



LOOKING AFTER THE BABY

This questionnaire is for the person who is mostly responsible for looking after the study baby.

It asks about your lifestyle as your baby is getting older. Your answers will help us understand what problems babies and their mothers have at this stage.

The questionnaire asks you to answer a number of questions and give your opinion about some ideas about caring for a baby. To answer simply tick the box which is most accurate in your opinion.

Some questions may seem similar, but they are not the same. Others will be the same as you have answered in earlier questionnaires. This is so that we can see how things may have changed for you.

Please answer all questions if you can even if they are similar. There are no right or wrong answers. Just tell us what you really think. All answers are confidential.

When you have finished you may make comments at the end.

THANK YOU VERY MUCH FOR YOUR HELP

10/09/92

Recycled Paper

FILLING IN THIS BOOKLET

Most of the questions can be answered by ticking the box beside the right answer.

For example

How many times have you been to the supermarket in the past week?

None	1	1✓	2	2-6	3	7 or more	4
		↓					

This means you went to the supermarket once in the past week

Sometimes there are questions with if in front of them.

For example

a) Have you been to the supermarket today?

Yes	1	No✓	2
		↓	

This means you didn't go to the supermarket and you don't need to answer the next question

b) **If yes,** did you buy any carrots?

Yes	1	No	2
-----	---	----	---

In general, though, each question needs an answer.

In some questions you may be asked to describe something. It would be helpful if you wrote as clearly as possible.

The small numbers in the squares are for only.

SECTION A: YOUR HEALTH

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

- | | |
|------------------------------|---|
| always fit and well | 1 |
| mostly feel well and healthy | 2 |
| often feel unwell | 3 |
| hardly ever feel really well | 4 |

A2. a) Since having your baby have you had to stay in hospital?

Yes 1 No 2 If no, go to A3

If yes,

b)	how many times:	1st time	2nd time	3rd time
c)	how old was your baby?	mths	mths	mths
d)	what were the reasons for your admission? (please describe)
	
	
	
e)	how long did you stay?	days	days	days
f)	did your Children of the Nineties baby stay in hospital with you?	YES NO 1 2	YES NO 1 2	YES NO 1 2
g)	If <u>no</u> , who looked after the baby?
.	

A3. Have you had any of the following since the baby was born?

	Yes and consulted doctor	Yes but did not consult doctor	No
a)	anxiety or 'nerves' 1	2	3
b)	depression		
c)	headache or migraine		
d)	back ache		
e)	indigestion		
f)	cough or cold		
g)	influenza		
h)	haemorrhoids/piles		
i)	wheezing		
j)	bronchitis		
k)	stomach ulcer		
l)	eczema		
m)	psoriasis		
n)	arthritis		
o)	rheumatism		

p)	urinary infection	Yes and consulted doctor	Yes but did not consult doctor	No
q)	problems with your periods	1	2	3
r)	problems with a pregnancy			
s)	other problems; (please describe)			

.....

A4. Since the baby was born have you had the following:

		Yes but not in past month	Yes have had in past month	Not since the baby was born
Since the baby was born have you had:				
a)	nausea	1	2	3
b)	vomiting			
c)	diarrhoea			
d)	infected nipple(s)			
e)	other breast problem			
f)	varicose veins			
g)	passing urine very often			
h)	problem holding urine when you jump, sneeze etc.			
i)	flashing lights/spots before eyes			
j)	shoulder ache			
k)	neck ache			
l)	other problem (please describe)			

.....

A5. Since the baby was born how often have you used any of the following?

		Every day	Often	Some- times	Not at all
Since the baby was born:					
a)	sleeping pills	1	2	3	4
b)	cannabis/marihuana				
c)	tranquillisers				
d)	pills for depression				
e)	hormone tablets				
f)	antibiotics				
g)	painkillers (aspirin, paracetamol, etc.)				
h)	amphetamines or other stimulants				
i)	contraceptive pill				
j)	heroin, methadone, crack, cocaine				

k) anticonvulsants

Since the baby was born:		Every day	Often	Some- times	Not at all
l)	steroids	1	2	3	4
m)	iron				
n)	vitamins				
o)	other pill, medicine or ointment (including herbal and homeopathic remedies - please describe and state how frequently taken)				
				
				

For mothers only

A6. a) Since the baby was born, have your monthly periods started?

Yes 1 No 2 If no, go to A7a

If yes,

b) how old was the baby when they began? weeks

A7. a) Since the baby was born have you become pregnant?

