

Questionnaire No:

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***MOTHER OF A  
9 YEAR OLD***

All answers are confidential

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Louise

Liam

05/09/00

This questionnaire is for the study child's mother or person taking the role of mother. The answers will help us to identify those problems that may be helped by changes in the health care system.

To answer simply tick the box which is most accurate in your opinion.

Some questions are the same as those you have answered before. This is so that we can tell what changes have happened to you.

Please answer all questions if you can, even if they are similar. If you do not want to answer a question or if it does not apply to you, put a line through it. There are no good or bad answers. Just tell us what 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	<div>1</div>
mostly well and healthy	<div>2</div>
often feel unwell	<div>3</div>
hardly ever feel well	<div>4</div>

A2. Have you had any of the following in the last 3 years (since your study child's 6<sup>th</sup> birthday)?

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

A2 cont.

	Yes and consulted doctor	Yes but did not consult doctor	No ↓
<b>In last 3 years:</b>			
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) problems with your periods	1	2	3
w) problems with a pregnancy	1	2	3
x) syphilis	1	2	3
y) gonorrhoea	1	2	3
z) cancer (please state type)	1	2	3

.....

za) other problems (please describe)	1	2	3
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.....

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) sleeping pills	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b) vitamins	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c) cannabis/marihuana	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
d) tranquillisers	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
e) pills for depression	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
f) hormone replacement therapy	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
g) antibiotics	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
h) aspirin	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
i) paracetamol	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
j) other painkillers	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
k) amphetamines or other stimulants	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
l) contraceptive pill	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
m) iron	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
n) heroin, methadone, crack, cocaine	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
o) anticonvulsants	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
p) steroids	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
other pill, medicine, drug or treatment (please describe each and state how frequently taken)				
q) .....	<div>1</div>	<div>2</div>	<div>3</div>	
r) .....	<div>1</div>	<div>2</div>	<div>3</div>	
s) .....	<div>1</div>	<div>2</div>	<div>3</div>	

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

yes, often

yes, sometimes

no

→ **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 the contraceptive pill, iron tablets, laxatives, skin creams, vitamins, sleeping tablets, aspirin, cough mixture, pain killers, herbal medicine, slimming pills?

A6. a) Since your study child's 6<sup>th</sup> birthday have you been admitted to hospital?

Yes  No  → 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




b) headache or migraine




c) urinary infection




d) nausea




e) vomiting




f) diarrhoea




g) haemorrhoids or piles




h) feeling weepy/tearful

A7. In the past month:	Almost all the time	Sometimes	Not at all
i) feeling irritable	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
j) feeling exhausted	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
k) varicose veins	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
l) passing urine very often	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
m) problem holding urine when you jump, sneeze etc.	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
n) indigestion	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
o) feeling dizzy/fainting	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
p) flashing lights/spots before eyes	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
q) shoulder ache	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
r) tingling in hands/fingers	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
s) tingling in feet/toes	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
t) neck ache	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
u) feeling depressed	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
v) other problem (please describe)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>

.....

.....

A8. a) Have you ever had pain in one or both of your knees lasting for at least a month?

Yes, one  Yes, both  No  → If **no**, go to A9a  
on page 9

If **yes**,

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

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



A8 c) Have you had pain in your knees **in the past month?**

Yes 

1
---

 No 

2
---

A9. a) How often are you having sexual intercourse now?

not at all	<table border="1"><tr><td>1</td></tr></table>	1
1		
less than once a month	<table border="1"><tr><td>2</td></tr></table>	2
2		
1-3 times a month	<table border="1"><tr><td>3</td></tr></table>	3
3		
about once a week	<table border="1"><tr><td>4</td></tr></table>	4
4		
2-4 times a week	<table border="1"><tr><td>5</td></tr></table>	5
5		
5 or more times a week	<table border="1"><tr><td>6</td></tr></table>	6
6		

b) In general, do you enjoy it?

yes, very much	<table border="1"><tr><td>1</td></tr></table>	1
1		
yes, somewhat	<table border="1"><tr><td>2</td></tr></table>	2
2		
no, not a lot	<table border="1"><tr><td>3</td></tr></table>	3
3		
no, not at all	<table border="1"><tr><td>4</td></tr></table>	4
4		
no sex at the moment	<table border="1"><tr><td>5</td></tr></table>	5
5		

A10. a) Are you currently trying to get pregnant?

no	<table border="1"><tr><td>1</td></tr></table>	1
1		
no, but intend to later	<table border="1"><tr><td>2</td></tr></table>	2
2		
yes, we are trying	<table border="1"><tr><td>3</td></tr></table>	3
3		
I am already pregnant	<table border="1"><tr><td>4</td></tr></table>	4
4		

→ **If yes**, (i) for how long have you been trying

→ **If yes**, (ii) how long were you trying before you became pregnant

months

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↓  
**now go to A11 on page 10**

↓

--	--

 months

↓  
**now go to A11 on page 10**

A10. b) What forms of contraception are you and your partner using now? (tick all that you have used in the past 3 months)

	Yes	
i) withdrawal	<input type="checkbox"/>	
ii) the pill	<input type="checkbox"/>	
iii) IUCD/coil	<input type="checkbox"/>	
iv) condom/sheath	<input type="checkbox"/>	
v) calendar/rhythm method	<input type="checkbox"/>	
vi) diaphragm/cap	<input type="checkbox"/>	
vii) spermicide	<input type="checkbox"/>	
viii) I am no longer fertile (have been sterilised, etc.)	<input type="checkbox"/>	
ix) my partner has been sterilised	<input type="checkbox"/>	
x) none	<input type="checkbox"/>	
xi) other (please describe)	<input type="checkbox"/>	.....

