



Questionnaire no.

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MOTHER'S NEW QUESTIONNAIRE

This questionnaire aims to find out what problems parents have. Your answers will help us to identify those problems that may be solved by changes in the health care system. It should be filled in by the mother or person taking the place of the mother.

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 cannot 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 you really think.

All answers are confidential.

THANK YOU VERY MUCH

20/06/95

Recycled Paper

SECTION A: YOUR HEALTH

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

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

A2. Have you had any of the following in the past year?

	In the past year:	Yes and consulted doctor	Yes but did not consult doctor	No
a)	anxiety or 'nerves'	1	2	3
b)	depression	1	2	3
c)	headache or migraine	1	2	3
d)	backache	1	2	3
e)	indigestion	1	2	3
f)	cough or cold	1	2	3
g)	haemorrhoids/piles	1	2	3
h)	influenza	1	2	3
i)	wheezing	1	2	3
j)	bronchitis	1	2	3
k)	stomach ulcer	1	2	3
l)	eczema	1	2	3
m)	psoriasis	1	2	3
n)	arthritis	1	2	3
o)	rheumatism	1	2	3
p)	urinary infection	1	2	3
q)	problems with your periods	1	2	3
r)	problems with a pregnancy	1	2	3
s)	other problems (please tick and describe)	1	2	3

A3. **In the past year** how often have you taken or used the following?

	I have taken:	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 tablets	<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)	painkillers (aspirin paracetamol, etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
i)	amphetamines or other stimulants	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
j)	contraceptive pill	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
k)	iron	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
l)	heroin, methadone, crack, cocaine	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
m)	anticonvulsants	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
n)	steroids	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

Other pill, medicine, treatment, drug, ointment or cream (please describe each and tick how frequently you have taken **in the past year**).

o)	.....	<div>1</div>	<div>2</div>	<div>3</div>
p)	.....	<div>1</div>	<div>2</div>	<div>3</div>
q)	.....	<div>1</div>	<div>2</div>	<div>3</div>

A4. Please list all the names of the actual medicines, pills or ointments that you have taken **in the past month:**

for office use

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	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, vitamins, sleeping tablets, aspirin, cough mixtures, pain killers, herbal medicine, homeopathic medicine and ointments?**

A5. a) Since your study child was 3 years old have you had to go and stay in hospital?

Yes ₁ No ₂ → If **no**, go to A6 below

If **yes**,

b) how many times?

<input type="text"/>	<input type="text"/>
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Please describe for each admission.

	1st admission	2nd admission	3rd admission
c) How old was your study child?	<input type="text"/> <input type="text"/> months	<input type="text"/> <input type="text"/> months	<input type="text"/> <input type="text"/> months
d) What were the reasons for your admission? (please describe)	..... .....	..... .....	..... .....
e) How long did you stay?	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> days
f) Did any child stay in hospital with you?	Yes <input type="text"/> ₁ No <input type="text"/> ₂	Yes <input type="text"/> ₁ No <input type="text"/> ₂	Yes <input type="text"/> ₁ No <input type="text"/> ₂
g) Was this your study child?	Yes <input type="text"/> ₁ No <input type="text"/> ₂	Yes <input type="text"/> ₁ No <input type="text"/> ₂	Yes <input type="text"/> ₁ No <input type="text"/> ₂

If **yes**,

A6. In the past month, how often have you had the following:

In the past month:	Almost all the time	Sometimes	Not at all
a) backache	<input type="text"/> ₁	<input type="text"/> ₂	<input type="text"/> ₃
b) headaches or migraines	<input type="text"/> ₁	<input type="text"/> ₂	<input type="text"/> ₃
c) urinary infection	<input type="text"/> ₁	<input type="text"/> ₂	<input type="text"/> ₃
d) nausea	<input type="text"/> ₁	<input type="text"/> ₂	<input type="text"/> ₃
e) vomiting	<input type="text"/> ₁	<input type="text"/> ₂	<input type="text"/> ₃
f) diarrhoea	<input type="text"/> ₁	<input type="text"/> ₂	<input type="text"/> ₃
g) haemorrhoids or piles	<input type="text"/> ₁	<input type="text"/> ₂	<input type="text"/> ₃
h) feeling weepy/tearful	<input type="text"/> ₁	<input type="text"/> ₂	<input type="text"/> ₃
i) feeling irritable	<input type="text"/> ₁	<input type="text"/> ₂	<input type="text"/> ₃
j) feeling exhausted	<input type="text"/> ₁	<input type="text"/> ₂	<input type="text"/> ₃

A6. (cont.)		Almost all	Sometimes	Not at all
In the past month:		the time		
k)	varicose veins	<div>1</div>	<div>2</div>	<div>3</div>
l)	passing urine very often	<div>1</div>	<div>2</div>	<div>3</div>
m)	problem holding urine when you jump, sneeze etc.	<div>1</div>	<div>2</div>	<div>3</div>
n)	indigestion	<div>1</div>	<div>2</div>	<div>3</div>
o)	feeling dizzy/fainting	<div>1</div>	<div>2</div>	<div>3</div>
p)	flashing lights/spots before eyes	<div>1</div>	<div>2</div>	<div>3</div>
q)	shoulder ache	<div>1</div>	<div>2</div>	<div>3</div>
r)	tingling in hands/fingers	<div>1</div>	<div>2</div>	<div>3</div>
s)	tingling in feet/toes	<div>1</div>	<div>2</div>	<div>3</div>
t)	neck ache	<div>1</div>	<div>2</div>	<div>3</div>
u)	feeling depressed	<div>1</div>	<div>2</div>	<div>3</div>
v)	other problem (please tick and describe)	<div>1</div>	<div>2</div>	<div>3</div>

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A7. a) How often are you having sexual intercourse now?

not at all	<div>1</div>
less than once a month	<div>2</div>
1-3 times a month	<div>3</div>
about once a week	<div>4</div>
2-4 times a week	<div>5</div>
5 or more times a week	<div>6</div>

A7. b) In general do you enjoy it?

yes, very much

☐
1

yes, somewhat

☐
2

no, not a lot

☐
3

no, not at all

☐
4

no sex at the moment

☐
5

A8. a) Are you currently trying to get pregnant?

no

☐
1

no, but intend to later

☐
2

yes, we are trying

☐
3

I am already pregnant

☐
4☐

→ If yes, to these go to A9 on page 10

b) What forms of contraception are you using now? (tick all that you have used in the past month or so)

Yes

i) withdrawal

☐
1

ii) the pill

☐
1

iii) IUCD/coil

☐
1

iv) condom/sheath

☐
1

v) calendar/rhythm method

☐
1

vi) diaphragm/cap

☐
1

vii) spermicide

☐
1

viii) none

☐
1

ix) other (please describe)

☐
1

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A9.a) How many times have you been pregnant since having this study child? → **If 0 go to A10 on page 12**

b) For these pregnancies please give:

	1st pregnancy	2nd pregnancy	3rd pregnancy
i) date of your last menstrual period before the pregnancy (if you remember it)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 199 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 199 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 199 <input type="text"/>
ii) what happened:	miscarriage <input type="text"/> abortion/termination for unwanted pregnancy <input type="text"/> termination for problem (please describe) <input type="text"/> still pregnant <input type="text"/> baby born <input type="text"/> other (please describe) <input type="text"/>	miscarriage <input type="text"/> abortion/termination for unwanted pregnancy <input type="text"/> termination for problem (please describe) <input type="text"/> still pregnant <input type="text"/> baby born <input type="text"/> other (please describe) <input type="text"/>	miscarriage <input type="text"/> abortion/termination for unwanted pregnancy <input type="text"/> termination for problem (please describe) <input type="text"/> still pregnant <input type="text"/> baby born <input type="text"/> other (please describe) <input type="text"/>
iii) please give actual date of delivery or end of pregnancy: (If still pregnant put 77 77 7)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 199 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 199 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 199 <input type="text"/>
iv) do/did you have any problems	Yes <input type="text"/> No <input type="text"/>	Yes <input type="text"/> No <input type="text"/>	Yes <input type="text"/> No <input type="text"/>
If <u>yes</u>, please describe	..........	..........	..........

A9b. (cont.)

	4th pregnancy	5th pregnancy	6th pregnancy
i) date of your last menstrual period before the pregnancy (if you remember it)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 199 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 199 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 199 <input type="text"/>
ii) what happened:	<p>miscarriage <input type="text"/>₁</p> <p>abortion/termination for unwanted pregnancy <input type="text"/>₂</p> <p>termination for problem (please describe) <input type="text"/>₃</p> <p>.....</p> <p>.....</p> <p>still pregnant <input type="text"/>₄</p> <p>baby born <input type="text"/>₅</p> <p>other (please describe) <input type="text"/>₆</p> <p>.....</p> <p>.....</p>	<p>miscarriage <input type="text"/>₁</p> <p>abortion/termination for unwanted pregnancy <input type="text"/>₂</p> <p>termination for problem (please describe) <input type="text"/>₃</p> <p>.....</p> <p>.....</p> <p>still pregnant <input type="text"/>₄</p> <p>baby born <input type="text"/>₅</p> <p>other (please describe) <input type="text"/>₆</p> <p>.....</p> <p>.....</p>	<p>miscarriage <input type="text"/>₁</p> <p>abortion/termination for unwanted pregnancy <input type="text"/>₂</p> <p>termination for problem (please describe) <input type="text"/>₃</p> <p>.....</p> <p>.....</p> <p>still pregnant <input type="text"/>₄</p> <p>baby born <input type="text"/>₅</p> <p>other (please describe) <input type="text"/>₆</p> <p>.....</p> <p>.....</p>
iii) please give actual date of delivery or end of pregnancy: (If still pregnant put 77 77 7)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 199 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 199 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 199 <input type="text"/>
iv) do/did you have any problems?	Yes <input type="text"/> ₁ No <input type="text"/> ₂	Yes <input type="text"/> ₁ No <input type="text"/> ₂	Yes <input type="text"/> ₁ No <input type="text"/> ₂
If yes , please describe:	..... .....	..... .....	..... .....

If more than 6 pregnancies, please describe others on a separate page.

A10. Since your 4 year old study child was born have you had any problems getting pregnant?

yes, have been trying but not successful	<div>1</div>
yes, took over 12 months to succeed	<div>2</div>
no, conceived within 12 months	<div>3</div>
no, did not want to	<div>4</div>
no, no opportunity to	<div>5</div>

A11. How would you describe your most recent periods:

	Very ↓	Moderately ↓	Mildly ↓	Not at all	No periods
a) how heavy are your periods?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>7</div>
b) how painful are your periods?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>7</div>
c) irregular	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>7</div>
d) how many days does bleeding usually last	<div></div> <div></div>		days		

A12. “Very occasionally, mothers have mentioned that they felt quite unattached to their babies or even that they felt dislike for them for several weeks.”

a) Has this ever happened to you

Yes

1

No

2

→ If **no**, go to B1 on page 13

If **yes**,

b) with your study child?

Yes

1

No

2

c) Please describe what you felt and how your feelings may have changed over time.

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SECTION B: YOUR DIET

B1. Mothers eat a variety of different things. How often nowadays do you eat the following foods? Please answer every question even if you never eat the food (in this case tick "Never or rarely").

	Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than once a day
a) Oat cereals (e.g. porridge, Ready Brek, muesli)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) Wholegrain or bran cereals (e.g. All Bran, Bran Flakes, Weetabix, Wheatflakes, Fruit & Fibre, Shredded Wheat)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) Other cereals (e.g. Corn-flakes, Rice Krispies, Special K, Frosties)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) Sausages, Burgers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e) Meat Pies, Pasties (pork pie, steak/meat pie, Cornish pastie etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f) Vegetarian Pies, Pasties (cheese and onion pasty, vegetable samosa, onion bhaji, vegetable grills etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g) Ham, bacon, paté and cold meats (e.g. salami, luncheon meat, garlic sausage etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h) Meat: roast, chops and stews etc. (e.g. beef, lamb, pork, mince)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
i) Liver, kidney, heart and other offal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
j) Chicken/Turkey in crispy coating (e.g. chicken nuggets, turkey burgers, chicken fingers etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
k) Poultry: roast, baked or stewed (chicken, turkey etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
l) Shellfish (prawns, scampi, crab, cockles, mussels etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than once a day
B1.					
m) White fish in breadcumbs or batter (e.g. fishfingers, chip shop fish, breaded cod, plaice or haddock,)	<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) White fish without coating (e.g. grilled fish, cod in parsley sauce etc.)	<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) Tuna	<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) Other fish (pilchards, sardines, mackerel, herrings, kippers, trout, salmon etc.)	<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) Eggs, quiche/flans, omelettes etc.	<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) Cheese	<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) Pizza	<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) Oven chips	<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) Fried chips, potato waffles and croquettes, Alphabites etc.	<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"/>
v) Roast potatoes (cooked in fat or oil)	<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"/>
w) Boiled, mashed, jacket potatoes	<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"/>
x) Rice (boiled, or fried, not rice pudding)	<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"/>
y) Canned pasta (e.g. spaghetti rings, ravioli, macaroni cheese etc.) Pot Noodles, Super Noodles etc.	<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"/>
z) Boiled pasta (e.g. spaghetti, fusilli, lasagne) bulgar wheat and cous-cous	<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"/>

B2. Do you eat the fat on meat?

yes, all of it

yes, some of it

no

never eat meat

B3. How many times nowadays do you eat:

	Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than once a day
a) Baked beans	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) Peas, broad beans	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) Sweetcorn	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) Cabbage, brussel sprouts, spinach, broccoli and other dark green leafy vegetables	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e) Other green vegetables (cauliflower, runner beans, leeks, courgettes etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f) Carrots	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g) Other root vegetables (turnip, swede, parsnip etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h) Tomatoes (cooked or raw)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
i) Salads	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
j) Pulses - dried peas, beans, lentils, chick peas etc.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
k) Soya 'Meat', TVP, Soya-type Vegeburgers, Bean Curd (Tofu, Miso etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
l) Nuts (eg peanuts, cashews), nut roast etc.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than once a day
m) Fresh citrus fruit e.g. oranges, grapefruit, satsumas, tangerines etc.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
n) Other fresh fruit e.g. apple, banana, pear, bunch of grapes, peach etc.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
o) Canned fruit	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
p) Yoghurt, Fromage Frais, Milk puddings (e.g. rice pudding, semolina) mousse	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
q) Ice cream, choc ice, chocolate ice cream bar etc.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
r) Pudding e.g. fruit pie, crumble, cheesecake, gateaux	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
s) Custard, cream, Elmlea, Tip-Top, evaporated milk etc. on puddings	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
t) Cakes or buns (fruit cake, sponge, teacake, doughnut, flapjack, scone, custard tart, cream cake etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
u) Crispbreads (Ryvita, crackerbread etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
v) Full-coated chocolate biscuits eg. Club, Kit Kat, Penguin, Breakaway etc.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
w) Other biscuits eg. rich tea, shortcake, digestive and chocolate digestive, Hob Nobs	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
x) Chocolate (dairy milk or plain, nut, fruit, filled etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
y) Sweets (peppermints, boiled sweets, toffees etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
z) Crisps, corn snacks (e.g. Wotsits, Quavers), tortilla chips etc.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

B4. How many times a week nowadays do you drink

	Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than once a day
a) Fruit juice from a carton, tin or freshly squeezed including tomato juice	<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) Squash, fruit drinks or Ribena	<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) Cola drinks eg. Coca Cola, Pepsi etc.	<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) Other fizzy drinks e.g. lemonade	<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"/>
e) Bottled water	<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"/>
f) Water from tap	<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"/>
g) Milk on its own	<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"/>
h) Flavoured milk drinks (e.g. Horlicks, Ovaltine, milkshakes) or yoghurt drinks	<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"/>

B5. When you have a soft drink (e.g. lemonade, cola or squash) how often do you choose low calorie or diet soft drinks?

always	<input type="text" value="1"/>
sometimes	<input type="text" value="2"/>
not at all	<input type="text" value="3"/>
don't drink soft drinks	<input type="text" value="4"/>

B6. When you have a cola drink how often do you choose decaffeinated cola?

always	<input type="text" value="1"/>
sometimes	<input type="text" value="2"/>
not at all	<input type="text" value="3"/>
don't drink cola	<input type="text" value="4"/>

B7. How many pieces of bread, rolls or chappatis do you eat on a usual day?

less than 1

1-2

3-4

5 or more

B8. What type of bread do you eat?

Yes usually

Yes sometimes

No not at all

a) white bread

b) soft grain white bread
(e.g. Mighty White)

c) brown/granary bread

d) wholemeal bread

e) chappatis or pitta bread

f) naan bread

B9. What sort of fat do you mainly use:

**(i)
on bread or vegetables**
Yes No

**(ii)
for frying**
Yes No

a) Butter, Ghee, Dripping, Lard ,
solid cooking fat

b) Polyunsaturated margarine
eg Flora, sunflower margarine, Vitalite

c) Hard or soft margarine
e.g. Blue Band, Stork,
supermarket own brand

d) Low fat spread e.g. Delight,
St Ivel Gold, Flora Xtra Light

e) Sunflower oil, corn oil, soya oil

f) Olive oil, hazelnut oil,
rapeseed oil

g) Other vegetable oil

h) Other (please describe)

.....

B10. How many slices of bread (or rolls) spread with fat do you eat each day? (include shop bought sandwiches)

--	--

B11. What types of milk do you use?

	Yes usually	Yes sometimes	No not at all
a) Full fat (e.g. silver or gold top)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
b) Semi Skimmed (e.g. red stripe)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
c) Skimmed (e.g. blue stripe)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
d) Dried milk (e.g. Marvel)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
e) Goat/sheep milk	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
f) Soya milk	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
g) Other (please describe)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>

.....

B12. Is this milk usually:

Pasteurised	UHT	Sterilised	Other (please describe)
1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>

B13. a) How many cups of tea do you drink in a day?
(do not include herbal teas)

--	--

b) How many spoons of sugar in each cup?

--	--

c) How many cups per day are with milk?

--	--

d) How many cups per day are decaffeinated?

--	--

- B14. a) How many cups of coffee do you drink in a day?
- b) How many spoons of sugar in each cup?
- c) How many cups per day are with milk ?
- d) How many cups per day are decaffeinated?
- e) How many are made with real (not instant) coffee?

B15. a) Do you drink herbal teas at all?

yes, often

yes, occasionally

no, not at all

→ If **no**, go to B16 below

If **yes**,

- b) how many cups/mugs of herbal teas have you drunk in the past week ?
- c) Please list the types of herbal teas you have drunk in the past 3 months:

.....

B16. Do you buy organic foods?

- | | Yes, usually
organic | Yes, some-
times organic | No, never
organic |
|-------------------------------------|-------------------------|-----------------------------|----------------------|
| a) fruit | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| b) vegetables | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| c) meat | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| d) other (please tick
describe) | <input type="text"/> | <input type="text"/> | <input type="text"/> |

.....

B17. Apart from herbal teas, are there any other health foods (whether or not bought from a health food shop) that you often eat or drink?

Yes

No

If **yes**, please describe below:

.....

B18. Are you at present on a diet to lose weight?

Yes

No

B19. Are you at present a vegetarian (do not eat any meat or poultry)?

Yes

No

B20. Are you at present a vegan (i.e. do not eat meat, poultry, fish, eggs, butter, milk or cheese)?

Yes

No

B21. Are you at present on any kind of special diet?

Yes

No

If **yes**, please describe below.

B22. a) During the last week **how many** of each type of alcoholic drink did you have on each day? (Please put a number.)

		Mon.	Tues.	Wed.	Thurs.	Frid.	Sat.	Sun.
(i)	Beer, lager or cider (no. of ½ pints)							
(ii)	Wine (no. of glasses)							
(iii)	Spirits (no. of single pub measures)							
(iv)	Other alcoholic drinks (please describe) (no. of glasses or measures)							
(v)	Low alcohol drink (no. of glasses or ½ pints)							

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

No

Yes

→ If **yes**, go to B23 on page 22

c) If **no**, would you normally drink

More

Less

B23. For your main meal of the day how often do you eat takeaway foods or have meals out?

Never or rarely

1 - 3 times a month

1- 2 times a week

3-4 times a week

5-7 times a week

B24. For your main meal of the day how often do you eat an oven/microwave ready or convenience meal (e.g. Menu Master lasagne, individual shepherds pie, ready prepared chilli con carne etc.)?

Never or rarely

1 - 3 times a month

1- 2 times a week

3-4 times a week

5-7 times a week

SECTION C: RECENT EVENTS

Listed below are a number of events which may have brought changes in your life. Have any of these occurred since the study child was 2½ years old? If so please assess how much effect it had on you.