Yes 1 No 2 If no, go to Section B on page 8

Not applicable,

If yes,

b) what was the date of the last menstrual period before this new pregnancy? (if you do not remember it put 99 99 9):

c) what happened:

miscarriage	1
abortion/termination	2
still pregnant	3
other (please describe)	4

.....

SECTION B:LOOKING AFTER A BABY

The following questions are about how you feel about looking after a baby.

	This is exactly how I feel	This is often how I feel	This is how I sometimes feel	I never feel this way
B1. I really enjoy my baby	1	2	3	4
B2. I would have preferred that we had not had this baby when we did				
B3. I feel confident with my baby				
B4. I dislike the mess that surrounds my baby				
B5. It is a great pleasure to watch my baby develop				
B6. I really cannot bear it when the baby cries				
B7. I feel constantly unsure if I'm doing the right thing for my baby				
B8. I feel I should be enjoying my baby but am not				
B9. I feel I have no time to myself				
B10. Having a baby has made me feel more fulfilled				
B11. Babies are fun				

SECTION C:YOUR FEELINGS

The questions in this section ask you about your feelings and the way you behave.
Please indicate the way you feel nowadays.

	Very often	Often	Not very often	Never
C1. Do you feel upset for no obvious reason?	1	2	3	4
C2. Do you get troubled by dizziness or shortness of breath?				
C3. Have you felt as though you might faint?				
C4. Do you feel sick or have indigestion?				
C5. Do you feel that life is too much effort?				
C6. Do you feel uneasy				
C7. Do you feel tingling or prickling sensations in your body, arms or legs?				
C8. Do you regret much of your past behaviour?				
C9. Do you sometimes feel panicky?				
C10. Do you find that you have little or no appetite?				
C11. Do you wake unusually early in the morning even when you haven't been woken by your children?				
C12. Do you worry a lot?				
C13. Do you feel tired or exhausted?				
C14. Do you experience long periods of sadness?				
C15. Do you feel strung-up inside?				
C16. Can you get off to sleep alright?				
C17. Do you ever have the feeling you are going to pieces?				
C18. Do you often have excessive sweating or fluttering of the heart?				
C19. Do you find yourself needing to cry?				
C20. Do you have bad dreams which upset you when you wake up?				
C21. Do you lose the ability to feel sympathy for others?				
C22. Can you think quickly?				

	Very often	Often	Not very often	Never
C23. Do you have to make a special effort to face up to a crisis or difficulty?	1	2	3	4

Your feelings in the past week.

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

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

C25. I have looked forward with enjoyment to things:

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

In the past week:

C26. I have blamed myself unnecessarily when things went wrong:

Yes, most of the time	1
Yes, some of the time	2
Not very often	3
No never	4

C27. I have been anxious or worried for no good reason:

No, not at all	1
Hardly ever	2
Yes, sometimes	3
Yes, often	4

C28. I have felt scared or panicky for no very good reason:

Yes, quite a lot	1
Yes, sometimes	2
No, not much	3
No, not at all	4

C29. Things have been getting on top of me:

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

In the past week:

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

Yes, most of the time	1
Yes, sometimes	2
Not very often	3
No, not at all.	4

C31. I have felt sad or miserable:

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

C32. I have been so unhappy that I have been crying:

Yes, most of the time	1
Yes, quite often	2
Only occasionally	3
No, never	4

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

Yes, quite often	1
Sometimes	2
Hardly ever	3
Never	4

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

Yes, more good days	1
About half and half	2
No, more bad days	3

SECTION D: RECENT EVENTS

Listed below are a number of events which may have brought changes in your life. Have any of these occurred since the baby was born? If so, please assess how much effect it had on you.

Since the baby was born:		Yes & affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but did not affect me at all	No did not happen
D1.	Your partner died	1	2	3	4	5
D2.	One of your children died					
D3.	A friend or relative died					
D4.	One of your children was ill					
D5.	Your partner was ill					
D6.	A friend or relative was ill					
D7.	You were admitted to hospital					
D8.	You were in trouble with the law					
D9.	You were divorced					
D10.	You found that your partner didn't want your child					
D11.	You were very ill					
D12.	Your partner lost his job					
D13.	Your partner had problems at work					
D14.	You had problems at work					
D15.	You lost your job					
D16.	Your partner went away					
D17.	Your partner was in trouble with the law					
D18.	You and your partner separated					
D19.	Your income was reduced					
D20.	You argued with your partner					
D21.	You argued with your family and friends					
D22.	You moved house					
D23.	Your partner was physically cruel to you					
D24.	You became homeless					
D25.	You had a major financial problem					
D26.	You got married					
D27.	Your partner was physically cruel to your children					

