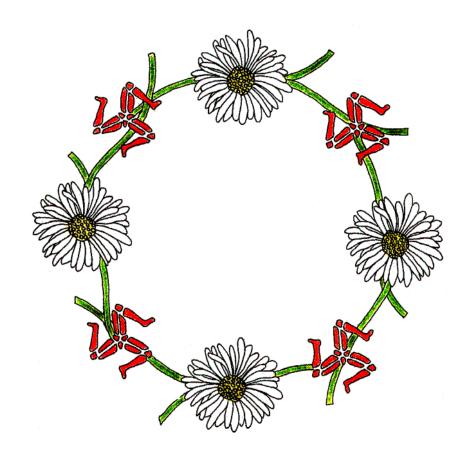
EUROPEAN LONGITUDINAL STUDY

OF PREGNANCY AND CHILDHOOD (ELSPAC)

IN THE ISLE OF MAN 1990 - 2007



STUDY MANUAL

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PREFACE

This survey is an ongoing longitudinal study of a population of children born to mothers resident in the isle of Man. It is part of a World Health Organisation initiative and a multi-centred study based on a number of geographically based areas in Europe.

The collaborative study centres are:

- 1. England, consisting of part of the county of Avon, where the study is known as ALSPAC Avon Longitudinal Study of Parents and Children. It is based at the Department of Community Based Medicine, University of Bristol.
- 2. Brno, Cezch Republic, based at the Department of Preventative and Social Paediatrics, Brno. Since 2007, this has been the coordinating centre for the study. The ELSPAC Director is Dr. Lubomir Kukla, e-mail: <lubornir.kukla:tiscale.cz>
- 3. Other long term participating centres are in Bratislava, Slovakia, Ukraine and the Russian Federation.
 - 4. Centres from Greece, Spain and Norway participated in early phases.

This document is a complete record of the contents of all questionnaires and response options used in the Isle of Man study and should be used with reference to the Isle of Man Methodology document.

For a summary of the administration and timing of specific questionnaires, see the Information Booklet Section 15 pg 14 below.

For an overall background of the study, participating countries, study protocol, content material used in the questionnaires and scoring strategies; visit the main ALSPAC/ELSPAC web site at: http://www.ALSPAC.bris.ac.uk/ELSPAC.

For further information, please contact:

Professor Jean Golding, Emeritus Professor of Paediatric & Perinatal Epidemiology, University of Bristol e-mail: jean.golding@bristol.ac.uk

or

ELSPAC in the Isle of Man Data Governance Committee Centre for Child & Adolescent Health University of Bristol Oakfield House Oakfield Grove Bristol, BS8 2BN

e-Mail: elspac-iom@bristol.ac.uk

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1. Background Information

1.1. Information Booklet for Participants, Collaborators & Sponsors

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1. Summary

- The European Longitudinal Study of Pregnancy and Childhood (ELSPAC) is a longitudinal study of child health, growth and development. It involves approximately 40,000 children in eight different European centres, one of which is the Isle of Man. The study is promoted by the World Health Organisation and co-ordinated and designed by the Department of Child Health at the University of Bristol.
- It aims to collect information about each child's background, birth and upbringing, to determine which factors are important in ensuring that they each reach their maximum potential of health, growth and development.
- The study began in 1990, when expectant mothers and their partners in each centre were recruited in early pregnancy. Every mother expecting a baby to be born in the Isle of Man during the eighteen months between January 1991 and June 1992 was asked to join the study (1400 mothers). They were asked to complete a series of questionnaires, starting during pregnancy and continuing at intervals after the birth. Data resulting from their replies has been linked to information from health service records together with the results from a full medical physical and psychological examination of the children when they reached seven years of age.
- Results show that the Island is a good place for such a study, since the response is high (99%-65%) and the results are accurate. The health of both parents and children is generally good and comparisons between the Isle of Man and Avon samples have shown many promising research opportunities through which the aims of the study may be achieved.

2. Historical Background

'Health for All by the Year 2000' is the aim of the World Health Organisation (WHO) for the children in Europe. This is a fine target, but in the early 1980s the way forward was not clear. Much is known about the importance of immunisation, good sanitation and nutrition in the development of children and a lot has been done to make sure

that our children benefit from this knowledge. In spite of this, the WHO Regional Office for Europe decided that there was insufficient knowledge available to recommend effective disease prevention programmes in order to implement further improvements in child health. The reason for this was that although it was acknowledged that many illnesses have their origins in social behaviour, psychological problems and environmental factors, it was not fully understood how different environments and attitudes affect any individual child's health.

Research in recent years has shown that events in childhood and even before birth are of crucial importance in determining health in adult life. It was therefore recommended that a study should be designed to measure such factors and to determine how they react, both together and separately, to make one child more at risk from disease than another. It may then be possible to target important areas for action which will improve both our children's environment and their health.

The European Longitudinal Study of Pregnancy and Childhood was the result of these concerns. In 1985 the WHO supported the development of a multi-centred, geographically based, longitudinal study, to measure the differences in the health and development of young children in Europe³ and to find out how parents bring up their children in western countries. The study now involves 40,000 children born between 1991 and 1992 in ten different European centres.

3. The Study Aims

The broad aims of the study are:

- a. To determine which environmental, social, psychological, biological and genetic factors are associated with the survival and health of the foetus, infant and child.
- b. To identify factors that may improve children's health, test them and incorporate changes into existing services.

These objectives include a large number of specific research questions; details and further examples of which may be found in the full study protocol.

4. The Study Design

The study is a prospective longitudinal survey. This means that all subjects are recruited at the beginning of the study when much of the necessary background information is collected. The same individuals are then followed up over a period of time and any changes in circumstances or problems that develop are recorded as they arise. This method is more accurate than any other because it means that the results do not depend upon people's memory (retrospective information), which can be unreliable.

Requirements of the study are that:

- a. Each sample should include all expectant mothers in a defined geographic area with expected dates of delivery within a defined time span.
 - b. It should start as early in pregnancy as possible.
 - c. The children should be followed up until they attain the age of 7 years
- d. Data should be collected using questionnaires, filled in by the mother and her partner, and linked with information obtained from health records and biological samples.
- e. All study centres should ask the same questions in the same way (with the exception of some defined 'culturally specific' questions, such as education, ethnic and socio-economic groups).
- f. The study should be absolutely confidential and strictly observational. It should avoid any intervention in the normal course of pregnancy and childhood.
 - g. The study should be entirely voluntary.

5. Unique Features of ELSPAC.

The study has a number of quite unique features which will increase the value of its results. It is the first geographically based, multi-centre study of children to start in pregnancy and continue for seven years. It is the first to involve both father and mother, their personalities, behaviour and attitudes. It is the first to use the opinions of parents about the health, behaviour and progress of their own children, rather than relying only upon hospital or medical records. It is the first such study to be international and will therefore be able to make cross cultural comparisons of factors concerned with disease processes and the development of behaviour and attitudes.

6. Why the Isle of Man?

The Island is a very good place for studies of this sort, since reliable results can be obtained and it has been shown to be particularly well suited to epidemiology5. Insufficient facts are available on the Island, compared with the mainland, about the occurrence of disease. The ELSPAC steering committee were keen to include a study group of western European (Celtic) people.

The Island study has additional aims of its own:

- a. To measure the incidence of common disorders in children and their parents.
- b. To detect any health advantages or disadvantages in the Island, particularly in the indigenous population.
- c. To determine the health and social effects on the population of high levels of migration.
- d. To identify features of the Island's environment and population, which may affect the health and development of its children.

7. Methods of Data Collection

The development and health of the children is assessed both from the mother's opinion and, where possible, from health records.

Information has been collected from the following sources:

a. Questionnaires to parents (page 10 below). Mothers were personally recruited to the study in the ante-natal clinics soon after the confirmation of their pregnancy. Their partners were also encouraged to participate and both were asked to fill in a series of questionnaires before their baby's birth. When the baby was 6 weeks old three more questionnaires were sent by post, repeated again when the child was 6 months, 18 months, 3 years and 5 years of age. Questionnaires were completed at home and returned to the study headquarters in prepaid envelopes.

