Questionnaire No:

PARTNER -

ABOUT ME

12/04/03

This questionnaire is for the study child's father or person taking the role of father. To answer simply tick the box which is most accurate in your opinion.

Changes are occurring around our study children all the time, both in the family and in life outside. Some questions we ask in this questionnaire are the same as those you have answered before. This is so that we can tell what changes there may be in your health and lifestyle.

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 is true for you.

ALL ANSWERS ARE CONFIDENTIAL

Thank you for your help

SECTION A: YOUR HEALTH

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

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

A2. Have you had any of the following in the last 2 years (since your study child's 10th birthday)?

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

A2 cont.

In last 2 years:	Yes and consulted doctor	Yes but did not consult doctor	No
m) alcohol problem	1	2	3
n) wheezing or asthma	1	2	3
o) bronchitis	1	2	3
p) stomach ulcer	1	2	3
q) eczema	1	2	3
r) psoriasis	1	2	3
s) arthritis	1	2	3
t) rheumatism	1	2	3
u) urinary infection	1	2	3
v) syphilis	1	2	3
w) gonorrhoea	1	2	3
x) cancer (please state type)	1	2	3

……

y) other problems (please describe)	1	2	3

.....

A3. In the last 2 years how often have you taken the following?

In last 2 years:	Every day	Often	Sometimes	Not at all
a) antibiotics	1	2	3	4
b) aspirin	1	2	3	4
c) paracetamol	1	2	3	4
d) other painkillers	1	2	3	4

A4. a) In the past year have you taken or used any homeopathic medicine(s) or remedies?

yes, often [1] yes, sometimes [2] no [3] → **If no, go to A5 below**

b) **If yes,** please describe the name(s) of the homeopathic medicine(s) and the reason for taking/using them:

	Name:	**Reason:**
1.	……..	……
2.	……..	……
3.	……..	……
4.	……..	……
5.	……..	……

A5. Please list all the other drugs, medicines and ointments that you have taken or used **in the past month:**

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, skin creams, vitamins, sleeping tablets, aspirin, cough mixture, pain killers, herbal medicine, slimming pills?**

A6. a) Since your study child's 9th birthday have you been admitted to hospital?

Yes [1] No [2] → **If no, go to A7 below**

If yes,

b) how many times? [ ][ ]

c) for how many different reasons? [ ][ ]

Reason for each hospital stay:	**How long did you stay?**
d)	[ ][ ] nights
e)	[ ][ ] nights
f)	[ ][ ] nights
g)	[ ][ ] nights
h)	[ ][ ] nights

Write 00 if you did not stay overnight

A7. In the past month, how often 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) headache or migraine	1	2	3
c) urinary infection	1	2	3
d) nausea	1	2	3
e) vomiting	1	2	3
f) diarrhoea	1	2	3
g) haemorrhoids or piles	1	2	3
h) feeling weepy/tearful	1	2	3
i) feeling irritable	1	2	3
j) feeling exhausted	1	2	3

A7.	**In the past month:**	**Almost all the time**	**Sometimes**	**Not at all**
	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

.....

.....…

A8. a) How many cigarettes do you smoke nowadays per day? (If none, put 00)

i) weekday ☐☐ ii) weekend day ☐☐

b) Do you smoke:

	Yes every day	**Yes sometimes**	**No never**
(i) pipe	1	2	3
(ii) cigar/cigarillo	1	2	3

A9. 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

A10. Please give below your present weights and measurements if you know them.

a) weight ☐☐☐ kg or ☐☐ stones ☐☐ pounds

b) height ☐☐☐ cm or ☐ ft ☐☐ in

c) inside leg measurement ☐☐☐ cm or ☐ ft ☐☐ in

d) chest ☐☐☐ cm or ☐☐ in

e) hips ☐☐☐ cm or ☐☐ in

f) waist ☐☐☐ cm or ☐☐ in

SECTION B: LIFE IN THE LAST 4 WEEKS

B1. During the past 4 weeks what was the hardest physical activity you could do for at least 2 minutes?

Very heavy e.g. run at a fast pace	1
Heavy e.g. jog at a slow pace	2
Moderate e.g. walk at a fast pace	3
Light e.g. walk at a medium pace	4
Very light e.g. walk at a slow pace	5

B2. During the past 4 weeks how much have you been bothered by emotional problems such as feeling anxious, depressed, or downhearted and sad?

Not at all	1
Hardly ever	2
Sometimes	3
Quite a lot	4
A great deal	5

B3. During the past 4 weeks how much difficulty have you had doing your usual activities both inside and outside the house, because of your physical and/or emotional health?

No difficulty	1
A little difficulty	2
Some difficulty	3
Much difficulty	4
Could not do	5

B4. During the past 4 weeks how much has your physical and/or emotional health limited your social activities with family, friends, neighbours or groups?

Not at all	1
Hardly ever	2
Sometimes	3
Quite a lot	4
A great deal	5

B5. During the past 4 weeks how much bodily pain have you generally had?

None at all	1
Very mild pain	2
Mild pain	3
Moderate pain	4
Severe pain	5

B6. During the past 4 weeks how would you rate your health in general?

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5

B7. During the past 4 weeks was someone available to help if you needed and wanted help?

Yes, as much as I wanted	1
Yes, quite a bit	2
Yes some of the time	3
Yes, a little of the time	4
No, not at all	5

B8. How well have things been going for you during the past 4 weeks?

Very well	1
Pretty good	2
An equal mix of good and bad	3
Pretty bad	4
Very bad	5
Dreadful	6

SECTION C: YOUR WIFE/PARTNER

C1. a) Do you currently have a wife or partner?

yes, a wife [1]

yes, a female partner [2]

yes, a male partner [3]

no partner [4] → **If no partner, go to Section D on page 25**

If yes,

b) does your partner or wife live with you?