	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 study child was 2½ years old:					
C1. Your partner died	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C2. One of your children died	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C3. A friend or relative died	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C4. One of your children was ill	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C5. Your partner was ill	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C6. A friend or relative was ill	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C7. You were admitted to hospital	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C8. You were in trouble with the law	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C9. You were divorced	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C10. You found that your partner didn't want your child	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C11. You were very ill	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C12. Your partner lost his job	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C13. Your partner had problems at work	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C14. You had problems at work	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

	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 study child was 2½ years old:					
C15. You lost your job	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C16. Your partner went away	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C17. Your partner was in trouble with the law	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C18. You and your partner separated	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C19. Your income was reduced	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C20. You argued with your partner	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C21. You argued with your family and friends	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C22. You moved house	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C23. Your partner was physically cruel to you	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C24. You became homeless	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C25. You had a major financial problem	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C26. You got married	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C27. Your partner was physically cruel to your children	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C28. You were physically cruel to your children	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C29. You attempted suicide	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C30. You were convicted of an offence	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

	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 study child was 2½ years old:					
C31. You became pregnant	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
C32. You started a new job	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
C33. You returned to work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
C34. You had a miscarriage	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
C35. You had an abortion	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
C36. You took an examination	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
C37. Your partner was emotionally cruel to you	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
C38. Your partner was emotionally cruel to your children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
C39. You were emotionally cruel to your children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
C40. Your house or car was burgled	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
C41. Your partner started a new job	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
C42. A pet died	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
C43. You had an accident (please tick and describe)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

.....

C44. 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 year?

Yes 1 No 2 → If **no**, go to C45a below

If **yes**, b) please describe:

.....

.....

c) How did this affect you?

a lot 1

moderately 2

mildly 3

not at all 4

C45. a) Are you currently employed?

Yes 1 No 2 → If **no**, go to section D on page 27

If **yes**,

b) What is your occupation?

.....

c) Have you had the same type of job since this child was 2½ years old?

Yes 1 No 2

d) Do you work nights?

yes, always 1

yes, sometimes 2

no, never 3

e) Do you ever leave home for several days as part of your work?

yes, often 1

yes, occasionally 2

no, never 3

SECTION D: YOUR HOUSEHOLD

D1. a) How many people live in your household now? (including yourself)

i)

--	--

 adults (over 18 years)

ii)

--	--

 young adults (16-18 years)

iii)

--	--

 children (less than 16 years)

b) Please indicate who the adults over 18 are:

	Yes
i) yourself	<table border="1" style="width: 40px; height: 30px;"><div>1</div></table>
ii) your partner	<table border="1" style="width: 40px; height: 30px;"><div>1</div></table>
iii) your parent(s)	<table border="1" style="width: 40px; height: 30px;"><div>1</div></table>
iv) your partner's parent(s)	<table border="1" style="width: 40px; height: 30px;"><div>1</div></table>
v) other relation(s) of yourself	<table border="1" style="width: 40px; height: 30px;"><div>1</div></table>
vi) other relation(s) of your partner	<table border="1" style="width: 40px; height: 30px;"><div>1</div></table>
vii) friend(s)	<table border="1" style="width: 40px; height: 30px;"><div>1</div></table>
viii) lodger	<table border="1" style="width: 40px; height: 30px;"><div>1</div></table>
ix) other (please tick and describe)	<table border="1" style="width: 40px; height: 30px;"><div>1</div></table>

.....

D2 a) Do you have a rule that smoking never happens in particular rooms?

no smoking in house at all

<div>1</div>

smoking only allowed in some rooms

<div>2</div>

smoking allowed anywhere

<div>3</div>

b) How many people living in your household (including yourself) are smokers?

--	--

D3. a) What is your present marital status?

never married	<div>1</div>
widowed	<div>2</div>
divorced	<div>3</div>
separated	<div>4</div>
married (once only)	<div>5</div>
married for second or third time	<div>6</div>

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

1

9

D4. a) Does the biological (natural) father of the study child live with the study child?

No

1

 Yes

2

 —————> If yes, go to D4c on page 29

If no,

b) i) how old was the child when the natural father stopped living with the child?

<div></div>	<div></div>	months
-------------	-------------	--------

(put 00 if the father never lived with the child)

ii) how often does the natural father see the study child?

not at all	<div>1</div>
less than once a month	<div>2</div>
about once a month	<div>3</div>
about once a fortnight	<div>4</div>
once or twice a week	<div>5</div>
nearly every day	<div>6</div>

child's father
is dead

7

↓
**Go to D4
on page 29**

iii) does he help support the child financially ?

yes, on a regular basis	<div>1</div>
yes, occasionally	<div>2</div>
no	<div>3</div>

D4. c) Does the biological (natural) mother of the study child live with the study child?

No Yes —————> **If yes, go to D5 below**

If no,

i) how old was the child when the natural mother stopped living with the child?

months

(put 00 for from birth)

ii) how often does the natural mother see the study child?

not at all

less than once a month

about once a month

about once a fortnight

once or twice a week

nearly every day

child's mother
is dead

↓
**Go to D5
below**

iii) does she help support the child financially ?

yes, on a regular basis

yes, occasionally

no

D5. Please indicate how many of the children living with you have:

Number of children

a) you and your partner as their natural parents

b) you as their natural mother (but their natural father is not present)

c) your partner as the natural father (but you are not their natural mother)

d) neither you nor your partner as natural parents
(please describe whether you have adopted fostered etc.)

.....

D6. Are there other children of yourself or your partner who visit (whether to play or to stay)?

	No	Yes	Number of children
a) children of my partner but not me	<div>1</div>	<div>2</div>	<div></div> <div></div>
b) children of myself but not my partner	<div>1</div>	<div>2</div>	<div></div> <div></div>
c) children of me and my partner	<div>1</div>	<div>2</div>	<div></div> <div></div>

D7. Do any of the people living in your household, including yourself and your study child, have a chronic illness or disabling condition?

Yes

1

 No

2

 → If **no**, go to D8 below

If **yes**, please describe:

Nature of condition(s)

Person(s) involved

(state relationship to you-partner, child, mother, etc.)

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

D8. a) Do you have any pets?

Yes

1

 No

2

 → If **no**, go to D9 on page 31

If **yes**,

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

	Number
i) cats	<div></div> <div></div>
ii) dogs.	<div></div> <div></div>
iii) rabbits	<div></div> <div></div>
iv) rodents (mice, hamster, gerbil etc)	<div></div> <div></div>
v) birds (budgerigar, parrot, etc.)	<div></div> <div></div>

D8. b) (cont.)

Number

vi) fish

--	--

vii) turtles/tortoises/terrapin

--	--

viii) other pets (please say how many and describe)

--	--

.....

c) Would you say that owning a pet has helped your health?

Yes improved it

1

No, made it worse

2

No effect

3

d) How often do you take pets along when you visit friends or relatives?

Never

Occasionally

Sometimes

Often

Always

1

2

3

4

5

e) How often are your feelings towards people affected by the way they react to your pets?

1

2

3

4

5

f) Do you keep a picture of your pet(s) with you or on display at home or at work?