		Yes & affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but did not affect me at all	No did not happen
Since the baby was born:						
D28.	You were physically cruel to your children	1	2	3	4	5
D29.	You attempted suicide					
D30.	You were convicted of an offence					
D31.	You became pregnant					
D32.	You started a new job					
D33.	You returned to work					
D34.	You had a miscarriage					
D35.	You had an abortion					
D36.	You took an examination					
D37.	Your partner was emotionally cruel to you					
D38.	Your partner was emotionally cruel to your children					
D39.	You were emotionally cruel to your children					
D40.	Your house or car was burgled					
D41.	Your partner started a new job					
D42.	A pet died					
D43.	You had an accident (please describe)					

.....

D44. a) Is there anything else which is not on the list which has concerned you or required additional effort from you to cope since the baby was born?

Yes 1 No 2 If no, go to D45

If yes, b) please describe:

.....

c) How did this affect you?

a lot 1

moderately 2

mildly 3

not at all 4

D45. a) Since the baby was born, have you had a holiday away from home?

Yes 1 No 2

If yes,

b) how many times?

	<u>1st time</u>	<u>2nd time</u>	<u>3rd time</u>
For each holiday, please describe:			
c) how old was the baby?	mths	mths	mths

	YES	NO	YES	NO	YES	NO
d) did the baby come with you?	1	2	1	2	1	2

	YES	NO	YES	NO	YES	NO
e) did you go abroad?	1	2	1	2	1	2

f) If yes, where did you go?

SECTION E: YOUR HOME

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

E1. a) When did you move to your present address?

...../...../19....

b) How many times have you moved home in the last 5 years?

E2. Is your home:

being bought/mortgaged 0

owned - with no mortgage to pay 1

rented from council 2

rented from private landlord - furnished 3

rented from private landlord - unfurnished 4

rented from housing association 5

other (please describe) 6

.....

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

live in own home 1

live with parents in their home 2

other situation (please describe) 3

.....

E4. Do you currently live in:

a whole detached house (or bungalow) 1

a whole semi-detached house/bungalow 2

a whole terraced house 3

a flat/maisonette (self contained) 4

room in someone else's house 5

other (please describe) 6

.....

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

basement 78

ground floor 00

1st floor 01

2nd floor or above, give floor

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

	Very warm	Warm	About right	Cold	Very cold
a) living rooms	1	2	3	4	5
b) the room the baby sleeps in					

E7. In your home do you ever use:

	Yes living room	Yes baby's bedroom	No neither
a) central heating or storage heaters	1	2	4
b) wood stoves or wood fires			
c) coal fires			
d) paraffin heaters			
e) gas fires (mains gas)			
f) gas fires (bottled gas)			
g) other type of heating (please describe)			

E8. If your home is centrally heated in winter, please describe:

- a) type:
- | | | |
|-------------------------|--------|----------------------------------|
| solid fuel | 1 | No central heating 7 - go to E9. |
| oil | 2 | |
| gas | 3 | |
| electricity | 4 | |
| other (please describe) | 5..... | |
- b) how is heating distributed?
- | | | | | | |
|---------------------|---|----------|---|-----------------|-------|
| Radiators | 1 | warm air | 2 | storage heaters | 3 |
| under floor heating | 4 | other | 5 | please describe | |
- c) where is the boiler?
- | | | | | | | | |
|---------|---|-------------|---|-------|---------------------|--------|---|
| kitchen | 1 | living room | 2 | other | 3 (please describe) | no | 4 |
| | | | | | | boiler | |
| | | | | | | | |

E9. a) Do you use gas for cooking?

- | | |
|---------------------|---|
| yes, ring(s) only | 1 |
| yes, oven only | 2 |
| yes, rings and oven | 3 |
| no, not at all | 4 |

b) Do you use the cooker for any other purpose than cooking (e.g. drying clothes, heating the room)?

Yes 1 No 2

If yes, please describe:

c) How old is your cooker?

- | | |
|------------------------|---|
| more than 10 years old | 1 |
| 5 - 10 years old | 2 |
| 2 - 4 years old | 3 |
| less than 2 years old | 4 |

don't know ⁹
E9. d) Do you use a ventaxia or air extractor system in the kitchen?
Yes ₁ No ₂

E10. Does your home have the following?