Yes [1] No [2] ⟶ **If no, go to C2 below**

If yes,

c) how long have you lived together?

[ ][ ] years [ ][ ] months

d) is this the same partner or wife as the one you had when the study child had his/her 9th birthday?

Yes the same [1] No, a new partner [2] I don't remember [3]

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.)

C2. How would you assess your wife/partner's physical health?

always fit and well [1]

mostly well and healthy [2]

often feels unwell [3]

hardly ever feels well [4]

C3. Below are listed a number of conditions which your wife/partner might have had. Please indicate whether she has had any of these since your study child's 10th birthday.

In the last 2 years wife/partner had:		**Yes, and saw a doctor**	**Yes, but did not see a doctor**	**No, not at all**	**Do not know**
a)	headaches or migraine	1	2	3	9
b)	indigestion	1	2	3	9
c)	epilepsy	1	2	3	9
d)	depression	1	2	3	9
e)	anxiety or nerves	1	2	3	9
f)	haemorrhoids/piles	1	2	3	9
g)	cough or cold	1	2	3	9
h)	influenza	1	2	3	9
i)	bronchitis	1	2	3	9
j)	high blood pressure (hypertension)	1	2	3	9
k)	diabetes	1	2	3	9
l)	schizophrenia	1	2	3	9
m)	drink (alcohol) problem	1	2	3	9
n)	stomach ulcer	1	2	3	9
o)	asthma or wheezing	1	2	3	9
p)	eczema	1	2	3	9
q)	psoriasis	1	2	3	9
r)	arthritis	1	2	3	9
s)	urinary infection	1	2	3	9
t)	rheumatism	1	2	3	9
u)	back pain, sciatica or slipped disc	1	2	3	9

In the last 2 years wife\partner had:		Yes, and saw a doctor	Yes, but did not see a doctor	No, not at all	Do not know
v)	syphilis	1	2	3	9
w)	gonorrhoea	1	2	3	9
x)	other condition(s) (please tick and describe)	1	2	3	9

.....

C4. Below are some statements about mothers' and partners' relationships with young children. Please indicate how you feel in your particular situation.

	In regard to the study child:	This is always how I feel	This is sometimes how I feel	I never feel this way
a)	She really loves this child	1	2	3
b)	She is glad that we had this child when we did	1	2	3
c)	I like to watch her play with the child	1	2	3
d)	I am afraid to leave the child alone with her because I think she might be violent	1	2	3
e)	She seems to feel very close to the child	1	2	3
f)	This child gets on her nerves	1	2	3
g)	She really cannot bear it when this child cries or whines	1	2	3
h)	I think she is interested as she watches the child develop	1	2	3

C4. (cont.)		**This is always how I feel**	**This is sometimes how I feel**	**I never feel this way**
i)	She feels anxious when the child is staying with others	1	2	3
j)	She doesn't mind the mess that surrounds children	1	2	3
k)	This child makes her very happy	1	2	3

C5. a) How many cigarettes does your wife or partner currently smoke per day? (If none, put 00)

	(i) weekday	**(ii) weekend day**

b) Does she smoke:

	Yes every day	**Yes sometimes**	**No never**
(i) pipe	1	2	3
(ii) cigar/cigarillo	1	2	3

C6. a) Is your wife/partner currently employed?

Yes 1 No 2 → **If no, go to C7 on page 18**

If yes,

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

(ii) Please give industry or trade .....

c) Has she had the same job since the study child's 10th birthday?

Yes 1 No 2

C6. d) Does she work nights?

yes, always [1]

yes, sometimes [2]

no, never [3]

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

yes, often [1]

yes, occasionally [2]

no, never [3]

f) Does she work shifts?

yes, often [1] yes, occasionally [2] no, never [3]

g) How many hours a week does she normally work?

i) If her hours are regular, please state how many [ ][ ]

(put 99 if don't know)

ii) If her hours vary, please put the minimum [ ][ ]

and the maximum [ ][ ]

h) Does she usually work:

the basic no. of hours per week [1]

basic hours plus paid overtime [2]

longer than basic hours (but not paid extra) [3]

self-employed - as long as necessary [4]

C6. i) Does she get home after work before the study child is in bed?

yes, usually 1 yes, sometimes 2 no, never 3

C7. How would you rate her on these characteristics?

		Almost always	Sometimes	Hardly ever
a)	helpful, co-operative	1	2	3
b)	quiet, reserved	1	2	3
c)	unreliable	1	2	3
d)	sociable, outgoing	1	2	3
e)	dominating	1	2	3
f)	understanding	1	2	3
g)	quick-tempered, easily upset	1	2	3
h)	cheerful, easygoing	1	2	3

C8. Who does these various household tasks?

		Me always	Me mostly	Sometimes me, sometimes she does	She does mostly	She does always	Someone else
a)	shopping for groceries	1	2	3	4	5	6
b)	cooking	1	2	3	4	5	6
c)	cleaning	1	2	3	4	5	6
d)	repairs in home	1	2	3	4	5	6
e)	looking after children	1	2	3	4	5	6
f)	washing clothes	1	2	3	4	5	6
g)	ironing	1	2	3	4	5	6

C9. Who decides:

		Me always	**Me mostly**	**Sometimes me, some-times she does**	**She does mostly**	**She does always**
a)	how to spend free time	1	2	3	4	5
b)	how much to see family or friends	1	2	3	4	5
c)	when to do repairs or redecorate	1	2	3	4	5
d)	how we should spend our money	1	2	3	4	5

C10. 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
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

C11. a) How often recently have you been irritable with your wife or 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

C11. 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

C12. a) How many arguments or disagreements have you had with one another in the past three months?