Yes

1

No

2

D9. Below are questions about financial matters. We realise this may be a sensitive subject. As with all our questions you may leave this section out if you want to.[If you can complete it though it will be of great help to the study].

a) On average, about how much is the take home family income each week (include social benefits etc.)?

less than £100

1

£100 - £199

2

£200 - £299

3

£300 - £399

4

£400 or more

5

don't know

9

b) Out of this, how much do you pay for rent, loans or mortgage each week?

nothing

1

less than £20

2

£20 - £39

3

£40 - £59

4

£60 - £79

5

£80 or more

6

don't know

9

D9. (cont.)

c) About how much do you spend on food for the whole family each week?

less than £20	<input type="text"/>	£20 - £29	<input type="text"/>	£30 - £39	<input type="text"/>	£40 - £49	<input type="text"/>
	1		2		3		4
£50 - £59	<input type="text"/>	£60 or more	<input type="text"/>	don't know	<input type="text"/>		
	5		6		9		

d) How much do you spend on child care each week (playgroup, childminder, baby sitter etc.)

nothing	<input type="text"/>	less than £10	<input type="text"/>	£10 - £19	<input type="text"/>	£20 - £29	<input type="text"/>
	1		2		3		4
£30 - £39	<input type="text"/>	£40 - £49	<input type="text"/>	£50 or more	<input type="text"/>		
	5		6		7		
varies	<input type="text"/>	don't know	<input type="text"/>				
	8		9				

e) Do you manage to save at all? Yes No

f) Do you receive any financial help from your parents or other relatives?

Yes	<input type="text"/>	No	<input type="text"/>
	1		2

g) Do you give financial help to your parents or other relatives?

Yes	<input type="text"/>	No	<input type="text"/>
	1		2

D10. The other children in the household:

How many brothers and sisters does your 4 year old study child have that **live with you or visit at least 1 day a week?** (include half-brothers and half sisters, step-brothers and step-sisters, fostered or adopted children.)

	Brothers	Sisters
a) younger	<input type="text"/>	<input type="text"/>
b) same age (e.g. twin)	<input type="text"/>	<input type="text"/>

Brothers		Sisters	

D10. c) older
(If no older brothers or sisters please put 00s and go to D19 on page 39)

d) For all these **older** children, please give child's first name, age and sex (oldest child first)

Name	Age	Boy	Girl
.....	1	2
.....	1	2
.....	1	2
.....	1	2
.....	1	2

e) Which of these older children is the nearest in age to your 4 year old study child? (name)
(If this older child is a pair of twins, put the name of the oldest/first born)

D11. We would like to ask about the way your 4 year old study child reacts to this older child.
(If your study child is a twin, answer for the oldest/first born)

How often does your 4 year old study child react in the following way:

My 4 year old:	Frequently	Sometimes	Rarely or never	
a) Likes to be with this older child	1	2	3	
b) Quarrels with this older child	1	2	3	Never parted
c) Is upset if parted from this older child	1	2	3	7
d) Is unhappy/jealous if you do things just with this older child	1	2	3	
e) Wants to play with this older child	1	2	3	
f) Is not much interested in this older child	1	2	3	No partner
g) Is unhappy/jealous if your partner does things just with this older child	1	2	3	7
				Always there
h) Misses this older child when not there	1	2	3	7
i) Has a lot of fun with this older child	1	2	3	
j) Teases/needles this older child	1	2	3	

D12. Now some questions about how often this older child reacts to the study child.

This older child:	Frequently	Sometimes	Rarely or never	
a) Likes to be with the study child	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div>	<div><div>3</div><div></div></div>	
b) Quarrels with the study child	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div>	<div><div>3</div><div></div></div>	Never parted
c) Is upset if parted from the study child	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div>	<div><div>3</div><div></div></div>	<div><div>7</div><div></div></div>
d) Is unhappy/jealous if you do things just with the study child	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div>	<div><div>3</div><div></div></div>	
e) Wants to play with the study child	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div>	<div><div>3</div><div></div></div>	
f) Is not much interested in the study child	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div>	<div><div>3</div><div></div></div>	
				No partner
g) Is unhappy/jealous if your partner does things just with the study child	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div>	<div><div>3</div><div></div></div>	<div><div>7</div><div></div></div>
				Always there ↓
h) Misses the 4 year old study child when not there	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div>	<div><div>3</div><div></div></div>	<div><div>7</div><div></div></div>
i) Has a lot of fun with the 4 year old study child	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div>	<div><div>3</div><div></div></div>	
j) Teases/needles the study child	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div>	<div><div>3</div><div></div></div>	

D13. The following statements apply to some children. Think about this older child's behaviour over the last six months.

This older child:	Doesn't apply	Applies somewhat	Certainly applies
a) Is considerate of other people's feelings	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div>	<div><div>3</div><div></div></div>
b) Is restless, overactive, cannot stay still for long	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div>	<div><div>3</div><div></div></div>
c) Often complains of headaches, stomach-aches or sickness	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div>	<div><div>3</div><div></div></div>
d) Shares readily with other children (treats, toys, pencils, etc.)	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div>	<div><div>3</div><div></div></div>
e) Often has temper tantrums or hot tempers	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div>	<div><div>3</div><div></div></div>

D13. This older child:	Doesn't apply	Applies somewhat	Certainly applies
f) Is rather solitary, tends to play alone	<div>1</div>	<div>2</div>	<div>3</div>
g) Is generally obedient, usually does what adults request	<div>1</div>	<div>2</div>	<div>3</div>
h) Has many worries, often seems worried	<div>1</div>	<div>2</div>	<div>3</div>
i) Is helpful if someone is hurt, upset or feeling ill	<div>1</div>	<div>2</div>	<div>3</div>
j) Is constantly fidgeting or squirming	<div>1</div>	<div>2</div>	<div>3</div>
k) Has at least one good friend	<div>1</div>	<div>2</div>	<div>3</div>
l) Often fights with other children or bullies them	<div>1</div>	<div>2</div>	<div>3</div>
m) Is often unhappy, down hearted or tearful	<div>1</div>	<div>2</div>	<div>3</div>
n) Is generally liked by other children	<div>1</div>	<div>2</div>	<div>3</div>
o) Is easily distracted, concentration wanders	<div>1</div>	<div>2</div>	<div>3</div>
p) Is nervous or clingy in new situations, easily loses confidence	<div>1</div>	<div>2</div>	<div>3</div>
q) Is kind to younger children	<div>1</div>	<div>2</div>	<div>3</div>
r) Often lies or cheats	<div>1</div>	<div>2</div>	<div>3</div>
s) Is picked on or bullied by other children	<div>1</div>	<div>2</div>	<div>3</div>
t) Often volunteers to help others (parents, teachers, other children)	<div>1</div>	<div>2</div>	<div>3</div>
u) Thinks things out before acting	<div>1</div>	<div>2</div>	<div>3</div>
v) Steals from home, school or elsewhere	<div>1</div>	<div>2</div>	<div>3</div>

D13.	This older child:	Doesn't apply	Applies somewhat	Certainly applies
w)	Gets on better with adults than with other children	<div><div>1</div></div>	<div><div>2</div></div>	<div><div>3</div></div>
x)	Has many fears, is easily scared	<div><div>1</div></div>	<div><div>2</div></div>	<div><div>3</div></div>
y)	Sees tasks through to the end, has good attention span	<div><div>1</div></div>	<div><div>2</div></div>	<div><div>3</div></div>

D14. a) Does this older child live all or most of the time in your household?

