

Questionnaire No:

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## **MOTHER AND FAMILY**

This questionnaire allows us to catch up with your current circumstances, health, diet and lifestyle. We are very grateful to you for helping us in this way.

**THANK YOU SO MUCH**

24/08/99

**General instruction for completing this booklet:**  
**Please tick the box that most applies to you. If there is a question or section that you do not wish to answer, please put a line through it.**

## **SECTION A: YOUR MEDICAL HISTORY**

A1. Have you ever had any of the following infections?

	Yes	No, never	Don't know
a) measles	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b) mumps	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c) chicken pox	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d) whooping cough	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e) cold sores	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f) meningitis	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g) genital herpes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h) syphilis	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i) gonorrhea	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
j) urinary infection, cystitis, pyelitis	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
k) thrush	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
l) have you ever had any other unusual infections? (Please tick and describe)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	

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A2. Have you ever had any of the following operations:

	Yes	No
a) tonsils out	<div>1</div>	<div>2</div>
b) adenoids out	<div>1</div>	<div>2</div>
c) hernia repair	<div>1</div>	<div>2</div>
d) appendix out	<div>1</div>	<div>2</div>
e) gall bladder out	<div>1</div>	<div>2</div>
f) D and C (a scrape)	<div>1</div>	<div>2</div>
g) varicose vein repair	<div>1</div>	<div>2</div>
h) squint repaired	<div>1</div>	<div>2</div>
i) plastic surgery	<div>1</div>	<div>2</div>
j) grommets/tubes in your ears	<div>1</div>	<div>2</div>
k) caesarean section	<div>1</div>	<div>2</div>
l) hip replacement	<div>1</div>	<div>2</div>
m) wisdom tooth removed	<div>1</div>	<div>2</div>
n) hysterectomy	<div>1</div>	<div>2</div>
o) other type of operation (please tick & describe)	<div>1</div>	<div>2</div>

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A3. Have you ever had any of the following problems:

	<b>Yes, had it recently (in past year)</b>	<b>Yes, in past, not recently</b>	<b>No never</b>
a) hay fever	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
b) indigestion	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
c) bulimia	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
d) asthma	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
e) eczema	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
f) epilepsy	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
g) ME or chronic fatigue syndrome	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
h) migraine	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
i) back pain/slipped disc	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
j) kidney disease*	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
k) varicose veins	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
l) haemorrhoids/piles	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
m) rheumatism	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
n) arthritis	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
o) psoriasis	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
p) stomach ulcer	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
q) pelvic inflammatory disease (PID)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
r) drug addiction	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
s) alcoholism	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>

	Yes, had it recently (in past year)	Yes, in past, not recently	No never
A3. t) schizophrenia	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
u) anorexia nervosa	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
v) severe depression	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
w) other psychiatric problem*	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
x) other problem(s)* (please tick & describe)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	

\* please tick appropriate box and describe below

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A4. a) Have you ever had diabetes?

Yes 1 ☐ No 2 ☐ → If no, go to A4b on page 6

If yes,

i) Have you only had it when you were pregnant?

Yes 1 ☐ No 2 ☐

ii) How is/was it treated?

insulin injections	1 <input type="checkbox"/>
other drugs	2 <input type="checkbox"/>
diet only	3 <input type="checkbox"/>

iii) How old were you when you first developed it?

<input type="text"/>	<input type="text"/>	years
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A4. b) Have you ever had hypertension (high blood pressure)?

Yes 1 No 2 → If **no**, go to A5 below

If **yes**,

i) Have you had it only when you were pregnant?

Yes 1 No 2

ii) How old were you when you first developed it?  years

iii) Do you have hypertension nowadays?

Yes 1 No 2

A5. a) Are there any problems for which you have **regular** treatment or medicine nowadays?

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

b) If **yes**, please describe the problem and regular treatment or medicine:

**Problem**

**Treatment or medicine**

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A6. a) Would you say that you were allergic to anything?

Yes 1 No 2 → If **no**, go to A7 on page 7

A6. b) If **yes**, is it to:

	Yes	No
i) cat	<div>1</div>	<div>2</div>
ii) pollen	<div>1</div>	<div>2</div>
iii) dust	<div>1</div>	<div>2</div>
iv) insect bites or stings	<div>1</div>	<div>2</div>
v) medication (e.g. penicillin)	<div>1</div>	<div>2</div>
vi) something else (Please tick & describe)	<div>1</div>	<div>2</div>

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A7. Have you had any of the following **in the past two years**:

In the past 2 years:	Yes often	Yes, sometimes	No, not at all
a) attacks of wheezing with whistling on the chest	<div>1</div>	<div>2</div>	<div>3</div>
b) a dry itchy rash	<div>1</div>	<div>2</div>	<div>3</div>
c) a blotchy blistery rash (hives)	<div>1</div>	<div>2</div>	<div>3</div>
d) sneezing attacks	<div>1</div>	<div>2</div>	<div>3</div>
e) runny nose	<div>1</div>	<div>2</div>	<div>3</div>
f) watery eyes	<div>1</div>	<div>2</div>	<div>3</div>
g) attacks of breathlessness	<div>1</div>	<div>2</div>	<div>3</div>
h) cough often during the night	<div>1</div>	<div>2</div>	<div>3</div>
i) cough often when you wake in the morning	<div>1</div>	<div>2</div>	<div>3</div>

A8. a) How old were you when your periods first started?   years

have not had periods

77

do not remember

99

b) Would you say your periods are regular nowadays?

yes 1 no, not very regular 2 no periods at all 3 → **If no periods go to A8d below**

↓  
**If not very regular,  
go to A9a below**

c) If regular, how many days are there from the start of one period to the start of the next one?

days → **now go to A9a below**

d) If you have no periods now, is this because:

you are pregnant

1

you have had a hysterectomy

2

you are menopausal (going through the change)

3

other reason  
(please tick & describe)

4

don't know

9

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A9. a) Have you ever used a contraceptive pill?

Yes 1 No 2 → **If no, go to A10a on page 9**

**If yes,**

b) How old were you when you first took one?   years



A9. c) How many years altogether have you taken a contraceptive pill?

under 1 year	<div>1</div>
1-2 years	<div>2</div>
3-4 years	<div>3</div>
5 years or more	<div>4</div>

d) Are you on the pill now?

Yes 

1

 No 

2

↓

(i) **If yes**, please give the name of the pill .....

A10. a) What is your weight nowadays?

stones	pounds	total pounds	kilos
<div></div> <div></div>	<div></div> <div></div>	OR <div></div> <div></div> <div></div>	OR <div></div> <div></div> <div></div>

i) Are you certain of this?

Yes 

1

 No 

2

b) What is your size nowadays in:-

i)	hips	<div></div> <div></div> ins.	OR	<div></div> <div></div> <div></div> cms
ii)	waist	<div></div> <div></div> ins.	OR	<div></div> <div></div> <div></div> cms
iii)	bust	<div></div> <div></div> ins.	OR	<div></div> <div></div> <div></div> cms

(If you don't know write NK at the side)

c) How tall are you?

feet	inches	centimetres
<div></div>	<div></div> <div></div>	OR <div></div> <div></div> <div></div>

i) Are you certain of this?

Yes 

1

 No 

2

A11. **Your hearing**

How would you rate your hearing in each ear?

