



YOU AND YOUR ENVIRONMENT (PARTNER'S)

This questionnaire asks about your health, your partner, your childhood and your beliefs and attitudes. Your answers will help us to understand how your health and background might affect your partner's pregnancy.

All the answers you give are confidential. Your name and address will not be on the questionnaire.

We would be grateful if you would help us by answering as many of these questions as possible but if there is any question you do not want to answer that is fine. Just leave it blank.

THANK YOU VERY MUCH FOR YOUR HELP

04/03/91

Recycled Paper

FILLING IN THIS BOOKLET

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

For example

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

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

↓

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

Sometimes there are questions with if in front of them.

For example

a) Have you been to the supermarket today?

Yes	1	No✓	2
-----	---	-----	---

↓

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

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

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

In general, though, each question needs an answer.

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

The small numbers in the squares are for office use only.

SECTION A:YOUR HOME ENVIRONMENT

A1. How long have you lived in or near Avon?

- less than 1 year 1
- 1 - 4 years 2
- 5 - 9 years 3
- 10 years or more 4
- all my life 5

A2. a) When did you move to your present address?

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

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

A3. In the coldest time of year, describe the temperature in your:

	Very warm	Warm	About right	Cold	Very cold
a) living rooms	1	2	3	4	5
b) bedrooms	1	2	3	4	5

A4. Which of the following best describes your feelings about your home?

- satisfied 1
- fairly satisfied 2
- dissatisfied 3
- very dissatisfied 4

A5. a) What do you think of your neighbourhood as a place to live?

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

b) Do the other people in your neighbourhood:

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

c) Do you:

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

A6. How worried are you that in your neighbourhood:

	Very worried	Fairly worried	Not very worried	Not at all worried	Don't know
a) you might have your home broken into and something stolen	1	2	3	4	9
b) you might be mugged or robbed	1	2	3	4	9
c) you might be sexually assaulted or pestered	1	2	3	4	9
d) you might have your home or property damaged by vandals	1	2	3	4	9

A7. Is your neighbourhood:

	Yes usually	Yes sometimes	No not at all
i) lively	1	2	3
ii) friendly	1	2	3
iii) noisy	1	2	3
iv) clean	1	2	3
v) attractive	1	2	3
vi) polluted/dirty	1	2	3

SECTION B:CHEMICALS IN YOUR ENVIRONMENT

Just before your partner became pregnant, how often did you use the following (whether at home or at work):

	Every day	Most days	About once a week	Less than once a week	Not at all
B1.					
a) disinfectant	1	2	3	4	5
b) bleach	1	2	3	4	5
c) window cleaner	1	2	3	4	5
d) carpet cleaner	1	2	3	4	5
e) oven/drain cleaner	1	2	3	4	5
f) dry cleaning fluid	1	2	3	4	5
g) turpentine/white spirit	1	2	3	4	5
h) paint stripper	1	2	3	4	5
i) household paint or varnish	1	2	3	4	5
j) weed killers	1	2	3	4	5
k) pesticides/insect killers	1	2	3	4	5
l) aerosols or sprays including hair spray	1	2	3	4	5
m) hair dye/bleach	1	2	3	4	5
n) deodorants	1	2	3	4	5
o) air fresheners (spray, stick or aerosol)	1	2	3	4	5
p) dental amalgam	1	2	3	4	5
q) ceramics/enamels	1	2	3	4	5
r) soldering	1	2	3	4	5
s) electroplating	1	2	3	4	5
t) glues	1	2	3	4	5
u) leather working	1	2	3	4	5
v) fabric/textiles	1	2	3	4	5
w) dyes	1	2	3	4	5
x) radiation (x-ray or other)	1	2	3	4	5
y) plastics	1	2	3	4	5
z) metal cleaners/degreasers, polishers	1	2	3	4	5
za) petrol	1	2	3	4	5
zb) machining	1	2	3	4	5
zc) photographic chemicals/ other chemicals	1	2	3	4	5
zd) electrical wiring	1	2	3	4	5
ze) other chemical (please describe)	1	2	3	4	5

B2. What jobs have you had since the age of 16? Include part-time and voluntary work. If you have not worked write 'None'.