No

1

 Yes

2

 → If **yes**, go to D15a below

If **no**,

b) How many days in a month does this older child spend in your household? days

D15. a) Does this older child have both you and your partner as his/her natural (biological) parents?

No

1

 have no partner

2

 Yes

3

 → If **yes**, go to D17 on page 38

b) If **no**, or no partner:

Does this older child have (please tick):

you as the natural mother (but his/her natural father is not present)

1

 → answer (c) below and then go to (e)

your partner as the natural father (but his/her natural mother not present)

2

 → answer (d) on page 37 and then go to (e)

neither of his/her natural parents present

3

 → answer (c), (d) and (e)

c) How often do you or your partner talk to the child's natural father about this older child?

once a month or more	<div><div>1</div></div>	
less than once a month	<div><div>2</div></div>	
once a year or less	<div><div>3</div></div>	<div><div>7</div></div> natural father is dead
never	<div><div>4</div></div>	
don't know	<div><div>9</div></div>	

D15. d) How often do you or your partner talk to this older child's natural mother about the child?

once a month or more

less than once a month

once a year or less

never

don't know

natural mother is dead

e) Are your relations with this older child's other parent(s) :

generally warm and friendly

sometimes friendly

polite

distant

usually unfriendly

no relationship

child's other parent is dead

f) How many days a month (on average) does this older child see his/her other natural parent(s)?

This older child and the other natural parent(s)

D16. Below are some statements about older children's relationships with their natural parents. Please indicate how you think these apply in your situation.

	Yes	No	Can't say	Natural parent is dead
a) The natural parent really loves this child	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="7"/>
b) The natural parent often gets very irritated with this child	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<p>↓</p> <p>go to D17 on page 38</p>
c) The natural parent dislikes the mess and noise that surrounds this child	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	
d) This older child makes the natural parent pretty happy	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	
e) The natural parent has frequent battles of will with this child	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	
f) This older child is very affectionate to the natural parent	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	

	Yes	No	Can't say
D16. g) This older child gets on the natural parent's nerves	<div>1</div>	<div>2</div>	<div>3</div>
h) The natural parent seems to feel very close to this child	<div>1</div>	<div>2</div>	<div>3</div>

This older child and your partner:

D17. Below are some statements about your partner's relationships with children. Please indicate if you think these apply to your partner and the older child.

	Yes	No	Have no partner
a) My partner really loves this child	<div>1</div>	<div>2</div>	<div>7</div> → go to D18 below
b) My partner often gets very irritated with this child	<div>1</div>	<div>2</div>	
c) My partner dislikes the mess and noise that surrounds this child	<div>1</div>	<div>2</div>	
d) This older child makes my partner pretty happy	<div>1</div>	<div>2</div>	
e) My partner has frequent battles of will with this child	<div>1</div>	<div>2</div>	
f) This older child is very affectionate to my partner	<div>1</div>	<div>2</div>	
g) This older child gets on my partner's nerves	<div>1</div>	<div>2</div>	
h) My partner seems to feel very close to this child	<div>1</div>	<div>2</div>	

You and this older child:

D18. Below are some statements about relationships with children. Please indicate if you think these apply to you and this older child

	Yes	No
a) I really love this child	<div>1</div>	<div>2</div>
b) I often get very irritated with this child	<div>1</div>	<div>2</div>
c) I dislike the mess and noise that surrounds this child	<div>1</div>	<div>2</div>
d) This older child makes me pretty happy	<div>1</div>	<div>2</div>

	Yes	No
D18. e) I have frequent battles of will with this child	<div>1</div>	<div>2</div>
f) This older child is very affectionate to me	<div>1</div>	<div>2</div>
g) This older child gets on my nerves	<div>1</div>	<div>2</div>
h) I feel very close to this child	<div>1</div>	<div>2</div>

D19. Now we are coming back to your 4 year old study child. The following statements apply to some children. Think about your **study child's** behaviour over the last six months.

The study child:	Doesn't apply	Applies somewhat	Certainly applies
a) Is considerate of other people's feelings	<div>1</div>	<div>2</div>	<div>3</div>
b) Is restless, overactive, cannot stay still for long	<div>1</div>	<div>2</div>	<div>3</div>
c) Often complains of headaches, stomach-aches or sickness	<div>1</div>	<div>2</div>	<div>3</div>
d) Shares readily with other children (treats, toys, pencils etc.)	<div>1</div>	<div>2</div>	<div>3</div>
e) Often has temper tantrums or hot tempers	<div>1</div>	<div>2</div>	<div>3</div>
f) Is rather solitary, tends to play alone	<div>1</div>	<div>2</div>	<div>3</div>
g) Is generally obedient, usually does what adults request	<div>1</div>	<div>2</div>	<div>3</div>
h) Has many worries, often seems worried	<div>1</div>	<div>2</div>	<div>3</div>
i) Is helpful if someone is hurt, upset or feeling ill	<div>1</div>	<div>2</div>	<div>3</div>
j) Is constantly fidgeting or squirming	<div>1</div>	<div>2</div>	<div>3</div>
k) Has at least one good friend	<div>1</div>	<div>2</div>	<div>3</div>
l) Often fights with other children or bullies them	<div>1</div>	<div>2</div>	<div>3</div>

D19. (cont.) The study child:	Doesn't apply	Applies somewhat	Certainly applies
m) Is often unhappy, down hearted or tearful	<div>1</div>	<div>2</div>	<div>3</div>
n) Is generally liked by other children	<div>1</div>	<div>2</div>	<div>3</div>
o) Is easily distracted, concentration wanders	<div>1</div>	<div>2</div>	<div>3</div>
p) Is nervous or clingy in new situations, easily loses confidence	<div>1</div>	<div>2</div>	<div>3</div>
q) Is kind to younger children	<div>1</div>	<div>2</div>	<div>3</div>
r) Often lies or cheats	<div>1</div>	<div>2</div>	<div>3</div>
s) Is picked on or bullied by other children	<div>1</div>	<div>2</div>	<div>3</div>
t) Often volunteers to help others (parents, teachers, other children)	<div>1</div>	<div>2</div>	<div>3</div>
u) Thinks things out before acting	<div>1</div>	<div>2</div>	<div>3</div>
v) Steals from home, school or elsewhere	<div>1</div>	<div>2</div>	<div>3</div>
w) Gets on better with adults than with other children	<div>1</div>	<div>2</div>	<div>3</div>
x) Has many fears, is easily scared	<div>1</div>	<div>2</div>	<div>3</div>
y) Sees tasks through to the end, has good attention span	<div>1</div>	<div>2</div>	<div>3</div>

You and your study child:

D20. Below are some statements about relationships with children. Please indicate how you think these apply in your situation

Your 4 year old study child:	Yes	No
a) I really love this child	<div>1</div>	<div>2</div>
b) I often get very irritated with this child	<div>1</div>	<div>2</div>

	Yes ↓	No ↓
D20. c) I dislike the mess and noise that surrounds this child	<div>1</div>	<div>2</div>
d) This child makes me pretty happy	<div>1</div>	<div>2</div>
e) I have frequent battles of will with this child	<div>1</div>	<div>2</div>
f) This child is very affectionate to me	<div>1</div>	<div>2</div>
g) This child gets on my nerves	<div>1</div>	<div>2</div>
h) I feel very close to this child	<div>1</div>	<div>2</div>

Your partner and your study child:

D21. Below are some statements about your partner's relationships with children. Please indicate how you think these apply in your situation.