Identical questions, designed by an international team of experts, were asked in each study centre, to seek information about the parents' environmental conditions, health, beliefs, attitudes, experiences, lifestyles and upbringing. Later questionnaires asked about the baby's birth, the parents' experiences during that time, their attitudes to the health services, how their babies developed, how they were caring for them and bringing them up. A full description of the contents of the questionnaires together with references to source material can be found in the full study Protocol ^{4&8}.

b. Specialist questionnaires (page 10). Details of the clinical course of pregnancy and childbirth were abstracted (with the mothers' permission) from case notes. Data concerning the children's development, illnesses, accidents, hospital admissions, consultations and treatment have been obtained from hospital records and will continue to be updated, until the children are seven. Separate questionnaires have been completed by health visitors from their own records. At the completion of the study, a questionnaire will be sent to the current teacher of each seven year old child.

- c. Temperature and humidity measurements. A continuous record of the atmospheric temperature and humidity of the homes of children was obtained from a sample of Island families for the week following discharge from the maternity hospital.
- d. Biological Samples. Parents have been asked to send samples of their children's hair, nail clippings and milk teeth so that these may be analysed for evidence of exposure to environmental pollutants. Blood samples were collected for analysis of marker substances important in the early identification of disease and for DNA extraction and storage by the MRC Data base at Southmead Hospital Bristol.
- e. Interviews and examinations. At seven years of age the children underwent a comprehensive medical and psychological examination *, which involved testing their vision, hearing, physical growth, levels of activity and motor co-ordination, blood pressure, lung function, body mass index and intellectual development. Parents were asked to complete a dietary diary recording all food eaten for three days prior to the date of the clinic appointment.

*A full list of the proposed tests is on pages 14-18

8. Confidentiality.

This has the highest priority in the study. The mothers and fathers were asked to divulge sensitive information to the research team by completing the questionnaires. In addition, case notes and laboratory investigation results are being reviewed. All these data are confidential and will not be divulged to any individual, agency or health service. None of the doctors or nurses in the hospital or the health visitors can know the answers given to any of the questions and no names or addresses will be on the questionnaires. The study numbers are used only to be sure that we do not send out unnecessary reminders and to code individual children in our files.

A file holding the confidential data is in coded form and protected by password. No information is directly identifiable with individuals or families and results from the study will be published in a form in which individuals or families cannot be identified.

The study is registered under and controlled by the Isle of Man Data Protection Act 1986.

9. Data analysis & feed back of results.

Each study centre is responsible for its own data which it can analyse and publish according to the customs of international scientific practice. For international comparisons, it is necessary to send a copy of the coded data to the Central Survey Office at Bristol University, but individuals will not be identifiable.

The progress of the study is recorded in an annual newsletter sent to the parents, local health professionals and sponsors and birthday cards are regularly sent to the children.

10. **Response**

The percentages of the target population recruited and subsequently responding to a study of this kind are crucial to its success. Rates of 75% are considered by international standards to be very good. In the Isle of Man 99% of the eligible mothers were recruited into the study, 1318 babies were born to 1303 mothers and as many as possible have been followed successfully from before birth until the children are seven. Responses to the questionnaires have varied from over 90% for the mothers' first questionnaire to 58% for the eighteen month partners' questionnaire. Information about the antenatal history and delivery of the babies was obtained for nearly 100% of the sample.

Miscarriages accounted for 2% of the sample which were lost early in the study and over the last eight years, 12% have been lost because of emigration from the Island. Eight years after the start of the study in 1990, over 70% of the original sample are still taking part.

11. Early Results

Complete sets of data have been prepared and sent to Bristol up to the six month stage of the study and some preliminary analysis has been carried out. Results comparing four of the study centres have been published in an introductory book⁶ and findings from the Isle of Man and the Avon study were the subject of PhD and BSc theses⁷. The most important of these results can be summarised as follows:

a. Health.

The general health of parents and babies in the Isle of Man is good, but more parents reported measles during their own childhood and more urinary tract infections during pregnancy, compared with Avon. The incidence of eczema is higher in both parents and their children but reports of parental asthma and episodes of wheezing in their children up to 6 months of age are not significantly different in either centre.

b. Composition of the household and housing conditions.

There are higher proportions of unplanned pregnancies and single mothers in the Isle of Man than in any other centre. More parents reported damp and mould in their homes, they also have higher levels of satisfaction and security with their home and neighbourhood than those in Avon. Over-crowding is uncommon and more people own their homes.

c. Birth weight.

Mean birth weight of Island babies is over 140 gms. greater than expected from norms from the UK and is similar to the high means reported from Scandinavian countries such as Denmark, Sweden and the Northern Isles. Birth weight is affected by maternal height, weight, high blood pressure, smoking and alcohol consumption during pregnancy and by the sex of the baby.

d. Social inequalities.

Some of the classical measures of social and health disadvantages are significantly more prevalent in the Isle of Man sample than in Avon. These are found disproportionately in the 'second generation' Manx sub-population compared with the indigenous and recent immigrants.

e. Life-style.

Island mothers are more likely to be employed in late pregnancy and return to work sooner after the births than those in Avon. They are more likely to smoke heavily during early pregnancy, but give up in greater number, so that by mid pregnancy, similar proportions of mothers smoked cigarettes. Frequency of alcohol consumption during pregnancy is similar in both the Island and Avon, but Island mothers are more likely to indulge in 'binge' drinking and to prefer spirits. Small differences in dietary habits are detectable between subjects in the two centres. Island families eat more fat and bread but less protein and fresh fruit and vegetables than in Avon.

f.. Psycho-social measures.

Differences were noted between the Isle of Man and Avon for life event scores, social support and emotional well-being. Island parents have a distinctive outlook on life, in their opinions about child care.

g. Infant feeding.

Low rates of breast feeding and negative attitudes to breast feeding were observed in the Isle of Man.

12. Conclusions.

Compared with Avon the Isle of Man sample has good general health and high mean birth weight. Parents feel very secure in their homes and report high levels of social support. Some social and emotional disadvantages in the population are found selectively among second attitudes towards their partners, to infant feeding, to attendance at ante-natal classes and generation immigrants to the Island (29%). It is thought that these might be associated with the effects of isolation from family networks and old friends. It would be important to determine whether any such trends are reflected in health inequalities or in behaviour of the children.

13. Organisation and management of the study.

Participating countries are:

- 1. United Kingdom. All babies expected to be born in 1991 in the 3 health districts of Avon with 14,000 expectant mothers.
- 2. Russian Federation. All babies born in 1991 in Yaroslavl, an industrial city of the Upper Volga region of the Russian federation, with 4,000 births.
- 3. Ukraine. Four centres in rural and urban regions of the country, one of which includes the area around Chernobyl; 5,000 babies
- 4. Czech Republic. All babies born in 1991 in two centres: 5,000 in the town of Brno, and 1,000 in the agricultural district of Znojmo.
 - 5. Slovakia. 4,000 babies born in the city of Bratislava.
 - 6. Croatia. 2,000 babies from Zagreb, born during 1992, the year of war.
 - 7. Estonia. 2,000 babies born after the country's independence from the U.S.S.R.
 - 8. Greece. 3,000 Babies born in 1991 in the Greater Athens Area.
 - 9. Isle of Man. All babies born during 1991 and half of 1992. 1,300 babies.

The World Health Organisation takes responsibility for supporting the international coordination, assisting with publication of comparative results, arranging meetings and appointing committees.

International Co-ordination & Executive Committee.

Dr. V. Mangiaterra. W.H.O., Regional Office for Europe, 8, Scherfigsvej, Copenhagen, Denmark.

Dr. R. Ignatyeva. All-Union Semasko Institute for Research on Social Hygiene & Public Health, Moscow, U.S.S.R.

Dr. Thalia Dragonas. Foundation for Research in Childhood, 42, Amalias Street, Athens 105 58, Greece.

Professor Jean Golding. Institute of Child Health, Royal Hospital for Sick Children, St Michael's Hill, Bristol BS2 8BJ., U. K.

Dr. Lubomir Kukla. Dept. Preventive & Social Pediatry. Research Institute of Child Health, Brno.