A11. Please describe your most recent periods:

	Very	Moderately	Mildly	Not at all	No periods	
a) how heavy are your periods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→ go to A12 on page 11
b) how painful are your periods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c) are your periods irregular?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d) how many days does bleeding usually last?					days	

A11. e) Do you generally find in the days before or during your periods that you have particular problems (please tick all that apply)?

	Yes before	Yes during
i) Very fatigued	<input type="checkbox"/>	<input type="checkbox"/>
ii) Irritable	<input type="checkbox"/>	<input type="checkbox"/>
iii) Depressed	<input type="checkbox"/>	<input type="checkbox"/>
iv) Anxious	<input type="checkbox"/>	<input type="checkbox"/>
v) Other (please tick & describe)	<input type="checkbox"/>	<input type="checkbox"/>

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A12. Please give below your present weights and measurements if you know them.

a) weight	<input type="text"/> <input type="text"/> <input type="text"/>	kg	or	<input type="text"/> <input type="text"/>	stones	<input type="text"/> <input type="text"/>	pounds
b) height	<input type="text"/> <input type="text"/> <input type="text"/>	cm	or	<input type="text"/>	ft	<input type="text"/> <input type="text"/>	in
c) inside leg measurement	<input type="text"/> <input type="text"/> <input type="text"/>	cm	or	<input type="text"/>	ft	<input type="text"/> <input type="text"/>	in
d) bust	<input type="text"/> <input type="text"/> <input type="text"/>	cm	or	<input type="text"/> <input type="text"/>	in		
e) hips	<input type="text"/> <input type="text"/> <input type="text"/>	cm	or	<input type="text"/> <input type="text"/>	in		
f) waist	<input type="text"/> <input type="text"/> <input type="text"/>	cm	or	<input type="text"/> <input type="text"/>	in		

## **SECTION B: RECENT EVENTS**

Listed below are a number of events which may have brought changes in your life. Have any of these occurred since your study child's 6<sup>th</sup> birthday?

<b>Since the child's 6<sup>th</sup> birthday:</b>		<b>Yes, when the study child was 6 or 7</b> ↓	<b>Yes, since the child's 8<sup>th</sup> birthday</b> ↓	<b>No, did not happen in past 3 years</b> ↓
B1.	Your husband/partner died	<div>1</div>	<div>2</div>	<div>4</div>
B2.	One of your children died	<div>1</div>	<div>2</div>	<div>4</div>
B3.	A friend or relative died	<div>1</div>	<div>2</div>	<div>4</div>
B4.	One of your children was ill	<div>1</div>	<div>2</div>	<div>4</div>
B5.	Your husband or partner was ill	<div>1</div>	<div>2</div>	<div>4</div>
B6.	A friend or relative was ill	<div>1</div>	<div>2</div>	<div>4</div>
B7.	You were admitted to hospital	<div>1</div>	<div>2</div>	<div>4</div>
B8.	You were in trouble with the law	<div>1</div>	<div>2</div>	<div>4</div>
B9.	You were divorced	<div>1</div>	<div>2</div>	<div>4</div>
B10.	You found that your husband/partner didn't want your child	<div>1</div>	<div>2</div>	<div>4</div>
B11.	You were very ill	<div>1</div>	<div>2</div>	<div>4</div>
B12.	Your husband/partner lost his job	<div>1</div>	<div>2</div>	<div>4</div>

		Yes, when the study child was 6 or 7 ↓	Yes, since the child's 8 <sup>th</sup> birthday ↓	No, did not happen in past 3 years
Since the child's 6 <sup>th</sup> birthday:				
B13.	Your husband/partner had problems at work	<div>1</div>	<div>2</div>	<div>4</div>
B14.	You had problems at work	<div>1</div>	<div>2</div>	<div>4</div>
B15.	You lost your job	<div>1</div>	<div>2</div>	<div>4</div>
B16.	Your husband/partner went away	<div>1</div>	<div>2</div>	<div>4</div>
B17.	Your husband/partner was in trouble with the law	<div>1</div>	<div>2</div>	<div>4</div>
B18.	You and your husband/ partner separated	<div>1</div>	<div>2</div>	<div>4</div>
B19.	Your income was reduced	<div>1</div>	<div>2</div>	<div>4</div>
B20.	You argued with your husband/partner	<div>1</div>	<div>2</div>	<div>4</div>
B21.	You argued with your family and friends	<div>1</div>	<div>2</div>	<div>4</div>
B22.	You moved house	<div>1</div>	<div>2</div>	<div>4</div>
B23.	Your husband/partner was physically cruel to you	<div>1</div>	<div>2</div>	<div>4</div>
B24.	You became homeless	<div>1</div>	<div>2</div>	<div>4</div>
B25.	You had a major financial problem	<div>1</div>	<div>2</div>	<div>4</div>
B26.	You got married	<div>1</div>	<div>2</div>	<div>4</div>