	Job	Materials/machines or chemicals used	Date started (month-year)	Date stopped (month-year)
1)
2)
3)
4)
5)
6)
7)
8)
9)
10)
11)
12)
13)
14)
15)
16)

If there is not enough space please continue on the back cover.

SECTION C: YOUR HOUSEHOLD

C1. a) How long have you lived together with your partner?

years months

b) Are you the father of your partner's unborn child?

Yes 1 No 2 Not sure 3

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

always fit and well 1

usually fit and well 2

sometimes unwell 3

often unwell 4

always unwell 5

C3. a) What is your present marital status?

never married 1

widowed 2

divorced 3

separated 4

married (once only) 5

married for second or third time 6

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

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

c) How many other marriages/live-in partners have you had?

C4. Please indicate how many of the children (aged 18 or under) living with you have:

Number of children

a) you and your partner as their natural parents

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

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

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

.....
.....

C5. Are there other children of yourself or your partner who do not live with you?

Yes No

a) children of my partner 1 2

b) children of myself 1 2

c) children of partner & self 1 2

SECTION D:YOUR MEDICAL HISTORY

D1. a) What is your weight?
(Please state whether stones, pounds or kilos)For office use
.....

b) Are you certain of this?

Yes 1 No 2

c) What is your size in:

i) hipsins
ii) waistins
iii) chestins
iv) collarins
v) inside legins

(if you don't know write NK)

D2. a) How tall are you ?
(Please state whether feet, inches or metres) For office use
.....

b) Are you certain of this?

Yes 1 No 2

D3.	Have you ever had any of the following infections:			
		Yes	No never	Don't know
a)	measles	1	2	9
b)	mumps	1	2	9
c)	chicken pox	1	2	9
d)	whooping cough	1	2	9
e)	cold sores	1	2	9
f)	meningitis	1	2	9
g)	genital herpes	1	2	9
h)	syphilis	1	2	9
i)	gonorrhea	1	2	9
j)	urinary infection, cystitis, pyelitis	1	2	9

D4. Have you ever had any of the following operations:

		Yes	No
a)	tonsils out	1	2
b)	adenoids out	1	2
c)	hernia repair	1	2
d)	appendix out	1	2
e)	gall bladder out	1	2
f)	circumcision	1	2
g)	pyloric stenosis operation	1	2
h)	squint repaired	1	2
i)	plastic surgery	1	2
j)	grommets in your ears	1	2
k)	other type of operation (please tick and describe)	1	2
.....			

D5. Have any of the following ever happened?
(tick one in each row, and add age if you had such an incident)

		Yes and stayed in hospital	Yes saw doctor, did not stay in hospital	Yes treated at home only	No never happened	Age this first happened
a)	You were badly burnt	1	2	3	4	
b)	You were badly scalded	1	2	3	4	
c)	You took a lot of pills or medicine	1	2	3	4	
d)	You broke an arm or hand	1	2	3	4	
e)	You broke a leg or foot	1	2	3	4	
f)	You nearly drowned	1	2	3	4	
g)	You were in a road traffic accident	1	2	3	4	
h)	You were sexually assaulted	1	2	3	4	
i)	You were injured playing sports or games	1	2	3	4	
j)	You had an accident while on a bicycle	1	2	3	4	
k)	You were injured in a fight	1	2	3	4	
l)	Your parents hurt you	1	2	3	4	
m)	You were hurt by someone else	1	2	3	4	
n)	Your head was hit	1	2	3	4	
o)	You were badly cut	1	2	3	4	
p)	You had a bad fall	1	2	3	4	
q)	You attempted suicide	1	2	3	4	
r)	You had another type of accident or injury(please describe)	1	2	3	4	

.....
D6. Have you ever had any of the following problems:

		Yes had it recently	Yes in past, not now	No never	Don't know
a)	hay fever	1	2	3	9
b)	indigestion	1	2	3	9
c)	bulimia	1	2	3	9
d)	asthma	1	2	3	9
e)	eczema	1	2	3	9
f)	epilepsy	1	2	3	9
g)	convulsions with a fever	1	2	3	9
h)	migraine	1	2	3	9
i)	back pain/slipped disc	1	2	3	9
j)	kidney disease	1	2	3	9
k)	varicose veins	1	2	3	9
l)	haemorrhoids/piles	1	2	3	9
m)	rheumatism	1	2	3	9
n)	arthritis	1	2	3	9
o)	psoriasis	1	2	3	9
p)	stomach ulcer	1	2	3	9
q)	other repeated pains in your stomach	1	2	3	9
r)	drug addiction	1	2	3	9
s)	alcoholism	1	2	3	9
t)	schizophrenia	1	2	3	9
u)	anorexia nervosa	1	2	3	9
v)	severe depression	1	2	3	9
w)	other psychiatric problem	1	2	3	9
x)	other problem (please tick & describe)	1	2	3	9

.....

D7. a) Are there any problems for which you have **regular** treatment or medicine?

Yes 1 No 2

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

Problem	Treatment or medicine
.....
.....

D8. a) Would you say that you were allergic to anything?

Yes 1 No 2

b)	If <u>yes</u> , is it to:	Yes	No	Don't know
i)	cat	1	2	9
ii)	pollen	1	2	9
iii)	dust	1	2	9
iv)	insect bites or stings	1	2	9
v)	something else (please describe)	1	2	9

.....

D9. Have you had any of the following **in the past two years**:

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

D10. a) Do you know how much you weighed when you were born?

Yes 1 No 2

aa) **If yes**, give weight:

b)	Were you born:	
	more than 3 weeks before your expected date	1
	at around the date expected	2
	more than 3 weeks late	3
	don't know	9

c)

Were you born with any of the following:

Yes

No

i)

hare lip

1

2

ii)

birthmark

1

2

iii)

cleft palate

1

2

iv)

heart disease

1

2

v)

malformed feet

1

2

vi)

unusual shaped head

1

2

vii)

spina bifida

1

2

viii)

extra finger

1

2

ix)

extra toe

1

2

x)

funny shaped fingers or hands

1

2

xi)

missing part of body

1

2

xii)

other

1

2

(please describe all such

problems below)

.....

d)

i)

Were you born in a hospital?

Yes

1

No

2

Don't know

9

ii)

If **yes**, please give:

Name of hospital:

.....

e)

Where were your parents living at the time you were born?

Town:

.....

County:

.....

Country:

.....

D11.

Your hearing

How would you rate your hearing in each ear?

(i)

(ii)

Left ear

Right ear

always very good

1

1

occasional problems (eg.infections

or glue ear)

2

2

there are some sounds I can

not hear

3

3

never very good

4

4

I cannot hear much at all

5

5

D12.

Your eyesight

a)

How would you rate your sight without glasses ?

(i)

(ii)

Left eye

Right eye

always very good

1

1

I can't see clearly at a distance

2

2

I can't see clearly close up	3	3
I can't see much at all	4	4

b) Are you colour blind?

Yes 1 No 2 Don't know 9

D13. When you were a child did you ever go to any of the following?

	Yes	No	Not known
a) physiotherapist	1	2	9

If **yes**, what for:

b) child guidance or child psychiatrist	1	2	9
---	---	---	---

If **yes**, what for:

c) speech therapist	1	2	9
---------------------	---	---	---

If **yes**, what for:

D13. d) special schooling	1	2	9
---------------------------	---	---	---

If **yes**, what for:

D14. Did you or any of your family have a problem of bedwetting or daytime wetting? (when older than 5 years)

	Yes, bed-wetting	Yes, daytime wetting	No not at all	Don't know
a) you	1	2	4	9
b) brother or sister	1	2	4	9
c) mother	1	2	4	9
d) father	1	2	4	9

D15. a) Have you had a wetting accident yourself **in the past year**, either during the night or day?

Yes 1 No 2

If **yes**,

b) Could you please indicate how many nights or days this has occurred **within the past month**:

i) during the night:

ii) during the day:

D16. Have you ever been a blood donor?

Yes 1 No 2

D17. Many people have X-rays, barium meals and other procedures. Please indicate whether you have ever had any of the following types of X-ray.