Dr. S.A. Goodfellow. Postgraduate Medical Centre. Nobles Hospital, Westmoreland Road, Douglas, Isle of Man

Central Survey Office: Division of Paediatric and Perinatal Epidemiology, Department of Child Health, University of Bristol, Bristol BS2 8BJ, U.K.

Isle of Man Study Centre: Postgraduate Medical Centre. Nobles Hospital, Westmoreland Road, Douglas, Isle of Man. Tel. (0624) 662636. Research coordinator, Dr. S.A. Goodfellow (formerly Mrs. S.A. Parkes). Research midwife, Mrs. E.M. Rolfe. Data handler, coder and keyer, Mrs. B. Jones. Secretary, Mrs. K Thatcher.

14. Sponsorship.

The study has been supported in the Isle of Man by:

The Postgraduate Medical Centre, The Hewitt Trust, The Gough Ritchie Trust, The I.O.M. Department of Health & Social Security, The I.O.M Department of Education, The O'Connor Trust, The Dr Scholl Foundation, The Manx Diabetic Group, The Manx Asthma Association, Noble's Hospital ,Ramsey Cottage hospital, The Isle of Man College, BodyStat, The Child Growth Foundation ,Prof. S. Nowicki, Emory University, Atlanta USA. Corkill's Garage, The Sangster Group, The Douglas Child Welfare Fund, the Isle of Man Lottery, The Lions Club, The Ladies Lions Club, Coutts (Isle of Man) Ltd., Barclays Financial Services Ltd. with contributions from The Isle of Man Bank and Allied Dunbar International Fund Managers and other kind sponsors

15. Table of Island questionnaires, their source and timing.

General Questionnaires		Completed by	<u>Timing</u>
1.	About Yourself	Mother	At booking clinic
2.	Partner's First	Partner	"
3.	Having a Baby	Mother	20-22 weeks
4.	Your Home and Lifestyle	Mother and Partner	Late pregnancy
6.	Postpartum Questionnaire	Mother	6 wks post delivery
7.	Partner's 2nd questionnaire	Partner	"
8.	My Young Baby	Baby's carer	"
9.	Motherhood	Mother	6 months
10.	Caring for a baby.	Mother about Baby	6 months
11.	Fatherhood	Partner	6 months
12.	18 month questionnaires	Carer about Child	18 months
13/14	18 month questionnaires	Mother and Partner	18 months
15	Your Child at Three	Carer about Child	3 years
16/17	Three year questionnaires	Mother and Partner	3 years
18	Your young school child	Carer about Child	5 years
19/20.	Five year questionnaires	Mother and Partner	5 years
21	Your seven year old	Carer about Child	7 years
22/23	Seven year questionnaires	Mother and Partner	7 years

Specialist questionnaires:

1. Delivery questionnaire.	Research midwife	Within 2 days of delivery.
2. Neonatal admissions.	Medical specialist	Before discharge.
3. Six month health report.	Health visitors	At 6 months
4. Hospital admissions.	Research team	Bi- annually
5. Out-patient & casualty attendance	"	٠.
6. Death questionnaire.	Medical specialist	At appropriate time
7. Teachers questionnaire.	Primary school teacher	At 7 years

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Address for correspondence
Prof. MJ Golding,
Emeritus Professor of Paediatric & Perinatal Epidemiology,
Centre for Child & Adolescent Health,
University of Bristol,
Oakfield House,
Oakfield Grove,
Bristol, BS8 2BN

e mail: jean.golding@bristol.ac.uk

1.2. Children's Seven-Year Assessment Clinic Protocol.

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1.2.1. Introduction

1.1 **Background**

The Isle of Man study has participated in the European Longitudinal Study of Pregnancy and Childhood since 1989 and Island children attained their seventh birthday between December 1997 and June 1999.

1.2 The Study Group

All parents of seven-year-old children living in the Isle of Man in 1998 were invited to attend the clinics, whether or not they were members of the original cohort. Children not born in the Island would form a useful control group for the cohort children. It was thought important to include these children to avoid creating feelings of exclusion from their peer group. The target population of the seven-year study group comprised 1403 eligible children:

988 children, still resident in the Island, whose parents were recruited during pregnancy. 55 children, whose parents were members of the original target population but **not** recruited during pregnancy.

360 children not born in the Isle of Man, resident on the Island in 1998 and born during the recruiting period.

X numbers of children from the original cohort who have left the Isle of Man and are lost to the study.

1.3 **The Island programme**

It was proposed that thirteen mandatory tests should be carried out on each child: seven measures of physical growth and development and six measures of cognitive and intellectual attainment. Estimates gained from the Bristol study centre, indicated that these tests could not be carried out in less than six hours.

The Island measurement programme was planned to conform, so far as possible, to the Bristol Protocol and keep pace with the rate at which the cohort children attained their seventh birthday. By assuming an 85% response rate in the Island and by restricting the testing period to a maximum of three hours per child, then an average number of 13 children could be measured each week. It would be possible to assess 1050 children over 18 months.

1.4 Physical tests.

The ante-natal clinic in Noble's Hospital was put at the disposal of the ELSPAC project each Tuesday and Saturday morning between June 1998 and July 2000. The smooth running of events was facilitated by the presence of a clinic manager, employed to meet the families, distribute and collect necessary documentation and organise the rotation of the children. The tests were divided into nine, twenty-minute time slots and should allow for breaks for refreshments. An assessor with an assistant occupied each room and the children were rotated from one room to another. In each half day at the Noble's clinic it was feasible to include between seven and ten children in nine test sessions.

Cognitive tests

The IOM Department of Education agreed that, after consultation with the head teachers, the cognitive tests could be done in the primary schools. The Director of Primary Education supported the study and urged the schools to co-operate with the study team and offer them all reasonable facilities and help that were available. The expected testing time was estimated to be approximately one and a half hours for each child.

Each child participating in both the physical and cognitive testing programmes, would undergo a maximum examination time of four and a half hours, spread over two separate sessions.

Management of the Clinics

It was crucial that the atmosphere of the examination clinics should be welcoming. The study is voluntary; the children were not ill and would not get treatment but would be

screened and measured to help research. Staff should be friendly and never intimidating so that the children would find the experience actively enjoyable and spread the word amongst their friends at school and at home. Parents and guardians bringing their children to be examined should understand that they did so voluntarily and that their co-operation was greatly valued.

Since their enrolment into the study during pregnancy, participants had been led to believe that the study would benefit the Isle of Man and their children and they were repeatedly informed that the study was entirely confidential and non-interventional. All forms and questionnaires have been written in a friendly and sympathetic way, and a similar approach was taken in telephone conversations. Since the children were born, considerable effort was made to establish good relationships with members of the cohort. Contact was maintained by sending Newsletters to the parents and birthday cards to the children. Local press articles and radio reports helped to maintain interest. It was extremely important that measures were taken to ensure that this trust was not jeopardised. We had not only persuaded the children and their parents to come to be tested but, wished to make their visit so enjoyable that they would encourage their friends to come too. Every effort was made to accommodate the parents' wishes over times and dates of appointments. All were offered a choice of week-day or weekend appointment dates. Parents were sent a letter for the child's teacher asking for leave of absence from school and if necessary one to their employer requesting paid leave from work to accompany their child. These were co-signed by the Department of Education and the Postgraduate Medical Centre Research Committee.

Members of staff were selected for the clinics because they had a warm and understanding approach to children, as well as the professional skills required for their role. A group of thirty testers was selected who were called upon in rotation throughout the study period.

1.5 Validation of measurements

All staff attended pilot training sessions to ensure that their measuring techniques were consistent with the ELSPAC protocol and its recommended guidelines. Reliability tests were carried out at intervals by conducting repeated measures of groups of children. Visiting specialists from Bristol and elsewhere attended the clinics at intervals to assess the conduct of the programme.

1.6 Arriving at the Clinics.

Before an appointment was made for any child, the parents were contacted to ask if they were willing for their child to attend and whether they preferred a Saturday or a Tuesday appointment. Those wishing to come were sent an appointment accompanied by brief details of the tests to be performed, consent forms agreeing to the test programme, the giving of blood samples and storage of samples for future testing or DNA analysis. On arrival at the clinic they were given questionnaires asking whether their child had suffered from any allergic reactions or had been recently ill or received any medicines or other preparations. They were offered help if they found these documents hard to understand.