None 1 | 1-3 2 | 4-7 3 | 8-13 4 | 14 or more 5

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
b)	not speaking for more than half an hour	1	2	3	4
c)	one of you walking out of the house	1	2	3	4
d)	shouting or calling one another names	1	2	3	4
e)	hitting or slapping	1	2	3	4
f)	throwing or breaking things	1	2	3	4

C13. In the past three months how often have you done these things **with your wife/partner**?

Together we have:	**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
f) other (please tick & describe)		2	3	4

……..

C14. 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 times 3

4-7 times 4 8 or more times 5

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

none 1 once 2 2-3 times 3

4-7 times 4 8 or more times 5

C15. How often in a week, on average, would you and your wife/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 something (e.g. 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

C16. a) Which of the following statements about alcohol best applies to your wife/partner:

Never drinks alcohol	1
Very occasionally (less than once a week)	2
Occasionally (at least once a week)	3
Drinks 1-2 glasses* nearly every day	4
Drinks 3-9 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, 1 glass of wine or ½ pint (¼ litre) of beer or cider]

C16. b) How many days **in the past month** do you think she had the equivalent of at least 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

C17. Below are attitudes and behaviours which people reveal in their close relationships. Please rate your wife/partner's attitudes and behaviour towards you in recent times and tick the most appropriate box for each item.

My wife/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
h)	Confides closely in me	1	2	3	4
i)	Tends to criticise 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

C17. cont.

My wife/partner:		**Very true**	**Moderately true**	**Somewhat true**	**Not at all true**
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

SECTION D: PILLS AND POTIONS

D1. Please indicate below if you have used any **medicines** (pills, syrups, inhalers, drops, sprays, suppositories, pessaries, ointments etc including homeopathic and herbal remedies) in the last 12 months.

Please include medicines prescribed by your doctor and also those you may have purchased over the counter. (**Do not include vitamins and supplements** unless taken for a specific medical condition, as these are covered in the next section).

If possible give the full name of the medicine and indicate how often it was used. If you need more lines for a particular category please include the additional medicines under the 'Other conditions' section at the end of this question on page 28.

Medicine, pills, drops, ointment etc. for:	**Yes in past 12 months**	**If yes, give name of substance**	**How often did you take/use this?** Every day	Most days	Some times	Once or twice
a) Headache or or migraine	1	i) ……..…… →	1	2	3	4
		ii) ……..…….. →	1	2	3	4
b) Backache	1	i) ……..…… →	1	2	3	4
		ii) ……..…….. →	1	2	3	4
c) Groin pain	1	i) ……..…… →	1	2	3	4
		ii) ……..…….. →	1	2	3	4
d) Other pain	1	i) ……..…… →	1	2	3	4
		ii) ……..…… →	1	2	3	4
e) Indigestion	1	i) ……..…… →	1	2	3	4
		ii) ……..…… →	1	2	3	4
f) Nausea	1	i) ……..…… →	1	2	3	4
		ii) ……..…… →	1	2	3	4

Medicine, pills, drops, ointment etc. for:	Yes in past 12 months	If yes, give name of substance	How often did you take/use this? Every day	Most days	Some times	Once or twice
g) Vomiting	1	i) ……..……	1	2	3	4
		ii) ……..……	1	2	3	4
h) Diarrhoea	1	i) ……..……	1	2	3	4
		ii) ……..……	1	2	3	4
i) Piles or haemorrhoids	1	i) ……..……	1	2	3	4
		ii) ……..……	1	2	3	4
j) Constipation	1	i) ……..……	1	2	3	4
		ii) ……..……	1	2	3	4
k) Depression	1	i) ……..……	1	2	3	4
		ii) ……..……	1	2	3	4
l) Anxiety or nerves	1	i) ……..……	1	2	3	4
		ii) ……..……	1	2	3	4
m) Sleeping	1	i) ……..……	1	2	3	4
		ii) ……..……	1	2	3	4
n) Psoriasis	1	i) ……..……	1	2	3	4
		ii) ……..……	1	2	3	4
o) Eczema	1	i) ……..……	1	2	3	4
		ii) ……..……	1	2	3	4

Medicine, pills, drops, ointment etc. for:	Yes in past 12 months	If yes, give name of substance	How often did you take/use this? Every day	Most days	Some times	Once or twice
p) Asthma	1	i) ……..…… →	1	2	3	4
		ii) ……..…… →	1	2	3	4
q) Hay fever	1	i) ……..…… →	1	2	3	4
		ii) ……..…… →	1	2	3	4
r) Other allergies	1	i) ……..…… →	1	2	3	4
		ii) ……..…… →	1	2	3	4
s) Sore throat	1	i) ……..…… →	1	2	3	4
		ii) ……..…… →	1	2	3	4
t) Cough	1	i) ……..…… →	1	2	3	4
		ii) ……..…… →	1	2	3	4
u) A cold	1	i) ……..…… →	1	2	3	4
		ii) ……..…… →	1	2	3	4
v) Flu	1	i) ……..…… →	1	2	3	4
		ii) ……..…… →	1	2	3	4
w) Other infection	1	i) ……..…… →	1	2	3	4
		ii) ……..…… →	1	2	3	4
x) Diabetes	1	i) ……..…… →	1	2	3	4
		ii) ……..…… →	1	2	3	4

Medicine, pills, drops, ointment etc. for:	Yes in past 12 months	If yes, give name of substance	How often did you take/use this? Every day	Most days	Some times	Once or twice
y) Epilepsy	1	i) ……..……	1	2	3	4
		ii) ……..……	1	2	3	4
z) High blood pressure	1	i) ……..……	1	2	3	4
		ii) ……..……	1	2	3	4
za) Other condition (please tick & describe)	1	……..……	1	2	3	4
zb) Other condition (please tick & describe)	1	……..……	1	2	3	4
zc) Other condition (please tick & describe)	1	……..……	1	2	3	4
zd) Other condition (please tick & describe)	1	……..……	1	2	3	4

ze) Took/used no medicines, pills, drops or ointment 1

D2. Vitamin, mineral and other supplements are widely used. Some people take them regularly for their health, whereas others may use them more sporadically to try to improve a specific area of their health. Please indicate below whether you have used such supplements regularly, occasionally or not at all **in the last 12 months**.