		Yes, when the study child was 6 or 7 ↓	Yes, since the child's 8 <sup>th</sup> birthday ↓	No, did not happen in past 3 years ↓
B27.	Your husband/partner was physically cruel to your children	<div>1</div>	<div>2</div>	<div>4</div>
B28.	You were physically cruel to your children	<div>1</div>	<div>2</div>	<div>4</div>
B29.	You attempted suicide	<div>1</div>	<div>2</div>	<div>4</div>
B30.	You were convicted of an offence	<div>1</div>	<div>2</div>	<div>4</div>
B31.	You became pregnant	<div>1</div>	<div>2</div>	<div>4</div>
B32.	You started a new job	<div>1</div>	<div>2</div>	<div>4</div>
B33.	You returned to work	<div>1</div>	<div>2</div>	<div>4</div>
B34.	You had a miscarriage	<div>1</div>	<div>2</div>	<div>4</div>
B35.	You had an abortion	<div>1</div>	<div>2</div>	<div>4</div>
B36.	You took an examination	<div>1</div>	<div>2</div>	<div>4</div>
B37.	Your husband/partner was emotionally cruel to you	<div>1</div>	<div>2</div>	<div>4</div>
B38.	Your husband/partner was emotionally cruel to your children	<div>1</div>	<div>2</div>	<div>4</div>
B39.	You were emotionally cruel to your children	<div>1</div>	<div>2</div>	<div>4</div>

Since the child's 6 <sup>th</sup> birthday:		Yes, when the study child was 6 or 7 ↓	Yes, since the child's 8 <sup>th</sup> birthday ↓	No, did not happen in past 3 years
B40.	Your house or car was burgled	<div>1</div>	<div>2</div>	<div>4</div>
B41.	You found a new partner	<div>1</div>	<div>2</div>	<div>4</div>
B42.	One of your children started school	<div>1</div>	<div>2</div>	<div>4</div>
B43.	Your husband/partner started a new job	<div>1</div>	<div>2</div>	<div>4</div>
B44.	A pet died	<div>1</div>	<div>2</div>	<div>4</div>
B45.	You had an accident (please tick and describe)	<div>1</div>	<div>2</div>	<div>4</div>

B46. a) Is there anything else which is not on the list which has concerned you or required additional effort from you to cope in the last 3 years?

Yes 

1

 No 

2

 → **Go to B47a on page 16**

**If yes,**

please describe for each event:

what happened:		(i) When the study child was 6 or 7	(ii) Since the child's 8 <sup>th</sup> birthday
b)	.....	<div>1</div>	<div>1</div>
c)	.....	<div>1</div>	<div>1</div>
d)	.....	<div>1</div>	<div>1</div>

B47. a) Has anything else occurred which made you especially happy?

Yes  No  → Go to C1 on page 17

If yes,

please describe for each event:

		(i) When the study child was 6 or 7	(ii) Since the child's 8 <sup>th</sup> birthday
what happened:			
b) .....		<input type="text" value="1"/>	<input type="text" value="1"/>
c) .....		<input type="text" value="1"/>	<input type="text" value="1"/>
d) .....		<input type="text" value="1"/>	<input type="text" value="1"/>



## **SECTION C: YOUR HUSBAND/PARTNER**

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

yes, a husband

yes, a male partner

yes, a female partner

no partner

→ If **no partner**, go to Section D on page 29

If **yes**,

b) does your partner or husband live with you?

Yes

No

→ If **no**, go to C2 below

If **yes**,

c) how long have you lived together?

years

months

d) is this the same partner or husband as the one you had when the study child had his/her 6<sup>th</sup> birthday?

Yes the same

No, a new partner

I don't remember

**The section below is concerned with your relationship with your partner. (The partner will be referred to as 'he', although the questions refer to all partners.)**

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

always fit and well

mostly well and healthy

often feels unwell

hardly ever feels well

- C3. Below are listed a number of conditions which your husband/partner might have had. Please indicate whether he has had any of these since your study child was 7 years old.

In the last 2 years husband/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	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
b) indigestion	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
c) epilepsy	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
d) depression	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
e) anxiety or nerves	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
f) haemorrhoids/piles	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
g) cough or cold	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
h) influenza	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
i) bronchitis	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
j) high blood pressure (hypertension)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
k) diabetes	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
l) schizophrenia	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
m) drink (alcohol) problem	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
n) stomach ulcer	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
o) asthma or wheezing	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
p) eczema	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
q) psoriasis	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
r) arthritis	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
s) urinary infection	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
t) rheumatism	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
u) back pain, sciatica or slipped disc	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>

<b>In the last 2 years husband\partner had:</b>		<b>Yes, and saw a doctor</b>	<b>Yes, but did not see a doctor</b>	<b>No, not at all</b>	<b>Do not know</b>
v)	syphilis	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
w)	gonorrhoea	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
x)	other condition(s) (please tick and describe)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>

.....