It was made clear to parents that this was a research project and that individual results could not be made available ⁹. If a specific result was noted by the parents, no attempt should be made at their interpretation. Parents were free to discuss the tests with the clinic staff, who, if concerned may suggest that advise be sought from their general practitioner, the child's teacher or recommend that the child be re-tested or referred to a specialist.

Parents new to the study were recruited by interview and asked to complete questionnaires providing retrospective information essential to the study.

1.7 The child's booklet and rewards for attendance.

Each child was given a booklet including descriptions of each test, simple explanations of the reason for carrying them out, a space for their own performance or

'results' and a record of their involvement. Stickers and rewards for participation in each test were given, a 'Certificate of attendance' and a present was given to each child to take home.

2. Physical examinations

2.1 **Anthropometry.**

Measurements were recorded in underclothes without shoes.

- a. Height. Measured to the nearest 0.2cms with the child looking straight forward using a British Growth Foundation Stadiometer as described by Cameron¹.
 - b. Arm circumference, to the nearest 0.5 cm, measured midway between the process of the acromion of the scapula and the alecranon process of the elbow. British Growth Foundation flexible tape measures. Tapes kept taut but not tight.
 - c. Waist circumference, to the nearest 0.2 cm, was measured supine at the end of normal expiration at the mid-point between the iliac crest and the lower edge of the ribs in the mid-axillary line, with the child standing with the feet 15cms apart.
 - d. Head circumference, to the nearest 0.5 cm was measured at the widest horizontal circumference.
 - e. Hip to the nearest 0.2cm was measured at the point of maximum circumference around the buttocks.
 - f. Weight was measured to the nearest 50g using Secca 835 scales.
 - g. Foot length, width and an assessment of foot arch development were assessed by making a tracing of wet foot prints from both full weight-baring, bare feet.
 - h. The proportion of body fat was estimated by measuring levels of bio-electrical impedance² and training was given on the use of the equipment ³.
 - i. Abnormalities of the skeletal frame such as flat feet or scoliosis and extremes of posture and gait was recorded.
 - j. Children were examined for the presence of moles (melanocytic naevi). Observers were given an outline drawing of a child and asked to mark on it any freckles, moles, warts, rashes or other marks on the skin. This was given to the parent to compare it with her own perceptions.
 - k. The presence of flexural dermatitis was noted around the eyes, the sides or front of the neck, in front of the elbows, behind the knees and in front of the ankles according to principles described in the ISAAC protocol⁵.

¹ Cameron N. The methods of auxological anthropometry. In: Faulkner F, Tanner JM (eds). Human Growth. 2nd Edition, vol 3. NY and London: Plenum Press, 1986; 3-46.

2.2 **Blood pressure and pulse rate**

Increasing evidence suggests that coronary heart disease, although a disorder of adults¹ has many of its origins early in life. Relationships have been reported between foetal growth and blood pressure, cholesterol, clotting factors, and other risk factors for coronary heart disease in adults.

Measurements were made using a Dinamap 9301 Vital Signs Monitor. The child was asked to sit quietly with right arm at chest hest height and was given an explanation of what to expect, using the analogy of an inflating and deflating balloon to explain the action of the cuff. A piece of cotton tubing was slid up the child's right arm, to cushion it, before the cuff was attached. The initial inflation was set at 130mm Hg. A child-sized cuff (upper arm

² Houtkooper, LB, Lohman TG, Goring SB, Howell WH. Why bio-electrical impedance analysis should be used for estimating adiposity. Amer J Clin Nutrition 64 (3 Suppl) 4365-4448, 1996.

^{3.} Mr. Sakkie Meeuwsen, Managing Director of Body Stat (IOM) Ltd.

circumference 12-19cms) was used if the child's arm was up to 19cm in circumference; if more an adult cuff (17-25cm) was used. Two measurements of blood pressure and pulse were taken.

Reference

¹. Barker DJP, et al. The Foetal Origins of Adult Disease. British Medical Association Press, London 1992.

2.3 Motor ability, balance and physical observations

It is said that between 5-15% of children are affected by difficulties of movement and co-ordination. Whilst some studies suggest that many children grow out of such problems spontaneously, in others they persist and such children may also be affected by accompanying problems of low self-esteem and underachievement in schools. Manual dexterity is thought to be associated with antecedents of many movement difficulties experienced by children.

The Movement ABC is a classical assessment battery for children⁴. It has three sections, which assess manual dexterity, static and dynamic balance and ball skills. In normal practice it is used to indicate the extent to which a child may fall below the level of performance of its peers and does not differentiate between children who perform within, or better than the normal range. In this study the children's raw scores were used to describe the range of movement skills found in the sample.

References

- ⁴. Henderson SE and Sugden DA 1992. Movement Assessment Battery for Children and manual. Sidcup, UK. The Psychological Corporation.
- ⁵. Strachan D. Williams H. The ISAAC protocol, module 3.1 Dec.1995.

2.4 Lung function, bronchial responsiveness and allergy testing

Many environmental factors known to be associated with an increased risk of developing 'asthmatic' conditions are less common in the Isle of Man, so it is surprising that the Island cohort displays no decrease in incidence compared with the Avon sample. Increased bronchial responsiveness may precede the onset of asthma and may itself be, at least in part, genetically determined, so it is an important tool in epidemiological studies and research into the causes of asthma. Investigation of bronchial hyper-reactivity and atopic sensitivity is a priority in the ELSPAC study and in the Isle of Man. Not only because it is likely to attract outside collaborators and funding, but also because asthma is a locally important and sensitive issue.

Baseline lung function was measured using a Fleisch electronic spirometer connected to a computer-based pulmonary function package (Spirotrac^{III}, Vitalograph, UK). Acceptability and reproducibility of the test results was ascertained according to American Thoracic Society guidelines⁶. Flow-volume curves was generated for five forced expirations and used to calculate the following measurements: peak expiratory flow (PEV), forced expiratory volume in 1 second (FEV_{1.0}), slow vital capacity (SVC), forced vital capacity (FVC) and maximal flow at 25%, 50% and 75% of forced vital capacity (Vmax²⁵, Vmax⁵⁰, Vmax⁷⁵). The data was expressed as absolute values and as a percentage predicted for the child's height. An incentive-based system in the software was used for all children to encourage maximal effort.

Continuous tracings of room temperature and relative humidity during each child's test were recorded.

Training in the techniques required for the measurement of lung function and bronchial responsiveness was provided in the Isle of Man during a visit by Dr. John Henderson, Consultant Senior Lecturer (Paediatric Intensive Care) at the Department of Clinical Medicine, Royal Hospital for Sick Children, Bristol.

The following tests of bronchial challenge for hypersensitivity and skin allergy testing recommended by the ELSPAC Protocol were not approved by the Isle of Man Ethical sub-committee

Bronchial Responsiveness. Children who have a history of allergic disease or diagnosed asthmatic attacks or who have had an acute respiratory tract infection and/or a course of oral steroids within the past three weeks were to be excluded from this test. A standardised six-minute exercise step challenge test would be administered to all other children. The challenge would be performed indoors and the room temperature and relative humidity during each child's exercise would be recorded. The work rate, in steps per minute, would be adjusted to ensure that the child reaches 90% of his or her predicted maximum heart rate. The test would be continued for six minutes and would be followed by baseline pulmonary function and lung function measurements repeated at 1 min, 5, 10 and 15 minutes. The response would be defined as the maximum fall in each of the pulmonary function measurements from the baseline measurement and expressed as a percentage fall. A fall in FEV1 is expected in 13% of children following the challenge³.

Allergy testing. Information relating to signs of atopic responses such as wheezing, coughing, breathlessness, sneezing, rhinitis and dry, itchy rashes has regularly been collected from the parents' questionnaires. It would also be important to identify any existing reactivity which may be independent of clinical signs or symptoms. For this reason it was requested that children would be tested for the three most common allergens, grass pollen, house dust mite and cat dander, together with a positive histamine and a negative control.