	(i) Left ear	(ii) Right ear
always very good	<input type="text" value="1"/>	<input type="text" value="1"/>
occasional problems (e.g. infections or glue ear)	<input type="text" value="2"/>	<input type="text" value="2"/>
there are some sounds I cannot hear	<input type="text" value="3"/>	<input type="text" value="3"/>
never very good	<input type="text" value="4"/>	<input type="text" value="4"/>
I cannot hear much at all	<input type="text" value="5"/>	<input type="text" value="5"/>

A12. **Your eyesight**

a) How would you rate your sight without glasses?

	(i) Left eye	(ii) Right eye
<b>Without glasses:</b> always very good	<input type="text" value="1"/>	<input type="text" value="1"/>
I can't see clearly at a distance	<input type="text" value="2"/>	<input type="text" value="2"/>
I can't see clearly close up	<input type="text" value="3"/>	<input type="text" value="3"/>
I can't see much at all	<input type="text" value="4"/>	<input type="text" value="4"/>

b) Do you wear glasses?

yes always	<input type="text" value="1"/>
yes sometimes	<input type="text" value="2"/>
no never	<input type="text" value="3"/>

c) Are you colour blind?

Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>	Don't know	<input type="text" value="3"/>
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## **SECTION B: ABOUT THE HEALTH OF YOUR PARENTS**

B1. Has your natural mother and/or natural father ever had any of the following:

		(i) Natural mother			(ii) Natural father		
		Yes	No	Don't know	Yes	No	Don't know
a)	diabetes treated with insulin	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
b)	other diabetes	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
c)	coronary heart disease	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
d)	rheumatism	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
e)	arthritis	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
f)	multiple sclerosis	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
g)	breast cancer (mother) prostate cancer (father)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
h)	other cancer*	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
i)	hypertension (high blood pressure)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
j)	an alcohol problem	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
k)	schizophrenia	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
l)	chronic bronchitis	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
m)	a stroke	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
n)	depression or 'nerves'	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
o)	other problem*	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>

\* (Please tick and describe) .....

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B2. Are your natural parents still alive?

	Yes	No	Don't know
a) Mother is alive	<div>1</div>	<div>2</div>	<div>3</div>
<div>↓</div>			
If <u>no</u> ,			
(i) How old was she when she died? <div><div></div><div></div></div> years			
(ii) What did she die of? .....			
b) Father is alive	<div>1</div>	<div>2</div>	<div>3</div>
<div>↓</div>			
If <u>no</u> ,			
(i) How old was he when he died? <div><div></div><div></div></div> years			
(ii) What did he die of? .....			

## **SECTION C: YOU AND FOOD**

C1. How far do the following statements describe you?

	<b>Yes, most of the time</b>	<b>Yes sometimes</b>	<b>No, not at all</b>
a) I like to try different foods	<div>1</div>	<div>2</div>	<div>3</div>
b) I prefer to eat familiar foods	<div>1</div>	<div>2</div>	<div>3</div>
c) I prefer to eat the sort of foods I ate when I was a child	<div>1</div>	<div>2</div>	<div>3</div>
d) I would like to try different foods but my partner/family only like familiar foods	<div>1</div>	<div>2</div>	<div>3</div>
e) I would be willing to try almost any food if it were offered to me	<div>1</div>	<div>2</div>	<div>3</div>
f) I greatly enjoy eating	<div>1</div>	<div>2</div>	<div>3</div>
g) I eat because I need to, not because I enjoy it	<div>1</div>	<div>2</div>	<div>3</div>

C2. Which **one** of these statements best describes the way you feel about cooking?

I always enjoy cooking	<div>1</div>
I enjoy cooking when I can take time over it	<div>2</div>
I cook only because I have to, not because I enjoy it	<div>3</div>
I avoid cooking if at all possible	<div>4</div>
I have no real feeling towards cooking	<div>5</div>

C3. How often do you:

	<b>Always</b>	<b>Often</b>	<b>Sometimes</b>	<b>Rarely</b>	<b>Never</b>
a) Add salt to vegetables, potatoes rice or pasta during cooking?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
b) Add salt to food at the table?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
c) Add herbs to food during cooking?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

C3. How often do you:

	<b>Always</b>	<b>Often</b>	<b>Sometimes</b>	<b>Rarely</b>	<b>Never</b>
d) Add sauces to food at the table? (please specify type of sauce e.g. Tomato Ketchup)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>

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C4. When you are choosing food for meals, how much do the following influence your choice?

	<b>A lot</b>	<b>Quite a bit</b>	<b>A little</b>	<b>Not at all</b>
a) Cost	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
b) What your children prefer to eat	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
c) What you prefer to eat	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
d) What other people prefer to eat (e.g. partner, other adult)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
e) Convenience of preparation	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
f) What is good (healthy) for us to eat	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
g) The special offers available when shopping	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
h) Adverts on the television/radio	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
j) Articles about food and recipes in newspapers/magazines	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
k) Dietary requirements of a member of the family	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
l) Other (please tick and describe)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	

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C5. a) Do you read the labels on packaged food?

Always	1 <input type="text"/>	Sometimes	2 <input type="text"/>	No	3 <input type="text"/>
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C5. b) Do you understand the information about contents and nutrition on the labels?

Usually  Partly  No

c) Do you prefer to buy food without artificial additives?

Yes  No  Don't mind

C6. a) Do you or your partner work irregular hours?

	Yes	No	
i) You	<input type="text" value="1"/>	<input type="text" value="2"/>	→ If <u>no</u> to <u>both</u> go to C7 below
ii) Your partner	<input type="text" value="1"/>	<input type="text" value="2"/>	

If yes,

b) Does this affect your eating habits or that of your family?

	Yes affects us all	Yes affects that worker only	No
i) Type of food eaten	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
ii) Times of meals	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

C7. How often do you yourself usually eat something at each of the following meals?

	Never	Less than once a week	Once a week	2-4 times a week	5-6 times a week	Every day
a) Breakfast	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
b) Mid-morning snack	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
c) Mid-day meal/snack	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
d) Mid-afternoon snack	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
e) Evening meal/snack	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
f) Late night snack/supper	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>

## **SECTION D: YOU AND YOUR CURRENT PARTNER**

D1. a) Do you have a husband/partner at the moment?

yes, lives with me

yes, but does not live with me

no, don't have

→ If **no**, go to Section E on page 20

If **yes**, is this:

b) your husband

a male partner

a female partner

Please describe your current relationship using the statements below:

		<b>No, not true</b>	<b>Sometimes true</b>	<b>Yes, very true</b>	<b>Can't say</b>
D2.	We support each other during difficult times	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D3.	We disagree about what to do when the children are naughty	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D4.	It is easy for both of us to express our opinion to each other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D5.	My husband/partner and I agree completely about how to raise the children	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D6.	I feel that our relationship is very stable	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D7.	We discuss problems and feel good about the solutions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D8.	I worry that my husband/partner is too strict with the children	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D9.	My husband/partner treats me like a queen	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



		<b>No, not true</b>	<b>Sometimes true</b>	<b>Yes, very true</b>	<b>Can't say</b>
D10.	My husband/partner spoils the children too much	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
D11.	My husband/partner is perfectly honest and truthful with me	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
D12.	I feel that I can trust my husband/partner completely	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
D13.	We feel very close to each other	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
D14.	I can count on my husband/partner to help me	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
D15.	My husband/partner is sincere in his promises	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
D16.	My husband/partner can be relied on to help me however big a problem I have	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
D17.	My husband/partner makes me feel loved	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
D18.	My husband/partner helps me out with the children	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

**No matter how well a couple get on there may be times when they disagree, get annoyed or have quarrels or fights because they're in a bad mood, tired or for some other reason.**