	(i) During this pregnancy		(ii) In the year before this pregnancy		(iii) Any other time during your life	
	Yes	No	Yes	No	Yes	No
X-ray to:						

a)	arm or hand	1	2	1	2	1	2
b)	chest	1	2	1	2	1	2
c)	leg or foot	1	2	1	2	1	2
d)	dental	1	2	1	2	1	2
e)	head or neck	1	2	1	2	1	2
f)	back	1	2	1	2	1	2
g)	barium meal	1	2	1	2	1	2
h)	barium enema	1	2	1	2	1	2
i)	IVP (intravenous pyelogram)	1	2	1	2	1	2
j)	hips or pelvis	1	2	1	2	1	2
k)	stomach or abdomen	1	2	1	2	1	2
l)	any other (please describe)	1	2	1	2	1	2

.....

SECTION E:YOUR PARTNER

The following questions are about how you and your partner behave towards each other.
Please indicate how often you and your partner behave in the ways listed.

		Almost always	Often	Some- times	Rarely	Never
E1.	Is your partner affectionate toward you?	1	2	3	4	5
E2.	Does your partner get angry with you?	1	2	3	4	5
E3.	Does your partner listen to you when you want to talk about your feelings?	1	2	3	4	5
E4.	Do you have arguments with your partner?	1	2	3	4	5
E5.	Does your partner talk to you about her problems and feelings?	1	2	3	4	5
E6.	Do you get angry with your partner?	1	2	3	4	5
E7.	Do you enjoy the company of your partner?	1	2	3	4	5
E8.	Does your partner show her approval of you?	1	2	3	4	5
E9.	Do you behave affectionately toward your partner?	1	2	3	4	5

SECTION F: YOU AND YOUR PARENTS

F1. a) Were you legally adopted?

Yes 1 No 2

If **yes**,

b) what age were you?

F2. Were you ever "in care" of either a local authority or voluntary agency e.g. Barnados?

Yes 1 No 2 Unsure 3

F3. a) Did your parents divorce or separate before your 18th birthday?

Yes 1 No 2 If **no**, go to F4If **yes**,

b) what age were you?

c) who did you mainly live with after this?

mother 1

father 2

sometimes mother, 3
sometimes fathersomeone else 4
(please say who)

.....

F4. Did you ever live away from home with any of the following
(other than for holidays/or short visits) before you were
18 years old?

Yes No

i) grandparents 1 2

ii) other relatives 1 2

iii) friends 1 2

iv) foster parents 1 2

v) other (please describe) 1 2

.....

F5. Did you ever stay away from home in any of the following places
before you were 18 years old?

	No	Yes for less than 1 a week	Yes for week - 1 month	Yes for 1 - 6 months	Yes over 6 months
--	----	----------------------------------	------------------------------	----------------------------	-------------------------

i) hospital 1 2 3 4 5

ii) boarding school 1 2 3 4 5

iii) children's home 1 2 3 4 5

iv) hostel 1 2 3 4 5

v) in custody
(detention centre,
remand home,
borstal etc) 1 2 3 4 5

vi) other (please describe) 1 2 3 4 5

.....

F6. a) Did you leave home before your 18th birthday?
Yes 1 No 2 If no, go to F7

If yes,

F6. b) At that time where did you first live?
college residence 1
hostel 2
bedsit 3
shared flat or house 4
other (please describe) 5
.....

F7. At each of the time periods given, during your childhood, who of the following lived in your home?(other than for holidays or short visits)

		When I was aged:		
		0-5 years (i)	6-11 years (ii)	12-16 years (iii)
a)	mother	1	1	1
b)	father	1	1	1
c)	brother(s)	1	1	1
d)	sister(s)	1	1	1
e)	step-mother	1	1	1
f)	step-father	1	1	1
g)	step-brother(s)	1	1	1
h)	step-sister(s)	1	1	1
i)	mother's partner	1	1	1
j)	father's partner	1	1	1
k)	grandmother	1	1	1
l)	grandfather	1	1	1
m)	family friend	1	1	1
n)	other (please describe)	1	1	1
.....				