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

<b>In regard to the study child:</b>		<b>This is always how I feel</b>	<b>This is sometimes how I feel</b>	<b>I never feel this way</b>
a)	He really loves this child	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b)	He is glad that I had this child when I did	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c)	I like to watch him play with the child	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
d)	I am afraid to leave the child alone with him because I think he might be violent	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
e)	He seems to feel very close to the child	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
f)	This child gets on his nerves	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
g)	He really cannot bear it when this child cries	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
h)	I think he is interested as he watches the child develop	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

		<b>This is always how I feel</b>	<b>This is sometimes how I feel</b>	<b>I never feel this way</b>
C4. (cont.)				
i)	He feels anxious when someone other than us looks after the child	<div><div>1</div></div>	<div><div>2</div></div>	<div><div>3</div></div>
j)	He doesn't mind the mess that surrounds children	<div><div>1</div></div>	<div><div>2</div></div>	<div><div>3</div></div>
k)	This child makes him very happy	<div><div>1</div></div>	<div><div>2</div></div>	<div><div>3</div></div>

		<b>(i) weekdays</b>	<b>(ii) weekend days</b>
C5. a)	How many cigarettes per day does your husband or partner currently smoke? (If none, put 00)	<div><div></div><div></div></div>	<div><div></div><div></div></div>

	<b>Yes every day</b>	<b>Yes sometimes</b>	<b>No never</b>
b) Does he smoke:			
(i) pipe	<div><div>1</div></div>	<div><div>2</div></div>	<div><div>3</div></div>
(ii) cigar/cigarillo	<div><div>1</div></div>	<div><div>2</div></div>	<div><div>3</div></div>

C6. a)	Is your husband/partner currently employed?
Yes	<div><div>1</div></div> No <div><div>2</div></div> → <b>If <u>no</u>, go to C7 on page 22</b>

**If yes,**

b) (i)	What is his occupation?.....
(ii)	Please give industry or trade .....
c)	Has he had the same job since the study child was 7 years old?
Yes	<div><div>1</div></div> No <div><div>2</div></div>

C6. d) Does he work nights?

yes, always

yes, sometimes

no, never

e) Does he leave home for several days as part of his work?

yes, often

yes, occasionally

no, never

f) Does he work shifts?

yes, often

yes, occasionally

no, never

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

i) If his hours are regular, please state how many

(put 99 if don't know)

ii) If his hours vary, please put the minimum

and the maximum

h) Does he usually work:

the basic no. of hours per week

basic hours plus paid overtime

longer than basic hours (but  
not paid extra)

self-employed - as long as  
necessary

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

yes, usually  yes, sometimes  no, never

C7. How would you rate him on these characteristics?

	<b>Almost always</b>	<b>Sometimes</b>	<b>Hardly ever</b>
a) helpful, co-operative	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b) quiet, reserved	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c) unreliable	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
d) sociable, outgoing	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
e) dominating	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
f) understanding	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
g) quick-tempered, easily upset	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
h) cheerful, easygoing	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

C8. Who does these various household tasks?

	<b>Me always</b>	<b>Me mostly</b>	<b>Sometimes me, some- times he does</b>	<b>He does mostly</b>	<b>He does always</b>	<b>Someone else</b>
	↓	↓		↓	↓	↓
a) shopping for groceries	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
b) cooking	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
c) cleaning	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
d) repairs in home	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
e) looking after children	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
f) washing clothes	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
g) ironing	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>

C9. Who decides:

		<b>Me always</b> ↓	<b>Me mostly</b> ↓	<b>Sometimes me, some- times he does</b>	<b>He does mostly</b> ↓	<b>He does always</b> ↓
a)	how to spend free time	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
b)	how much to see family or friends	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
c)	when to do repairs or redecorate	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
d)	how we should spend our money	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

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?

		<b>Very satisfied</b>	<b>Moderately satisfied</b>	<b>Somewhat dissatisfied</b>	<b>Very dissatisfied</b>
a)	handling family finances	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b)	demonstrations of affection	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c)	sex	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
d)	amount of time spent together	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
e)	making major decisions	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
f)	household tasks	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
g)	leisure time interests & activities	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

C11. a) How often recently have you been irritable with your husband or partner?

not at all	<input type="text" value="1"/>	less than once a week	<input type="text" value="2"/>	1-2 times a week	<input type="text" value="3"/>	3-6 times a week	<input type="text" value="4"/>	every day	<input type="text" value="5"/>
------------	--------------------------------	-----------------------	--------------------------------	------------------	--------------------------------	------------------	--------------------------------	-----------	--------------------------------

C11. b) How often has he been irritable with you?

not		less than		1-2 times		3-6 times		every	
at all	<input type="text" value="1"/>	once a week	<input type="text" value="2"/>	a week	<input type="text" value="3"/>	a week	<input type="text" value="4"/>	day	<input type="text" value="5"/>

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

None	<input type="text" value="1"/>	1-3	<input type="text" value="2"/>	4-7	<input type="text" value="3"/>	8-13	<input type="text" value="4"/>	14 or more	<input type="text" value="5"/>
------	--------------------------------	-----	--------------------------------	-----	--------------------------------	------	--------------------------------	------------	--------------------------------

In the past 3 months, have any of these happened?

