

THE ALSPAC STUDY

U FILE

DATA COLLECTED FROM THE QUESTIONNAIRE

***You and Your Study
Young Person Aged
19+***

**Prepared by
The ALSPAC Study Team**

Documentation giving frequencies, background and instructions for use.

Version 1a of the BUILT file.

July 2014

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Introduction

This questionnaire was sent out to mothers or main carers of study children, when the study children were approximately 19 years of age. It is in 4 sections:

Briefly, Section A asks the respondent about whether their study child is in education or employment and friendships and relationships with friends and family. Section B asks about bladder and or urinary symptoms. Section C contains a series of questions about periods and abnormal amounts of body hair. Finally, Section D collects the usual "back page" information on who completed the Questionnaire and when.

This documentation **does not** include frequencies for Section A. Please see documentation for the TD file if you require further details for Section A of this questionnaire. The questions in Section A were collected on a per study child basis. The frequencies in this documentation are on a per pregnancy basis.

Collaborators and funders

The following table summarises the sections of the questionnaires together with the collaborator who requested inclusion and the funding body where appropriate:

Section	Topic/specific Measure	Collaborator	Funder
A	Study child's education or employment status	n/a	Core ALSPAC
B	Bladder or urinary symptoms	Rufus Cartwright	International Urogynecological Association
C	Periods	Hany Lashen (University of Sheffield)	Wellcome Trust
D	Administrative data	n/a	Core ALSPAC

Questionnaire Methodology

The questionnaire was available to complete in paper format. The questionnaires were sent to mothers and main carers of each study child. If a mother has more than one child in the study they would receive a questionnaire for each of their children in the study.

Sample & response rates

There are a total of 14,541 records on this built file regardless of whether or not the 19+ questionnaire was sent out for them or whether they were returned. 4471 respondents completed a questionnaire in paper format by 03/02/2012. The number of sent and received questionnaires in this file differ from the TD file as this file is based on a per pregnancy basis rather than a per study child basis as in the TD file. For further information on the ALSPAC sample, please see section 6 of the "Guide to ALSPAC data".

Format of this documentation

The bulk of this documentation consists of frequency tables of the variables on the data file. Where any editing has occurred a description has been added before the relevant frequency tables. The algorithms used to create derived variables are also included where appropriate.

Release file version history

Release version 1 – July 2014; The first version of the release file.

This version of the file contains frequencies for all variables and no logical edits have been undertaken.

Administrative variables

U0001 Questionnaire sent

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	10225	70.3	70.3	70.3
Valid 2 No	4316	29.7	29.7	100.0
Total	14541	100.0	100.0	

U0002 Completed questionnaire received by 03/02/2012

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	4471	30.7	43.7	43.7
Valid 2 No	5754	39.6	56.3	100.0
Total	10225	70.3	100.0	
Missing -2 Questionnaire not sent	4316	29.7		
Total	14541	100.0		

U0003 Blank questionnaire received by 03/02/2012

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	13	.1	.1	.1
Valid 2 No	10212	70.2	99.9	100.0
Total	10225	70.3	100.0	
Missing -2 Questionnaire not sent	4316	29.7		
Total	14541	100.0		

U0004 Questionnaire reminder was sent

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	6582	45.3	64.4	64.4
Valid 2 No	3643	25.1	35.6	100.0
Total	10225	70.3	100.0	
Missing -2 Questionnaire not sent	4316	29.7		
Total	14541	100.0		



Questionnaire Number



You and Your Study Young Person Aged 19+

**You are receiving this questionnaire because you are
a mother or main carer, of a study young person.**

19/07/2011



1



FILLING IN THE QUESTIONNAIRE

Please use **black** pen. To answer questions simply put a cross in the box which is most accurate in your opinion, like this:



If you make a mistake, shade the box in like this:



then cross the correct box.

If you are answering questions which ask you to give further details, please make sure you write inside the boxes.

If you do not want to answer a question or if it does not apply to you, leave it blank. There are no right or wrong answers. Just tell us what is true for you.

THANK YOU FOR YOUR HELP



Section A: About Your Study Person

We are interested in learning what your study young person is doing now, and to compare their outlook with earlier data we have already collected. We are aware that many of them are away at college/university or in full time employment, or living independently, but we would be grateful if you could answer the following questions as well as you feel able.

A1. Which of the following best describes your child's current situation?

- | | |
|--|----------------------------|
| a) In full time education | 1 <input type="checkbox"/> |
| b) In full time employment | 2 <input type="checkbox"/> |
| c) In part time education only | 3 <input type="checkbox"/> |
| d) In part time employment only | 4 <input type="checkbox"/> |
| e) In part time education and part time employment | 5 <input type="checkbox"/> |
| f) Not in education or employment due to health reasons | 6 <input type="checkbox"/> |
| g) Not in education or employment due to personal choice | 7 <input type="checkbox"/> |
| h) None of the above | 8 <input type="checkbox"/> |

If your child is in full-time or part-time education please go to A2a below. If your child is not in full-time or part-time education go to A2d on page 4:

A2. a) Compared to when your child was between ages 12-16 how is your child doing academically at college/university now?

- | | |
|-----------------------------|----------------------------|
| Much better than before | 1 <input type="checkbox"/> |
| Somewhat better than before | 2 <input type="checkbox"/> |
| About the same as before | 3 <input type="checkbox"/> |
| Somewhat worse than before | 4 <input type="checkbox"/> |
| Much worse than before | 5 <input type="checkbox"/> |

A2. b) Compared to when your child was between ages 12-16 how much does your child seem to enjoy going to college/university now?

- | | |
|---------------------------|----------------------------|
| Much more than before | 1 <input type="checkbox"/> |
| Somewhat more than before | 2 <input type="checkbox"/> |
| About the same as before | 3 <input type="checkbox"/> |
| Somewhat less than before | 4 <input type="checkbox"/> |
| Much less than before | 5 <input type="checkbox"/> |

c) Are you worried or concerned at all about your child's ability to cope with their education?

- | | |
|---------------------------------|----------------------------|
| Not at all worried or concerned | 1 <input type="checkbox"/> |
| Slightly worried or concerned | 2 <input type="checkbox"/> |
| Quite worried or concerned | 3 <input type="checkbox"/> |
| Very worried or concerned | 4 <input type="checkbox"/> |

If your child is in full-time or part-time employment please answer A2d below.

If your child is not employed go to A3a.

d) Compared to how much your child enjoyed going to school between ages 12-16, how much does your child seem to enjoy going to work?

- | | |
|------------------------------------|----------------------------|
| Much more than going to school | 1 <input type="checkbox"/> |
| Somewhat more than going to school | 2 <input type="checkbox"/> |
| About the same as going to school | 3 <input type="checkbox"/> |
| Somewhat less than going to school | 4 <input type="checkbox"/> |
| Much less than going to school | 5 <input type="checkbox"/> |

A2.e) Are you worried or concerned at all about your child's ability to cope with their employment?

- | | |
|---------------------------------|----------------------------|
| Not at all worried or concerned | 1 <input type="checkbox"/> |
| Slightly worried or concerned | 2 <input type="checkbox"/> |
| Quite worried or concerned | 3 <input type="checkbox"/> |
| Very worried or concerned | 4 <input type="checkbox"/> |

A3. a) How many **close** friends would you say that your child has?

- | | |
|--------------|----------------------------|
| None | 1 <input type="checkbox"/> |
| 1-2 | 2 <input type="checkbox"/> |
| 3-10 | 3 <input type="checkbox"/> |
| More than 10 | 4 <input type="checkbox"/> |

b) Compared to when your child was between ages 12-16 how happy does your child seem to be with their set of friends?

- | | |
|---------------------------------|----------------------------|
| Much happier than before | 1 <input type="checkbox"/> |
| Somewhat happier than before | 2 <input type="checkbox"/> |
| About the same as before | 3 <input type="checkbox"/> |
| Somewhat less happy than before | 4 <input type="checkbox"/> |
| Much less happy than before | 5 <input type="checkbox"/> |

c) Are you worried or concerned at all about your child's ability to make or keep good friendships?

- | | |
|---------------------------------|----------------------------|
| Not at all worried or concerned | 1 <input type="checkbox"/> |
| Slightly worried or concerned | 2 <input type="checkbox"/> |
| Quite worried or concerned | 3 <input type="checkbox"/> |
| Very worried or concerned | 4 <input type="checkbox"/> |

A4. Compared to when your child was between ages 12-16 how much time does your child spend engaged in leisure activities, hobbies or pastimes now?