F8. Who would you say brought you up?

		Yes	No	Did not have
a)	mother	1	2	3
b)	father	1	2	3
c)	brother(s)	1	2	3
d)	sister(s)	1	2	3
e)	step-mother	1	2	3
f)	step-father	1	2	3
g)	step-brother(s)	1	2	3

F8. cont.		Yes	No	Did not have
h)	step-sister(s)	1	2	3
i)	mother's partner	1	2	3
j)	father's partner	1	2	3
k)	grandmother	1	2	3
l)	grandfather	1	2	3
m)	adoptive mother	1	2	3
n)	adoptive father	1	2	3
o)	foster mother	1	2	3
p)	foster father	1	2	3
q)	family friend	1	2	3
r)	other (please describe)	1	2	3
.....				

F9. Has your natural mother and/or mother figure had any of the following:
(If you only had a natural mother, answer only under 'natural mother')

		(i)			(ii)		
Natural mother Mother figure		Yes	No	Don't know	Yes	No	Don't know
a)	diabetes treated with insulin	1	2	9	1	2	9
b)	other diabetes	1	2	9	1	2	9
c)	coronary heart disease	1	2	9	1	2	9
d)	rheumatism	1	2	9	1	2	9
e)	arthritis	1	2	9	1	2	9
f)	multiple sclerosis	1	2	9	1	2	9
g)	breast cancer	1	2	9	1	2	9
h)	other cancer	1	2	9	1	2	9
i)	hypertension (high blood pressure)	1	2	9	1	2	9
j)	an alcohol problem	1	2	9	1	2	9
k)	schizophrenia	1	2	9	1	2	9
l)	chronic bronchitis	1	2	9	1	2	9
m)	a stroke	1	2	9	1	2	9
n)	depression or 'nerves'	1	2	9	1	2	9
o)	other problem (please describe)	1	2	9	1	2	9
.....							

F10. a) Would you say that your mother (or mother figure) was disabled in any way?

Yes 1 No 2

If yes, please describe:

b)

F11. a) Would you say that any problems in your mother's (or mother figure's) health affected the way you were brought up?

- she had no problems 4
- yes, major effect 1
- yes, minor effect 2
- she had some problems, but they did not affect my upbringing 3

If **yes**,

b) please describe:
.....

F12. Has your natural father and/or father figure had any of the following:
(If you only had a natural father, answer only under 'natural father')

		(i) Natural father			(ii) Father figure		
		Yes	No	Don't know	Yes	No	Don't know
a)	diabetes treated with insulin	1	2	9	1	2	9
b)	other diabetes	1	2	9	1	2	9
c)	coronary heart disease	1	2	9	1	2	9
d)	rheumatism	1	2	9	1	2	9
e)	arthritis	1	2	9	1	2	9
f)	multiple sclerosis	1	2	9	1	2	9
g)	prostate cancer	1	2	9	1	2	9
h)	other cancer	1	2	9	1	2	9
i)	hypertension (high blood pressure)	1	2	9	1	2	9
j)	an alcohol problem	1	2	9	1	2	9
k)	schizophrenia	1	2	9	1	2	9
l)	chronic bronchitis	1	2	9	1	2	9
m)	a stroke	1	2	9	1	2	9
n)	depression or 'nerves'	1	2	9	1	2	9
o)	other problem (please describe)	1	2	9	1	2	9
.....							

F13. a) Would you say that your father (or father figure) was disabled in any way?

- Yes 1
- No 2
- No father figure 7

If **yes**, please describe:

b)

F14. a) Would you say that any problems in your father's (or father figure's) health affected the way you were brought up?

- he had no problems 4
- yes, major effect 1
- yes, minor effect 2
- he had some problems, but they did not affect my upbringing 3
- no such person 7

If **yes**, please describe:

b)

F15. a) Before you were 17 did a parent or person who cared for you die?

	Yes	No	Don't know
i) mother	1	2	9
ii) father	1	2	9
iii) mother figure	1	2	9
iv) father figure	1	2	9
v) other (please describe)	1	2	9

.....

