

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

6136



# 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 ☐

Somewhat more than before 2 ☐

About the same as before 3 ☐

Somewhat less than before 4 ☐

Much less than before 5 ☐

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 ☐

Slightly worried or concerned 2 ☐

Quite worried or concerned 3 ☐

Very worried or concerned 4 ☐

**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 ☐

Somewhat more than going to school 2 ☐

About the same as going to school 3 ☐

Somewhat less than going to school 4 ☐

Much less than going to school 5 ☐

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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 ☐

Slightly worried or concerned 2 ☐

Quite worried or concerned 3 ☐

Very worried or concerned 4 ☐

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

None 1 ☐

1-2 2 ☐

3-10 3 ☐

More than 10 4 ☐

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 ☐

Somewhat happier than before 2 ☐

About the same as before 3 ☐

Somewhat less happy than before 4 ☐

Much less happy than before 5 ☐

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 ☐

Slightly worried or concerned 2 ☐

Quite worried or concerned 3 ☐

Very worried or concerned 4 ☐



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 ☐

7-8 times 2 ☐

9-10 times 3 ☐

11-12 times 4 ☐

13 or more times 5 ☐

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**

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

none 1 ☐

one 2 ☐

two 3 ☐

three 4 ☐

four or more 5 ☐

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**

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

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 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 ☐

occasionally 2 ☐

sometimes 3 ☐

most of the time 4 ☐

all of the time 5 ☐

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**

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

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 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 ☐

occasionally 2 ☐

sometimes 3 ☐

most of the time 4 ☐

all of the time 5 ☐

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**

B7. How much urinary leakage occurs?

no leakage 1 ☐

drops/pants damp 2 ☐

dribble/pants wet 3 ☐

floods, soaking through to outer clothing 4 ☐

floods, running down legs or onto floor 5 ☐

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

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 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**



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

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 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 ☐

occasionally 2 ☐

sometimes 3 ☐

most of the time 4 ☐

all of the time 5 ☐

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**

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

not reduced 1 ☐

reduced a little 2 ☐

quite reduced 3 ☐

reduced a great deal 4 ☐

no stream 5 ☐

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 ☐

once or less per week 2 ☐

two to three times per week 3 ☐

once per day 4 ☐

several times per day 5 ☐

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**

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 ☐

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

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 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 ☐

occasionally 2 ☐

sometimes 3 ☐

most of the time 4 ☐

all of the time 5 ☐

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**

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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:	<div><div></div><div></div></div>
ii) during the day	<div><div></div><div></div></div>





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

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 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**

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

**Almost all the time**

**Sometimes**

**Not at all**

1 ☐

2 ☐

3 ☐

## 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** <sup>1</sup> ☐ **No** <sup>2</sup> ☐  
(Apart from during pregnancy)

C2. Have you ever been diagnosed with polycystic ovary syndrome? **Yes** <sup>1</sup> ☐ **No** <sup>2</sup> ☐

C3. a) Have you reached the menopause yet? **Yes** <sup>1</sup> ☐ **No** <sup>2</sup> ☐

b) **If yes, at what age?**

--	--

 years

C4. Are you currently using: **Yes** **No**

a) the oral contraceptive pill <sup>1</sup> ☐ <sup>2</sup> ☐

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

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

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

e) a contraceptive patch? <sup>1</sup> ☐ <sup>2</sup> ☐

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 ☐



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 ☐

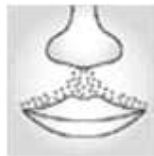
b) If **yes**, please mark the most relevant diagram.



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.



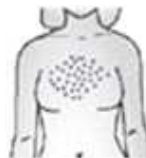
1 ☐



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 ☐



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 ☐



## Section D:

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

a) Child's biological mother ☐

b) Child's mother figure ☐

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

--

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

Day		Month		Year			
				2	0		

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

Day		Month		Year			
				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 ☐

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