- Much more than before 1 ☐
- Somewhat more than before 2 ☐
- About the same as before 3 ☐
- Somewhat less than before 4 ☐
- Much less than before 5 ☐

A5. Compared to when your child was between ages 12-16 how well is your child getting along with you and other members of your family?

- Much better than before 1 ☐
- Somewhat better than before 2 ☐
- About the same as before 3 ☐
- Somewhat worse than before 4 ☐
- Much worse than before 5 ☐

A6. Compared to when your child was between ages 12-16, how content overall does your child appear to be with their life as it is now?

- Much more content than before 1 ☐
- Somewhat more content than before 2 ☐
- About the same as before 3 ☐
- Somewhat less content than before 4 ☐
- Much less content than before 5 ☐



Section B: About Your Health

Many people experience bladder or urinary symptoms some of the time. We are trying to find out how many people experience bladder/urinary symptoms and how much they bother them.

We would be grateful if you could answer the following questions, thinking about how you have been, on average over the PAST FOUR WEEKS.

B1. a) How often do you pass urine during the day?

- | | |
|------------------|----------------------------|
| 1-6 times | 1 <input type="checkbox"/> |
| 7-8 times | 2 <input type="checkbox"/> |
| 9-10 times | 3 <input type="checkbox"/> |
| 11-12 times | 4 <input type="checkbox"/> |
| 13 or more times | 5 <input type="checkbox"/> |

b) How much does this bother you?

Please cross a box numbered between 0 (not at all) and 10 (a great deal)

0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
not at all					a great deal					

B2. a) During the night, how many times do you have to get up to urinate, on average?

- | | |
|--------------|----------------------------|
| none | 1 <input type="checkbox"/> |
| one | 2 <input type="checkbox"/> |
| two | 3 <input type="checkbox"/> |
| three | 4 <input type="checkbox"/> |
| four or more | 5 <input type="checkbox"/> |

b) How much does this bother you?

Please cross a box numbered between 0 (not at all) and 10 (a great deal)

0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
not at all					a great deal					

6136

B3. a) Does urine leak when you are physically active, exert yourself, cough or sneeze?

- | | |
|------------------|----------------------------|
| never | 1 <input type="checkbox"/> |
| occasionally | 2 <input type="checkbox"/> |
| sometimes | 3 <input type="checkbox"/> |
| most of the time | 4 <input type="checkbox"/> |
| all of the time | 5 <input type="checkbox"/> |

b) How much does this bother you?

Please cross a box numbered between 0 (not at all) and 10 (a great deal)

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

not at all

a great deal

B4. a) Do you have a sudden need to rush to the toilet to urinate?

- | | |
|------------------|----------------------------|
| never | 1 <input type="checkbox"/> |
| occasionally | 2 <input type="checkbox"/> |
| sometimes | 3 <input type="checkbox"/> |
| most of the time | 4 <input type="checkbox"/> |
| all of the time | 5 <input type="checkbox"/> |

b). How much does this bother you?

Please cross a box numbered between 0 (not at all) and 10 (a great deal)

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

not at all

a great deal

B5. a) Does urine leak before you can get to the toilet?

- | | |
|------------------|----------------------------|
| never | 1 <input type="checkbox"/> |
| occasionally | 2 <input type="checkbox"/> |
| sometimes | 3 <input type="checkbox"/> |
| most of the time | 4 <input type="checkbox"/> |
| all of the time | 5 <input type="checkbox"/> |

b). How much does this bother you?

Please cross a box numbered between 0 (not at all) and 10 (a great deal)

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

not at all

a great deal

B6. a) Do you ever leak urine for no obvious reason and without feeling that you want to go?

- | | |
|------------------|----------------------------|
| never | 1 <input type="checkbox"/> |
| occasionally | 2 <input type="checkbox"/> |
| sometimes | 3 <input type="checkbox"/> |
| most of the time | 4 <input type="checkbox"/> |
| all of the time | 5 <input type="checkbox"/> |

b). How much does this bother you?

Please cross a box numbered between 0 (not at all) and 10 (a great deal)

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

not at all

a great deal

6136

B7. How much urinary leakage occurs?

- | | |
|---|----------------------------|
| no leakage | 1 <input type="checkbox"/> |
| drops/pants damp | 2 <input type="checkbox"/> |
| dribble/pants wet | 3 <input type="checkbox"/> |
| floods, soaking through to outer clothing | 4 <input type="checkbox"/> |
| floods, running down legs or onto floor | 5 <input type="checkbox"/> |

B8. a) Is there a delay before you can start to urinate?

- | | |
|------------------|----------------------------|
| never | 1 <input type="checkbox"/> |
| occasionally | 2 <input type="checkbox"/> |
| sometimes | 3 <input type="checkbox"/> |
| most of the time | 4 <input type="checkbox"/> |
| all of the time | 5 <input type="checkbox"/> |

b) How much does this bother you?

Please cross a box numbered between 0 (not at all) and 10 (a great deal)

0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
not at all					a great deal					



B9. a) Do you have to strain to urinate?

- | | |
|------------------|----------------------------|
| never | 1 <input type="checkbox"/> |
| occasionally | 2 <input type="checkbox"/> |
| sometimes | 3 <input type="checkbox"/> |
| most of the time | 4 <input type="checkbox"/> |
| all of the time | 5 <input type="checkbox"/> |

b) How much does this bother you?

Please cross a box numbered between 0 (not at all) and 10 (a great deal)

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

not at all

a great deal

B10.a) Do you stop and start more than once while you urinate?

- | | |
|------------------|----------------------------|
| never | 1 <input type="checkbox"/> |
| occasionally | 2 <input type="checkbox"/> |
| sometimes | 3 <input type="checkbox"/> |
| most of the time | 4 <input type="checkbox"/> |
| all of the time | 5 <input type="checkbox"/> |

b) How much does this bother you?

Please cross a box numbered between 0 (not at all) and 10 (a great deal)

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

not at all

a great deal

6136

B11.a) Would you say that the strength of your urinary stream is ..

- | | |
|----------------------|----------------------------|
| not reduced | 1 <input type="checkbox"/> |
| reduced a little | 2 <input type="checkbox"/> |
| quite reduced | 3 <input type="checkbox"/> |
| reduced a great deal | 4 <input type="checkbox"/> |
| no stream | 5 <input type="checkbox"/> |

b) How much does this bother you?

Please cross a box numbered between 0 (not at all) and 10 (a great deal)

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

not at all

a great deal

B12.a) How often do you leak urine?

- | | |
|-----------------------------|----------------------------|
| never | 1 <input type="checkbox"/> |
| once or less per week | 2 <input type="checkbox"/> |
| two to three times per week | 3 <input type="checkbox"/> |
| once per day | 4 <input type="checkbox"/> |
| several times per day | 5 <input type="checkbox"/> |

b) How much does this bother you?

Please cross a box numbered between 0 (not at all) and 10 (a great deal)

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

not at all

a great deal

6136

B13.a) Do you leak urine when you are asleep?

never 1 ☐

occasionally 2 ☐

sometimes 3 ☐

most of the time 4 ☐

all of the time 5 ☐

b) How much does this bother you?

Please cross a number between 0 (not at all) and 10 (a great deal)

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

not at all

a great deal

B14. Have you ever blocked up completely so that you could not urinate at all and had to have a catheter to drain the bladder?

no 1 ☐

yes, once 2 ☐

yes, twice 3 ☐

yes, more than twice 4 ☐

6136

B15.a) Do you have a burning feeling when you urinate?

- | | |
|------------------|----------------------------|
| never | 1 <input type="checkbox"/> |
| occasionally | 2 <input type="checkbox"/> |
| sometimes | 3 <input type="checkbox"/> |
| most of the time | 4 <input type="checkbox"/> |
| all of the time | 5 <input type="checkbox"/> |

b) How much does this bother you?

Please cross a box numbered between 0 (not at all) and 10 (a great deal)

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

not at all

a great deal

B16.a) How often do you feel that your bladder has not emptied properly after you have urinated?

- | | |
|------------------|----------------------------|
| never | 1 <input type="checkbox"/> |
| occasionally | 2 <input type="checkbox"/> |
| sometimes | 3 <input type="checkbox"/> |
| most of the time | 4 <input type="checkbox"/> |
| all of the time | 5 <input type="checkbox"/> |

b) How much does this bother you?