		<b>Yes, I did this</b>	<b>Yes, he did this</b>	<b>Yes, we both did this</b>	<b>No, not at all</b>
b)	not speaking for more than half an hour	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c)	one of you walking out of the house	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
d)	shouting or calling one another names	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
e)	hitting or slapping	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
f)	throwing or breaking things	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>



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

	Never ↓	Less than once a month	Less than once a week	At least once a week
a) gone out for a meal	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b) gone out for a drink	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c) visited friends	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
d) visited family	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
e) gone to the cinema or theatre	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
f) other (please tick & describe)		<div>2</div>	<div>3</div>	<div>4</div>

.....

C14. a) How many evenings a month do you go out and do things **on your own** or with your own friends?

none	<div>1</div>	once	<div>2</div>	2-3 times	<div>3</div>
4-7 times	<div>4</div>	8 or more times	<div>5</div>		

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

none	<div>1</div>	once	<div>2</div>	2-3 times	<div>3</div>
4-7 times	<div>4</div>	8 or more times	<div>5</div>		

C15. How often in a week, on average, would you and your husband/partner:

		Never ↓	Less than once a week	1-3 times a week	Most days ↓
a)	discuss work or how the day has gone	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
b)	laugh together	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
c)	calmly talk over something (e.g. the news, a hobby or interest)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
d)	kiss or hug	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
e)	make plans	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
f)	talk over feelings or worries	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>

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

Never drinks alcohol	1 <input type="text"/>
Very occasionally (less than once a week)	2 <input type="text"/>
Occasionally (at least once a week )	3 <input type="text"/>
Drinks 1-2 glasses* nearly every day	4 <input type="text"/>
Drinks 3-9 glasses* every day	5 <input type="text"/>
Drinks at least 10 glasses a day	6 <input type="text"/>
Don't know	9 <input type="text"/>

[\*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 he had the equivalent of at least 2 pints of beer, 4 glasses of wine or 4 pub measures of spirit?

every day	<input type="text" value="1"/>	more than 10 days	<input type="text" value="2"/>
5-10 days	<input type="text" value="3"/>	3-4 days	<input type="text" value="4"/>
1-2 days	<input type="text" value="5"/>	none	<input type="text" value="6"/>

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

<b>My husband/partner:</b>	<b>Very true</b>	<b>Moderately true</b>	<b>Somewhat true</b>	<b>Not at all true</b>
a) Is very considerate of me	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b) Wants me to take his side in an argument	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c) Wants to know exactly what I'm doing and where I am	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
d) Is a good companion	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
e) Is affectionate to me	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
f) Is clearly hurt if I don't accept his views	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
g) Tends to try to change me	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
h) Confides closely in me	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
i) Tends to criticise me over small issues	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
j) Understands my problems and worries	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
k) Tends to order me about	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
l) Insists I do exactly as I'm told	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
m) Is physically gentle and considerate	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

C17. cont.

		<b>Very true</b>	<b>Moderately true</b>	<b>Somewhat true</b>	<b>Not at all true</b>
<b>My husband/partner:</b>					
n)	Makes me feel needed	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
o)	Wants me to change in small ways	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
p)	Is very loving to me	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
q)	Seeks to dominate me	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
r)	Is fun to be with	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
s)	Wants to change me in big ways	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
t)	Tends to control everything I do	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
u)	Shows his appreciation of me	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
v)	Is critical of me in private	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
w)	Is gentle and kind to me	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
x)	Speaks to me in a warm and friendly voice	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

## **SECTION D: YOUR FAMILY AND FRIENDS**

D1. How many of your relatives and your husband/partner's relatives do you see at least twice a year?

None	1	2-4	more than 4
<div><div></div><div>1</div></div>	<div><div></div><div>2</div></div>	<div><div></div><div>3</div></div>	<div><div></div><div>4</div></div>

D2. About how many friends do you have?

None	1	2-4	more than 4
<div><div></div><div>1</div></div>	<div><div></div><div>2</div></div>	<div><div></div><div>3</div></div>	<div><div></div><div>4</div></div>

D3. Overall, would you say you belong to a close circle of friends?

Yes	<div><div></div><div>1</div></div>	No	<div><div></div><div>2</div></div>
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D4. How many people are there that you can talk to about personal problems?

None	1	2-4	more than 4
<div><div></div><div>1</div></div>	<div><div></div><div>2</div></div>	<div><div></div><div>3</div></div>	<div><div></div><div>4</div></div>

D5. How many people talk to you about their personal problems or their private feelings?

None	1	2-4	more than 4
<div><div></div><div>1</div></div>	<div><div></div><div>2</div></div>	<div><div></div><div>3</div></div>	<div><div></div><div>4</div></div>

D6. 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
<div><div></div><div>1</div></div>	<div><div></div><div>2</div></div>	<div><div></div><div>3</div></div>	<div><div></div><div>4</div></div>

D7. 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
<div><div></div><div>1</div></div>	<div><div></div><div>2</div></div>	<div><div></div><div>3</div></div>	<div><div></div><div>4</div></div>

D8. How many of your family and friends would help you in times of trouble?

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

D9. During the last month, how many times did you get together with one or more friends?

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

D10. During the last month, how many times did you get together with one or more of your relatives or your husband/partner's relatives?

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

The following statements are about the help and support you have.