	Yes	No	Have no partner
a) My partner really loves this child	<div>1</div>	<div>2</div>	<div>7</div> → Go to E1 on page 42
b) My partner often gets very irritated with this child	<div>1</div>	<div>2</div>	
c) My partner dislikes the mess and noise that surrounds this child	<div>1</div>	<div>2</div>	
d) This child makes my partner pretty happy	<div>1</div>	<div>2</div>	
e) My partner has frequent battles of will with this child	<div>1</div>	<div>2</div>	
f) This child is very affectionate to my partner	<div>1</div>	<div>2</div>	
g) This child gets on my partner's nerves	<div>1</div>	<div>2</div>	
h) My partner seems to feel very close to this child	<div>1</div>	<div>2</div>	

SECTION E YOUR PARTNER

E1. a) Do you currently have a partner?

yes, a male partner

yes, a female partner

no partner

If yes,

If no, go to Section F on page 46

b) does your partner live with you?

Yes

No

If no, go to E2 below

If yes,

c) how long have you lived together?

years

months

This 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).

E2. How would you assess your partner's physical health?

always fit and well

mostly well and healthy

often feels unwell

hardly ever feels well

E3. Below are listed a number of conditions which might influence your partner's enjoyment of your study child. Please indicate whether he has had any of these in the past year.

In past year 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"/>

	In past year Partner had:	Yes, and saw a doctor	Yes, but did not see a doctor	No not at all	Do not know
E3.	e) anxiety or nerves	<div>1</div>	<div>2</div>	<div>3</div>	<div>9</div>
	f) haemorrhoids/piles	<div>1</div>	<div>2</div>	<div>3</div>	<div>9</div>
	g) cough or cold	<div>1</div>	<div>2</div>	<div>3</div>	<div>9</div>
	h) influenza	<div>1</div>	<div>2</div>	<div>3</div>	<div>9</div>
	i) ..bronchitis	<div>1</div>	<div>2</div>	<div>3</div>	<div>9</div>
	j) high blood pressure (hypertension)	<div>1</div>	<div>2</div>	<div>3</div>	<div>9</div>
	k) diabetes	<div>1</div>	<div>2</div>	<div>3</div>	<div>9</div>
	l) schizophrenia	<div>1</div>	<div>2</div>	<div>3</div>	<div>9</div>
	m) drink (alcohol) problem	<div>1</div>	<div>2</div>	<div>3</div>	<div>9</div>
	n) stomach ulcers	<div>1</div>	<div>2</div>	<div>3</div>	<div>9</div>
	o) asthma or wheezing	<div>1</div>	<div>2</div>	<div>3</div>	<div>9</div>
	p) eczema	<div>1</div>	<div>2</div>	<div>3</div>	<div>9</div>
	q) psoriasis	<div>1</div>	<div>2</div>	<div>3</div>	<div>9</div>
	r) arthritis	<div>1</div>	<div>2</div>	<div>3</div>	<div>9</div>
	s) urinary infection	<div>1</div>	<div>2</div>	<div>3</div>	<div>9</div>
	t) rheumatism	<div>1</div>	<div>2</div>	<div>3</div>	<div>9</div>
	u) back pain, sciatica or slipped disc	<div>1</div>	<div>2</div>	<div>3</div>	<div>9</div>

	In past year Partner had:	Yes, and saw a doctor	Yes, but did not see a doctor	No not at all	Do not know
E3.	v) other condition(s) (please tick and describe)	<div>1</div>	<div>2</div>	<div>3</div>	<div>9</div>

E4. How many cigarettes per day does your partner currently smoke? (If none, put 00)

E5. a) Is your partner currently employed?

Yes

1

 No

2

 → If no, go to E6a below

If yes,

b) What is his occupation?

c) Has he had the same type of job since this child was 2½ years old?

Yes

1

 No

2

d) Does he work nights?

yes, always

1

yes, sometimes

2

no, never

3

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

yes, often

1

yes, occasionally

2

no, never

3

E6. a) How many evenings a month do you go out and do things on your own or with your own friends?

none

1

 once

2

 2-3 times

3

 4-7 times

4

 8 or more times

5

- E6. b) How many times a month does your partner go out and do things on his own or with his own friends?

none once 2-3 times 4-7 times 8 or more times

- E7. How often in a week, on average, would you and your partner:

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

- E8. a) Which of the following statements about alcohol best applies to your partner:

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

[*by glass we mean a pub measure (1oz) of spirits, ½ pint of beer or cider or a wine glass of wine, etc.]

- b) How many days in the past month do you think he had the equivalent of 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"/>	don't know <input type="text" value="9"/>
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"/>	

SECTION F: CHEMICALS IN YOUR ENVIRONMENT

F1. In the last year, how often have you used the following at home:

		Every day	Most days	About once a week	Less than once a week	Not at all
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 fresheners (spray, stick or aerosol)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
m)	other aerosols or sprays including hair spray	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
n)	vacuum cleaner	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
o)	broom/carpet sweeper	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
p)	glue	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

		Every day	Most days	About once a week	Less than once a week	Not at all
F1.	q) nail varnish/acetone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	r) metal cleaners/degreasers polishers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	s) petrol	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	t) moth repellent (moth balls)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	u) other chemical (please tick and describe)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

.....

F2. Is your study child ever exposed to chemicals or fumes outside the home?

Yes No

If **yes**, please describe:

F3. a) How often do you drive a car, van or lorry ?

almost every day 2-5 times a week once a week rarely never → **Go to F4 below**

b) What type of fuel is used? diesel lead free petrol other petrol

F4. About how many cigarettes do you smoke each day? (If none, put 00)

F5. How often during the day are you in a room or enclosed place where other people are smoking?

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

SECTION G: HEALTH SERVICES

G1. When your 'Children of the Nineties' child has a health problem, what do you do?

	Always	Usually	Sometimes	Never
a) Contact the family doctor(GP)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b) Contact your health visitor	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c) Ask the chemist about it	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
d) Seek advice from family and friends	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
e) Treat it yourself	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
f) Wait for it to clear up by itself	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
g) Other (please tick and describe)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

.....

G2. In the last 6 months, how many times have you taken your child to the doctor for a health problem?