	Yes sole use	Yes shared with other house- hold(s)	No
i) kitchen where there is space to sit and eat	₁	₂	₃
ii) kitchen for cooking only			
iii) indoor flushing toilet			

E11. Apart from the kitchen or kitchen/dining room, how many living rooms and bedrooms do you have?

i) number of living rooms:

ii) number of bedrooms:
(not regularly used
as living rooms)

E12. Do you have sole use of the following amenities or are they shared with other household(s)?

	Yes sole use	Yes shared	No
a) running hot water	₁	₂	₃
b) bath			
c) shower			
d) garden or yard			
e) balcony			

E13. a) Is there a working telephone in your home?

Yes, for incoming and outgoing calls ₁ go to E14a

Yes, for incoming calls only ₂

No ₃

E13. b) where is the nearest working telephone that you can use in an emergency?

pay phone in the building ₁

pay phone in the street ₂

neighbour's phone ₃

none within 5 minutes walk ₄

other ₅

E14. a) Do you or your partner have the use of a car (including vans, minibuses, etc.)?

Yes ₁ No ₂ **If no, go to E15**

If yes,

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

never ₁

not every day ₂

every day ₃

not applicable/do not drive 7

E15. How often do you have any windows open in your home:

- | | Windows almost
always open | Windows open
only when
weather is
good | Windows open
occasionally | Windows almost
never open |
|-----------------------|-------------------------------|---|------------------------------|------------------------------|
| a) In <u>summer</u> : | | | | |
| i) day | 1 | 2 | 3 | 4 |
| ii) night | | | | |
| b) In <u>winter</u> : | | | | |
| i) day | | | | |
| ii) night | | | | |

E15. c) Are any of your windows double glazed?

- | | | | |
|-----------------|---|------------------|---|
| yes all of them | 1 | yes some of them | 2 |
| no none of them | 3 | don't know | 9 |

d) Does your home have chimneys?

- | | | | |
|-----|---|----|---|
| Yes | 1 | No | 2 |
|-----|---|----|---|

e) If yes, have they been blocked up?

- | | | | |
|-----------------|---|------------------|---|
| yes all of them | 1 | yes some of them | 2 |
| no | 3 | don't know | 9 |

E16. a) Do you have any pets?

- | | | | | |
|-----|---|----|---|---------------------------|
| Yes | 1 | No | 2 | If <u>no</u> , go to E17. |
|-----|---|----|---|---------------------------|

If yes,

b) How many of the following pets do you have?

- | | Number |
|---|--------|
| i) cats | , |
| ii) dogs | , |
| iii) rabbits | , |
| iv) rodents (mice, hamster, gerbil etc) | , |
| v) birds (budgerigar, parrot, etc) | , |
| vi) other pets (please describe) | |

.....

E17. Do any of the following animals or insects inhabit or invade your home or cause dirty conditions in your balcony, garden or yard?

- | | Yes
frequently | Yes
occasionally | No not
at all |
|----------------------------|-------------------|---------------------|------------------|
| a) rats | 1 | 2 | 3 |
| b) mice | | | |
| c) pigeons | | | |
| d) cats | | | |
| e) cockroaches | | | |
| f) ants | | | |
| g) dogs | | | |
| h) woodlice | | | |
| i) other (please describe) | | | |

E18. a) Is there ever any damp, condensation or mould in your home?

Yes 1 No 2 **If no**, go to E19a

If yes,

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

no damp or condensation 1
not serious 2
fairly serious 3
very serious 4

c) How much of a problem is mould?

no mould 1
not serious 2
fairly serious 3
very serious 4

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

E18.	Condensation on windows/ walls/ ceilings	Damp patches on walls	Mould on walls	Damp on furniture, carpets or clothes	Mould on furniture, carpets or clothes	None
d) kitchen (or kitchen/diner)	1	2	3	4	5	6
e) living room (or lounge/diner)						
f) hall/landing						
g) my bedroom						
h) baby's bedroom						
i) bathroom/toilet						
j) other rooms						

E19. a) Does your roof leak at all?(If you have another flat above yours, please tick 'does not apply').

does not apply 7
no leak 1
yes, slight leak 2
yes, serious leak 3

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

no leaks 1
yes, slight leaks 2
yes, serious leaks 3

E20. Taking everything into account, which of the following best describes your feelings about your home?