Please cross a box numbered between 0 (not at all) and 10 (a great deal)

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

not at all

a great deal

B17. Can you stop the flow of urine if you try while you are urinating?

yes, easily 1 ☐

yes, with difficulty 2 ☐

no, cannot stop it flowing 3 ☐

B18. If you had to spend the rest of your life with any urinary symptoms that you may have now, how would you feel?

No particular symptoms 1 ☐

Perfectly happy 2 ☐

Pleased 3 ☐

Mostly satisfied 4 ☐

Mixed feelings 5 ☐

Mostly dissatisfied 6 ☐

Very unhappy 7 ☐

Desperate 8 ☐

B19. Did you or any of your family have a problem of bedwetting or daytime wetting? (when older than 5 yrs)

	Yes, bed wetting	Yes, daytime wetting	No not at all	Don't know
a) you	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) brother or sister	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) mother	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

B20. Have you had a wetting accident yourself in the past year, either during the night or day?

Yes	No	→ If no go to B22 on page 17
1 <input type="checkbox"/>	2 <input type="checkbox"/>	

B21. Could you please indicate how many nights or days this has occurred within the past month.

i) during the night:	<input type="text"/>	<input type="text"/>
ii) during the day	<input type="text"/>	<input type="text"/>



B22. a) Do you have pain in your bladder?

- | | |
|------------------|----------------------------|
| never | 1 <input type="checkbox"/> |
| occasionally | 2 <input type="checkbox"/> |
| sometimes | 3 <input type="checkbox"/> |
| most of the time | 4 <input type="checkbox"/> |
| all of the time | 5 <input type="checkbox"/> |

b). How much does this bother you?

Please cross a box numbered between 0 (not at all) and 10 (a great deal)

0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
not at all					a great deal					

B23. In the past month, how often have you had a urinary/bladder infection:

Almost all the time	Sometimes	Not at all
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Section B

U0010 B1a: Number of times respondent passes urine during day

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 1-6 times	2690	18.5	60.4	60.4
2 7-8 times	1125	7.7	25.3	85.7
3 9-10 times	481	3.3	10.8	96.5
4 11-12 times	103	.7	2.3	98.9
5 13 or more times	51	.4	1.1	100.0
Total	4450	30.6	100.0	
-10 Not completed	10070	69.3		
Missing -1 NS/NA	21	.1		
Total	10091	69.4		
Total	14541	100.0		

U0011 B1b: How much frequency of passing urine during day bothers respondent

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0 Not at all	2925	20.1	66.5	66.5
1 1	318	2.2	7.2	73.7
2 2	317	2.2	7.2	80.9
3 3	191	1.3	4.3	85.3
4 4	133	.9	3.0	88.3
5 5	175	1.2	4.0	92.3
6 6	106	.7	2.4	94.7
7 7	112	.8	2.5	97.2
8 8	65	.4	1.5	98.7
9 9	18	.1	.4	99.1
10 A great deal	39	.3	.9	100.0
Total	4399	30.3	100.0	
-10 Not completed	10070	69.3		
Missing -1 NS/NA	72	.5		
Total	10142	69.7		
Total	14541	100.0		

U0020 B2a: Number of times respondent gets up to pass urine at night

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 None	1857	12.8	41.7	41.7
2 One	2191	15.1	49.2	90.9
3 Two	325	2.2	7.3	98.2
4 Three	58	.4	1.3	99.5
5 Four or more	21	.1	.5	100.0
Total	4452	30.6	100.0	
Missing -10 Not completed	10070	69.3		
-1 NS/NA	19	.1		
Total	10089	69.4		
Total	14541	100.0		

U0021 B2b: How much getting up to pass urine at night bothers respondent

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0 Not at all	2668	18.3	61.1	61.1
1 1	411	2.8	9.4	70.5
2 2	324	2.2	7.4	78.0
3 3	204	1.4	4.7	82.6
4 4	148	1.0	3.4	86.0
5 5	150	1.0	3.4	89.5
6 6	126	.9	2.9	92.3
7 7	142	1.0	3.3	95.6
8 8	85	.6	1.9	97.5
9 9	40	.3	.9	98.5
10 A great deal	67	.5	1.5	100.0
Total	4365	30.0	100.0	
Missing -10 Not completed	10070	69.3		
-1 NS/NA	106	.7		
Total	10176	70.0		
Total	14541	100.0		

U0030 B3a: Urine leaks when respondent is active/coughs/sneezes

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Never	1382	9.5	31.1	31.1
	2 Occasionally	2060	14.2	46.3	77.3
	3 Sometimes	712	4.9	16.0	93.3
	4 Most of the time	205	1.4	4.6	98.0
	5 All of the time	91	.6	2.0	100.0
	Total	4450	30.6	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	21	.1		
	Total	10091	69.4		
Total		14541	100.0		

U0031 B3b: How much urine leakage while active/coughing/sneezing bothers respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Not at all	1395	9.6	33.6	33.6
	1 1	455	3.1	11.0	44.6
	2 2	488	3.4	11.8	56.4
	3 3	388	2.7	9.4	65.7
	4 4	243	1.7	5.9	71.6
	5 5	310	2.1	7.5	79.0
	6 6	168	1.2	4.0	83.1
	7 7	194	1.3	4.7	87.8
	8 8	193	1.3	4.7	92.4
	9 9	105	.7	2.5	94.9
	10 A great deal	210	1.4	5.1	100.0
	Total	4149	28.5	100.0	
	-10 Not completed	10070	69.3		
Missing	-1 NS/NA	322	2.2		
	Total	10392	71.5		
Total		14541	100.0		

U0040 B4a: Frequency respondent needs to rush to toilet to urinate

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Never	2067	14.2	46.4	46.4
	2 Occasionally	1591	10.9	35.7	82.1
	3 Sometimes	639	4.4	14.3	96.5
	4 Most of the time	128	.9	2.9	99.3
	5 All of the time	29	.2	.7	100.0
	Total	4454	30.6	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	17	.1		
	Total	10087	69.4		
Total		14541	100.0		

U0041 B4b: How much needing to rush to toilet to urinate bothers respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Not at all	2160	14.9	52.0	52.0
	1 1	367	2.5	8.8	60.8
	2 2	338	2.3	8.1	69.0
	3 3	274	1.9	6.6	75.6
	4 4	167	1.1	4.0	79.6
	5 5	241	1.7	5.8	85.4
	6 6	136	.9	3.3	88.7
	7 7	140	1.0	3.4	92.0
	8 8	141	1.0	3.4	95.4
	9 9	70	.5	1.7	97.1
	10 A great deal	120	.8	2.9	100.0
	Total	4154	28.6	100.0	
	-10 Not completed	10070	69.3		
Missing	-1 NS/NA	317	2.2		
	Total	10387	71.4		
Total		14541	100.0		

U0050 B5a: Frequency of respondent leaking urine before she can get to toilet

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Never	2413	16.6	54.3	54.3
	2 Occasionally	1506	10.4	33.9	88.1
	3 Sometimes	472	3.2	10.6	98.7
	4 Most of the time	43	.3	1.0	99.7
	5 All of the time	13	.1	.3	100.0
	Total	4447	30.6	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	24	.2		
	Total	10094	69.4		
Total		14541	100.0		

U0051 B5b: How much leaking urine before getting to toilet bothers respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Not at all	2148	14.8	53.1	53.1
	1 1	284	2.0	7.0	60.2
	2 2	275	1.9	6.8	67.0
	3 3	251	1.7	6.2	73.2
	4 4	167	1.1	4.1	77.3
	5 5	198	1.4	4.9	82.2
	6 6	128	.9	3.2	85.4
	7 7	168	1.2	4.2	89.5
	8 8	155	1.1	3.8	93.4
	9 9	83	.6	2.1	95.4
	10 A great deal	185	1.3	4.6	100.0
	Total	4042	27.8	100.0	
	-10 Not completed	10070	69.3		
Missing	-1 NS/NA	429	3.0		
	Total	10499	72.2		
Total		14541	100.0		

U0060 B6a: Frequency respondent leaking urine for no obvious reason

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Never	3946	27.1	88.6	88.6
	2 Occasionally	370	2.5	8.3	96.9
	3 Sometimes	113	.8	2.5	99.5
	4 Most of the time	16	.1	.4	99.8
	5 All of the time	7	.0	.2	100.0
	Total	4452	30.6	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	19	.1		
	Total	10089	69.4		
Total		14541	100.0		