		<b>No</b>	<b>Yes, sometimes</b>	<b>Yes, often</b>
D19.	Have you cursed or sworn at your husband/partner?	<div>1</div>	<div>2</div>	<div>3</div>
D20.	Has your husband/partner cursed or sworn at you?	<div>1</div>	<div>2</div>	<div>3</div>
D21.	Have you ordered your husband/partner around ?	<div>1</div>	<div>2</div>	<div>3</div>
D22.	Has your husband/partner ordered you around?	<div>1</div>	<div>2</div>	<div>3</div>

	No	Yes, sometimes	Yes, often
D23. Have you insulted or shamed your husband/partner in front of others?	<div>1</div>	<div>2</div>	<div>3</div>
D24. Has your husband/partner insulted or shamed you in front of others?	<div>1</div>	<div>2</div>	<div>3</div>
D25. Have you pushed, grabbed, or shoved your husband/partner?	<div>1</div>	<div>2</div>	<div>3</div>
D26. Has your husband/partner pushed, grabbed or shoved you?	<div>1</div>	<div>2</div>	<div>3</div>
D27. Have you ever slapped your husband/partner?	<div>1</div>	<div>2</div>	<div>3</div>
D28. Has your husband/partner ever slapped you?	<div>1</div>	<div>2</div>	<div>3</div>
D29. Have you ever shaken your husband/partner?	<div>1</div>	<div>2</div>	<div>3</div>
D30. Has your husband/partner ever shaken you?	<div>1</div>	<div>2</div>	<div>3</div>
D31. Have you ever thrown an object at your husband/partner that could hurt them?	<div>1</div>	<div>2</div>	<div>3</div>
D32. Has your husband/partner thrown an object at you that could hurt you?	<div>1</div>	<div>2</div>	<div>3</div>
D33. Have you ever kicked, bitten, or hit your husband/partner with a fist?	<div>1</div>	<div>2</div>	<div>3</div>
D34. Has your husband/partner kicked, bitten, or hit you with a fist?	<div>1</div>	<div>2</div>	<div>3</div>
D35. Have you ever hit or tried to hit your husband/partner with something?	<div>1</div>	<div>2</div>	<div>3</div>
D36. Has your husband/ partner ever hit or tried to hit you with something?	<div>1</div>	<div>2</div>	<div>3</div>
D37. Have you ever physically twisted your husband's/partner's arm?	<div>1</div>	<div>2</div>	<div>3</div>

	No	Yes, sometimes	Yes, often
D38. Has your husband/partner ever physically twisted your arm?	<div>1</div>	<div>2</div>	<div>3</div>
D39. Have you ever thrown or tried to throw your husband/partner bodily?	<div>1</div>	<div>2</div>	<div>3</div>
D40. Has your husband/partner ever thrown or tried to throw you bodily?	<div>1</div>	<div>2</div>	<div>3</div>
D41. Have you ever beaten up your husband/partner (multiple blows)?	<div>1</div>	<div>2</div>	<div>3</div>
D42. Has your husband/ partner ever beaten you up (multiple blows)?	<div>1</div>	<div>2</div>	<div>3</div>
D43. Have you ever tried to choke or strangle your husband/partner?	<div>1</div>	<div>2</div>	<div>3</div>
D44. Has your husband/partner ever tried to choke or strangle you?	<div>1</div>	<div>2</div>	<div>3</div>
D45. Have you ever threatened your husband/partner with a knife or other weapon?	<div>1</div>	<div>2</div>	<div>3</div>
D46. Has your husband/partner ever threatened you with a knife or other weapon?	<div>1</div>	<div>2</div>	<div>3</div>
D47. Have you ever used a knife or other weapon on your husband/partner?	<div>1</div>	<div>2</div>	<div>3</div>
D48. Has your husband/partner ever used a knife or other weapon on you?	<div>1</div>	<div>2</div>	<div>3</div>

## SECTION E: EDUCATION AND OCCUPATION

E1. What educational qualifications do you, your husband or partner, your mother, and your father have? Please tick all that apply. **(By husband or partner we mean your current live-in husband or partner).**

	(i) Your self	(ii) Your husband/ partner	(iii) Your mother*	(iv) Your father*
a) CSE or GCSE (D, E, F or G)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) O-level or GCSE (A, B, or C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) A-level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Qualifications in shorthand/ typing/or other skills, e.g. hairdressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Apprenticeship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) State enrolled nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) State registered nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) City & Guilds intermediate technical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) City & Guilds final technical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) City & Guilds full technical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Teaching qualification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) University degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) No qualifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Qualifications not known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Not applicable, no such person		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Other (Please tick & describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(\* by this we mean the mother figure or father figure who was mostly responsible for bringing you up)

E2. What is the present employment situation of yourself and your current live-in husband or partner? Please tick all that apply.

	(i) Yourself	(ii) Your husband or partner	No live-in husband/ partner
a) Working for an employer full-time (more than 30 hours a week)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Working for an employer part-time (one hour or more a week)	<input type="checkbox"/>	<input type="checkbox"/>	
c) Self-employed, employing other people	<input type="checkbox"/>	<input type="checkbox"/>	
d) Self-employed, not employing other people	<input type="checkbox"/>	<input type="checkbox"/>	
e) On a government employment or training scheme	<input type="checkbox"/>	<input type="checkbox"/>	
f) Waiting to start a job already accepted	<input type="checkbox"/>	<input type="checkbox"/>	
g) Unemployed and looking for a job	<input type="checkbox"/>	<input type="checkbox"/>	
h) At school or in other full-time education	<input type="checkbox"/>	<input type="checkbox"/>	
i) Unable to work because of long-term sickness or disability	<input type="checkbox"/>	<input type="checkbox"/>	
j) Retired from paid work	<input type="checkbox"/>	<input type="checkbox"/>	
k) Looking after the home or family	<input type="checkbox"/>	<input type="checkbox"/>	
l) Carrying out voluntary work	<input type="checkbox"/>	<input type="checkbox"/>	
m) Other (please tick & describe)	<input type="checkbox"/>	<input type="checkbox"/>	

.....

E3. To recap, are you in a paid job at the moment?

Yes  No  → If **no**, go to E4 on page 23

If **yes**,

These questions are about your present job  
(If you have more than one job, answer for the main job)

	Yes usually	Yes sometimes	No ↓
a) Can you decide yourself when to have a holiday?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b) Can you decide what you do at work?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c) Can you decide the order in which you do your different tasks at work?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
d) Can you decide when to take a break?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
e) Is your work monotonous?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
f) Do you have scope for on-the-job development?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
g) Does the job fit well with your educational background and/or experience?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
h) Do you have to work at a fast pace?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

### Your present job (or last main job(s))

E4. As far as you can, please describe the actual job, occupation, trade or profession. (Use precise terms such as shoe shop supervisor, hotel receptionist, primary school teacher, medical secretary, van driver. If the occupation is known by a special name, please use that name. If in H.M. forces, give the rank in addition to the actual job. Please also describe the type of industry or service given: i.e. Give details of what is made, materials used, or services given).

- a) Actual job, occupation, trade or profession

.....

- b) Type of industry or service given (main things done in job)

.....

- c) Hours worked in a normal week: 

--	--

- d) How long have you had this job?

less than 1 year 

1
---

1-2 years 

2
---

3 years or more 

3
---

- e) Have you been promoted since starting this job?

Yes 

1
---

 No 

2
---

- f) How much paid holiday are you allowed?

--	--

 days per year (don't count Bank Holidays)

- g) Please tick which of the following currently apply to you:

foreman 

1
---

manager 

2
---

supervisor 

3
---

leading hand 

4
---

self-employed 

5
---

none of these 

6
---

E4. h) Are you in contact with particular fumes or chemicals in your job?

always 1 often 2 sometimes 3  
rarely 4 never 5 don't know 9

Please describe the fumes or chemicals .....  
.....