In advance of the visit parents would be informed of the allergy testing procedure and sent a series of questions designed to identify high risk cases. It would be explained to parents and to each child that positive reactions to this test are common and would not mean that they have an allergy to that substance and that if they have no physical symptoms they need not be concerned, they should take no action. If however any child showed a strong positive reaction to any of the allergens they would be informed and advised to contact their general practitioner. For children not judged to be at risk, but who have antihistamine medication, parents would be asked to stop these 48 hours before the visit. At the clinic parents would be shown a list of antihistamines to ensure that none have been overlooked.

One drop of three allergens: to cat, grass pollens and house dust mites (Dermatophagoides pteronyssius and D. farinae) and a positive and negative control (histamine and saline) would be placed 1cm apart on the forearm in a site not above a visible vein. A small prick would be made to the skin beneath each drop using a lancet designed to prevent drawing blood, and the drops would be wiped off separately to avoid crosscontamination. After 10-15 minutes, the diameters of each weal and any surrounding flare would be measured at the widest point. If the weal was irregular, this fact would be recorded.

The current methods of bronchial challenge and allergy testing have rarely been shown to result in adverse reaction, even though many thousands of tests have been done. On the basis of 15,700 subjects, between 6 and 74 years of age tested with an eight battery antigen, in which no cases of severe anaphylactic reaction were observed Professor Gideon Lack has declared allergy testing to be a 'low risk medical proceedure'.

No testing would be carried out in the Isle of Man without the following conditions being met:

a. Staff would be specifically trained in allergy testing.

b. They must have immediate access to a doctor who is familiar both with the programme and with the use of IM adrenaline and paediatric resuscitation. This doctor should ideally be the paediatric registrar or house officer working under the authority of one of the paediatric consultants.

References

- ⁶. Crapo RO, Hankinson JL, Irvin C, et al. Standardisation of spirometry, 1994 update. Am J Resp Crit Care Med. 1995; 152: 1107-36.
- ⁷ Turkeltauba and Gergen. Reactions to an eight battery antigen test carried out on 15,700 subjeccets. J.Allergy Clin Imunol. 1989; 84(6): 866-890.

2.5 Vision

When the qualified orthoptist was present, the following procedures were carried out on all children (with glasses if they wore any) to assess presence of squint, stereopsis, contrast sensitivity and refractive error. Children with poor vision in one or both their eyes would need to be checked by a specialist later to classify the cause of their reduced vision. Amblyopia, uncorrected refractive error or other pathology such as suspected optic nerve defects would need to be classified and referred, via the general practitioner, to a specialist.

- a. History
- b. Cover/uncover test at 3 m, 6 m and infinity
- c. Prism cover test for manifest squint with +1.0DS blur test.
- d. Convergence
- e. Observation of eye movements
- f. Monocular LogMar visual acuity, (habitual correction if worn) +1.0DS blur test
- g. 20D and 4D prism fusion test
- h. Accommodative facility with +2/-2 Flipper lenses
- i. Stereopsis at near distance.
- j. Ishihara colour vision.

In clinics where the orthoptist was absent, tests: a, d, e, f, i and j, were carried out. Children who might require specialist testing were asked to attend a clinic at which he was present.

2.6 **Hearing and tympanometry.**

Emphasis was placed on the detection of hearing loss attributable to 'glue ear' in relation to development of speech and language, behaviour and social development. The hearing tests were carried out in a room with minimal external noise.

- 2.6.1. <u>Audiometry</u> was done in each ear separately using the air-conduction method at frequencies: 500, 1,000, 2,000, 4,000, 8,000 and 16,000 Hertz with the 1,000 measure being repeated to ensure that it is ± 5 dB. Bone conduction was tested at 4,000 Hz.
- 2.6.2. <u>Noise reception</u> was tested using the 'McCormack Toy Test'.
- 2.6.3. <u>Tympanometry</u>. Tympanic membrane mobility and middle ear pressure was charted with a tympanometer. The resultant tympanogram was visible to the parent and child, but no attempt at interpretation was made by the staff. Later, the result were categorised into four groups:

Middle ear pressure

Normal graph. $+100 \text{ to } -100 \text{mm H}_2\text{O}.$

Slight eustachian tube dysfunction. '-100 to - 200mm H₂O'.

Definite eustachian tube dysfunction. '-200 to - 300mm H₂O'

Flat trace graph, consistent with otitis and ear media with effusion (OME).

'No middle ear pressure recorded drum immobile

2.7 **Dental observations**

The WHO goal for the year 2003 is that 70% of 5-year old children should be free from caries⁸. In 1993 in the UK, only 43% of 5-year old children were free from dental disease. Plans were made to use dental examination criteria used in national surveys of child dental health to detect dental caries, developmental disturbance of the mouth, dental erosion and mal-occlusion. As this was not possible to arrange in the Isle of Man, a dental hygienist was asked to examine each child, record their oral condition and administer a short questionnaire to the children.

Reference

8. O.Brien M. Children's dental health in the U K in 1993. London: OPCS 1994.

3. Intellectual abilities and psychological development

3.1 **Cognitive function**

The measures used to assess cognitive functioning are those included in the Wechsler Intelligence Scale for Children (WISC-^{III}UK). This version was anglicised and validated on a UK population in 1992. Although time consuming, it is a universally recognised test and comprises thirteen possible sub-tests, twelve of which were used in the Isle of Man. Those used were: Picture Completion, Information, Coding, Similarities, Picture Arrangement, Arithmetic, Block Design, Vocabulary, Object Assembly, Comprehension, Symbol Search, and a test of short-term memory, Digit Span. The results of these test components are used to derive seven age-adjusted scales of intellectual functioning, which together and separately can be used to assess each child's skills in different aspects of cognitive function. They are: the Verbal Intelligence Quotent (IQ), Performance IQ, Full Scale IQ, Verbal Comprehension, Perceptual Organization, Freedom from Distractibility and Processing Speed.

3.2 **Reading Ability**

The aims are to record the variation of reading performance within the population, identify poor readers and investigate the mechanisms by which some children fall behind in reading. The test used in this study was the Wechsler Objective Reading Dimensions (WORD), which includes tests of basic reading ability, reading comprehension and spelling. Different aspects of reading such as decoding and comprehension can be considered in relation to measures of language already available in the questionnaire data and verbal short-term memory included in the WISC^{III}.

In the analysis, particular interest will be taken in children's perception of their own reading ability.

3.3 **Speech and Language**

Time permitting; the children's use of language was measured with the Wechsler Objective Language Dimensions (WOLD), which includes assessment of sound and word reception, levels of comprehension and oral expression

The above tests can be used to compare each child's raw scores from the Key Stage 1 School Assessment Tests.

3.4 Locus of Control.

The measurement of 'Locus of Control' is a tool widely used to assess a person's perception of the control they have over their circumstances in life. The achievement of low scores in this test indicates an individual who feels well in control of their life (they have 'internal' control). One with high scores has 'external' control, indicating that they feel other people or events are controlling their lives. The measure is closely associated with factors such as academic achievement, emotional well being, attitudes and behaviour. Analysis of questionnaire data from pregnancy in the Island sample shows that scores of Locus of Control are high in the Isle of Man. This suggests that parents in the Island may have a different (more external) outlook on life to those in Avon.

There is considerable research interest in the antecedents to this measure, particularly in children, and the Island is well placed to provide evidence to add to existing knowledge.

A Children's Questionnaire includes the 'Preschool and Primary Nowicki-Strickland Internal-External Locus of Control scale' (PPNSIE) and is composed of a brief series of questions measuring each child's 'Locus of Control'. This questionnaire was administered by an interviewer who gives a careful explanation of the fact that there are no right or wrong answers to any of the questions. The children must understand that 'we are just interested in how they feel'.

3.5 Non-Verbal Communication.

The development of skills in the perception and transmission of non-verbal communication has been shown to be closely related to social adjustment and to feelings of personal adequacy. Competence or lack of it, in this area is implicated in academic performance, popularity, bullying and other extremes of behavioural adjustment. Hearing loss during the socialisation of young children may be associated with the development of unusual non-verbal communication skills. It is important to examine the means by which children successfully acquire these skills and to identify factors preventing their development in individual children.