U0061 B6b: How much leaking urine for no obvious reason bothers respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Not at all	3179	21.9	85.0	85.0
	1 1	64	.4	1.7	86.7
	2 2	51	.4	1.4	88.1
	3 3	54	.4	1.4	89.5
	4 4	40	.3	1.1	90.6
	5 5	68	.5	1.8	92.4
	6 6	38	.3	1.0	93.4
	7 7	54	.4	1.4	94.9
	8 8	65	.4	1.7	96.6
	9 9	39	.3	1.0	97.7
	10 A great deal	87	.6	2.3	100.0
	Total	3739	25.7	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	732	5.0		
	Total	10802	74.3		
Total		14541	100.0		

U0070 B7: Amount of urine leakage which occurs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 No leakage	2459	16.9	57.1	57.1
	2 Drops/ pants damp	1361	9.4	31.6	88.7
	3 Dribble/ pants wet	441	3.0	10.2	99.0
	4 Floods, soaking through to outer clothing	32	.2	.7	99.7
	5 Floods, running down legs or onto floor	12	.1	.3	100.0
	Total	4305	29.6	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	166	1.1		
	Total	10236	70.4		
Total		14541	100.0		

U0080 B8a: Frequency of delay before respondent can start to urinate

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Never	3342	23.0	76.1	76.1
	2 Occasionally	826	5.7	18.8	94.9
	3 Sometimes	182	1.3	4.1	99.0
	4 Most of the time	37	.3	.8	99.9
	5 All of the time	6	.0	.1	100.0
	Total	4393	30.2	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	78	.5		
	Total	10148	69.8		
Total		14541	100.0		

U0081 B8b: How much delay before can start to urinate bothers respondent

	Frequency	Percent	Valid Percent	Cumulative Percent
0 Not at all	3000	20.6	77.8	77.8
1 1	228	1.6	5.9	83.7
2 2	154	1.1	4.0	87.7
3 3	112	.8	2.9	90.6
4 4	67	.5	1.7	92.3
5 5	106	.7	2.7	95.1
Valid 6 6	43	.3	1.1	96.2
7 7	43	.3	1.1	97.3
8 8	41	.3	1.1	98.4
9 9	23	.2	.6	99.0
10 A great deal	39	.3	1.0	100.0
Total	3856	26.5	100.0	
-10 Not completed	10070	69.3		
Missing -1 NS/NA	615	4.2		
Total	10685	73.5		
Total	14541	100.0		

U0090 B9a: Frequency respondent has to strain to urinate

	Frequency	Percent	Valid Percent	Cumulative Percent
1 Never	4135	28.4	93.1	93.1
2 Occasionally	231	1.6	5.2	98.3
Valid 3 Sometimes	59	.4	1.3	99.6
4 Most of the time	14	.1	.3	99.9
5 All of the time	4	.0	.1	100.0
Total	4443	30.6	100.0	
-10 Not completed	10070	69.3		
Missing -1 NS/NA	28	.2		
Total	10098	69.4		
Total	14541	100.0		

U0091 B9b: How much straining to urinate bothers respondent

	Frequency	Percent	Valid Percent	Cumulative Percent
0 Not at all	3394	23.3	91.2	91.2
1 1	98	.7	2.6	93.8
2 2	63	.4	1.7	95.5
3 3	43	.3	1.2	96.7
4 4	26	.2	.7	97.4
5 5	37	.3	1.0	98.4
6 6	19	.1	.5	98.9
7 7	17	.1	.5	99.4
8 8	8	.1	.2	99.6
9 9	6	.0	.2	99.7
10 A great deal	10	.1	.3	100.0
Total	3721	25.6	100.0	
-10 Not completed	10070	69.3		
Missing -1 NS/NA	750	5.2		
Total	10820	74.4		
Total	14541	100.0		

U0100 B10a: Frequency of respondent stopping & starting whilst urinating

	Frequency	Percent	Valid Percent	Cumulative Percent
1 Never	2671	18.4	60.1	60.1
2 Occasionally	1350	9.3	30.4	90.5
3 Sometimes	341	2.3	7.7	98.2
4 Most of the time	65	.4	1.5	99.7
5 All of the time	14	.1	.3	100.0
Total	4441	30.5	100.0	
-10 Not completed	10070	69.3		
Missing -1 NS/NA	30	.2		
Total	10100	69.5		
Total	14541	100.0		

U0101 B10b: Degree to which stopping & starting bothers respondent

	Frequency	Percent	Valid Percent	Cumulative Percent
0 Not at all	3162	21.7	80.8	80.8
1 1	273	1.9	7.0	87.8
2 2	159	1.1	4.1	91.9
3 3	76	.5	1.9	93.8
4 4	59	.4	1.5	95.3
5 5	91	.6	2.3	97.7
6 6	29	.2	.7	98.4
7 7	23	.2	.6	99.0
8 8	18	.1	.5	99.5
9 9	5	.0	.1	99.6
10 A great deal	16	.1	.4	100.0
Total	3911	26.9	100.0	
-10 Not completed	10070	69.3		
Missing -1 NS/NA	560	3.9		
Total	10630	73.1		
Total	14541	100.0		

U0110 B11a: Strength of urinary stream

	Frequency	Percent	Valid Percent	Cumulative Percent
1 Not reduced	3425	23.6	78.1	78.1
2 Reduced a little	777	5.3	17.7	95.8
3 Quite reduced	137	.9	3.1	99.0
4 Reduced a great deal	34	.2	.8	99.7
5 No stream	11	.1	.3	100.0
Total	4384	30.1	100.0	
-10 Not completed	10070	69.3		
Missing -1 NS/NA	87	.6		
Total	10157	69.9		
Total	14541	100.0		

U0111 B11b: Degree to which strength of urine stream bothers respondent

	Frequency	Percent	Valid Percent	Cumulative Percent
0 Not at all	3140	21.6	82.6	82.6
1 1	199	1.4	5.2	87.8
2 2	126	.9	3.3	91.1
3 3	61	.4	1.6	92.7
4 4	70	.5	1.8	94.6
5 5	110	.8	2.9	97.4
6 6	27	.2	.7	98.2
7 7	25	.2	.7	98.8
8 8	20	.1	.5	99.3
9 9	9	.1	.2	99.6
10 A great deal	16	.1	.4	100.0
Total	3803	26.2	100.0	
-10 Not completed	10070	69.3		
Missing -1 NS/NA	668	4.6		
Total	10738	73.8		
Total	14541	100.0		

U0120 B12a: Frequency respondent leaks urine

	Frequency	Percent	Valid Percent	Cumulative Percent
1 Never	2168	14.9	49.2	49.2
2 Once or less per week	1554	10.7	35.3	84.5
3 Two to three times per week	412	2.8	9.3	93.8
4 Once per day	136	.9	3.1	96.9
5 Several times per day	137	.9	3.1	100.0
Total	4407	30.3	100.0	
-10 Not completed	10070	69.3		
Missing -1 NS/NA	64	.4		
Total	10134	69.7		
Total	14541	100.0		

U0121 B12b: Degree to which frequency of leaking urine bothers respondent

	Frequency	Percent	Valid Percent	Cumulative Percent
0 Not at all	2205	15.2	55.8	55.8
1 1	346	2.4	8.8	64.5
2 2	284	2.0	7.2	71.7
3 3	215	1.5	5.4	77.1
4 4	135	.9	3.4	80.6
5 5	200	1.4	5.1	85.6
6 6	81	.6	2.0	87.7
7 7	128	.9	3.2	90.9
8 8	120	.8	3.0	93.9
9 9	79	.5	2.0	95.9
10 A great deal	161	1.1	4.1	100.0
Total	3954	27.2	100.0	
-10 Not completed	10070	69.3		
Missing -1 NS/NA	517	3.6		
Total	10587	72.8		
Total	14541	100.0		

U0130 B13a: Frequency respondent leaks urine whilst asleep

	Frequency	Percent	Valid Percent	Cumulative Percent
1 Never	4276	29.4	96.3	96.3
2 Occasionally	121	.8	2.7	99.1
3 Sometimes	36	.2	.8	99.9
4 Most of the time	5	.0	.1	100.0
5 All of the time	1	.0	.0	100.0
Total	4439	30.5	100.0	
-10 Not completed	10070	69.3		
Missing -1 NS/NA	32	.2		
Total	10102	69.5		
Total	14541	100.0		

U0131 B13b: Degree to which frequency of leaking urine at night bothers respondent