**Your live-in husband or partner** - present job (or last main job(s).)

E5. a) Do you currently have a live-in husband/partner?

Yes 1 No 2 ← **If no, go to E6 on page 25**

b) **If yes**, what is/was his actual job, occupation, trade or profession?

.....

c) Type of industry of service given (main things done in job):

.....

d) Hours worked in a normal week:  hours

e) How long has he had this job?

less than 1 year 1  
1-2 years 2  
3 years or more 3

f) Has he been promoted since starting this job?

Yes 1 No 2



E5. g) How much paid holiday is he allowed?

--	--

days per year (don't count Bank Holidays)

h) Please tick which of the following apply to him:

foreman	<input type="checkbox"/>
manager	<input type="checkbox"/>
supervisor	<input type="checkbox"/>
leading hand	<input type="checkbox"/>
self-employed	<input type="checkbox"/>
none of these	<input type="checkbox"/>

i) Is he in contact with particular fumes or chemicals in his job?

always	<input type="checkbox"/>	often	<input type="checkbox"/>	sometimes	<input type="checkbox"/>
rarely	<input type="checkbox"/>	never	<input type="checkbox"/>	don't know	<input type="checkbox"/>

If **yes**, please describe: .....

.....

E6. Do you think you have been unfairly treated in the last 12 months because of:

	Yes often	Yes sometimes	No not at all
a) Your sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Your skin colour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) The way you dress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Your family background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) The way you speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Your religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Other (please tick & describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

.....

E7. How would you describe the race or ethnic group of yourself, your live-in husband or partner and your natural parents?

	(i) Yourself	(ii) Husband/ partner	(iii) Your mother	(iv) Your father
white	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
black/Caribbean	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
black/African	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
black/other (please describe below)	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
Indian	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
Pakistani	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
Bangladeshi	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
Chinese	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
any other ethnic group (please tick & describe)	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09

.....

## **SECTION F: LIFESTYLE**

F1. a) Have you ever been a smoker?

Yes  No  → If **no**, go to F2 on page 28

If **yes**,

b) At what age did you start smoking regularly?

years

c) Which of the following have you ever smoked regularly?

	Yes	No
i) cigarettes	<input type="text" value="1"/>	<input type="text" value="2"/>
ii) pipe	<input type="text" value="1"/>	<input type="text" value="2"/>
iii) cigar	<input type="text" value="1"/>	<input type="text" value="2"/>
iv) other	<input type="text" value="1"/>	<input type="text" value="2"/>

d) Have you now stopped smoking?

Yes  No  → If **no**, go to (e) below

If **yes**, how long ago?

years   months

e) Have you smoked regularly in the last 2 weeks?

No  Yes, cigarettes  Yes, cigars  Yes, pipe   
 Yes, other  (please describe) .....

f) How many times per day have you smoked in the last 2 weeks?

30+ <input type="text" value="30"/>	25-29 <input type="text" value="25"/>	20-24 <input type="text" value="20"/>	15-19 <input type="text" value="15"/>
10-14 <input type="text" value="10"/>	5-9 <input type="text" value="05"/>	1-4 <input type="text" value="01"/>	0 <input type="text" value="00"/>

F1. g) What brand of cigarette/tobacco do you smoke?

i) brand .....

ii) type:      filtered 1      unfiltered 2      roll-your-own 3  
                  pipe/cigar 4

F2. a) Is/was your mother a smoker?

Yes 1      No 2      Don't know 3

**If yes,**

i) Did she smoke when she was expecting you?

Yes 1      No 2      Don't know 3

b) Is/was your father a smoker?

Yes 1      No 2      Don't know 3

F3. a) Does your live-in husband or partner smoke?

Don't have a husband/partner	<input type="text"/> 1	<div style="display: inline-block; vertical-align: middle; text-align: center;"> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 auto;"></div> <div style="font-size: 12px; margin: 0 auto;">→</div> </div> <b>If <u>no</u>, or <u>don't have</u> a husband or partner, go to F4 on page 29</b>
No	<input type="text"/> 2	
Yes, cigarettes	<input type="text"/> 3	
Yes, cigars	<input type="text"/> 4	
Yes, pipe	<input type="text"/> 5	
Yes, other (please describe)	<input type="text"/> 6 .....	

**If yes,**

b) About how many times per day does your husband or partner smoke at the moment?

30+	<input type="text"/> 30	25-29	<input type="text"/> 25	20-24	<input type="text"/> 20	15-19	<input type="text"/> 15
10-14	<input type="text"/> 10	5-9	<input type="text"/> 05	1-4	<input type="text"/> 01	0	<input type="text"/> 00

F3. c) What brand and type of cigarette/tobacco does he usually smoke?

i) brand .....

ii)	type:	filtered	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">1</div>	unfiltered	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">2</div>
		roll-your-own	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">3</div>	pipe/cigar	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">4</div>

d) At what age did he start smoking? 

--	--

 years don't know 

99
----

F4. a) Apart from yourself and your husband or partner, are there any other members of your household who smoke?

Yes ☐ 1      No ☐ 2

b)	If <u>yes</u> , how many?		
----	---------------------------	--	--

F5. Have you ever actually made yourself sick (vomit) because you wanted to lose weight or because you had eaten too much?

Yes, in past year ☐ <sub>1</sub>      Yes, but not in past year ☐ <sub>2</sub>      No, never ☐ <sub>3</sub>

F6. Have you ever taken laxatives because you wanted to lose weight or because you had eaten too much?

Yes, in  past year      Yes, but not  in past year      No, never

F7. a) Are you, or have you ever been a vegetarian?

Yes, I am now ☐ <sub>1</sub>      Yes, in past not now ☐ <sub>2</sub>      No, never ☐ <sub>3</sub>

**If yes,**

i) For how many years of your life have you been/were you a vegetarian?

		years (If less than one year put 00)
--	--	--------------------------------------

F7. b) Are you, or have you ever been, a vegan (i.e. do/did not eat meat, poultry, fish, eggs, butter, milk or cheese)?

yes, I am now       yes, in past not now       no, never

If **yes** now,

i) For how many years of your life have you been/were you vegan?

years (If less than one year put 00)

F8. Which of the following statements describes best the way in which you travel nowadays?

usually walk everywhere       cycle mostly   
usually get in a car       mostly use public transport

F9. How much do you do of the following in a normal week?

	More than 6 hours per week	2-6 hours per week	Less than two hours per week	Never ↓
a) jogging	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b) aerobics	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c) keep-fit exercises	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
d) yoga	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
e) squash	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
f) tennis/badminton	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
g) swimming	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
h) brisk walking	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
i) weight training	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
j) cycling	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
k) other exercise	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

(please tick & describe)

.....

## **SECTION G: YOUR FEELINGS**

G1. Below are a number of statements which you may use to describe yourself. Please indicate if you think these apply to you. Each statement applies to how you feel **nowadays**.

<b>Nowadays:</b>	<b>Doesn't apply</b>	<b>Applies a bit</b>	<b>Moderately applies</b>	<b>Certainly applies</b>
a) I feel calm	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b) I feel secure	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c) I feel tense	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
d) I feel strained	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
e) I feel at ease	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
f) I feel upset	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
g) I am presently worrying over possible misfortunes	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
h) I feel satisfied	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
i) I feel frightened	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
j) I feel comfortable	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
k) I feel self-confident	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
l) I feel nervous	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
m) I am jittery	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
n) I feel indecisive	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
o) I am relaxed	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
p) I feel content	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
q) I am worried	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
r) I feel confused	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
s) I feel steady	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
t) I feel pleasant	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

G2. Below are a number of statements which you may use to describe yourself. Please indicate if you think these apply to you. Each statement applies to how you **generally** feel.