If **yes**,

F15. b) what age were you:

- i) mother died when I was: years old
- ii) father died when I was: years old
- iii) mother figure died when I was: years old
- iv) father figure died when I was: years old
- v) other figure died when I was: years old

c) If either parent died, who cared for you after their death(s)?

	Yes	No
i) other parent	1	2
ii) relative	1	2
iii) foster parents	1	2
iv) adopted parent	1	2
v) other (please describe)	1	2

.....

We would like to know how you and your mother got on when you were a child. This will probably have varied over your childhood and in different situations but we would like a general impression. Please tick the box to indicate how you mostly remember your mother in your first 16 years.

Mother (or person that took the place of your mother)

F16.		Never	Sometimes	Usually
My mother -				
a)	Spoke to me with a warm and friendly voice	1	2	3
b)	Helped me as much as I needed	1	2	3
c)	Let me do those things I liked doing	1	2	3
d)	Seemed emotionally cold to me	1	2	3
e)	Appeared to understand my problems and worries	1	2	3
f)	Was affectionate to me	1	2	3
g)	Tried to control what I did	1	2	3
h)	Invaded my privacy	1	2	3
i)	Let me decide things for myself	1	2	3
j)	Made me feel I wasn't wanted	1	2	3
k)	Talked things over with me	1	2	3
l)	Gave me the freedom I wanted	1	2	3
m)	Praised me	1	2	3

		YES	NO
n)	Enjoyed talking things over with me	1	2
o)	Frequently smiled at me	1	2
p)	Tended to baby me	1	2
q)	Seemed to understand what I needed or wanted	1	2
r)	Could make me feel better when I was upset	1	2
s)	Felt I could not look after myself unless she was around	1	2
t)	Let me go out as often as I wanted	1	2
u)	Was overprotective of me	1	2
v)	Let me dress in any way I pleased	1	2

F17. Was your parent's behaviour stable and predictable to you as a child?

		Always	Mostly	Rarely	Never	Not applicable
a)	mother	1	2	3	4	7
b)	father	1	2	3	4	7
c)	mother figure	1	2	3	4	7
d)	father figure	1	2	3	4	7

F18. Looking back would you call your childhood happy?
Please indicate for each age range:

		Yes very happy	Yes moderately happy	Not really happy	No quite unhappy	No very unhappy	Can't remember
i)	0-5 years	1	2	3	4	5	6
ii)	6-11 years	1	2	3	4	5	6
iii)	12-15 years	1	2	3	4	5	6

F19. Are there any comments you would like to add?

.....
SECTION G:YOUR OUTLOOK ON LIFE

	Yes	No
G1. Did getting good marks at school mean a great deal to you?	1	2
G2. Are you often blamed for things that just aren't your fault?	1	2
G3. Do you feel that most of the time it doesn't pay to try hard because things never turn out right anyway?	1	2
G4. Do you feel that if things start out well in the morning that it's going to be a good day no matter what you do?	1	2
G5. Do you believe that whether or not people like you depends on how you act?	1	2
G6. Do you believe that when bad things are going to happen they are just going to happen no matter what you try to do to stop them?	1	2
G7. Do you feel that when good things happen they happen because of hard work?	1	2
G8. Do you feel that when someone doesn't like you there's little you can do about it?	1	2
G9. Did you usually feel that it was almost useless to try in school because most other children were cleverer than you?	1	2
G10. Are you the kind of person who believes that planning ahead makes things turn out better?	1	2
G11. Most of the time, do you feel that you have little to say about what your family decides to do?	1	2
G12. Do you think it's better to be clever than to be lucky?	1	2

SECTION H

H1. Please put the date of completing this questionnaire:

day month year
199

H2. Please give your date of birth:

day month year
19

Space for any comments you might like to make:

VERY MANY THANKS FOR ALL YOUR HELP

When completed, put in the envelope provided and either bring to the clinic or post to:

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

Please remember, because this is strictly confidential, the people who look at this booklet will not know your name. They will be unable to give you any help or contact anyone after reading what you have written. If you feel you need advice, please feel free to contact our special help line (Bristol 256260 during office hours). Alternatively your General Practitioner should be able to advise you.