satisfied 1 dissatisfied 3
fairly satisfied 2 very dissatisfied 4

E21. **In the past year** have any of the following rooms been decorated or had any brand new furniture?

a)	Your bedroom:	Yes	No	Don't know
	i) painted	1	2	9
	ii) wall papered			
	iii) <u>new</u> carpet			
	iv) <u>new</u> furniture			
b)	Your living room:			
	i) painted			
	ii) wall papered			
	iii) <u>new</u> carpet			
	iv) <u>new</u> furniture			
c)	The baby's bedroom:			
	i) painted			
	ii) wall papered			
	iii) <u>new</u> carpet			
	iv) <u>new</u> furniture			
d)	Any other rooms: *			
	i) painted			
	ii) wall papered			
	iii) <u>new</u> carpet			
	iv) <u>new</u> furniture			

* which room(s)?

SECTION F: YOUR HOUSEHOLD

F1. a) How many people live in your household? (including yourself)

- i) adults (over 18 years)
- ii) young adults (16 - 18 years)
- iii) children (0 - 15 years)
(including your baby)

b) Please indicate who the adults over 18 in your household are:

- | | Yes | No |
|-------------------------------------|------------|-----------|
| i) yourself | 1 | 2 |
| ii) your partner | | |
| iii) your parent(s) | | |
| iv) your partner's parent(s) | | |
| v) other relation(s) of yourself | | |
| vi) other relations of your partner | | |
| vii) friend(s) | | |
| viii) lodger | | |
| ix) other (please describe) | | |

.....

c) Have the same people been living in your household ever since the birth of the baby?

Yes 1 No 2

If no, describe what changes have taken place:

.....

F2. a) What is your present marital status?

- | | |
|----------------------------------|---|
| never married | 1 |
| widowed | 2 |
| divorced | 3 |
| separated | 4 |
| married (once only) | 5 |
| married for second or third time | 6 |

b) If married, what was the date of the most recent marriage?

...../...../19....

F3. a) Do any of the people living in your household, including yourself and your children have a long lasting disorder, illness or disabling condition? (e.g. asthma, epilepsy, arthritis, depression, alcoholism)

Yes **If no**, go to Section G

If yes, please describe:

b) nature of illness/condition:

.....

-
- c) person(s) involved:
-
- d) the consequences for the household:
-
-

SECTION G:YOUR PARTNER

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

G1. a) Do you currently have a partner?

Yes ₁ No ₂ **If no, go to Section H**

b) Does your partner live with you?

Yes ₁ No ₂ **If no go to G2.**

If yes,

c) how long have you lived together? Years months

G2. How would you assess your partner's physical health?

always fit and well ₁

mostly feels well and healthy ₂

often feels unwell ₃

hardly ever feels really well ₄

G3. Below are listed a number of conditions which might influence your partner's enjoyment of a baby. Please indicate whether he has had any of these since the baby was born.

	Yes, and saw a doctor	Yes, but did not see a doctor	No,not at all	Don't know
a) headaches or migraine	₁	₂	₃	₉
b) indigestion				
c) epilepsy				
d) depression				
e) anxiety or 'nerves'				
f) haemorrhoids/piles				
g) cough or cold				
h) influenza				
i) bronchitis				
j) high blood pressure (hypertension)				
k) diabetes				
l) schizophrenia				
m) alcoholism				
n) stomach ulcers				
o) asthma or wheezing				
p) eczema				
q) psoriasis				
r) arthritis				
s) urinary infection				
t) rheumatism				
u) other condition(s) please tick and describe				

.....

G4. What race or ethnic group is your partner?

white	01	Indian	• 05
black/caribbean	02	Pakistani	• 06
black/African	03	Bangladeshi	• 07
black/other	04	Chinese	• 08
(please describe below)		any other ethnic group (please describe)	09

.....

G5. The following questions are about how you feel your partner gets on with the baby.

	Always	Sometimes	Never
a) He really enjoys this baby	1	2	3
b) He would really have preferred that we had not had this baby when we did			
c) He likes to play with the baby			
d) He is confident with the baby			
e) He takes great pleasure in watching the baby develop			
f) He really cannot bear it when the baby cries			
g) He dislikes the mess that surrounds the baby			
h) I trust him alone with the baby			
i) He takes an active part in bringing up the baby			

G6. About how many cigarettes per day does your partner currently smoke?(If none, put 00)

G7. a) Is your partner currently employed?
Yes ₁ No ₂ **If no, go to G8**

If yes,

b) What is his occupation?(Please describe what he does and what type of firm he works for)
.....
.....

c) Has he had this same job all the time since the baby was born?
Yes ₁ No ₂

G7. d) Does he have to work nights?
yes always ₁
yes sometimes ₂
no never ₃

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

Yes, often	1	yes, occasionally	2
no, never	3		

G8. Below are a number of statements. How frequently does each description fit your own partnership?