<div></div>	<div></div>	times
-------------	-------------	-------

G3. When you take your child to the doctor because you think he/she has a health problem, does the doctor:

	Always	Usually	Sometimes	Never	Not sure
a) Prescribe something	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
b) Refer your child to someone else	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

G4. If your doctor has prescribed medicine or tablets for your child's health problems, have you **usually**: (tick one)

used it all up	<div>1</div>
used it until he/she seemed better	<div>2</div>
saved some in case he/she gets another attack	<div>3</div>
shared it with someone else who needed it	<div>4</div>
found it didn't agree with him/her and went back to the doctor	<div>5</div>
found it didn't agree with him/her and stopped giving it	<div>6</div>
Doctor didn't prescribe anything	<div>7</div>

G5. If you have ever taken your study child to the doctor for a health problem, has the doctor (or surgery nurse) explained all that you wanted to know:

	Yes	No
a) About your child's problem	<div><div>1</div></div>	<div><div>2</div></div>
b) About the treatment <u>or</u> reason for no treatment	<div><div>1</div></div>	<div><div>2</div></div>
c) About what else you could do	<div><div>1</div></div>	<div><div>2</div></div>

G6. Does your study child attend nursery/playgroup/child-minder?

Yes

1

 No

2

 —————> **If no, go to G8a below**

G7. When your child is unwell, do you:

	Always	Usually	Sometimes	Never
a) Let him/her go to nursery/play-group/ child-minder	<div><div>1</div></div>	<div><div>2</div></div>	<div><div>3</div></div>	<div><div>4</div></div>
b) Keep him/her at home	<div><div>1</div></div>	<div><div>2</div></div>	<div><div>3</div></div>	<div><div>4</div></div>
c) Make other arrangements (please tick and describe)	<div><div>1</div></div>	<div><div>2</div></div>	<div><div>3</div></div>	<div><div>4</div></div>

.....

d) During the last 12 months, about how many days has he/she missed nursery/playgroup or not been with the child-minder because of illness?

days

G8. a) In the past 12 months, about how many times have you or your partner had to take time off work because of your child's illness or disability?

Self	Partner
<div><div></div><div></div></div> times	<div><div></div><div></div></div> times

b) How many days off does this add up to altogether?

Self	Partner
<div><div></div><div></div></div> days	<div><div></div><div></div></div> days

G9. If you or your partner had to take time off because of your child's health problems, did you **usually**: (tick as many as apply)

	You (i)	Partner (ii)
a) lose pay	<input type="checkbox"/>	<input type="checkbox"/>
b) take it as holiday	<input type="checkbox"/>	<input type="checkbox"/>
c) say you were ill or give some other reason	<input type="checkbox"/>	<input type="checkbox"/>
d) make up the time later	<input type="checkbox"/>	<input type="checkbox"/>
e) haven't taken time off work/not working	<input type="checkbox"/>	<input type="checkbox"/>

G10. Thinking of the last 6 months, can you say how much your study child's health problems have cost the family? Please add up carefully all the costs you can think of (e.g: for travel to the doctor counted at 15p per mile, loss of pay, extra medicines, extra child-care, etc.)

nothing	<input type="checkbox"/>	→ If nothing , go to G12 below
up to £10	<input type="checkbox"/>	
£11-£30	<input type="checkbox"/>	
£31-£100	<input type="checkbox"/>	
over £100	<input type="checkbox"/>	
not sure	<input type="checkbox"/>	

G11. How much of a burden has this been for your household finances?

small	<input type="checkbox"/>
moderate	<input type="checkbox"/>
heavy	<input type="checkbox"/>
no problem	<input type="checkbox"/>

G12. Do your child's health problems mean you need to give him/her more attention than you would otherwise do?

no	<input type="checkbox"/>
a little more	<input type="checkbox"/>
more than a little	<input type="checkbox"/>
a lot more	<input type="checkbox"/>

G13. How much time have you lost for leisure activities because of these problems?
(Please total it up over 6 months; if more than 99, put 99)

Self

--	--

hours

Partner

--	--

hours

G14. The statements below describe the ways some mothers feel about the health services. We would be grateful if you could indicate what your own feelings are.

	This is exactly how I feel	This is often how I feel ↓	This is how I sometimes feel	I never feel this way ↓
a) The health visitor never seems to have time to talk and explain things to me.	1 <table border="1" style="display: inline-table; width: 40px; height: 25px;"></table>	2 <table border="1" style="display: inline-table; width: 40px; height: 25px;"></table>	3 <table border="1" style="display: inline-table; width: 40px; height: 25px;"></table>	4 <table border="1" style="display: inline-table; width: 40px; height: 25px;"></table>
b) I don't have any confidence in doctors.	1 <table border="1" style="display: inline-table; width: 40px; height: 25px;"></table>	2 <table border="1" style="display: inline-table; width: 40px; height: 25px;"></table>	3 <table border="1" style="display: inline-table; width: 40px; height: 25px;"></table>	4 <table border="1" style="display: inline-table; width: 40px; height: 25px;"></table>
c) I know that if my child was very ill, my doctor would come quickly.	1 <table border="1" style="display: inline-table; width: 40px; height: 25px;"></table>	2 <table border="1" style="display: inline-table; width: 40px; height: 25px;"></table>	3 <table border="1" style="display: inline-table; width: 40px; height: 25px;"></table>	4 <table border="1" style="display: inline-table; width: 40px; height: 25px;"></table>
d) The health visitor gives very helpful advice.	1 <table border="1" style="display: inline-table; width: 40px; height: 25px;"></table>	2 <table border="1" style="display: inline-table; width: 40px; height: 25px;"></table>	3 <table border="1" style="display: inline-table; width: 40px; height: 25px;"></table>	4 <table border="1" style="display: inline-table; width: 40px; height: 25px;"></table>
e) The doctor in the clinic is always helpful.	1 <table border="1" style="display: inline-table; width: 40px; height: 25px;"></table>	2 <table border="1" style="display: inline-table; width: 40px; height: 25px;"></table>	3 <table border="1" style="display: inline-table; width: 40px; height: 25px;"></table>	4 <table border="1" style="display: inline-table; width: 40px; height: 25px;"></table>
f) I don't think I could have coped well without the health visitor to help and advise me.	1 <table border="1" style="display: inline-table; width: 40px; height: 25px;"></table>	2 <table border="1" style="display: inline-table; width: 40px; height: 25px;"></table>	3 <table border="1" style="display: inline-table; width: 40px; height: 25px;"></table>	4 <table border="1" style="display: inline-table; width: 40px; height: 25px;"></table>

Space for comments:

THANK YOU VERY MUCH FOR YOUR HELP

H1. This questionnaire was completed by:

- a) child's mother

1

- b) child's father

1

- c) someone else
(please describe)

1

.....

H2. Please give the date on which you completed this questionnaire:

day		month		year											
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1															
9															
9															

H3. Please give **your** date of birth:

day		month		year											
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1															
9															

Space for any additional comments you would like to make.

NB Please remember that we cannot respond personally to your comments unless they are signed.

When completed, please return the questionnaire to:

**Dr. Jean Golding,
Children of the Nineties - ALSPAC
Institute of Child Health
24 Tyndall Avenue
Bristol
BS8 1BR Tel: Bristol 928 5007**

For office use only:

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