		<b>This is exactly how I feel</b>	<b>This is often how I feel</b>	<b>This is how I sometimes feel</b>	<b>I never feel this way</b>	
D11	I have no one to share my feelings with	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
D12	My husband/partner provides the emotional support I need	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>no husband/partner</b> <input type="text"/>
D13	There are other mothers with whom I can share my experiences	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
D14	I believe in moments of difficulty my neighbours would help me	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		1	2	3	4	

		<b>This is exactly how I feel</b>	<b>This is often how I feel</b>	<b>This is how I sometimes feel</b>	<b>I never feel this way</b>	<b>no husband/ partner</b>
D15	I'm worried that my husband/partner might leave me	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="7"/>
D16	There is always someone with whom I can share my happiness and excitement about my child	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	
D17	If I feel tired I can rely on my husband/partner to take over	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="7"/>
D18	If I was in financial difficulty I know my family would help if they could	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	
D19	If I was in financial difficulty I know my friends would help if they could	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	
D20	If all else fails I know the state will support and assist me	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	

D21. a) Do you believe in God or in some divine power?

yes	<input type="text" value="1"/>
am not sure	<input type="text" value="2"/>
no, not at all	<input type="text" value="3"/>

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

Yes	<input type="text" value="1"/>	Not sure	<input type="text" value="2"/>	No	<input type="text" value="3"/>
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D21. c) Would you appeal to God for help if you were in trouble?

Yes  Not sure  No

d) Do you 'pray' even if not in trouble?

Yes  No

e) What sort of religious faith would you say you had? (tick one only)

Church of England	<input type="text" value="01"/>	Roman Catholic	<input type="text" value="02"/>
Jehovah's Witness	<input type="text" value="03"/>	Christian Science	<input type="text" value="04"/>
Mormon	<input type="text" value="05"/>	Methodist, Baptist or other Christian (please describe)	<input type="text" value="06"/>
.....			
Jewish	<input type="text" value="07"/>	Buddhist	<input type="text" value="08"/>
Sikh	<input type="text" value="09"/>	Hindu	<input type="text" value="10"/>
Muslim	<input type="text" value="11"/>	Rastafarian	<input type="text" value="12"/>
None	<input type="text" value="00"/>	Other (please describe)	<input type="text" value="13"/>
.....			

f) How long have you had this particular faith?

all my life	<input type="text" value="1"/>
more than 5 years	<input type="text" value="2"/>
3-5 years	<input type="text" value="3"/>
1-2 years	<input type="text" value="4"/>
less than a year	<input type="text" value="5"/>

g) Are you bringing your child up in this faith?

Yes  No



D21. h) Do you go to a place of worship?

yes, at least once a week	<input type="text" value="1"/>
yes, at least once a month	<input type="text" value="2"/>
yes, at least once a year	<input type="text" value="3"/>
no, not at all	<input type="text" value="4"/>

j) Do you obtain help and support from leaders or others members of religious groups?

Help from:	Yes	No
i) Leaders of your religious group (e.g. priests, rabbis, imams)	<input type="text" value="1"/>	<input type="text" value="2"/>
ii) Other members of <u>your</u> religious group	<input type="text" value="1"/>	<input type="text" value="2"/>
iii) Members of other religious group (please describe)	<input type="text" value="1"/>	<input type="text" value="2"/>

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## **SECTION E: MY THOUGHTS AND FEELINGS**

Below are a number of statements which you may use to describe yourself. Although you might think some of the wording is a bit unusual, please bear with us and indicate how well these statements apply to you.

	<b>Doesn't Apply</b>	<b>Applies a bit</b>	<b>Moderately applies</b>	<b>Certainly applies</b>
E1. I often feel uncomfortable and ill at ease for no real reason	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E2. I'm always keen on trying out things that are all new	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E3. Sometimes people bother me just by being around	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E4. I often have aches in my shoulders and in the back of my neck	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E5. I have had more than my share of things to worry about	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E6. No matter whom I'm talking to I'm always polite and courteous	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E7. I find it hard to object if I'm neglected at, for example, a restaurant	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E8. I have a tendency to act on the spur of the moment without really thinking ahead	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E9. Even though I know I'm right I often have great difficulty getting my point across	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E10. Sometimes I used to feel that I would like to leave home	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E11. I seldom do things that make me feel remorseful afterwards	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E12. It is easy for me to get close to people	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

	<b>Doesn't Apply</b>	<b>Applies a bit</b>	<b>Moderately applies</b>	<b>Certainly applies</b>
E13. I get tired and hurried too easily	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E14. I often find myself gnashing my teeth together, for no real cause	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E15. Even when my anger is aroused I don't use "strong language"	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E16. I have never deliberately said something that has hurt someone's feelings	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E17. I don't have much self-confidence	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E18. My parents have often disapproved of my friends	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E19. When someone is pushing themselves forward in a queue, I usually tell them off	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E20. When I have to make a decision I "sleep on it" before I decide	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E21. I often feel restless, as if I wanted something without knowing what	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E22. I like leading a quiet and organised life	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E23. When I am mad, I sometimes slam doors	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E24. Life usually hands me a pretty raw deal	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E25. I want to confide in someone, when I'm worried and unhappy	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E26. I don't mind being interrupted when I'm working on something	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