	Very often	Often	Some- times	Rarely	Never
a) Is your partner loving (affectionate) toward you?	1	2	3	4	5
b) Does your partner get angry with you?					
c) Does your partner listen to you when you want to discuss your problems or talk about your feelings?					
d) Do you have arguments with your partner?					
e) Does your partner talk to you about his problems and feelings?					
f) Do you get angry with your partner?					
g) Do you enjoy the company of your partner?					
h) Does your partner show his approval of you?					
i) Do you behave affectionately towards your partner?					
j) Do you go out socially together?					
k) Does your partner hug and kiss you?					
l) Do you feel parenthood has brought you closer together?					
m) Does your partner hold you in his arms?					

G9. How would you describe your partner's alcohol drinking? Which of the following statements best applies:

Never drinks alcohol	1
Very occasionally (less than one glass a week)	2
Occasionally (at least one glass a week)	3
Drinks 1-2 glasses nearly every day	4
Drinks 3-9 glasses every day	5
Drinks at least 10 glasses a day	6
Don't know	9

[by glass we mean pub measures (1oz) of spirits or ½ pints of beer or cider]

G10. How many days in the past month did your partner have the equivalent of 2 pints of beer, 4 glasses of wine or 4 pub measures of spirit?

every day	1	more than 10 days	2
5-10 days	3	3-4 days	4
1-2 days	5	none	6

SECTION H: YOUR OCCUPATION AND LIFESTYLE

H1. How many cigarettes per day do you currently smoke?

30+ 30	25-29 25	20-24 20	15-19 15
10-14 10	5-9 .05	1-4 .01	none .00

H2. a) How would you describe your alcohol drinking? Which of the following statements best applies:

Never drink alcohol	0
Very occasionally (less than one glass a week)	1
Occasionally (at least once or twice a week)	2
Sometimes (between 3 & 6 times a week)	3
Drink 1-2 glasses every day	4
Drink 3-9 glasses every day	5
Drink at least 10 glasses a day	6
Don't know	9

[by glass we mean pub measures (1oz) of spirits or ½ pints of beer or cider]

b) How many days in the past month did you have the equivalent of 2 pints of beer, 4 glasses of wine or 4 pub measures of spirit?

every day 1	more than 10 days 2
5-10 days 3	3-4 days 4
1-2 days 5	none 6

H3. Compared with other mothers of your age, would you consider yourself to be:

much more active	1
somewhat more active	2
about the same	3
somewhat less active	4

H4. How much physical effort would you say you put into looking after your home and family?

very little physical effort	1
some physical effort	2
quite a lot of physical effort	3
considerable physical effort	4

H5. a) Since the baby was born have you had any paid jobs?

no	1	If <u>no</u> , go to Question H13
yes, but work at home	2	
yes, work outside home	3	

b) If yes, please list all the jobs done since the birth of the baby:

	Date started	Job done	Hours per week	Date stopped (put SW if still working)
1./...../...../...../.....
2./...../...../...../.....
3./...../...../...../.....

4. / /
5. / /

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

Yes ₁ No ₂

If **yes**, which ones:

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

Yes ₁ No ₂

If **yes**, which ones:

e) Do you now take the baby to work with you?

Yes ₁	Yes ₂	No not ₃
always	sometimes	at all

H6. How would you describe the physical effort you need for your current or most recent job?

very little effort, mostly sitting ₁

some physical effort ₂

quite a lot of physical effort ₃

considerable physical effort ₄

H7. What are the main reasons you work: **Yes** **No**

a)	financial, I am important as a breadwinner	1	2
----	--	---	---

b)	financial, for family extras		
----	------------------------------	--	--

c)	career		
----	--------	--	--

d)	enjoyment		
----	-----------	--	--

e)	to give time for myself		
----	-------------------------	--	--

f)	other (please describe)		
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.....

H8. Are you working at the same level (status) of work as you did before you your child?

didn't work before ₇

no, lower level ₁

yes, same level ₂

no, higher level ₃

H9. Do you find your job satisfying?