The 'Direct Assessment of Non-Verbal Accuracy (DANVA) Test' was used to measure the children's ability to interpret the meaning of facial expression and tone of voice. Each child was first shown a series of photographs of children and adult faces that display different facial expressions. Each face shows one of four distinct emotions: happiness, sadness, anger or fear and the child is asked, after seeing each, whether the person in the slide is 'happy', 'sad', 'angry' or 'afraid', and scored according to their responses. The child was then asked to listen to a tape-recording of men and women speaking a simple phrase in

different tones of voice: happily, angrily, or with a sad or fearful tone. The child is again asked to describe whether the person sounds 'happy', 'sad', 'angry' or 'afraid'.

3.6 **General behaviour.**

The Robert Goodman 'Strengths and Difficulties Questionnaires' is used in this study as a measure of child behaviour. It is used as a measure in its own right and as a tool to compare different impressions of the same child. The scale has twenty-six questions and has been asked of

the child's teacher, its parents and, in a shorter version, the child. Five sub-scales have been derived from each, giving scores for: social acceptability, hyperactivity, emotional state, characteristics of conduct and peer relationships.

4 Other investigations.

4.1 **Diet**

A dietary diary was sent to the mother a week before her child's clinic appointment in which she was asked to record everything the child ate or drank during three days, including one week-end day, before attending the clinic. The child's parent, or accompanying adult, was interviewed at the clinic by a qualified dietician, who checked the forms to ensure that the quantities of foods had been recorded in a standard format. In particular, brand names of foods eaten were identified and portion sizes, drinks taken and snacks were recorded. The child was also asked simple questions about their food preferences and eating routines.

4.2 **Biological samples**

An early object of the ELSPAC design was that biological samples (cord blood, placenta and maternal blood) should be collected from each participant at their child's birth. Factors of interest could then be linked with evidence of environmental exposures collected from data given in the ante-natal questionnaires. In the Isle of Man it was not possible to collect such samples at delivery without risk of disrupting routine services. At the clinics, it was hoped that exceptional efforts might be made to compensate for this loss of opportunity.

It is recognised that taking blood from children for research purposes must be carefully justified. It is different from doing so from sick children when the sample is essential to their care. For this study the following strategy was adopted:

- a. The mother's or father's informed consent, in writing was obtained.
- b. Each child should be willing to undergo the procedure.
- c. The phlebotomist should understand that before proceeding with sample collection, she must explain to each mother and her child that if at any time during the operation she, or the child changes their mind, then collection would stop at once.
- d. If the child asks her to, or shows signs of distress, then collection would stop.
- e. Staff was fully hospital trained, skilled, and recently practised in venepuncture of children for clinical purposes.
- f. EMLAR anaesthetic cream was applied at least 50 minutes, and not more than 2 hours, before the blood was taken.
- g. Note was made of any recent infections, treatments, and con-current or intermittent drug therapy.

5. Blood Assays:

If possible, three vacu-tainers of blood were taken: 7ml in a container containing the anti-coagulant EDTA.

- 5.1 For immediate analysis
 - a) Full blood count.
 - b) Lipid profile
 - c) Iron profile
 - d) Glucose

- e) IgE
- 5.2 Storage in the Isle of Man in 0.5ml aliquots of spare serum and plasma.
- 5.3 Transport to Southmead Hospital, Bristol for separation of lymphocytes and their extraction from the buffy-coat into aliquots for DNA extraction and storage and for future analysis.

5.4 Teeth, hair and nails

For the past two years, parents have been sending samples of their children's primary teeth, hair and nails and over 500 samples have been received. These are carefully stored for future analysis for evidence of their exposure, in utero, to heavy metals, radiation or other environmental toxins.

6. Data from schools

6.1 **Teachers' reports**

Each class teacher has been asked to complete a questionnaire on each study child. All but one of the 35 primary schools involved in the study children's teaching responded, completed and returned their questionnaires. Information received has included measured of each child's:

- a. Strengths and difficulties.
- b. An assessment of hyperactivity.
- c. Each teacher's opinion of the child's ability on various topics not covered by the National Curriculum.

7. Ethical issues

7.1 **Informed consent**

When parents were recruited into the study they were interviewed individually at the booking or ante-natal clinic in Noble's hospital, where it was explained that ELSPAC was a 'non-interventional', prospective study, that their participation was entirely voluntary and the results would be unlikely to benefit their children directly. The absolute confidentiality of the study was stressed.

In the six-month questionnaires all study participants were asked if they would be willing to be included in studies of specific interest. Only respondents who signed in agreement could be made available to 'flagging' for future studies.

At the clinics, children were to be tested voluntarily. Parents would be sent a letter including full information as to the purpose of the tests, stressing that none were obligatory, and they could withdraw their child at any time during the proceedings.

7.2 **Confidentiality**

It is a definite policy of the ELSPAC protocol that the results of tests may not be given to the parents. ELSPAC is a research project and testing staff can not be held responsible for the interpretation of any individual test results. However, in cases where problems were identified in the testing sessions, which, it was considered, might benefit from specialist treatment, then parents would be informed and, with their permission, family doctors notified of the results.

1.3. 16 year study protocol

Assessment of the emotional well-being, social attitudes and behaviour of 16 year-old children in the Isle of Man: a follow-up study of The European Longitudinal Study of Pregnancy and Childhood (ELSPAC).

Background

The Isle of Man ELSPAC study is part of the population based, multi-centred WHO initiative, the European Longitudinal Study of Pregnancy and Childhood¹. It comprises data collected from a complete population of births expected in eighteen months during 1991/92. Starting in pregnancy, it continued at intervals and culminated with comprehensive clinical and cognitive assessments of the eligible children at seven years of age². Island objectives have been to use the epidemiological advantages of the Isle of Man to identify factors that may put Island children at greater risk of specific disorders of health and behaviour than others.

Depressive disorders are traditionally thought to be rare in childhood, yet anecdotal evidence from the Isle of Man and elsewhere refutes this view. Common sense would suggest that the Isle of Man offers an ideal environment in which to rear children, secure from many of the risk factors associated with psychosocial disorders. It is relatively free from the effects of poverty, poor material circumstances, inadequate education, poor perinatal care, and has strong community and social support, yet despite these advantages the prevalence of psychosocial disorders in the population causes increasing concern. It is well established that adverse childhood experiences are associated with psychosocial disorders in later life but such experiences do not inevitably lead to adverse outcomes^{3,4}. Individuals differ in susceptibility and protective mechanisms have important intervening impact on risk³. The interaction of environmental and genetic influences has attracted much recent interest⁵. The long history of evidence to establish these associations has highlighted the difficulties of isolating the impact of specific early adversities. The majority of current evidence derives from retrospective studies and more longitudinal studies are needed to track the associations between biological and environmental risks and identify factors that allow vulnerable children to escape from risk.

Measures of social conditions in early childhood that have an important impact on the young include:

- Age, social class, parents' education and marital status
- Parents' unemployment
- Access to transport and recreational facilities
- Housing conditions
- Mother's emotional well-being and outlook on life.

Data giving information about these key variables is available from the Island ELSPAC resource and frequencies have been compared with other study centres^{6,7,8}

There is no doubt that if a mother suffers from severe depression this can affect the quality of care she can give to her baby and there is now strong evidence that depression is relatively common on the Isle of Man^{9,10}. Nearly 16% compared with 14% in Bristol scoring above 12 (i.e. likely to show signs of clinical depression) during pregnancy¹⁰

In a study of depression in mothers of the Isle of Man ELSPAC cohort, the strongest factors predicting high depression scores were: mother's single marital status, living alone and in rented accommodation, damp housing, high (external) locus of control scores, mothers

expressing a negative reaction to the pregnancy and mothers whose pregnancy was unplanned ^{10.}

Aims

The aims of this study are to determine the prevalence of depression in Island adolescents, define aspects of their social behaviour and measure levels of their self- esteem and locus of control. Information from the existing ELSPAC database will be used to test associations between early life experiences and these outcomes and seek evidence of circumstances that may protect individuals from adverse risk¹¹.

Methods

Information about early life circumstances will be accessed from various linked databases in the Isle of Man ELSPAC series:

- a. General questionnaires, completed by parents at 2 yearly intervals between pregnancy to 7yrs (80-60% response)
- b. Specialist health questionnaires completed by medical and teaching professionals at delivery, 6 months and at 2yr intervals from before birth and 12 years (99-85% response)
- c. Physical examinations, cognitive testing and information about children's diet at 7 years (74-60%).
- d. Biological samples collected at 7yrs of age. Information about recent experiences will be collected from a series of questionnaires administered to the children themselves, their parents or carers and from their class teachers.