Generally:	Doesn't apply	Applies a bit	Moderately applies	Certainly applies
a) I feel pleasant	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b) I tire quickly	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c) I feel like crying	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
d) I wish I could be as happy as others seem to be	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
e) I am losing out on things because I can't make up my mind soon enough	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
f) I feel rested	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
g) I am 'calm, cool and collected'	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
h) I feel that difficulties are piling up so that I cannot overcome them	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
i) I worry too much over something that doesn't really matter	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
j) I am happy	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
k) I am inclined to take things hard	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
l) I lack self-confidence	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
m) I feel secure	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
n) I try to avoid facing a crisis or difficulty	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
o) I feel blue	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
p) I am content	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>



G2 cont. Generally:	Doesn't apply	Applies a bit	Moderately applies	Certainly applies
q) Some unimportant thought runs through my mind and bothers me	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
r) I take disappointments so keenly that I can't put them out of my mind	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
s) I am a steady person	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
t) I become tense and upset when I think about my present concerns	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

### Your feelings in the past week:

G3. I have been able to laugh and see the funny side of things:

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

G4. I have looked forward with enjoyment to things:

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

**In the past week:**

G5. I have blamed myself unnecessarily when things went wrong:

Yes, most of the time	<div>1</div>
Yes, some of the time	<div>2</div>
Not very often	<div>3</div>
Never	<div>4</div>

G6. I have been anxious or worried for no good reason:

No, not at all	<div>1</div>
Hardly ever	<div>2</div>
Yes, sometimes	<div>3</div>
Yes, often	<div>4</div>

G7. I have felt scared or panicky for no very good reason :

Yes, quite a lot	<div>1</div>
Yes, sometimes	<div>2</div>
No, not much	<div>3</div>
No, not at all	<div>4</div>

G8. Things have been getting on top of me:

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

**In the past week:**

G9. I have been so unhappy that I have had difficulty sleeping:

Yes, most of the time	<div>1</div>
Yes, sometimes	<div>2</div>
Not very often	<div>3</div>
No, not at all	<div>4</div>

G10. I have felt sad or miserable:

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

G11. I have been so unhappy that I have been crying :

Yes, most of the time	<div>1</div>
Yes, quite often	<div>2</div>
Only occasionally	<div>3</div>
Never	<div>4</div>

G12. The thought of harming myself has occurred to me :

Yes, quite often	<div>1</div>
Sometimes	<div>2</div>
Hardly ever	<div>3</div>
Never	<div>4</div>

## **SECTION H: YOUR DIET**

H1. 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”).

		<b>Never or rarely</b>	<b>Once in 2 weeks</b>	<b>1-3 times a week</b>	<b>4-7 times a week</b>	<b>More than 7 times a week</b>
a)	Oat cereals (e.g. porridge Ready Brek, muesli)	<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)	Wholegrain or bran cereals (e.g. All Bran, Bran Flakes, Weetabix, Wheatflakes, Fruit & Fibre, Shredded Wheat)	<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)	Other cereals (e.g. Cornflakes Rice Krispies, Special K, Frosties)	<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)	Sausages, Burgers	<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)	Meat Pies, Pasties (pork pie, steak/meat pie, Cornish pastie 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"/>
f)	Vegetarian Pies, Pasties (cheese and onion pasty, vegetable samosa, onion bhaji, vegetable grills 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"/>
g)	Ham, bacon, paté and cold meats (e.g. salami, luncheon meat, garlic sausage 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"/>
h)	Beef: roast, stews, mince 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"/>
i)	Lamb or pork: roast, chops, stews 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"/>
j)	Liver, kidney, heart and other offal	<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"/>

		Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than 7 times a week
H1.						
k)	Chicken/Turkey in crispy coating (e.g. chicken nuggets, turkey burgers, chicken fingers etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
l)	Poultry: roast, baked or stewed (chicken, turkey etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
m)	Shellfish (prawns, scampi, crab, cockles, mussels etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
n)	White fish in breadcrumbs or batter (e.g. fishfingers, chip shop fish, breaded cod, plaice or haddock).	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
o)	White fish without coating (e.g. grilled fish, cod in parsley sauce etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
p)	Tuna	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
q)	Other fish (pilchards, sardines, mackerel, herrings, kippers, trout, salmon etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
r)	Eggs, quiche/flans, omelettes etc.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
s)	Cheese	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
t)	Pizza	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
u)	Oven chips	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
v)	Fried chips, potato waffles and croquettes, Alphabites etc.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
w)	Roast potatoes (cooked in fat or oil)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

		<b>Never or rarely</b>	<b>Once in 2 weeks</b>	<b>1-3 times a week</b>	<b>4-7 times a week</b>	<b>More than 7 times a week</b>
H1.						
x)	Boiled, mashed, jacket potatoes	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
y)	Rice (boiled, or fried, not rice pudding)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
z)	Canned pasta (e.g. spaghetti rings, ravioli, macaroni cheese etc.) Pot Noodles, Super Noodles etc.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
za)	Boiled pasta (e.g. spaghetti fusilli, lasagne), bulgar wheat or cous-cous	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

H2. Do you eat the fat on meat?

yes, all of it	<div>1</div>
yes, some of it	<div>2</div>
no	<div>3</div>
never eat meat	<div>4</div>

H3. How many times nowadays do you eat;

		<b>Never or rarely</b>	<b>Once in 2 weeks</b>	<b>1-3 times a week</b>	<b>4-7 times a week</b>	<b>More than 7 times a week</b>
a)	Baked beans	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
b)	Peas, broad beans	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
c)	Sweetcorn	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
d)	Cabbage, brussel sprouts spinach, broccoli and other dark green leafy vegetables	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

H3. How many times nowadays do you eat;

		<b>Never or rarely</b>	<b>Once in 2 weeks</b>	<b>1-3 times a week</b>	<b>4-7 times a week</b>	<b>More than 7 times a week</b>
e)	Other green vegetables (cauliflower, runner beans, leeks, courgettes etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
f)	Carrots	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
g)	Other root vegetables (turnip, swede, parsnip etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
h)	Tomatoes (cooked or raw)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
i)	Salads or raw vegetables	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
j)	Pulses - dried peas, beans, lentils, chick peas etc.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
k)	Soya 'Meat', TVP, Soya-type Vegeburgers, Bean Curd (Tofu, Miso etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
l)	Peanuts (salted or roast, peanut butter)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
m)	Other nuts (e.g. almonds, cashews), and nut roast etc.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
n)	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>
o)	Other fresh fruit (e.g. apple, banana, pear, bunch of grapes, peach)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
p)	Canned fruit	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
q)	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>
r)	Ice cream, choc ice, chocolate ice cream bar etc.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

		<b>Never or rarely</b>	<b>Once in 2 weeks</b>	<b>1-3 times a week</b>	<b>4-7 times a week</b>	<b>More than 7 times a week</b>
H3.						
s)	Pudding (e.g. fruit pie crumble, cheesecake, gateaux)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
t)	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>
u)	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>
v)	Crispbreads (Ryvita, crackerbread etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
w)	Full-coated chocolate biscuits (e.g. Club, Kit Kat, Penguin, Breakaway etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
x)	Other biscuits e.g. rich tea, shortcakes, digestive and chocolate digestive, Hob Nobs	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
y)	Chocolate (dairy milk or plain nut, fruit, filled etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
z)	Sweets (peppermints, boiled sweets, toffees etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
za)	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>