Yes ₁ No ₂

H10. Do you wish that you could spend more time with your child?

yes often ₁

yes sometimes ₂

yes occasionally ₃

no not at all ₄

H11. Below are statements about how working affects being a parent. Please indicate which is true for you:

	Yes almost always	Yes often	Not very often	Never
a) I enjoy seeing my baby after work	1	2	3	4
b) After a day at work I find it hard to cope with a baby				

H12. a) Do you worry about your baby when you are at work?
Yes ₁ No ₂

b) Does he/she cry when you leave him/her?
Yes ₁ No ₂ Don't leave him/her ₇

If you are working please now go to Question H14.

H13. If you are not working: have you deliberately chosen to stay at home rather than obtain a job?
Yes ₁ No ₂

H14. How many evenings a week do you usually go out?

never ₁	less ₂ than 1	once a ₃ week	twice a ₄ week	more than ₅ twice a week
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H15. a) Apart from yourself, who regularly looks after your baby when you are out?(Please answer for each person regularly involved. If no one, tick the 'no' column all the way down).

	No	Yes	If yes, give hours per week	and	Age of baby when this began (in months)
i) partner	1	2			
ii) baby's grandparent					
iii) other relative					
iv) friend/neighbour					
v) paid person outside baby's home (e.g. child minder					
vi) paid person in baby's home (e.g. nanny, baby sitter)					
vii) day nursery (creche)					
viii) other (please describe)					

.....

If no to all these, go to H16

If you have answered yes to any of H15a:

b) What was the main reason for choosing this form of childcare?

I had no choice	1	I could afford it	2
It was convenient	3	It was linked to my job	4
I thought it would be beneficial for my child	5	Other (please describe)	6

.....

c) How satisfied are you with these arrangements?

very ₁	fairly ₂	not at ₃
satisfied	satisfied	all happy

d) Apart from the arrangement you now have, have you used any other child care arrangements?

Yes ₁ No ₂

If **yes**, how many different arrangements?

e) Space for any comments:.....

H16. How difficult at the moment do you find it to afford these items:

	Very difficult	Fairly difficult	Slightly difficult	Not difficult
a) food	1	2	3	4
b) clothing				
c) heating				
d) rent or mortgage				
e) things you need for the baby				

H17. How much help would you say you have had with the following since having your baby.

	A lot of help	Some help	Hardly any help	No help at all
a) shopping	1	2	3	4
b) cleaning the home				
c) preparing meals				
d) washing up				
e) changing nappies				
f) washing the clothes				
g) other tasks (please describe)				

.....

H18. Who has helped with the housework or the baby since your baby was born?

	A lot of help	Some help	Hardly any help	No help at all	Not applicable (no such person)
a) partner	1	2	3	4	7
b) your mother					
c) other relative					
d) neighbour					
e) friend					
f) paid help					
g) other (please describe)					

.....

SECTION I: BEING A PARENT

I1. Please indicate whether you have the following:

	Yes, but not used	Yes, and used	No, do not have
a) Baby bath	1	2	3
b) Baby nest			
c) Sling/back pack for carrying child			
d) Bouncing cradle			
e) High chair			
f) Play pen			
g) Moses basket			
h) Crib/small cot			
i) Cot			
j) Cot bumpers			
k) Travel cot			
l) Carrycot			
m) Pram			
n) Pushchair/buggy			
o) Harness			
p) Coiled kettle flex			
q) Baby walker			

I2. How many of the following do you have? (Put 00 if none)

Number

- a) Safety gate/barriers
- b) Fire guards
- c) Smoke alarms
- d) Electric socket covers
(If all sockets covered,
please say so)
- e) Windows with locks/bars
(If all windows protected,
please say so)
- f) Dummies
- g) Teats
- h) Feeding bottles
- i) Child car seats

I3. Below are a number of statements about how some people think a parent should behave with a baby. Please indicate how much you agree with them.

	Yes, I agree	I'm unsure but probably agree	I'm unsure but probably disagree	No, I disagree
a) Babies should be picked up whenever they cry	1	2	3	4
b) It is important to develop a regular pattern of feeding				

and sleeping with a baby

		Yes, I agree	I'm unsure but probably agree	I'm unsure but probably disagree	No, I disagree
c)	Babies should be fed whenever they are hungry	1	2	3	4
d)	Babies need to be stimulated if they are to develop well				
e)	Babies need quiet secure surroundings and should not be disturbed too much				
f)	Parents need to adapt their lives to the baby's demands				
g)	A baby should fit into its parents routine				
h)	Babies should be left to develop naturally				
i)	Talking, to even a very young baby, is important				
j)	Cuddling a baby is very important				

I4. How many hours sleep do you get altogether now?