The Study Ouestionnaires

Five questionnaires will be administered to 16 year-old eligible subjects in the cohort: two for completion by each study child, one to be completed by the study child's mother, or principal carer, another by her present partner and the fifth by the child's class teacher. Detailed content of these questionnaires is described below:

1. 'Your Own ELSPAC Questionnaire'

To be completed by the study child at 16 years

Section A 'You and your Family'. Seeks factual information of the composition of their family and household, the child's impressions of the personal dynamics in the household, sources of disagreements and the quality of communications between family members.

Section B 'You and your Feelings'. Contains a child-oriented measure of Goodman's Strengths and Difficulties Questionnaire (24 items) ¹², feelings about their school environment, aptitude for different subjects in the curriculum and attitudes to friends.

Section C Life Events. A 25-item scale seeking information about common stressful events that may have occurred in the past 2 years and asking how they affected them¹³.

Section D 'Something about you'. Seeks information about the personal values of the subject and the degree of importance attached to them. Other questions ask about their expectations of the future.

Section E 'Your Opinion of yourself'. 11 questions of the Lawseq pupil questionnaire measuring self-esteem 14,15.

Section F. 'Your feelings in the past two weeks'. 32 questions of the Mood and Feelings Questionnaire (MFQ) an easy-to-administer, self-report measure of childhood and adolescent depression.

Section G 'Your Outlook on Life'.12 questions measuring the Nowicki/Strickland Locus of Control. Responses indicate the extent to which children feel empowered to control the events in their life or feel themselves to be controlled by external forces, people or events¹⁷.

Section H_'Taking care of your Own Health'. Brief questions about eating habits, exercise, smoking and use of alcohol.

2. Child's Health Questionnaire. To be completed by the study child at 16Yrs

This questionnaire asks for information about the child's recall of specific events that have affected their health in recent years, impressions of their body size and their age of attaining sexual maturity, frequency of contact with health services, regular medication and details of accidents and injuries. A final section is included asking questions about their feelings and experiences of close personal relationships designed after consultation with Island professionals.

3. Teachers' Questionnaire.

To be completed by teachers of the study child. Containing questions repeating the Goodman 'Strengths and Difficulties Questionnaire' a replica of that administered to the children at 7 years of age¹⁸.

4. Mothers Questionnaire, 'Your ELSPAC Son/Daughter at 16 years

To be completed by the child's mother or principal carer. Sections A-C seek general information about the mother's impressions of her own health in recent years, the composition of her household and her relationship with the natural father of the study child. Sections D –F ask questions that can provide measures of her Locus of Control, Self Esteem and Emotional Well-Being, and Sections G & H seek information about work status, and social support. Section I seeks information about her relationship with the study child and Section J contains questions repeating the Goodman 'Strengths and Difficulties Questionnaire'. The final questions K –M are designed to corroborate her child's statements regarding his/her attitudes, medical problems and contact with the health services; Section N is to corroborate her child's recall of recent life events and his/her opinions about school¹⁹.

5. Partner's Questionnaire at 16 years

To be completed by the mother's present partner. This questionnaire contains questions regarding the partner's impressions of his health, career status, and compositions of their household. It also asks questions regarding their Outlook on Life (Section C), Self Esteem (Section D), Emotional Well-being (Section E), Work and Lifestyle (Section F), Social Support (Sections G & H) and Life Events (Section I). A final section (J) asks questions about their relationship with the study child¹⁹.

Administration.

Children's questionnaires will be administered in class to groups of children, whose ages are as close as possible to 16 years. They will not take the questionnaires home and completed forms will be collected at the end of each study session. Opportunities will be arranged for repeated sessions in cases where children fail to attend or who had difficulties with completion. It is anticipated that some children will require home visits.

Parent's questionnaires will be administered by post. Procedures for follow up in cases of non-response will include postal reminders, telephone calls and personal visits.

Data entry. This will be done locally with SPSS Software. Data will remain under control of the 'ELSPAC in the Isle of Man' and conform to Isle of Man Data Protection provisions.

Analysis.

With statistical assistance from colleagues in the University of Bristol, the analysis of data from this study will focus upon establishing the prevalence of the three outcome measures in 16-year-old children:

- 1. Depressive symptoms that suggest evidence of clinical disorder,
- 2. Disruptive behaviour that cause difficulties in the class situation and
- 3. Locus of control scores that indicate internal or external control orientation.

Analysis will aim to define 'sociological profiles' of life course factors associated with these outcomes and proceed to identify independent statistically significant associations.

2. General Questionnaires

2.1 Pregnancy

2.1.1. MOTHERS' FIRST QUESTIONNAIRE 'ABOUT YOURSELF'

Data gathered by:	Expectant mother.
Data gathered when:	Early pregnancy
Data gathered where:	Self completing questionnaire, given at booking
	clinic, return in pre paid envelope or by hand by
	mother
Number collected:	1062
Entered data stored in file(s):	Io1.sav; Im1.csv
Version of questionnaire	1 of 1

This questionnaire is the first part of the ELSPAC study. It asks about your health, your feelings and your experiences in life; things which may affect you and may have important influences on your family. Your answers will help us to understand how mothers' own experiences affect their pregnancies, how they respond to having children and how children develop.

There are no right or wrong answers. This isn't a test of intelligence or ability, but simply a measure of the way you feel or behave. Just try to decide which answers represent your usual way of acting or feeling then put a CROSS or TICK in the appropriate box.

All the answers you give are confidential. None of the doctors or midwives you see or anyone else outside the research team will know the answers you give. Your name and address will not be on the questionnaire.

We would be grateful if you would help us by answering as many of the questions as possible, but if there is any question you do not want to answer just put a line through it.

IF YOU DECIDED THAT YOU DID NOT WANT TO FILL IN THE QUESTIONNAIRE, PLEASE SEND IT BACK BLANK SO THAT WE MAY COMPLETE OUR RECORDS.

THANK YOU VERY MUCH FOR ALL YOUR HELP

SECTION A: YOUR BACKGROUND

A 1a)	Were you born on the Isle of Man? Yes
b)	No How long have you lived here? <10yr 10+
	Since birth
A2	What is your date of birth?
A3	How would you describe the race or ethnic group of your family?
	a) Yourself
	Manx
	English
	Irish
	Scots
	Other b) Your partner
	Manx
	English
	Irish
	Scots
	Other
	c) Your mother
	Manx
	English
	Irish
	Scots
	Other
	d) Your father
	Manx
	English
	Irish
	Scots
	Other

YOUR PREVIOUS PREGNANCIES

A 7	Have you ever been pregnant before? Yes No
If yes,	
A 8 a)	How many times have you been pregnant altogether before this time? Is this the first pregnancy with your present partner? Yes No Don't know
,	How many children of your own do you have? Do they all live with you? Yes No
A10a)	Have you ever had any miscarriages? Yes No
b)	If yes, how many times have you miscarried?
ŕ	Have you ever had any abortions or terminations? Yes No If yes, how many times?
ŕ	Have you ever had a stillborn baby?
1112a)	Yes
	No
b)	How many?
A13a)	Have you ever had any babies who were born alive but died later? Yes No
b)	How many?
c)	How old were they when they died?
A14	Were any of your babies under 5lb 8oz (2,500 grammes) at birth? Yes No
A15a)	Were any of your babies born more than 3 weeks early? Yes No
A15b)	Have you ever had a caesarean section? Yes

A16	How old were you when you became pregnant for the very first time?
A17a)	What was the outcome of the last pregnancy before this pregnancy? Miscarriage Abortion Stillbirth Live baby which died Live born baby still alive Other
b)	Did you breast feed your last baby?
	Yes No
A17c)	If yes, for how long: <1 month 1 to 3 months >3 months
SECT	TION B: YOUR MEDICAL HISTORY
B1 a)	How old were you when your periods first started?
B1 b)	In the year before this pregnancy would you say your periods were regular? Yes No, not regular No periods
c)	If regular, how many days are there from the start of one to the start of the next?
B2a)	Have you ever used the contraceptive pill? Yes No
b)	If yes how old were you when you first used it?
c)	For how many years have you taken the pill?
B2 d)	Is it possible you may have taken the pill when you were pregnant this time? Yes No
B3 a)	Have you ever gone to a doctor because you thought you were infertile? Yes No
b)	Did you use any treatments to help you conceive this pregnancy? Yes No
	If yes which one?