H4. How many times a week nowadays do you drink:

		<b>Never or rarely</b>	<b>Once in 2 weeks</b>	<b>1-3 times a week</b>	<b>4-7 times a week</b>	<b>More than 7 times a week</b>
a)	Fruit juice from a carton, tin or freshly squeezed including tomato juice	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
b)	Squash, fruit drinks or Ribena	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
c)	Cola drinks (e.g. Coca Cola, Pepsi etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
d)	Other fizzy drinks (e.g. lemonade)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
e)	Bottled water	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
f)	Water from tap	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
g)	Milk on its own	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
h)	Flavoured milk drinks (e.g. Horlicks, Ovaltine, milkshakes) or yoghurt drinks	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

H5. When you have a soft drink (e.g. lemonade, cola or squash) how often do you choose low calorie or diet soft drinks?

always	<div>1</div>
sometimes	<div>2</div>
not at all	<div>3</div>
don't drink soft drinks	<div>4</div>

H6. 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"/>

H7. 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
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

H8. What type of bread do you eat?

	Yes, usually	Yes, sometimes	No, not at all
a) White bread	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b) Soft grain white bread (e.g. Mighty White)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c) Brown/granary bread	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
d) Wholemeal bread	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
e) Chappatis or pitta bread	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
f) Naan bread	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

H9. What sort of fat do you mainly use?

		(i) On bread or vegetables		(ii) For frying	
		Yes	No	Yes	No
a)	Butter, ghee, dripping, lard, solid cooking fat	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
b)	Polyunsaturated margarine e.g. Flora, sunflower margarine, Vitalite, I-Can't-Believe-its-Not-Butter	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
c)	Hard or soft margarine e.g. Blue Band, Stork, Clover, supermarket own brand	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
d)	Low fat spread e.g. Delight, St Ivel Gold, Flora Xtra Light	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
e)	Olive oil or monounsaturated spread e.g. Olivio, Olive Gold, Mono	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
f)	Sunflower oil, corn oil, soya oil	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
g)	Olive oil, hazelnut oil, rapeseed oil	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
h)	Other vegetable oil	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
i)	Other (please tick & describe)	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
		.....		.....	

H10. How many slices of bread (or rolls) spread with fat do you eat each day? (include shop bought sandwiches)

--	--

H11. What types of milk do you use?

	Yes, usually	Yes, sometimes	No, not at all
a) Full fat (e.g. silver or gold top)	<div>1</div>	<div>2</div>	<div>3</div>
b) Semi-skimmed (e.g. red stripe)	<div>1</div>	<div>2</div>	<div>3</div>
c) Skimmed (e.g. blue stripe)	<div>1</div>	<div>2</div>	<div>3</div>
d) Dried Milk (e.g. Marvel)	<div>1</div>	<div>2</div>	<div>3</div>
e) Goat/sheep milk	<div>1</div>	<div>2</div>	<div>3</div>
f) Soya milk	<div>1</div>	<div>2</div>	<div>3</div>
g) Other (please tick and describe)	<div>1</div>	<div>2</div>	<div>3</div>

.....

H12. Is this milk usually:

Pasteurised	UHT	Sterilised	other (please describe)
<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div> .....

H13. 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?

--	--

H14. 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?

--	--

H15. a) Do you drink herbal teas at all?

Yes, often

Yes occasionally

No, not at all

— If no, go to  
H16 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:

.....

H16. Do you buy organic foods?

**Yes,  
usually  
organic**

**Yes  
sometimes  
organic**

**No,  
never  
organic**

a) Fruit

b) Vegetables

c) Meat

d) Other (please tick  
and describe)

.....

H17. 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:

.....

H18. Are you at present on any kind of special diet?

Yes

No

If **yes**, please describe below:

.....

H19. 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	Fri.	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)							
(vi)	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 H20 below**

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

More  Less

H20. For your main meal of the day how often do you eat take-away foods or have meals out?

Never or rarely	<input type="text" value="1"/>
1-3 times a month	<input type="text" value="2"/>
1-2 times a week	<input type="text" value="3"/>
3-4 times a week	<input type="text" value="4"/>
5-7 times a week	<input type="text" value="5"/>

H21. 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	<div>1</div>
1-3 times a month	<div>2</div>
1-2 times a week	<div>3</div>
3-4 times a week	<div>4</div>
5-7 times a week	<div>5</div>

**SECTION J: YOUR HOUSEHOLD**

J1. 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; margin: 0 auto;"><div style="position: relative; height: 100%;"><div style="position: absolute; bottom: 0; left: 0; right: 0; height: 5px; background-color: black;"></div></div></table> |
| ii) your husband/partner                      | <table border="1" style="width: 40px; height: 30px; margin: 0 auto;"><div style="position: relative; height: 100%;"><div style="position: absolute; bottom: 0; left: 0; right: 0; height: 5px; background-color: black;"></div></div></table> |
| iii) your parent(s)                           | <table border="1" style="width: 40px; height: 30px; margin: 0 auto;"><div style="position: relative; height: 100%;"><div style="position: absolute; bottom: 0; left: 0; right: 0; height: 5px; background-color: black;"></div></div></table> |
| iv) your husband's/partner's parent(s)        | <table border="1" style="width: 40px; height: 30px; margin: 0 auto;"><div style="position: relative; height: 100%;"><div style="position: absolute; bottom: 0; left: 0; right: 0; height: 5px; background-color: black;"></div></div></table> |
| v) other relation(s) of yourself              | <table border="1" style="width: 40px; height: 30px; margin: 0 auto;"><div style="position: relative; height: 100%;"><div style="position: absolute; bottom: 0; left: 0; right: 0; height: 5px; background-color: black;"></div></div></table> |
| vi) other relation(s) of your husband/partner | <table border="1" style="width: 40px; height: 30px; margin: 0 auto;"><div style="position: relative; height: 100%;"><div style="position: absolute; bottom: 0; left: 0; right: 0; height: 5px; background-color: black;"></div></div></table> |
| vii) friend(s)                                | <table border="1" style="width: 40px; height: 30px; margin: 0 auto;"><div style="position: relative; height: 100%;"><div style="position: absolute; bottom: 0; left: 0; right: 0; height: 5px; background-color: black;"></div></div></table> |
| viii) lodger                                  | <table border="1" style="width: 40px; height: 30px; margin: 0 auto;"><div style="position: relative; height: 100%;"><div style="position: absolute; bottom: 0; left: 0; right: 0; height: 5px; background-color: black;"></div></div></table> |
| ix) other (please tick and describe)          | <table border="1" style="width: 40px; height: 30px; margin: 0 auto;"><div style="position: relative; height: 100%;"><div style="position: absolute; bottom: 0; left: 0; right: 0; height: 5px; background-color: black;"></div></div></table> |

.....

J2. a) Do you have a rule that smoking never happens in particular rooms?

- no smoking in house at all 

--
- smoking only allowed in some rooms 

--
- smoking allowed anywhere 

--

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

--	--



J3. 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?

day

month

year

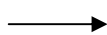



J4. a) Does the biological (natural) father of the 8 year old study child live with the study child?