		Used in last 12 months: Regularly	Occasionally	Not at all
a)	Vitamins	1	2	3
b)	Minerals (e.g. calcium, iron)	1	2	3
c)	Oil supplements e.g. fish oils, evening primrose oil	1	2	3
d)	Other supplements e.g. Ginseng	1	2	3

D3. Please describe below any vitamins, minerals such as iron or calcium or other supplements taken in the **past month** and indicate how often you used them.

	Every day	**Most days**	**About 1-2 times a week**	**Less than once a week**	**Not at all**
a) **Vitamins** (Please say which vitamins and give brand name)					
i) ……	1	2	3	4	5
ii) ……	1	2	3	4	5
iii) ……	1	2	3	4	5
b) **Mineral supplements** (Please say which minerals e.g. iron, calcium, and give brand name)					
i) ……	1	2	3	4	5
ii) ……	1	2	3	4	5
iii) ……	1	2	3	4	5
c) **Oil supplements** (Please say which, e.g. fish oils, Evening Primrose Oil, and give brand name)					
i) ……	1	2	3	4	5
ii) ……	1	2	3	4	5
iii) ……	1	2	3	4	5
d) **Other supplements** (Please say which e.g. Ginseng, Royal Jelly, and give brand name)					
i) ……	1	2	3	4	5
ii) ……	1	2	3	4	5
iii) ……	1	2	3	4	5

SECTION E: BREAKING THE LAW

Most of us have broken the law at some time or other, maybe when larking around in our youth, or on the spur of the moment, or because of circumstances in our lives.

In this section there are some questions about such experiences which we hope you will share with us.

As always, your answers are completely confidential and cannot be linked to your name.

If you are not happy to complete this section for any reason at all, please **go to Section F on page 39**

E1. a) Have you **ever** been in trouble with the law?

Yes [1] No [2] → **If no, go to E2 below**

b) When did this happen? (Please tick all that apply)

(i) As a child (before the age of 13) [1]

(ii) As a teenager [1]

(iii) As an adult [1]

c) Has this happened in the last year? Yes [1] No [2]

E2. a) Apart from speeding have you **ever** been convicted of an offence?

Yes [1] No [2] → **If no, go to E3 on page 31**

b) When did this happen? (Please tick all that apply)

(i) As a child (before the age of 13) [1]

(ii) As a teenager [1]

(iii) As an adult [1]

c) Has this happened in the last year? Yes [1] No [2]

This next set of questions are about things relating to **vehicles**. By vehicles we mean cars, vans, motorbikes, or other motor vehicles.

E3. a) Have you **ever** driven a vehicle on a public road without vehicle insurance or a driving licence?

Yes ☐ 1 No ☐ 2 → **If <u>no</u>, go to E4 below**

b) When did this happen? (Please tick all that apply)

(i) As a child (before the age of 13) ☐ 1

(ii) As a teenager ☐ 1

(iii) As an adult ☐ 1

c) Has this happened in the last year? Yes ☐ 1 No ☐ 2

E4. a) Have you **ever** driven a vehicle when you thought at the time you could have been over the legal limit for alcohol?

Yes ☐ 1 No ☐ 2 → **If <u>no</u>, go to E5 below**

b) When did this happen? (Please tick all that apply)

(i) As a teenager ☐ 1

(ii) As an adult ☐ 1

c) Have you done this in the last year? Yes ☐ 1 No ☐ 2

E5. a) Have you **ever** stolen, or driven a vehicle away without permission, even if the owner got it back?

Yes ☐ 1 No ☐ 2 → **If <u>no</u>, go to E6 on page 32**

E5. b) When did this happen? (Please tick all that apply)

(i) As a child (before the age of 13) [1]

(ii) As a teenager [1]

(iii) As an adult [1]

c) Have you done this in the last year? Yes [1] No [2]

E6. a) Have you **ever** stolen any parts off a vehicle or anything from inside a vehicle?

Yes [1] No [2] → **If <u>no</u>, go to E7 below**

b) When did this happen? (Please tick all that apply)

(i) As a child (before the age of 13) [1]

(ii) As a teenager [1]

(iii) As an adult [1]

c) Have you done this in the last year? Yes [1] No [2]

E7. a) Have you **ever** damaged any vehicle in any way on purpose, for example by scratching it or breaking a window?

Yes [1] No [2] → **If <u>no</u>, go to E8 on page 33**

b) When did this happen? (Please tick all that apply)

(i) As a child (before the age of 13) [1]

(ii) As a teenager [1]

(iii) As an adult [1]

c) Have you done this in the last year? Yes [1] No [2]

These next questions are about other things you may have done.

E8. a) Have you **ever** gone into someone's home <u>without their permission</u> because you wanted to steal or damage something?

Yes [1] No [2] → **If <u>no</u>, go to E9 below**

b) When did this happen? (Please tick all that apply)

(i) As a child (before the age of 13) [1]

(ii) As a teenager [1]

(iii) As an adult [1]

c) Have you done this in the last year? Yes [1] No [2]

E9. a) Thinking about other types of buildings such as a factory, office, shop, hospital, school etc. Have you **ever** gone into any of these types of buildings, <u>without permission</u> because you wanted to steal or damage something?