	Frequency	Percent	Valid Percent	Cumulative Percent
0 Not at all	3455	23.8	94.1	94.1
1 1	39	.3	1.1	95.2
2 2	24	.2	.7	95.9
3 3	14	.1	.4	96.2
4 4	19	.1	.5	96.8
5 5	24	.2	.7	97.4
6 6	12	.1	.3	97.7
7 7	13	.1	.4	98.1
8 8	15	.1	.4	98.5
9 9	13	.1	.4	98.9
10 A great deal	42	.3	1.1	100.0
Total	3670	25.2	100.0	
-10 Not completed	10070	69.3		
Missing -1 NS/NA	801	5.5		
Total	10871	74.8		
Total	14541	100.0		

U0140 B14: Respondent has had to have catheter due to blocking up completely

	Frequency	Percent	Valid Percent	Cumulative Percent
1 No	4334	29.8	97.7	97.7
2 Yes, once	74	.5	1.7	99.4
3 Yes, twice	11	.1	.2	99.6
4 Yes, more than twice	16	.1	.4	100.0
Total	4435	30.5	100.0	
-10 Not completed	10070	69.3		
Missing -1 NS/NA	36	.2		
Total	10106	69.5		
Total	14541	100.0		

U0150 B15a: Frequency respondent has burning feeling whilst urinating

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Never	3694	25.4	83.3	83.3
2 Occasionally	616	4.2	13.9	97.2
3 Sometimes	120	.8	2.7	99.9
4 Most of the time	2	.0	.0	100.0
5 All of the time	1	.0	.0	100.0
Total	4433	30.5	100.0	
Missing -10 Not completed	10070	69.3		
-1 NS/NA	38	.3		
Total	10108	69.5		
Total	14541	100.0		

U0151 B15b: Degree to which frequency of burning feeling bothers respondent

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0 Not at all	3055	21.0	82.0	82.0
1 1	164	1.1	4.4	86.4
2 2	138	.9	3.7	90.1
3 3	90	.6	2.4	92.5
4 4	66	.5	1.8	94.3
5 5	67	.5	1.8	96.1
6 6	27	.2	.7	96.8
7 7	38	.3	1.0	97.9
8 8	30	.2	.8	98.7
9 9	13	.1	.3	99.0
10 A great deal	37	.3	1.0	100.0
Total	3725	25.6	100.0	
Missing -10 Not completed	10070	69.3		
-1 NS/NA	746	5.1		
Total	10816	74.4		
Total	14541	100.0		

U0160 B16a: Frequency respondent feels bladder not emptied properly after urinating

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
1 Never	2627	18.1	59.2	59.2
2 Occasionally	1324	9.1	29.8	89.1
3 Sometimes	371	2.6	8.4	97.4
4 Most of the time	82	.6	1.8	99.3
5 All of the time	32	.2	.7	100.0
Total	4436	30.5	100.0	
Missing				
-10 Not completed	10070	69.3		
-1 NS/NA	35	.2		
Total	10105	69.5		
Total	14541	100.0		

U0161 B16b: Degree to which frequency of feeling bladder not emptied properly bothers respondent

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
0 Not at all	2589	17.8	65.7	65.7
1 1	358	2.5	9.1	74.7
2 2	277	1.9	7.0	81.8
3 3	186	1.3	4.7	86.5
4 4	113	.8	2.9	89.3
5 5	152	1.0	3.9	93.2
6 6	77	.5	2.0	95.2
7 7	75	.5	1.9	97.1
8 8	51	.4	1.3	98.4
9 9	22	.2	.6	98.9
10 A great deal	43	.3	1.1	100.0
Total	3943	27.1	100.0	
Missing				
-10 Not completed	10070	69.3		
-1 NS/NA	528	3.6		
Total	10598	72.9		
Total	14541	100.0		

U0170 B17: Respondent can stop flow of urine whilst urinating

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes,easily	2907	20.0	66.0	66.0
	2 Yes, with difficulty	1213	8.3	27.5	93.6
	3 No cannot stop it flowing	284	2.0	6.4	100.0
	Total	4404	30.3	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	67	.5		
	Total	10137	69.7		
Total		14541	100.0		

U0180 B18: Respondent's feeling about spending rest of life with current urinary symptoms

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 No particular symptoms	1848	12.7	41.8	41.8
	2 Perfectly happy	574	3.9	13.0	54.8
	3 Pleased	185	1.3	4.2	59.0
	4 Mostly satisfied	685	4.7	15.5	74.5
	5 Mixed feelings	615	4.2	13.9	88.5
	6 Mostly dissatisfied	284	2.0	6.4	94.9
	7 Very unhappy	190	1.3	4.3	99.2
	8 Desperate	35	.2	.8	100.0
Missing	Total	4416	30.4	100.0	
	-10 Not completed	10070	69.3		
	-1 NS/NA	55	.4		
Total		10125	69.6		
Total		14541	100.0		

U0190 B19a: Respondent bed wetting /daytime wetting when older than 5yrs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, bed wetting	327	2.2	7.5	7.5
	2 Yes, daytime wetting	48	.3	1.1	8.6
	3 No, not at all	3809	26.2	87.5	96.2
	4 Don't know	150	1.0	3.4	99.6
	6 bed wetting and daytime wetting	17	.1	.4	100.0
	Total	4351	29.9	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	120	.8		
	Total	10190	70.1		
Total		14541	100.0		

U0191 B19b: Respondent's sibling bed wetting /daytime wetting when older than 5yrs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, bed wetting	430	3.0	10.3	10.3
	2 Yes, daytime wetting	19	.1	.5	10.7
	3 No, not at all	2934	20.2	70.1	80.8
	4 Don't know	797	5.5	19.0	99.8
	6 bed wetting and daytime wetting	8	.1	.2	100.0
	Total	4188	28.8	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	283	1.9		
	Total	10353	71.2		
Total		14541	100.0		

U0192 B19c: Respondent's mother bed wetting /daytime wetting when older than 5yrs

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes, bed wetting	33	.2	.8	.8
2 Yes, daytime wetting	53	.4	1.2	2.0
3 No, not at all	2424	16.7	57.0	59.1
4 Don't know	1733	11.9	40.8	99.8
6 bed wetting and daytime wetting	7	.0	.2	100.0
Total	4250	29.2	100.0	
-10 Not completed	10070	69.3		
Missing -1 NS/NA	221	1.5		
Total	10291	70.8		
Total	14541	100.0		

U0193 B19d: Respondent's father bed wetting /daytime wetting when older than 5yrs

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes, bed wetting	41	.3	1.0	1.0
2 Yes, daytime wetting	3	.0	.1	1.0
3 No, not at all	2297	15.8	54.7	55.7
4 Don't know	1857	12.8	44.2	99.9
6 bed wetting and daytime wetting	5	.0	.1	100.0
Total	4203	28.9	100.0	
-10 Not completed	10070	69.3		
Missing -1 NS/NA	268	1.8		
Total	10338	71.1		
Total	14541	100.0		

U0200 B20: Respondent had wetting accident in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	373	2.6	8.5	8.5
	2 No	4004	27.5	91.5	100.0
	Total	4377	30.1	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	94	.6		
	Total	10164	69.9		
Total		14541	100.0		

U0210 B21I: Number of wetting incidents at night in past month

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	225	1.5	77.9	77.9
	1	39	.3	13.5	91.3
	2	15	.1	5.2	96.5
	3	1	.0	.3	96.9
	4	1	.0	.3	97.2
	8	1	.0	.3	97.6
	9	1	.0	.3	97.9
	10	1	.0	.3	98.3
	25	1	.0	.3	98.6
	27	1	.0	.3	99.0
	30	2	.0	.7	99.7
	31	1	.0	.3	100.0
	Total	289	2.0	100.0	
	-10 Not completed	10070	69.3		
Missing	-2 Zero and no to B20	59	.4		
	-1 NS/NA	4123	28.4		
	Total	14252	98.0		
Total		14541	100.0		

U0211 B21II: Number of wetting incidents during day in past month

	Frequency	Percent	Valid Percent	Cumulative Percent
0	92	.6	26.0	26.0
1	110	.8	31.1	57.1
2	50	.3	14.1	71.2
3	21	.1	5.9	77.1
4	21	.1	5.9	83.1
5	13	.1	3.7	86.7
6	8	.1	2.3	89.0
7	1	.0	.3	89.3
10	13	.1	3.7	92.9
Valid 11	2	.0	.6	93.5
12	1	.0	.3	93.8
15	3	.0	.8	94.6
16	1	.0	.3	94.9
20	6	.0	1.7	96.6
25	3	.0	.8	97.5
28	2	.0	.6	98.0
30	6	.0	1.7	99.7
31	1	.0	.3	100.0
Total	354	2.4	100.0	
-10 Not completed	10070	69.3		
-2 Zero and no to B20	55	.4		
-1 NS/NA	4062	27.9		
Total	14187	97.6		
Missing				
Total	14541	100.0		