	<b>Doesn't Apply</b>	<b>Applies a bit</b>	<b>Moderately applies</b>	<b>Certainly applies</b>
E27. I find it difficult going back to a shop to ask if I can exchange an item I have bought	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E28. I prefer people who come up with exciting and unexpected activities	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E29. No matter whom I'm talking to, I'm always a good listener	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E30. I usually get so excited over new ideas and suggestions that I forget to check if there are any disadvantages	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E31. I can get mad enough to throw things	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E32. My home life was always happy	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E33. My body often feels stiff and tense	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E34. My heart sometimes beats hard or irregularly for no real reason	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E35. I think that an argument can clear the air sometimes	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E36. I'm the kind of person who is excessively sensitive and easily hurt	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E37. I have often gone against my parents' wishes	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E38. I avoid people who are interested in my personal life	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E39. I'm irritated a great deal more than people are aware of	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

	<b>Doesn't Apply</b>	<b>Applies a bit</b>	<b>Moderately applies</b>	<b>Certainly applies</b>
E40. I think I must economise my energy	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E41. I never hesitate to go out of my way to help someone in trouble	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E42. When trying to fall asleep I often notice that my muscles are really tense	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E43. Since the age of ten, I have never had a temper tantrum	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E44. I have an unusually great need for change	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E45. People often talk about me behind my back	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E46. I'm quite self-conscious in most social situations	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E47. People who shirk on the job must feel very guilty	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E48. I often throw myself too hastily into things	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E49. I have great difficulty pulling my thoughts together whilst talking to someone	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E50. My home life was always very pleasant	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E51. I feel embarrassed having to complain when I get too little change back in a shop	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

	<b>Doesn't Apply</b>	<b>Applies a bit</b>	<b>Moderately applies</b>	<b>Certainly applies</b>
E52. I feel uncomfortable when people take me into their confidence	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E53. In order to get something done I have to spend more energy than most others	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E54. I try to get to places where things happen	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E55. I sometimes have a feeling that others are laughing at me	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E56. Sometimes I suddenly start sweating without any particular reason	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E57. An unexpected noise makes me jump	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E58. The members of my family were always very close to each other	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E59. When someone is teasing me I never find a good answer until later	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E60. I have never been bothered when someone has asked me for a favour, not even at times when it has been inconvenient	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E61. I seldom dare to express myself in a discussion because I have the feeling that people think my views are not worth anything	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E62. I'm very particular	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E63. I sometimes have bad thoughts which make me feel ashamed of myself	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

	<b>Doesn't Apply</b>	<b>Applies a bit</b>	<b>Moderately applies</b>	<b>Certainly applies</b>
E64. My home as a child was less peaceful and quiet than those of most other people	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E65. I'm deeply moved by other people's misfortunes	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E66. It is easy for me to regain lost sleep	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E67. I have difficulty turning someone down when asked for a favour, even though I don't feel like doing it	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E68. I am a person who takes things as they come	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E69. I'm always willing to admit it when I make a mistake	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E70. Often I find myself holding the newspaper tightly when I'm reading it	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E71. I commonly wonder what hidden reason another person may have for doing something nice for me	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E72. In school I was often sent to the Head for my behaviour	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E73. I almost always have a desire for more action	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E74. It takes me an unusually long time to get over unpleasant events	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E75. It depresses me that I did not do more for my parents	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

	Doesn't Apply	Applies a bit	Moderately applies	Certainly applies	
E76. I sometimes feel panicky	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	
E77. I sometimes wanted to run away from home	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	
E78. I feel best when I keep people at a distance	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	
E79. I sometimes wish that I could speak up when I dislike something	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	
E80. I can usually concentrate on what I'm doing even if the environment is distracting	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	
E81. I usually "talk before I think"	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	
E82. I usually don't feel at ease when I meet people I don't know too well	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	
E83. I feel very ill at ease when witnessing a fight in the street	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>Never seen a fight</div> <div>7</div>
E84. In a way I like to do routine jobs	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	
E85. I have often got into trouble even when it was not my fault	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	
E86. Sometimes when upset, I suddenly feel as if my legs were too weak to carry me	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	
E87. I sometimes spread gossip about people I don't like	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	
E88. I have difficulty sitting in a relaxed position even in a comfortable chair	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	



	Doesn't Apply	Applies a bit	Moderately applies	Certainly applies	
E89. I'm always courteous, even to people who are disagreeable	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	
E90. With things going as they are, it's pretty hard to keep up hope of getting anywhere	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	
E91. The few times I've cheated I have suffered unbearable feelings of remorse	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>7</div> Have never cheated
E92. I prefer to avoid involving myself in other people's personal problems	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	
E93. I easily feel pressure when I'm urged to speed up	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	
E94. Rather often, especially when I'm tired, I get a feeling of unreality - that either I or the world around me is changing	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	
E95. I can't help getting into arguments when people disagree with me	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	
E96. When I don't know something I don't at all mind admitting it	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	
E97. I often worry about things that other people look upon as trifles	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	
E98. As a youngster in school I used to give the teacher lots of trouble	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	
E99. I can't help being a little rude to people I don't like	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	
E100. My hands usually tremble	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	