Yes [1] No [2] → **If <u>no</u>, go to E10 below**

b) When did this happen? (Please tick all that apply)

(i) As a child (before the age of 13) [1]

(ii) As a teenager [1]

(iii) As an adult [1]

c) Have you done this in the last year? Yes [1] No [2]

E10. a) Have you **ever** painted or written graffiti on anything without permission?

Yes [1] No [2] → **If <u>no</u>, go to E11 on page 34**

E10. b) When did this happen? (Please tick all that apply)

(i) As a child (before the age of 13) [1]

(ii) As a teenager [1]

(iii) As an adult [1]

c) Have you done this in the last year? Yes [1] No [2]

E11. a) Have you **ever** damaged anything that didn't belong to you or your family on purpose, for example by burning, smashing, or breaking it?

Yes [1] No [2] → **If <u>no</u>, go to E12 below**

b) When did this happen? (Please tick all that apply)

(i) As a child (before the age of 13) [1]

(ii) As a teenager [1]

(iii) As an adult [1]

c) Have you done this in the last year? Yes [1] No [2]

If <u>yes</u>,

d) In the past year, what have you damaged that didn't belong to you?

……..

E12. a) Have you **ever** used force, violence or threats against anyone <u>in order</u> to steal from a shop, petrol station, bank or other business?

Yes [1] No [2] → **If <u>no</u>, go to E13 on page 35**

b) When did this happen? (Please tick all that apply)

(i) As a child (before the age of 13) [1]

(ii) As a teenager [1]

(iii) As an adult [1]

E12. c) Have you done this in the last year? Yes [1] No [2]

E13. a) Have you **ever** used force, violence or threats, against anyone in order to steal something from them?

Yes [1] No [2] → **If <u>no</u>, go to E14 below**

b) When did this happen? (Please tick all that apply)

(i) As a child (before the age of 13) [1]

(ii) As a teenager [1]

(iii) As an adult [1]

c) Have you done this in the last year? Yes [1] No [2]

E14. a) Have you <u>without</u> using force, violence or threats, **ever** stolen anything someone was carrying or wearing, for example by taking something from their hand, pocket or bag?

Yes [1] No [2] → **If <u>no</u>, go to E15 below**

b) When did this happen? (Please tick all that apply)

(i) As a child (before the age of 13) [1]

(ii) As a teenager [1]

(iii) As an adult [1]

c) Have you done this in the last year? Yes [1] No [2]

E15. a) Have you <u>without</u> using force, violence or threats, **ever** stolen anything from a shop?

Yes [1] No [2] → **If <u>no</u>, go to E16 on page 36**

E15. b) When did this happen? (Please tick all that apply)

(i) As a child (before the age of 13) [1]

(ii) As a teenager [1]

(iii) As an adult [1]

c) Have you done this in the last year? Yes [1] No [2]

E16. a) Have you **ever** stolen anything from where you work(ed) or went to school?

Yes [1] No [2] → **If <u>no</u>, go to E17 below**

b) When did this happen? (Please tick all that apply)

(i) As a child (before the age of 13) [1]

(ii) As a teenager [1]

(iii) As an adult [1]

c) Have you done this in the last year? Yes [1] No [2]

d) In the past year, what have you stolen from work?

……

E17. a) <u>Apart from anything you have already mentioned</u>, have you **ever** stolen anything else?

Yes [1] No [2] → **If <u>no</u>, go to E18 on page 37**

b) When did this happen? (Please tick all that apply)

(i) As a child (before the age of 13) [1]

(ii) As a teenager [1]

(iii) As an adult [1]

E17. c) Have you done this in the last year? Yes [1] No [2]

d) In the past year, what have you stolen ?

……

E18. a) Have you **ever** used force on anyone on purpose, for example scratching, hitting, kicking, throwing things, which you think physically injured them in some way?

Yes [1] No [2] → **If no, go to E19 below**

b) When did this happen? (Please tick all that apply)

(i) As a child (before the age of 13) [1]

(ii) As a teenager [1]

(iii) As an adult [1]

c) Have you done this in the last year? Yes [1] No [2]

E19. a) Have you **ever** carried a weapon in case you needed it in a fight?

Yes [1] No [2] → **If no, go to E20 below**

b) When did this happen? (Please tick all that apply)

(i) As a child (before the age of 13) [1]

(ii) As a teenager [1]

(iii) As an adult [1]

c) Have you done this in the last year? Yes [1] No [2]

E20. a) Have you **ever** used a weapon to injure anyone on purpose?

Yes [1] No [2] → **If no, go to E21 on page 38**

E20. b) When did this happen? (Please tick all that apply)

(i) As a child (before the age of 13) [1]

(ii) As a teenager [1]

(iii) As an adult [1]

c) Have you done this in the last year? Yes [1] No [2]

E21. If you answered yes to any of the questions in Section E, have you regretted any of your actions?

No, not at all [1] Yes, a little [2] Yes, quite a lot [3] Yes, very much [4]

SECTION F: YOUR FAMILY AND FRIENDS

F1. How many of your relatives and your wife/partner's relatives do you see at least twice a year?

None	1	2-4	more than 4
1	2	3	4

F2. About how many friends do you have?

None	1	2-4	more than 4
1	2	3	4

F3. Overall, would you say you belong to a close circle of friends?

Yes 1 No 2

F4. How many people are there that you can talk to about personal problems?

None	1	2-4	more than 4
1	2	3	4

F5. How many people talk to you about their personal problems or their private feelings?

None	1	2-4	more than 4
1	2	3	4

F6. If you have to make an important decision, how many people are there with whom you can discuss it?

None	1	2-4	more than 4
1	2	3	4

F7. How many people are there among your family and friends from whom you could borrow £200 if you needed to?

None	1	2-4	more than 4
1	2	3	4

F8. How many of your family and friends would help you in times of trouble?

None	1	2-4	more than 4
1	2	3	4

F9. During the last month, how many times did you get together with one or more friends?