		None	1 - 3 hours	4 - 5 hours	6 - 7 hours	More than 7 hours
a)	during an average night	1	2	3	4	5
b)	during an average day					

I5. Do you feel that you are getting enough sleep?

Yes ₁ No ₂

SECTION J:YOUR SOCIAL ENVIRONMENT

J1. a) Do the other people in your neighbourhood:

	No, never	Rarely	Some-times	Often	Always
i) visit your home	1	2	3	4	5
ii) argue with you					
iii) look after your children					
iv) keep to themselves					

b) Do you:

	No, never	Rarely	Some-times	Often	Always
i) visit the home of your neighbours	1	2	3	4	5
ii) argue with your neighbours					
iii) look after your neighbours children					
iv) keep to yourself					

J2. What do you think of your neighbourhood as a place to live?

a very good place to live	1
a fairly good place to live	2
not a very good place to live	3
not at all a good place to live	4

J3. The following statements are about the help and support you have.

	This is exactly how I feel	This is often how I feel	This is how I sometimes feel	I never feel this way
a) I have no one to share my feelings with	1	2	3	4
b) My partner provides the emotional support I need				No partner 7
c) There are other mothers with whom I can share my experiences				
d) I believe in moments of difficulty my neighbours would help me				No partner 7
e) I'm worried that my partner might leave me				
f) There is always someone with whom I can share my happiness and excitement about my baby				No partner 7
g) If I feel tired I can rely on my partner to take over				

This is exactly how I feel	This is often how I feel	This is how I sometimes feel	I never feel this way
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h) If I was in
financial difficulty
I know my family
would help if they could

i) If I was in
financial difficulty
I know my friends
would help if they could

j) If all else fails
I know the state
will support and
assist me

J4. How would you rate the level of traffic in your street?

very ₁ busy	busy ₂	moderate ₃	quiet ₄	very ₅ quiet
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SECTION K:CHEMICALS IN YOUR ENVIRONMENT

K1. In the last few months, how often have you used the following (whether at home or at work):

	Every day	Most days	About once a week	Less than once a week	Not at all
a) disinfectant	1	2	3	4	5
b) bleach					
c) window cleaner					
d) carpet shampoo					
e) oven/drain cleaner					
f) dry cleaning fluid					
g) turpentine/white spirit					
h) paint stripper					
i) household paint or varnish					
j) weed killers					
k) pesticides/insect killers					
l) aerosols or sprays including hair spray					
m) hair dye/bleach					
n) deodorants					
o) air fresheners (spray, stick or aerosol)					
p) ceramics/enamels					
q) soldering					
r) dental amalgam					
s) electroplating					
t) glues					
u) leather working					
v) fabric/textiles					
w) dyes					
x) radiation (x-ray or other)					
y) plastics					
z) metal cleaners/degreasers, polishers					
za) petrol					
zb) machining					
zc) photographic chemicals					
zd) electrical wiring					
ze) diesel					
zf) other chemical (please describe)					

.....

K2. Is your baby ever exposed to chemicals or fumes?

Yes ₁ No ₂

SECTION L

If **yes**, please describe:

L1. Please put the date of completing this questionnaire:

day month year
 199

L2. Please give your date of birth:

day month year
 19

L3. Please give your baby's date of birth:

day month year
 199

L4. This questionnaire was completed by:

child's biological mother 1
child's foster/adopted mother 2
child's biological father 3
someone else (please describe) 4

.....

Please remember, because this is strictly confidential, the people who look at this booklet will not know your name. They will be unable to give you any help or contact anyone after reading what you have written. If you feel you need advice your General Practitioner should be able to advise you. If you would like to talk to someone about how you are feeling, contact your health visitor, or Mothers for Mothers, Tel: (Bristol) 232360 between 9 30am and 2 30pm. As always please feel free to contact our hotline if you have any problems (Bristol 256260 during office hours).

VERY MANY THANKS FOR ALL YOUR HELP

Space for any comments you might like to make:

When completed, return the questionnaire to:

Dr. Jean Golding,
Children of the Nineties - ALSPAC,
Institute of Child Health,
24, Tyndall Avenue,
Bristol.
BS8 1BR.