U0220 B22a: Frequency respondent has pain in bladder

	Frequency	Percent	Valid Percent	Cumulative Percent
1 Never	3729	25.6	84.5	84.5
2 Occasionally	531	3.7	12.0	96.5
Valid 3 Sometimes	140	1.0	3.2	99.7
4 Most of the time	15	.1	.3	100.0
Total	4415	30.4	100.0	
-10 Not completed	10070	69.3		
-1 NS/NA	56	.4		
Total	10126	69.6		
Missing				
Total	14541	100.0		

U0221 B22b: Degree to which pain in bladder bothers respondent

	Frequency	Percent	Valid Percent	Cumulative Percent
0 Not at all	2998	20.6	83.2	83.2
1 1	156	1.1	4.3	87.6
2 2	108	.7	3.0	90.6
3 3	93	.6	2.6	93.1
4 4	47	.3	1.3	94.4
5 5	74	.5	2.1	96.5
6 6	32	.2	.9	97.4
7 7	35	.2	1.0	98.4
8 8	31	.2	.9	99.2
9 9	11	.1	.3	99.5
10 A great deal	17	.1	.5	100.0
Total	3602	24.8	100.0	
-10 Not completed	10070	69.3		
Missing -1 NS/NA	869	6.0		
Total	10939	75.2		
Total	14541	100.0		

U0230 B23: Frequency respondent has had urinary/bladder infection in past month

	Frequency	Percent	Valid Percent	Cumulative Percent
1 Almost all the time	18	.1	.4	.4
2 Sometimes	164	1.1	3.7	4.2
3 Not at all	4202	28.9	95.8	100.0
Total	4384	30.1	100.0	
-10 Not completed	10070	69.3		
Missing -1 NS/NA	87	.6		
Total	10157	69.9		
Total	14541	100.0		

Section C: About You

In previous years we have asked you about your periods. We are interested to find out if these are changing.

C1. Have you ever been through times of absent or erratic periods? Yes ¹ ☐ No ² ☐
(Apart from during pregnancy)

C2. Have you ever been diagnosed with polycystic ovary syndrome? Yes ¹ ☐ No ² ☐

C3. a) Have you reached the menopause yet? Yes ¹ ☐ No ² ☐

b) If yes, at what age? years

C4. Are you currently using: Yes No

a) the oral contraceptive pill ¹ ☐ ² ☐

b) the contraceptive injection (e.g. Depo-provera)? ¹ ☐ ² ☐

c) a contraceptive implant under your skin (e.g. Implanon)? ¹ ☐ ² ☐

d) a contraceptive coil with hormone (e.g. Mirena)? ¹ ☐ ² ☐

e) a contraceptive patch? ¹ ☐ ² ☐

C5. When was your last period?

If you cannot remember the exact date please fill in the information that you can remember. If you are post menopause we would still like to know the year (and month if you can remember) of your last period.

Day Month Year
 / / 2 0



The next question is going to ask you about how regular and long your menstrual cycles are. What we mean when we ask about length is the number of days between the first day of one period and the first day of the next period.

So, for example, if the first day that you started bleeding on your last period was 7th May and the one before that was 10th April, the length of that cycle was 27 days.

C6. Are your periods regular?

Yes occur every 23 days or less 1 ☐

Yes occur between 24 and 35 days 2 ☐

Yes occur more than every 35 days 3 ☐

No 4 ☐

No longer have periods 5 ☐

C7. Do you have to be given hormones or the contraceptive pill to regulate your periods on a regular basis?

Yes 1 ☐ No 2 ☐

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Section C

U1000 C1: Respondent has had times of absent/erratic periods

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	2479	17.0	58.0	58.0
	2 No	1798	12.4	42.0	100.0
	Total	4277	29.4	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	194	1.3		
	Total	10264	70.6		
Total		14541	100.0		

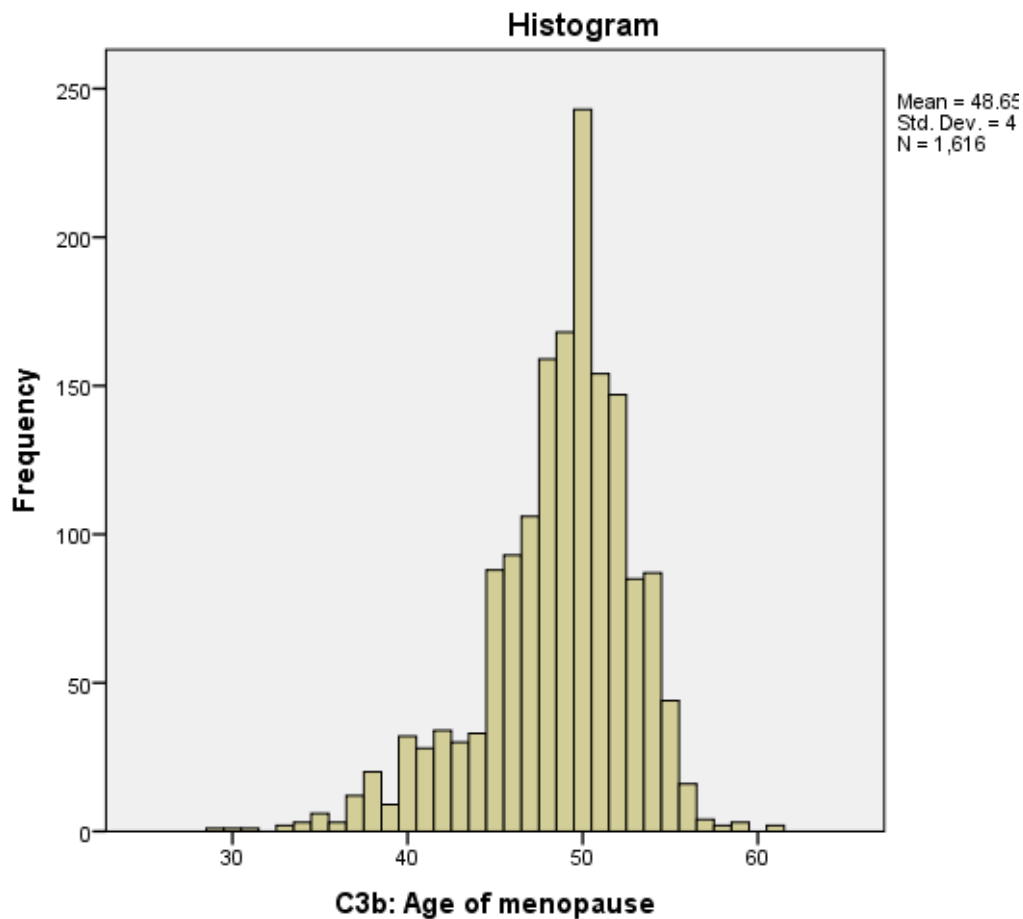
U1010 C2: Respondent has been diagnosed with polycystic ovary syndrome

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	104	.7	2.4	2.4
	2 No	4190	28.8	97.6	100.0
	Total	4294	29.5	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	177	1.2		
	Total	10247	70.5		
Total		14541	100.0		

U1020 C3a: Respondent has reached menopause

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	1445	9.9	36.3	36.3
	2 No	2536	17.4	63.7	100.0
	Total	3981	27.4	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	490	3.4		
	Total	10560	72.6		
Total		14541	100.0		

U1021 C3b: Age of menopause



U1030 C4a: Respondent currently using oral contraceptive pill

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	269	1.8	7.0	7.0
	2 No	3568	24.5	93.0	100.0
	Total	3837	26.4	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	634	4.4		
	Total	10704	73.6		
Total		14541	100.0		

U1031 C4b: Respondent currently using contraceptive injection

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	36	.2	1.0	1.0
	2 No	3640	25.0	99.0	100.0
	Total	3676	25.3	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	795	5.5		
	Total	10865	74.7		
Total		14541	100.0		

U1032 C4c: Respondent currently using contraceptive implant

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	27	.2	.7	.7
	2 No	3629	25.0	99.3	100.0
	Total	3656	25.1	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	815	5.6		
	Total	10885	74.9		
Total		14541	100.0		

U1033 C4d: Respondent currently using contraceptive coil with hormone

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	649	4.5	16.1	16.1
	2 No	3370	23.2	83.9	100.0
	Total	4019	27.6	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	452	3.1		
	Total	10522	72.4		
Total		14541	100.0		