None	1	2-4	more than 4
1	2	3	4

F10. During the last month, how many times did you get together with one or more of your relatives or your wife/partner's relatives?

None	1	2-4	more than 4
1	2	3	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**	**no wife/ partner**
F11	I have no one to share my feelings with	1	2	3	4	
F12	My wife/partner provides the emotional support I need	1	2	3	4	7
F13	There are other fathers with whom I can share my experiences	1	2	3	4	
F14	I believe in moments of difficulty my neighbours would help me	1	2	3	4	

		This is exactly how I feel	This is often how I feel	This is how I sometimes feel	I never feel this way	no wife/ partner
F15	I'm worried that my wife/partner might leave me	1	2	3	4	7
F16	There is always some-one with whom I can share my happiness and excitement about my child	1	2	3	4	
						no wife/ partner
F17	If I feel tired I can rely on my wife/ partner to take over	1	2	3	4	7
F18	If I was in financial difficulty I know my family would help if they could	1	2	3	4	
F19	If I was in financial difficulty I know my friends would help if they could	1	2	3	4	
F20	If all else fails I know the state will support and assist me	1	2	3	4	

SECTION G: YOUR DIET

G1. How many times nowadays do you eat the following foods? Please answer every question even if you never eat the food (in this case tick "never or rarely").

		Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than 7 times a week
a)	Meat sausages and burgers	1	2	3	4	5
b)	Vegetarian sausages, vegeburgers	1	2	3	4	5
c)	Meat pies/pasties (pork pie, steak/meat pie etc.)	1	2	3	4	5
d)	Vegetarian pies/pasties (cheese and onion pasty, vegetable samosa, onion bhaji, vegetable grills etc.)	1	2	3	4	5
e)	Ham, bacon, paté and cold meats (e.g. salami, luncheon meat, garlic sausage etc.)	1	2	3	4	5
f)	Meat roast, chops, stews and curries, shepherds pie, bolognaise etc. (beef, lamb pork mince)	1	2	3	4	5
g)	Liver, kidney, heart	1	2	3	4	5
h)	Chicken/turkey in crispy coating (chicken nuggets, turkey burgers, chicken fingers etc.)	1	2	3	4	5

G1.		**Never or rarely**	**Once in 2 weeks**	**1-3 times a week**	**4-7 times a week**	**More than 7 times a week**
i)	Poultry: roast, grilled, fried boiled, stewed (chicken, turkey etc.)	1	2	3	4	5
j)	Shellfish (prawns, crab, cockles, mussels etc.)	1	2	3	4	5
k)	White fish in breadcrumbs or batter (fish fingers/shapes, chip shop fish, breaded cod, plaice or haddock etc.).	1	2	3	4	5
l)	White fish without coating (grilled fish, cod in parsley sauce etc.)	1	2	3	4	5
m)	Tuna	1	2	3	4	5
n)	Other fish (pilchards, sardines, mackerel, herrings, kippers, trout, salmon etc.)	1	2	3	4	5
o)	Eggs, quiche/flans, omelettes etc.	1	2	3	4	5
p)	Cheese	1	2	3	4	5
q)	Pizza	1	2	3	4	5
r)	Oven chips or roast potatoes (cooked in fat or oil)	1	2	3	4	5
s)	Fried chips, potato waffles and croquettes, Alphabites etc.	1	2	3	4	5
t)	Boiled, mashed, jacket potatoes	1	2	3	4	5

G1.		**Never or rarely**	**Once in 2 weeks**	**1-3 times a week**	**4-7 times a week**	**More than 7 times a week**
u)	Rice (boiled, or fried, <u>not</u> rice pudding)	1	2	3	4	5
v)	Canned pasta (spaghetti rings, ravioli, macaroni cheese etc.) Pot Noodles, Super Noodles etc.	1	2	3	4	5
w)	Boiled pasta (e.g. spaghetti fusilli, lasagne), bulgar wheat or cous-cous	1	2	3	4	5

G2. How often do you have fried food, <u>excluding chips</u>? e.g. Fried bacon and eggs, fried fish, chops, steak, or beefburgers etc.

Never or rarely	1
Once in 2 weeks	2
1-3 times a week	3
4-7 times a week	4
More than 7 times a week	5

G3. Do you eat the fat on meat?

yes, all of it	1
yes, some of it	2
no, always leave the fat	3
never eat meat	4

G4. How many times nowadays do you eat;

		Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than 7 times a week
a)	Baked beans	1	2	3	4	5
b)	Peas, broad beans	1	2	3	4	5
c)	Sweetcorn	1	2	3	4	5
d)	Carrots	1	2	3	4	5
e)	Other root vegetables (turnip, swede, parsnip etc.)	1	2	3	4	5
f)	Tomatoes (cooked or raw)	1	2	3	4	5
g)	Salads (lettuce, cucumber, peppers, other raw vegetables)	1	2	3	4	5
h)	Pulses – and pulse dishes (dahl, lentil soup, falafel, dried peas, beans, chick peas etc.)	1	2	3	4	5
i)	Soya 'Meat', TVP, Bean curd, (Tofu, Miso etc.), Quorn	1	2	3	4	5
j)	Peanuts, peanut butter	1	2	3	4	5
k)	Other nuts (e.g. cashews), nut roast etc.	1	2	3	4	5
l)	Canned fruit	1	2	3	4	5
m)	Yoghurt, Fromage Frais	1	2	3	4	5

G4.		**Never or rarely**	**Once in 2 weeks**	**1-3 times a week**	**4-7 times a week**	**More than 7 times a week**
n)	Milk puddings (e.g. rice pudding, semolina), mousse Angel Delight etc.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
o)	Ice cream, choc ice, chocolate ice cream bar etc.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
p)	Pudding (e.g. fruit pie, crumble, cheesecake, gateaux)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
q)	Custard, cream, Elmlea, Tip-Top, evaporated milk etc. on puddings	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
r)	Cakes or buns (fruit cake, sponge, teacake, doughnut, flapjack, scone, custard tart, cream cake etc.)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
s)	Crispbreads (Ryvita, crackerbread etc.)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
t)	Ketchup/brown sauce etc.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
u)	Mayonnaise, salad cream or dressing etc.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

G5. In total, how many portions of green vegetables e.g. broccoli, cauliflower, courgettes, cabbage, leeks, green beans do you eat in a <u>week</u>?