No

1

Yes

2


If yes, go to J4c on page 50

If no,

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

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

1

less than once a month

2

about once a month

3

about once a fortnight

4

once or twice a week

5

nearly every day

6

child's father  
is dead

7


Go to J4c  
on page 50

J4. b) iii) Does he help support the child financially ?

yes, on a regular basis	<div style="border: 1px solid black; width: 40px; height: 25px; display: flex; align-items: center; justify-content: center;">1</div>
yes, occasionally	<div style="border: 1px solid black; width: 40px; height: 25px; display: flex; align-items: center; justify-content: center;">2</div>
no	<div style="border: 1px solid black; width: 40px; height: 25px; display: flex; align-items: center; justify-content: center;">3</div>

c) Does the biological (natural) mother of the 8 year old study child live with the study child?

No 

1

 Yes 

2

 —————> **If yes, go to J5 on page 51**

**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	<div style="border: 1px solid black; width: 40px; height: 25px; display: flex; align-items: center; justify-content: center;">1</div>
less than once a month	<div style="border: 1px solid black; width: 40px; height: 25px; display: flex; align-items: center; justify-content: center;">2</div>
about once a month	<div style="border: 1px solid black; width: 40px; height: 25px; display: flex; align-items: center; justify-content: center;">3</div>
about once a fortnight	<div style="border: 1px solid black; width: 40px; height: 25px; display: flex; align-items: center; justify-content: center;">4</div>
once or twice a week	<div style="border: 1px solid black; width: 40px; height: 25px; display: flex; align-items: center; justify-content: center;">5</div>
nearly every day	<div style="border: 1px solid black; width: 40px; height: 25px; display: flex; align-items: center; justify-content: center;">6</div>

child's mother  
is dead

7

↓  
**Go to J5  
on page 51**

iii) Does she help support the child financially ?

yes, on a regular basis	<div style="border: 1px solid black; width: 40px; height: 25px; display: flex; align-items: center; justify-content: center;">1</div>
yes, occasionally	<div style="border: 1px solid black; width: 40px; height: 25px; display: flex; align-items: center; justify-content: center;">2</div>
no	<div style="border: 1px solid black; width: 40px; height: 25px; display: flex; align-items: center; justify-content: center;">3</div>

To make the questions less complicated, for the rest of this section, for **partner** we mean **husband or partner**.

J5. Please indicate how many of the children living with you have:

	Number of children
a) you and your partner as their natural parents	<div><div></div><div></div></div>
b) you as their natural mother (but their natural father is not present)	<div><div></div><div></div></div>
c) your partner as the natural father (but you are not their natural mother)	<div><div></div><div></div></div>
d) neither you nor your partner as natural parents (please describe whether you have adopted, fostered etc.)	<div><div></div><div></div></div>
.....	

J6. 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><div>1</div><div></div></div>	<div><div>2</div><div></div></div> →	<div><div></div><div></div></div>
b) Children of myself but not my partner	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div> →	<div><div></div><div></div></div>
c) Children of me and my partner	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div> →	<div><div></div><div></div></div>

J7. 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 J8 on page 52**

If **yes**, please describe:

**Nature of condition(s)**

**Person(s) involved**

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

.....	.....
.....	.....
.....	.....
.....	.....

J8. a) Do you have any pets?

Yes

No

→ If no, go to J9 below

If yes,

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

	Number
i) cats	<input type="text"/> <input type="text"/>
ii) dogs.	<input type="text"/> <input type="text"/>
iii) rabbits	<input type="text"/> <input type="text"/>
iv) rodents (mice, hamster, gerbil etc.)	<input type="text"/> <input type="text"/>
v) birds (budgerigar, parrot, etc.)	<input type="text"/> <input type="text"/>
vi) fish	<input type="text"/> <input type="text"/>
vii) turtles/tortoises/terrapi	<input type="text"/> <input type="text"/>
viii) other pets (please say how many and describe)	<input type="text"/> <input type="text"/> .....

J9. a) On average, about how much is the take home family income each week (include social benefits etc.)?

less than £100	<input type="text" value="1"/>	£100 - £199	<input type="text" value="2"/>	£200 - £299	<input type="text" value="3"/>
£300 - £399	<input type="text" value="4"/>	£400 or more	<input type="text" value="5"/>	don't know	<input type="text" value="9"/>

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

nothing	<input type="text" value="1"/>	less than £20	<input type="text" value="2"/>	£20 - £39	<input type="text" value="3"/>	£40 - £59	<input type="text" value="4"/>
£60 - £79	<input type="text" value="5"/>	£80 - £99	<input type="text" value="6"/>	£100 or more	<input type="text" value="7"/>	don't know	<input type="text" value="9"/>

J9. 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 - £79	<input type="text"/>	£80 or more	<input type="text"/>	don't know	<input type="text"/>
	5		6		7		9

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

nothing	<input type="text"/>	less than £20	<input type="text"/>	£20 - £39	<input type="text"/>	£40 - £59	<input type="text"/>
	1		2		3		4
£60 - £79	<input type="text"/>	£80 - £99	<input type="text"/>	£100 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  No

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

Yes  No

#### J10. The other children in the household:

How many brothers and sisters does your 8 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, not including a twin of the study child	<input type="text"/>	<input type="text"/>
b) same age (e.g. twin of the study child)	<input type="text"/>	<input type="text"/>
c) older, not including a twin of the study child	<input type="text"/>	<input type="text"/>

(If no older brothers or sisters please put 00s and go to J19 on page 61)

J10. d) For all these **older** children, please give child's first name, age and sex (oldest child first):

Name	Age	Boy	Girl
.....	.....	<div>1</div>	<div>2</div>
.....	.....	<div>1</div>	<div>2</div>
.....	.....	<div>1</div>	<div>2</div>
.....	.....	<div>1</div>	<div>2</div>
.....	.....	<div>1</div>	<div>2</div>

e) Which of these older children is the nearest in age to your 8 year old study child?

..... (name) (If this **older child is a pair of older twins**, put the name of the oldest/first born)

J11. We would like to ask about the way your 8 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 8 year old study child react in the following way:

My 8 year old:	Frequently	Sometimes	Rarely or never	
a) Likes to be with this older child	<div>1</div>	<div>2</div>	<div>3</div>	
b) Quarrels with this older child	<div>1</div>	<div>2</div>	<div>3</div>	
c) Is upset if parted from this older child	<div>1</div>	<div>2</div>	<div>3</div>	
d) Is unhappy/jealous if you do things just with this older child	<div>1</div>	<div>2</div>	<div>3</div>	
e) Wants to play with this older child	<div>1</div>	<div>2</div>	<div>3</div>	
f) Is not much interested in this older child	<div>1</div>	<div>2</div>	<div>3</div>	<b>No partner</b>
g) Is unhappy/jealous if your partner does things just with this older child	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
h) Misses this older child when not there	<div>1</div>	<div>2</div>	<div>3</div>	
i) Has a lot of fun with this older child	<div>1</div>	<div>2</div>	<div>3</div>	
j) Teases/needles this older child	<div>1</div>	<div>2</div>	<div>3</div>	

J12. Now some questions about how often this older child reacts to the study child.

<b>This older child:</b>	<b>Frequently</b>	<b>Sometimes</b>	<b>Rarely or never</b>	
a) Likes to be with the study child	<div>1</div>	<div>2</div>	<div>3</div>	
b) Quarrels with the study child	<div>1</div>	<div>2</div>	<div>3</div>	
c) Is upset if parted from the study child	<div>1</div>	<div>2</div>	<div>3</div>	
d) Is unhappy/jealous if you do things just with the study child	<div>1</div>	<div>2</div>	<div>3</div>	
e) Wants to play with the study child	<div>1</div>	<div>2</div>	<div>3</div>	
f) Is not much interested in the study child	<div>1</div>	<div>2</div>	<div>3</div>	
g) Is unhappy/jealous if your partner does things just with the study child	<div>1</div>	<div>2</div>	<div>3</div>	<div>No partner</div>
h) Misses the 8 year old study child when not there	<div>1</div>	<div>2</div>	<div>3</div>	
i) Has a lot of fun with the 8 year old study child	<div>1</div>	<div>2</div>	<div>3</div>	
j) Teases/needles the study child	<div>1</div>	<div>2</div>	<div>3</div>	

J13. The following statements apply to some children. Think about this older child's behaviour over the last six months.