	<b>Doesn't Apply</b>	<b>Applies a bit</b>	<b>Moderately applies</b>	<b>Certainly applies</b>
E101. When I am about to make a decision I usually make it quickly	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E102. I like doing things just for the thrill of it	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E103. There are a number of people who seem to be jealous of me	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E104. My parents never really understood me	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E105. People generally think that I hide my feelings so that they have difficulties in understanding me	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E106. I like to have plenty of time available when I'm doing something	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E107. I seldom feel that people are trying to anger or insult me	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E108. My muscles are so tense that I get tired	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E109. To be on the move, travelling, change and excitement – that's the kind of life I like	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E110. I worry far in advance of when I'm going to get started on something	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E111. I'm always patient with others	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E112. I seem to do things that I regret more often than other people do	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E113. I take life easy	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

	<b>Doesn't Apply</b>	<b>Applies a bit</b>	<b>Moderately applies</b>	<b>Certainly applies</b>
E114. There have been times when I was quite jealous of the good fortune of others	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E115. I don't let a lot of unimportant things irritate me	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E116. Sometimes my cheeks burn even if it isn't particularly hot	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E117. When I was going to school I skived off (truanted) quite often	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E118. I consider myself reserved and a little cold rather than kind and warm	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E119. I tend to be on my guard with people who are somewhat more friendly than I expected	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E120. I feel calm and secure even when I'm facing new tasks	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E121. After buying something I often worry about having made the wrong choice	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E122. I have lied sometimes to get out of something	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E123. If somebody annoys me, I'm apt to tell them what I think of them	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E124. I sometimes have a feeling that I don't get enough air to breathe	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E125. My parents generally allowed me to make my own decisions	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
E126. When I get mad I say nasty things	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

	<b>Doesn't Apply</b>	<b>Applies a bit</b>	<b>Moderately applies</b>	<b>Certainly applies</b>
E127. I consider myself an impulsive person	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E128. In the late afternoon I often get a headache which feels as if there was an iron-band across my forehead	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E129. When people yell at me I yell back	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E130. When listening to music on the radio I want it really loud so that I can feel "turned on"	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E131. I often feel as though I have done something wrong or wicked	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E132. When I'm angry, I sometimes sulk	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E133. People often come to me with their troubles	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E134. I think I get tired more easily than most people I know	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
E135. If someone is scolding me, I become sad rather than angry	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

## **SECTION F: CHEMICALS IN YOUR ENVIRONMENT**

F1. In the last few months, how often have you used the following whether at home or at work:

	<b>In the last few months</b>	<b>Every day</b> ↓	<b>Most days</b> ↓	<b>About once a week</b>	<b>Less than once a week</b>	<b>Not at all</b> ↓
a)	disinfectant	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
b)	bleach	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
c)	window cleaner	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
d)	chemical carpet cleaner	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
e)	oven/drain cleaner	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
f)	dry cleaning fluid	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
g)	turpentine/white spirit	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
h)	paint stripper	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
i)	household paint or varnish	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
j)	weed killers	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
k)	pesticides/insect killers	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
l)	air freshners (spray, stick or aerosol)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

F1.	In the last few months	Every day ↓	Most days ↓	About once a week	Less than once a week	Not at all ↓
m)	other aerosols or sprays including hair spray	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
n)	deodorant or antiperspirant	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
o)	make up	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
p)	glue	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
q)	nail varnish/acetone	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
r)	metal cleaners/ degreasers, polishers	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
s)	petrol	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
t)	moth repellent (moth balls)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
u)	other chemical (please tick and describe)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

.....

F2. a) Do you have a mobile phone (i.e. one that can be used away from home)?

Yes  No  → Go to F3 on page 47

**If yes,**

F2. b) how often do you use it to make calls?

at least once a day	<input type="text" value="1"/>
4-6 times a week	<input type="text" value="2"/>
1-3 times a week	<input type="text" value="3"/>
less than once a week	<input type="text" value="4"/>

c) how often do people ring you on it?

at least once a day	<input type="text" value="1"/>
4-6 times a week	<input type="text" value="2"/>
1-3 times a week	<input type="text" value="3"/>
less than once a week	<input type="text" value="4"/>

F3. How often during the day are you in a room or enclosed place where people are smoking?

	(i) weekdays	(ii) weekends
all the time	<input type="text" value="1"/>	<input type="text" value="1"/>
more than 5 hours	<input type="text" value="2"/>	<input type="text" value="2"/>
3-5 hours	<input type="text" value="3"/>	<input type="text" value="3"/>
1-2 hours	<input type="text" value="4"/>	<input type="text" value="4"/>
less than 1 hour	<input type="text" value="5"/>	<input type="text" value="5"/>
not at all	<input type="text" value="6"/>	<input type="text" value="6"/>

F4. Do you tend to collect static electricity and have shocks when you touch metal?

Yes a lot	<input type="text" value="1"/>	Yes occasionally	<input type="text" value="2"/>	No, not at all	<input type="text" value="3"/>
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**SECTION G:**

G1. This questionnaire was completed by:

**Yes**

a) child's biological mother

b) child's mother-figure

c) someone else  
(please describe)

.....

G2. Please give the date on which you completed this questionnaire:

day

month

year

G3. Please give your date of birth:

day

month

year

19

G4. Please give your study child's date of birth:

day

month

year

199

**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 9285007**

For office use only

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