☐☐ portions

a) Out of these total portions, how many are dark green leafy vegetables e.g. broccoli, Brussel sprouts, cabbage, spinach etc.?

☐☐ portions

G6. In total how many pieces of raw fruit e.g. apple, banana, orange, Satsuma, peach, grapes, strawberries etc. do you eat in a week? (For small fruit such as grapes etc, one “piece” will be a “helping” e.g. a small sprig of grapes.)

☐☐

G6. a) Out of these, how many of them are citrus fruit e.g. tangerine, orange, Satsuma, grapefruit etc.?

☐☐

G7. a) Do you eat breakfast cereals at all?

Yes ☐1 No ☐2 → **If <u>no</u>, go to G9 on page 48**

If <u>yes</u>, What type of breakfast cereal do you eat nowadays?

		Never or rarely	**Once in 2 weeks**	**1-3 times a week**	**4-7 times a week**	**More than 7 times a week**
b)	Oat cereals (e.g. porridge Ready Brek, muesli)	☐1	☐2	☐3	☐4	☐5
c)	Wholegrain or bran cereals (e.g. All Bran, Bran Flakes, Weetabix, Wheatflakes, Fruit & Fibre, Shredded Wheat)	☐1	☐2	☐3	☐4	☐5
d)	Sugar/honey coated cereals (e.g. Frosties, Honeynut Loops, Crunchynut cornflakes)	☐1	☐2	☐3	☐4	☐5
e)	Other cereals (e.g. Cornflakes Rice Krispies, Special K)	☐1	☐2	☐3	☐4	☐5

G8. a) How many teaspoons of sugar do you have on cereal?

None	**½ Teaspoon**	**One teaspoon**	**2 teaspoons**	**More than 2 teaspoons**
☐1	☐2	☐3	☐4	☐5

b) How many times **per week** do you have milk on cereal? ☐☐ times

G9. How often nowadays do you eat:

		Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than 7 times a week
a)	Crisps, corn snacks (e.g. Wotsits, Quavers, tortilla chips etc.)	1	2	3	4	5
b)	Full-coated chocolate biscuits (e.g. Club, Kit Kat, Penguin, Breakaway etc.)	1	2	3	4	5
c)	Other biscuits (e.g. Rich tea, shortcakes, digestive and chocolate digestive, Hob Nobs)	1	2	3	4	5
d)	Chocolate (dairy milk or plain nut, fruit, filled etc.)	1	2	3	4	5
e)	Sweets (individual, packets or bars, peppermints, boiled sweets, toffees etc.)	1	2	3	4	5

G10. On days when you eat biscuits, how many biscuits do you normally eat in that day?

☐☐ biscuits

G11. On days when you eat sweets, how many individual sweets do you normally eat in that day?

1-2 sweets	3-5 sweets	6-10 sweets	11-20 sweets	more than 20 sweets	I never have sweets
1	2	3	4	5	7

G12. On days when you have chocolate or chocolate bars (e.g. Mars bars, Dairy Milk):

a) What size bar do you have?

Usually eat individual chocolates/squares	Usually eat whole bars	Never have chocolate
1	2	3 → **Go to G13 on page 49**

G12. b) How many chocolates/bars of **this** size do you usually eat in **that** day?

½ or less	**1**	**2**	**3 or more**
☐ 1	☐ 2	☐ 3	☐ 4

G13. How many times a week nowadays do you drink:

		Never or rarely	**Once in 2 weeks**	**1-3 times a week**	**4-7 times a week**	**More than 7 times a week**
a)	Pure fruit juice from a carton or freshly squeezed including tomato juice	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b)	Squash, fruit drinks	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c)	Cola drinks (e.g. Coca Cola, Pepsi etc.)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d)	Other fizzy drinks (e.g. lemonade, fizzy water)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
e)	Bottled still water	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
f)	Water from tap	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
g)	Milk on its own	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
h)	Flavoured milk drinks (e.g. Horlicks, cocoa, drinking chocolate, Ovaltine, milkshakes) or yoghurt drinks	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

G14. When you have soft drinks (e.g. lemonade, cola, squash) how often are they low calorie, diet or reduced sugar drinks?

usually	☐ 1
sometimes	☐ 2
not at all	☐ 3
I don’t drink soft drinks	☐ 4

G15. When you have cola drinks how often are they decaffeinated?

usually	1
sometimes	2
not at all	3
I don't drink cola	4

G16. What type of bread do you eat **most often**? (Tick all that apply)

	Yes, usually	**Yes, sometimes**	**No, not at all**
a) White bread	1	2	3
b) Soft grain white bread	1	2	3
c) Brown/granary bread	1	2	3
d) Wholemeal bread	1	2	3
e) Chappatis, pitta bread	1	2	3
f) Naan bread	1	2	3
g) Other (please tick and describe	1	2	3

……

G17. a) How many slices of bread, rolls or chappatis do you eat on a usual day? (**include bought sandwiches**)

less than 1 1 1-2 2 3-4 3 5 or more 4

b) How many slices of bread (or rolls) spread with butter or margarine do you eat each day on average? (include shop bought sandwiches)

☐☐ slices

G17. c) How many slices of bread (or rolls) spread with sweet things such as jam/honey/chocolate spread etc. do you eat each day on average?