<b>This older child:</b>	<b>Doesn't apply</b>	<b>Applies somewhat</b>	<b>Certainly applies</b>
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>

J13. 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>
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>



J14. a) Does this older child live all or most of the time in your household?

No

Yes  —————> **If yes, go to J15a below**

**If no,**

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

days

J15. a) Does this older child have both you and your partner as his/her natural (biological) parents?

No

have no partner

Yes  —————> **If yes, go to J17 on page 59**

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

Does this older child have (please tick):

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



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

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



answer (d) and (e)  
on next page

neither of his/her natural parents is present



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

less than once a month

once a year or less

never

don't know

natural father is dead

J15. d) How often do you or your partner talk to this older child's natural mother about the child?

once a month or more	<input type="text" value="1"/>	<input type="text" value="7"/> natural mother is dead
less than once a month	<input type="text" value="2"/>	
once a year or less	<input type="text" value="3"/>	
never	<input type="text" value="4"/>	
don't know	<input type="text" value="9"/>	

e) What are your relations with this older child's other parent(s)? Please reply only for the absent natural parent(s).

	(i) natural mother	(ii) natural father
generally warm and friendly	<input type="text" value="1"/>	<input type="text" value="1"/>
sometimes friendly	<input type="text" value="2"/>	<input type="text" value="2"/>
polite	<input type="text" value="3"/>	<input type="text" value="3"/>
distant	<input type="text" value="4"/>	<input type="text" value="4"/>
usually unfriendly	<input type="text" value="5"/>	<input type="text" value="5"/>
no relationship	<input type="text" value="6"/>	<input type="text" value="6"/>
parent dead	<input type="text" value="7"/>	<input type="text" value="7"/>

f) How many days a month (on average) does this older child see his/her natural parent(s)?  
(Answer only for absent natural parent[s])

(i) natural mother	<input type="text" value=""/>	<input type="text" value=""/>	days	(ii) natural father	<input type="text" value=""/>	<input type="text" value=""/>	days
(iii) both natural parents dead	<input type="text" value="7"/>	→ go to J17 on page 59					

### This older child and the other natural parent(s)

- J16. Below are some statements about the older child's relationships with his/her natural parent(s). Please indicate how you think these apply in your situation. (If the relevant natural parent is dead **go on to J17 below**)

	(i) Natural mother			(ii) Natural father		
	Yes ↓	No ↓	Can't say	Yes ↓	No ↓	Can't say
a) The natural parent really loves this child	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
b) The natural parent often gets very irritated with this child	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
c) The natural parent dislikes the mess and noise that surrounds this child	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
d) This older child makes the natural parent pretty happy	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
e) The natural parent has frequent battles of will with this child	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
f) This older child is very affectionate to the natural parent	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
g) This older child gets on the natural parent's nerves	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
h) The natural parent seems to feel very close to this child	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>

### This older child and your partner:

- J17. Below are some statements about your live-in 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	1 <input type="text"/>	2 <input type="text"/>	7 <input type="text"/> → <b>go to J18 on page 60</b>
b) My partner often gets very irritated with this child	1 <input type="text"/>	2 <input type="text"/>	
c) My partner dislikes the mess and noise that surrounds this child	1 <input type="text"/>	2 <input type="text"/>	

	Yes	No
J17. 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:**

J18. 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>
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>

**J19. Now we are coming back to your 8 year old study child:**

The following statements apply to some children. Think about your **study child's** behaviour over the last six months. **If your study child is a twin, answer for the older/first born.**

<b>The study child:</b>	<b>Doesn't apply</b>	<b>Applies somewhat</b>	<b>Certainly applies</b>
a) Has been considerate of other people's feelings	<div>1</div>	<div>2</div>	<div>3</div>
b) Has been restless, overactive, cannot stay still for long	<div>1</div>	<div>2</div>	<div>3</div>
c) Has often complained of headaches, stomach-aches or sickness	<div>1</div>	<div>2</div>	<div>3</div>
d) Has shared readily with other children (treats, toys, pencils etc.)	<div>1</div>	<div>2</div>	<div>3</div>
e) Has often had 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>
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>

J19.

<b>The study child:</b>	<b>Doesn't apply</b>	<b>Applies somewhat</b>	<b>Certainly applies</b>
s) Is picked on or bullied by other children	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
t) Often volunteers to help others (parents, teachers, other children)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
u) Thinks things out before acting	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
v) Steals from home, school or elsewhere	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
w) Gets on better with adults than with other children	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
x) Has many fears, is easily scared	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
y) Sees tasks through to the end, has good attention span	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>

**You and your study child:**

J20. Below are some statements about relationships with children. Please indicate how you think these apply in your situation. (As before if your study child is a twin, answer for the first born).

<b>Your 8 year old study child:</b>	<b>Yes</b>	<b>No</b>
a) I really love this child	1 <input type="text"/>	2 <input type="text"/>
b) I often get very irritated with this child	1 <input type="text"/>	2 <input type="text"/>
c) I dislike the mess and noise that surrounds this child	1 <input type="text"/>	2 <input type="text"/>
d) This child makes me pretty happy	1 <input type="text"/>	2 <input type="text"/>
e) I have frequent battles of will with this child	1 <input type="text"/>	2 <input type="text"/>
f) This child is very affectionate to me	1 <input type="text"/>	2 <input type="text"/>
g) This child gets on my nerves	1 <input type="text"/>	2 <input type="text"/>
h) I feel very close to this child	1 <input type="text"/>	2 <input type="text"/>

**Your partner and your study child:**

J21. Below are some statements about your partner's relationships with children.  
Please indicate how you think these apply in your situation.

<b>The 8 year old study child:</b>	<b>Yes</b>	<b>No</b>	<b>Have no partner</b>
a) My partner really loves this child	<div>1<div></div></div>	<div>2<div></div></div>	<div>7<div></div></div>
b) My partner often gets very irritated with this child	<div>1<div></div></div>	<div>2<div></div></div>	
c) My partner dislikes the mess and noise that surrounds this child	<div>1<div></div></div>	<div>2<div></div></div>	
d) This child makes my partner pretty happy	<div>1<div></div></div>	<div>2<div></div></div>	
e) My partner has frequent battles of will with this child	<div>1<div></div></div>	<div>2<div></div></div>	
f) This child is very affectionate to my partner	<div>1<div></div></div>	<div>2<div></div></div>	
g) This child gets on my partner's nerves	<div>1<div></div></div>	<div>2<div></div></div>	
h) My partner seems to feel very close to this child	<div>1<div></div></div>	<div>2<div></div></div>	

**SECTION L:**

L1. This questionnaire was completed by: (tick all that apply)

- a) Biological mother ☐
- b) Mother figure ☐
- d) Other (please tick and describe) ☐ .....

L2. Please give the date on which you completed this questionnaire:

day		month		year			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

L3. Please give the date of birth of your study child:

day		month		year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	199 <input type="text"/>

**THANK YOU VERY MUCH FOR YOUR HELP**

Space for any additional comment you would like to make

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

When completed, please return the questionnaire to:

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

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