U1034 C4e: Respondent currently using contraceptive patch

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	5	.0	.1	.1
	2 No	3627	24.9	99.9	100.0
	Total	3632	25.0	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	839	5.8		
	Total	10909	75.0		
Total		14541	100.0		

U1040 C5: Day of last period

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
1	211	1.5	8.4	8.4
2	84	.6	3.3	11.7
3	90	.6	3.6	15.3
4	81	.6	3.2	18.5
5	97	.7	3.8	22.3
6	73	.5	2.9	25.2
7	99	.7	3.9	29.1
8	84	.6	3.3	32.5
9	71	.5	2.8	35.3
10	140	1.0	5.6	40.8
11	55	.4	2.2	43.0
12	74	.5	2.9	46.0
13	46	.3	1.8	47.8
14	91	.6	3.6	51.4
15	99	.7	3.9	55.3
16	74	.5	2.9	58.2
17	70	.5	2.8	61.0
18	74	.5	2.9	64.0
19	53	.4	2.1	66.1
20	130	.9	5.2	71.2
21	68	.5	2.7	73.9
22	66	.5	2.6	76.5
23	97	.7	3.8	80.4
24	65	.4	2.6	83.0
25	75	.5	3.0	85.9
26	77	.5	3.1	89.0
27	55	.4	2.2	91.2
28	68	.5	2.7	93.9
29	56	.4	2.2	96.1
30	78	.5	3.1	99.2
31	21	.1	.8	100.0
Total	2522	17.3	100.0	
Missing				
-10 Not completed	10070	69.3		
-1 NS/NA	1949	13.4		
Total	12019	82.7		
Total	14541	100.0		

U1041 C5: Month of last period

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
1 January	107	.7	3.1	3.1
2 February	104	.7	3.0	6.1
3 March	87	.6	2.5	8.5
4 April	116	.8	3.3	11.9
5 May	94	.6	2.7	14.6
6 June	126	.9	3.6	18.2
7 July	138	.9	4.0	22.1
8 August	218	1.5	6.3	28.4
9 September	901	6.2	25.8	54.2
10 October	1152	7.9	33.0	87.3
11 November	315	2.2	9.0	96.3
12 December	128	.9	3.7	100.0
Total	3486	24.0	100.0	
-10 Not completed	10070	69.3		
Missing				
-1 NS/NA	985	6.8		
Total	11055	76.0		
Total	14541	100.0		

U1042 C5: Year of last period

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
1984	1	.0	.0	.0
1991	2	.0	.0	.1
1992	6	.0	.1	.2
1993	4	.0	.1	.3
1994	4	.0	.1	.4
1995	11	.1	.3	.7
1996	8	.1	.2	.9
1997	13	.1	.3	1.2
1998	10	.1	.2	1.5
1999	10	.1	.2	1.7
2000	63	.4	1.6	3.3
2001	55	.4	1.4	4.6
2002	53	.4	1.3	6.0
2003	70	.5	1.7	7.7
2004	74	.5	1.8	9.5
2005	125	.9	3.1	12.7
2006	113	.8	2.8	15.5
2007	117	.8	2.9	18.4
2008	168	1.2	4.2	22.5
2009	233	1.6	5.8	28.3
2010	277	1.9	6.9	35.2
2011	2605	17.9	64.8	100.0
2012	1	.0	.0	100.0
Total	4023	27.7	100.0	
-10 Not completed	10070	69.3		
Missing				
-1 NS/NA	448	3.1		
Total	10518	72.3		
Total	14541	100.0		

U1050 C6: Respondent has regular periods

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, every 23 days or less	280	1.9	6.7	6.7
	2 Yes, every 24-35 days	1412	9.7	34.0	40.7
	3 Yes, > every 35 days	86	.6	2.1	42.8
	4 No	779	5.4	18.7	61.5
	5 No longer have periods	1598	11.0	38.5	100.0
	Total	4155	28.6	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	316	2.2		
	Total	10386	71.4		
Total		14541	100.0		

U1060 C7: Respondent has hormones/pill to regulate periods

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	217	1.5	5.5	5.5
	2 No	3706	25.5	94.5	100.0
	Total	3923	27.0	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	548	3.8		
	Total	10618	73.0		
Total		14541	100.0		

We want to examine the relationship between the levels of certain hormones in women and heart disease risk in the future. These hormone levels are linked to how regular your periods are and how much body hair you have.

Some women consider any amount of body hair as unwanted, so when answering the following questions please think what you would consider an abnormal amount.

C8. Do you have unwanted/excess hair in the following areas?
(not including arm pit or pubic hair).

a) The upper lip **Yes** 1 ☐ **No** 2 ☐

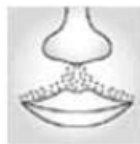
b) If yes, please mark the most relevant diagram.



1 ☐



2 ☐



3 ☐



4 ☐

C9. a) The chin **Yes** 1 ☐ **No** 2 ☐

b) If yes, please mark the most relevant diagram.



1 ☐



2 ☐



3 ☐



4 ☐



C10. a) Do you have hair around the nipples? Yes 1 ☐ No 2 ☐

b) Between the breasts Yes 1 ☐ No 2 ☐

c) If yes, please mark the most relevant diagram.



1 ☐



2 ☐



3 ☐



4 ☐

C11. a) The upper back Yes 1 ☐ No 2 ☐

b) If yes, please mark the most relevant diagram.



1 ☐



2 ☐



3 ☐



4 ☐

C12. a) Lower back Yes 1 ☐ No 2 ☐

b) If yes, please mark the most relevant diagram.



1 ☐



2 ☐



3 ☐



4 ☐

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C13. a) Upper abdomen (above the belly button) Yes 1 ☐ No 2 ☐

b) If yes, please mark the most relevant diagram.



1 ☐



2 ☐



3 ☐



4 ☐

C14. a) The lower abdomen (below the belly button) Yes 1 ☐ No 2 ☐

b) If yes, please mark the most relevant diagram.



1 ☐



2 ☐



3 ☐



4 ☐



C15. a) Legs (thighs) Yes 1 ☐ No 2 ☐

b) If yes, please mark the most relevant diagram.



1 ☐



2 ☐



3 ☐



4 ☐

C16. Do you have hair on your legs below the knee? Yes 1 ☐ No 2 ☐

C17. a) Arms Yes 1 ☐ No 2 ☐

b) If yes, please mark the most relevant diagram.



1 ☐



2 ☐



3 ☐



4 ☐

C18. Do you have hair on your arms below the elbow? Yes 1 ☐ No 2 ☐



U1070 C8a: Respondent has unwanted/excess hair on upper lip

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	1328	9.1	30.1	30.1
	2 No	3077	21.2	69.9	100.0
	Total	4405	30.3	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	66	.5		
	Total	10136	69.7		
Total		14541	100.0		

U1071 C8b: Amount of excess hair on upper lip

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 least	932	6.4	70.9	70.9
	2	202	1.4	15.4	86.2
	3	73	.5	5.6	91.8
	4 most	108	.7	8.2	100.0
	Total	1315	9.0	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	3156	21.7		
	Total	13226	91.0		
Total		14541	100.0		

U1080 C9a: Respondent has unwanted/excess hair on chin

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	1127	7.8	26.0	26.0
	2 No	3215	22.1	74.0	100.0
	Total	4342	29.9	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	129	.9		
	Total	10199	70.1		
Total		14541	100.0		

U1081 C9b: Amount of excess hair on chin

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 least	1017	7.0	85.6	85.6
	2	118	.8	9.9	95.5
	3	34	.2	2.9	98.4
	4 most	19	.1	1.6	100.0
	Total	1188	8.2	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	3283	22.6		
	Total	13353	91.8		
Total		14541	100.0		

U1090 C10a: Respondent has unwanted/excess hair around nipples

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	1028	7.1	23.6	23.6
	2 No	3320	22.8	76.4	100.0
	Total	4348	29.9	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	123	.8		
	Total	10193	70.1		
Total		14541	100.0		

U1091 C10b: Respondent has unwanted/excess hair between breasts

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	63	.4	1.8	1.8
	2 No	3529	24.3	98.2	100.0
	Total	3592	24.7	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	879	6.0		
	Total	10949	75.3		
Total		14541	100.0		

U1092 C10c: Amount of excess hair between breasts

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 least	77	.5	91.7	91.7
	2	5	.0	6.0	97.6
	4 most	2	.0	2.4	100.0
	Total	84	.6	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	4387	30.2		
	Total	14457	99.4		
Total		14541	100.0		