☐☐ slices

G18. What sort of fat do you mainly use?

		(i) On bread or vegetables		(ii) For frying	
		Yes	**No**	**Yes**	**No**
a)	Butter, ghee, dripping, lard, solid cooking fat	1	2	1	2
b)	Full-fat polyunsaturated margarine (e.g. Flora, Vitalite, sunflower margarine)	1	2	1	2
c)	Other full-fat margarine (e.g. Blue Band, Stork, Clover, Golden Crown,Willow, supermarket own brand)	1	2	1	2
d)	Low-fat polyunsaturated margarine (e.g. Flora Lite, Vitalite Lite, low-fat Sunflower margarine)	1	2	1	2
e)	Other low-fat spread not polyunsaturated (e.g. Delight, St Ivel Gold)	1	2	1	2
f)	Sunflower oil, corn oil, soya oil	1	2	1	2
g)	Olive oil, hazelnut oil, rapeseed oil	1	2	1	2
h)	Other vegetable oil	1	2	1	2
i)	Other (please tick & describe)	1	2	1	2
	…….			…….	

G19. What types of milk do you drink **most often**?

a) Full fat (silver or gold top) ☐ 1

b) Semi-skimmed (red stripe) ☐ 1

c) Skimmed (blue stripe) ☐ 1

e) Goat/sheep milk ☐ 1

f) Soya milk ☐ 1

g) Other (please tick and describe) ☐ 1

……

G20. a) Do you drink tea?

Yes ☐ 1 No ☐ 2 → **If <u>no</u>, go to G21 below**

If <u>yes</u>,

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

c) How many spoons of sugar in each cup? ☐☐ spoons

d) How many of the cups of tea that you drink per day are decaffeinated? ☐☐ cups a day

e) Do you take milk in tea?

Yes usually ☐ 1 yes, sometimes ☐ 2 No ☐ 3

G21. a) Do you drink coffee?

Yes ☐ 1 No ☐ 2 → **If <u>no</u>, go to G22 on page 53**

If <u>yes</u>,

b) How many cups of coffee (real, instant or decaffeinated) do you drink? ☐☐ cups a day

G21. c) How many spoons of sugar in each cup? ☐☐ spoons

d) How many of the cups of coffee you drink are decaffeinated? ☐☐ cups a day

e) How many of the cups of coffee you drink are made using real coffee (i.e not instant)? ☐☐ cups a day

f) How many of these are decaffeinated? ☐☐ cups a day

g) Do you take milk in coffee?

Yes usually ☐1 Yes, sometimes ☐2 No ☐3

G22. a) During the last week **how many** of each type of alcoholic drink did you have on each day? (Please put a number).

		Mon.	**Tues.**	**Wed.**	**Thurs**	**Fri.**	**Sat.**	**Sun.**
(i)	Beer, lager or cider (no. of ½ pints)							
(ii)	Wine (no. of glasses)							
(iii)	Spirits (no. of single pub measures)							
(iv)	Martini, sherry, port or other 'fortified' wine (no. of single pub measures)							
(v)	Ready-mixed drinks (alcopops) e.g. Breezers, Smirnoff Ice, Reef etc (no. of bottles)							
(vi)	Other alcoholic drinks (please describe and write no. of glasses or measures)							
(vii)	Low alcohol drink (no. of glasses or ½ pints)							

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

No ☐1 Yes ☐2 — **If <u>yes</u>, go to G23 on page 54**

c) **If <u>no</u>,** would you normally drink:

More ☐1 Less ☐2

G23. For your main meal of the day how often do you eat take-away foods or have meals out?

Never or rarely	1
1-3 times a month	2
1-2 times a week	3
3-4 times a week	4
5-7 times a week	5

G24. For your main meal of the day how often do you eat an oven/microwave ready or convenience meal (e.g. lasagne, ready prepared chilli con carne etc.)?

Never or rarely	1
1-3 times a month	2
1-2 times a week	3
3-4 times a week	4
5-7 times a week	5

G25. Are you at present a vegetarian?

Yes 1 No 2

G26. Are you, at present a vegan (i.e. do not eat meat, poultry, fish, eggs, butter, milk or cheese)?

Yes 1 No 2

G27. Are you at present on any other kind of special diet?

Yes 1 No 2

If <u>yes</u>, please describe:

……..

……..

SECTION H: YOUR ENVIRONMENT

H1. a) Do you have a mobile phone (i.e. one that can be used away from home)?

Yes [1] No [2] ➔ **Go to H2 below**

If yes,

b) how often do you use it to make calls?

- at least once a day [1]
- 4-6 times a week [2]
- 1-3 times a week [3]
- less than once a week [4]

c) how often do people ring you on it?

- at least once a day [1]
- 4-6 times a week [2]
- 1-3 times a week [3]
- less than once a week [4]

H2. 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
3-5 hours	3	3
1-2 hours	4	4
less than 1 hour	5	5
not at all	6	6

H3. Do you tend to collect static electricity and have shocks when you touch metal?

Yes a lot [1] Yes occasionally [2] No, not at all [3]

SECTION J:

J1. This questionnaire was completed by:

		Yes
a)	child's biological father	1
b)	child's father figure	1
c)	someone else (please tick and describe)	1 ……..

J2. Do you live in the same house as the study child?

Yes 1 No 2

J3. Please give the date on which you completed this questionnaire:

day	month	year
		2 0 0

J4. Please give <u>your</u> date of birth:

day	month	year
		1 9

J5. Please give <u>your study child's</u> date of birth:

day	month	year
		1 9 9

THANK YOU VERY MUCH FOR YOUR HELP

Space for any additional comments you would like to make

NB Please remember we cannot reply to any comment unless you sign it.

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 928 8793

For office use only

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