	<input type="checkbox"/>
m) University degree	<input type="checkbox"/>	<input type="checkbox"/>
n) Qualifications not known	<input type="checkbox"/>	<input type="checkbox"/>
o) Not applicable, no such person		<input type="checkbox"/>
p) Other (please tick describe)	<input type="checkbox"/>	<input type="checkbox"/>

.....

.....

SECTION G: YOUR NEIGHBOURHOOD

G1. a) Do the other people in your neighbourhood:

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

b) Do you:

	No, never	Rarely	Some- times	Often	Almost every day
i) visit the home of your neighbours	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
ii) argue with your neighbours	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
iii) look after your neighbours children	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
iv) keep to yourselves	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

G2. What do you think of your neighbourhood as a place to live?

a very good place to live	<div>1</div>
a fairly good place to live	<div>2</div>
not a very good place to live	<div>3</div>
not at all a good place to live	<div>4</div>

G3. How heavy is the traffic in the street you live on?

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

How much time do you and your study child spend:(If never, please put 00 in the boxes)

G4. **On a usual weekday in school term-time:**

	(i) You		(ii) Study child	
	hours	minutes	hours	minutes
a) walking/cycling	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) in a car	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) on a bus	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

G5. **On a usual week-end* in term-time:**

a) walking/cycling	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) in a car	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) on a bus	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

G6. **On a usual weekday in school holidays:**

a) walking/cycling	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) in a car	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) on a bus	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

G7. **On a usual week-end* in school holidays:**

a) walking/cycling	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) in a car	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) on a bus	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[* Count time on Saturday and on Sunday added together]

SECTION H: YOUR FAMILY AND FRIENDS

H1. Excluding your partner and children, how many of your relatives and your partner's relatives do you see at least twice a year?

None	1	2-4	more than 4
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

H2. About how many friends do you have, (people you know more than just casually)?

None	1	2-4	more than 4
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

H3. Overall, would you say you belong to a close circle of friends?

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

H4. How many people, including your partner, are there that you can talk to about personal problems?

None	1	2-4	more than 4
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

H5. How many people, including your partner, talk to you about their personal problems or their private feelings?

None	1	2-4	more than 4
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

H6. If you have to make an important decision, how many people, including your partner are there with whom you can discuss it?

None	1	2-4	more than 4
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

H7. How many people are there among your family and friends from whom you could borrow £100 if you needed to?

None	1	2-4	more than 4
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

H8. How many of your family and friends would help you in times of trouble?

None	1	2-4	more than 4
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

H9. During the last month, how many times did you get together with one or more friends?

None	1	2-4	more than 4
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

H10. During the last month, how many times did you get together with one or more of your relatives or your partner's relatives?

None	1	2-4	more than 4
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

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	
H11.	I have no one to share my feelings with	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	
H12.	My partner provides the emotional support I need	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	no partner <input type="text" value="7"/>
H13.	There are other mothers with whom I can share my experiences	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	
H14.	I believe in moments of difficulty my neighbours would help me	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	

		This is exactly how I feel	This is often how I feel	This is how I sometimes feel	I never feel this way	
H15.	I'm worried that my partner might leave me	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	no partner <div>7</div>
H16.	There is always someone with whom I can share my happiness and excitement about my child	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	
H17.	If I feel tired I can rely on my partner to take over	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	no partner <div>7</div>
H18.	If I was in financial difficulty I know my family would help if they could	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	
H19.	If I was in financial difficulty I know my friends would help if they could	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	
H20.	If all else fails I know the state will support and assist me	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	

I1. This questionnaire was completed by:

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

.....

I2. Please give the date on which you completed this questionnaire

day	month	year
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div>1</div><div>9</div><div></div><div></div></div>

I3. Please give your date of birth:

day	month	year
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div>1</div><div>9</div><div></div><div></div></div>

THANK YOU VERY MUCH FOR YOUR HELP

Space for any additional comments you would like to make.

NB Please remember we cannot reply personally to your comments unless they are signed.

When completed, please return the questionnaire to:

**Professor Jean Golding
Children of the Nineties - ALSPAC
Institute of Child Health
24 Tyndall Avenue
Bristol
BS8 1BR Tel: Bristol 9285007**

For office use only

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