U1100 C11a: Respondent has unwanted/excess hair on upper back

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	12	.1	.3	.3
	2 No	4417	30.4	99.7	100.0
	Total	4429	30.5	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	42	.3		
	Total	10112	69.5		
Total		14541	100.0		

U1101 C11b: Amount of excess hair on upper back

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 least	10	.1	66.7	66.7
	2	2	.0	13.3	80.0
	4 most	3	.0	20.0	100.0
	Total	15	.1	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	4456	30.6		
	Total	14526	99.9		
Total		14541	100.0		

U1110 C12a: Respondent has unwanted/excess hair on lower back

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	109	.7	2.5	2.5
	2 No	4313	29.7	97.5	100.0
	Total	4422	30.4	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	49	.3		
	Total	10119	69.6		
Total		14541	100.0		

U1111 C12b: Amount of excess hair on lower back

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 least	87	.6	76.3	76.3
	2	14	.1	12.3	88.6
	3	6	.0	5.3	93.9
	4 most	7	.0	6.1	100.0
	Total	114	.8	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	4357	30.0		
	Total	14427	99.2		
Total		14541	100.0		

U1120 C13a: Respondent has unwanted/excess hair on upper abdomen

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	98	.7	2.2	2.2
	2 No	4310	29.6	97.8	100.0
	Total	4408	30.3	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	63	.4		
	Total	10133	69.7		
Total		14541	100.0		

U1121 C13b: Amount of excess hair on upper abdomen

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 least	84	.6	78.5	78.5
	2	16	.1	15.0	93.5
	3	1	.0	.9	94.4
	4 most	6	.0	5.6	100.0
	Total	107	.7	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	4364	30.0		
	Total	14434	99.3		
Total		14541	100.0		

U1130 C14a: Respondent has unwanted/excess hair on lower abdomen

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	753	5.2	17.3	17.3
	2 No	3611	24.8	82.7	100.0
	Total	4364	30.0	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	107	.7		
	Total	10177	70.0		
Total		14541	100.0		

U1131 C14b: Amount of excess hair on lower abdomen

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 least	710	4.9	88.0	88.0
	2	84	.6	10.4	98.4
	3	6	.0	.7	99.1
	4 most	7	.0	.9	100.0
	Total	807	5.5	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	3664	25.2		
	Total	13734	94.5		
Total		14541	100.0		

U1140 C15a: Respondent has unwanted/excess hair on thighs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	855	5.9	19.5	19.5
	2 No	3531	24.3	80.5	100.0
	Total	4386	30.2	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	85	.6		
	Total	10155	69.8		
Total		14541	100.0		

U1141 C15b: Amount of excess hair on thighs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 least	612	4.2	69.9	69.9
	2	145	1.0	16.6	86.5
	3	65	.4	7.4	93.9
	4 most	53	.4	6.1	100.0
	Total	875	6.0	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	3596	24.7		
	Total	13666	94.0		
Total		14541	100.0		

U1150 C16: Respondent has hair on legs below knee

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	3137	21.6	77.2	77.2
	2 No	929	6.4	22.8	100.0
	Total	4066	28.0	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	405	2.8		
	Total	10475	72.0		
Total		14541	100.0		

U1160 C17a: Respondent has unwanted/excess hair on arms

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	671	4.6	15.7	15.7
	2 No	3597	24.7	84.3	100.0
	Total	4268	29.4	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	203	1.4		
	Total	10273	70.6		
Total		14541	100.0		

U1161 C17b: Amount of excess hair on arms

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 least	573	3.9	88.7	88.7
	2	42	.3	6.5	95.2
	3	13	.1	2.0	97.2
	4 most	18	.1	2.8	100.0
	Total	646	4.4	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	3825	26.3		
	Total	13895	95.6		
Total		14541	100.0		

U1170 C18: Respondent has hair on arms below elbow

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	2403	16.5	58.0	58.0
	2 No	1743	12.0	42.0	100.0
	Total	4146	28.5	100.0	
Missing	-10 Not completed	10070	69.3		
	-1 NS/NA	325	2.2		
	Total	10395	71.5		
Total		14541	100.0		

Section D:

D1. This questionnaire was completed by: (mark **all** that apply)

a) Child's biological mother 1 ☐

b) Child's mother figure 1 ☐

c) someone else 1 ☐
(please mark and say who):

--

D2. Please give the date on which you completed this questionnaire:

Day	Month	Year								
<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td>2</td><td>0</td><td></td><td></td></tr></table>	2	0		
2	0									

D3. Please give the date of birth of your study child

Day	Month	Year								
<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td>1</td><td>9</td><td></td><td></td></tr></table>	1	9		
1	9									

Thank you VERY much for your help

Space for any additional comment you would like to make

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

--

When completed, please send this back to:

Office use only ☐

Professor George Davey-Smith
Children of the Nineties - ALSPAC
Oakfield House
15-23 Oakfield Grove
Bristol
BS8 2BN

Telephone: Bristol (0117) 331 0010



Section D

U2000 D1A: Questionnaire completed by child's biological mother

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	4433	30.5	100.0	100.0
-10 Not completed	10070	69.3		
Missing -1 NS/NA	38	.3		
Total	10108	69.5		
Total	14541	100.0		

U2001 D1B: Questionnaire completed by child's mother figure

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	72	.5	100.0	100.0
-10 Not completed	10070	69.3		
Missing -1 NS/NA	4399	30.3		
Total	14469	99.5		
Total	14541	100.0		

U2002 D1C: Questionnaire completed by someone else

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	4	.0	100.0	100.0
-10 Not completed	10070	69.3		
Missing -1 NS/NA	4467	30.7		
Total	14537	100.0		
Total	14541	100.0		

U2010 D2: Month of completion

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 January	21	.1	.5	.5
9 September	232	1.6	5.2	5.7
10 October	3137	21.6	70.2	75.8
11 November	940	6.5	21.0	96.8
12 December	141	1.0	3.2	100.0
Total	4471	30.7	100.0	
Missing -10 Not completed	10070	69.3		
Total	14541	100.0		

U2011 D2Y: Year questionnaire completed

		Frequency	Percent	Valid Percent	Cumulative Percent
	2011	4450	30.6	99.5	99.5
Valid	2012	21	.1	.5	100.0
	Total	4471	30.7	100.0	
Missing	-10 Not completed	10070	69.3		
Total		14541	100.0		

U2015 DV: Date of completion replaced with date of receipt

		Frequency	Percent	Valid Percent	Cumulative Percent
	1 Yes, incomplete d.o.c.	25	.2	.6	.6
	3 Yes, d.o.c. < d.o.s.	10	.1	.2	.8
Valid	4 Yes, d.o.c. > d.o.r.	99	.7	2.2	3.0
	5 No	4337	29.8	97.0	100.0
	Total	4471	30.7	100.0	
Missing	-10 Not completed	10070	69.3		
Total		14541	100.0		

U2020 DV: YP's age in years at time questionnaire was completed

		Frequency	Percent	Valid Percent	Cumulative Percent
	19	1832	12.6	41.0	41.0
Valid	20	2520	17.3	56.4	97.3
	21	119	.8	2.7	100.0
	Total	4471	30.7	100.0	
Missing	-10 Not completed	10070	69.3		
Total		14541	100.0		

U2021 DV: Mothers age in years at time questionnaire was completed

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 36	3	.0	.1	.1
37	10	.1	.2	.3
38	10	.1	.2	.5
39	23	.2	.5	1.0
40	45	.3	1.0	2.0
41	77	.5	1.7	3.8
42	76	.5	1.7	5.5
43	127	.9	2.8	8.3
44	161	1.1	3.6	11.9
45	233	1.6	5.2	17.1
46	301	2.1	6.7	23.8
47	328	2.3	7.3	31.2
48	420	2.9	9.4	40.6
49	422	2.9	9.4	50.0
50	387	2.7	8.7	58.7
51	349	2.4	7.8	66.5
52	366	2.5	8.2	74.7
53	261	1.8	5.8	80.5
54	221	1.5	4.9	85.4
55	179	1.2	4.0	89.4
56	148	1.0	3.3	92.8
57	103	.7	2.3	95.1
58	89	.6	2.0	97.0
59	57	.4	1.3	98.3
60	33	.2	.7	99.1
61	27	.2	.6	99.7
62	6	.0	.1	99.8
63	5	.0	.1	99.9
64	4	.0	.1	100.0
Total	4471	30.7	100.0	
Missing -10 Not completed	10070	69.3		
Total	14541	100.0		