B4 a)	What was your weight before you started this pregnancy?
b)	Are you certain of this?
	Yes
	No
c)	Before you became pregnant, what size were your?
,	i Hipsinches
	ii Waistinches
	iii Bustinches
d)	i How tall are you?feetinches
	ii Are you certain of this?
	Yes
	No
R5 a)	Have you ever had diabetes?
D 5 u)	Yes
	No
	i If yes, have you only had it when you were pregnant?
	Yes
	No
	ii How is/was it treated?
	Insulin Injections
	Other drugs
	Diet only
	iii How old were you when you first developed it?
b)	Have you ever had hypertension?
,	Yes
	No
	b)i If yes, have you only had it when you were pregnant?
	Yes
	No
	ii Age when you first developed it?
B6	Have you ever had any of the following?
	a) Measles
	Yes
	No
	Don't know
	b) Mumps
	Yes
	No
	Don't know
	c) Chicken pox
	Yes
	No
	Don't know

B6	d)	Whooping cough Yes
		No
		Don't know
	e)	Cold sores
	ŕ	Yes
		No
		Don't know
	f)	Meningitis
	,	Yes
		No
		Don't know
	g)	Glandular fever
	<i>U</i> ,	Yes
		No
		Don't know
	h)	Tuberculosis
	,	Yes
		No
		Don't know
	i)	UTI
	,	Yes
		No
		Don't know
	j)	Sexually transmitted diseases (e.g. genital herpes, warts, thrush)
	3/	Yes
		No
		Don't know
	k)	Other
	,	Yes
		No
		Don't know
В7	Have	you ever had any operations for which you needed an anaesthetic?
		Yes
		No
		If yes, please describe:
		J, F
B8	Have	you ever had any accidents?
		Yes
		No
		Don't know
		If yes, please describe:
	How	were you treated?
		i In hospital
		ii Saw a doctor
		iii Treated at home

B9 Have you ever had any of the following?

a) Hay fever

Yes, I have it now Yes, in past only No Never

b) Indigestion

Yes, I have it now Yes, in past only No Never

c) Asthma

Yes, I have it now Yes, in past only No Never

d) Eczema

Yes, I have it now Yes, in past only No Never

e) Epilepsy

Yes, I have it now Yes, in past only No Never

f) Febrile convulsions

Yes, I have it now Yes, in past only No Never

g) Migraine

Yes, I have it now Yes, in past only No Never

h) Back pain/slipped disc

Yes, I have it now Yes, in past only No Never

i) Kidney disease

Yes, I have it now Yes, in past only No Never

j) Varicose veins

Yes, I have it now Yes, in past only No Never

k) Haemorrhoids/piles

Yes, I have it now Yes, in past only No Never

1) Rheumatism

Yes, I have it now Yes, in past only No Never

		Yes, I have it now
		Yes, in past only
		No Never
	n)	Stomach ulcer
		Yes, I have it now
		Yes, in past only
		No Never
	o)	Pelvic inflammatory disease
		Yes, I have it now
		Yes, in past only
		No Never
	p)	Anorexia nervosa
		Yes, I have it now
		Yes, in past only
		No Never
	q)	Bedwetting
		Yes, I have it now
		Yes, in past only
		No Never
	r)	Psychiatric problem.
		Yes, I have it now
		Yes, in past only
		No Never
	Please	describe
D10 \	A .1	
B10a)	Are the	ere any other problems for which you have regular treatment or medicine?
		Yes
L)	If Vac	No
D)	n res,	please describe the problem, treatment or medicine:
	i	Problem:
	1	r Touletti
	ii	Treatment
	11	Treatment
R11a)	Would	you say that you were allergic to anything?
D11a)	Would	Yes
		No
b)	If yes,	
0)	n yes,	is it to.
	i	Cats
	1	Yes
		No
	ii	Pollen
		Yes
		No
	iii	Dust
		Yes
		No
B11	iv	Animal stings
		$\boldsymbol{\varepsilon}$

B9 m)

Arthritis

Yes
No
v Something else
Yes
No
Please describe
B12 Have you had any of the following in the past two years?
a) Attacks of wheezing and whistling on the chest Yes
No
b) A dry itchy rash Yes
No
c) Hives
Yes
No
d) Sneezing attacks
Yes
No
e) Runny nose
Yes
No
f) Watery eyes
Yes
No
g) Attacks of Breathlessness
Yes
No
h) Frequent cough during the night
Yes
No
i) Cough when you wake in the morning
Yes
No
B13 a) Do you know how much you weighed when you were born? Yes
No
Weight
,, organi
b) Were you born?
i More than 3 weeks before the expected date
Yes
No
Don't know
ii Around the date expected
Yes
No
Don't know
B13b) iii More than 3 weeks late

	Yes
	No
	Don't know
B14a)	Were you born with any malformations?
	Yes
	No
B15a)	How would you rate your hearing? i) Left ear
	Always very good
	Occasional problems
	Some sounds I can't hear
	ii) Right ear
	Always very good
	Occasional problems
	Some sounds I can't hear
R169	How is your sight without glasses?
D10a,	Always very good
	· · · · · · · · · · · · · · · · · · ·
	I can't see clearly at a distance
	I can't see clearly close up
D171	I can't see much at all
B100	Are you colour blind?
	Yes
	No
	Don't know
SEC 7	TION C: YOU AND YOUR PARTNER
C1 a) What is your present marital status?
	i Never married
	ii Widowed
	iii Divorced
	iv Separated
	v Married, once only
	vi Married more than once
b) If married, what was the date of the marriage?
c) For how long have you been together?yrs
C2 a)	Is your partner the father of your unborn child? Yes
	No
	Not sure
h) Does your partner live with you?
Ü	Yes
	No
	110

C3 How would you assess your partner's physical health?

Always fit and well Usually fit & well Sometimes unwell Often unwell Always unwell C4 How old is your partner?.....yrs The following questions are about how you and your partner behave towards each other. Please indicate how often you behave in the ways listed. C5 Is your partner affectionate towards you? Almost always Often Sometime Rarely Never C6 Does your partner get angry with you? Almost always Often Sometime Rarely Never C7 Does your partner listen to you when you want to talk about your feelings? Almost always Often Sometime Rarely Never C8 Do you have arguments with your partner? Almost always Often Sometime Rarely Never C9 Does your partner talk to you about his problems and feelings? Almost always Often Sometime Rarely Never C10 Do you get angry with him? Almost always Often Sometime Rarely Never

C11 Do you enjoy his company?

Almost always

Often

Sometime

Never

C12 Does he show his approval of you?

Almost always

Often

Sometime

Rarely

Never

C13 Do you behave affectionately towards him?

Almost always

Often

Sometime

Rarely/Never

SECTION D: YOUR FAMILY AND FRIENDS

The following questions ask about the number of people you see regularly

D 1 How many of your joint relatives do you see at least twice a year?

None

One

2 to 4

> 4

D 2 If you have to make an important decision, how many people are there with whom you can discuss it?

None

One

2 to 4

> 4

D 3 During the last month, how often did you gather with one or more friends?

None

One

2 to 4

< *1*

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

D 4 I have no one to share my feelings with

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

D5 My partner provides my emotional support I need

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

D6 There are other expectant mothers with whom I can share my experiences

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

D7 I believe, in moments of difficulty, my neighbours would help me

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

D8 I am worried that my partner might leave me

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

D9 There is always someone with whom I can share my happiness and excitement about the pregnancy

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

D10 If I feel tired I can rely on my partner to take over

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

D11 If I was in financial difficulty, I know my family would help if they could.

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

D12 If I was in financial difficulty, I know my friends would help if they could

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

D13 If all else fails, I know the state will support and assist me.

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

SECTION E: RECENT EVENTS

Have any of these occurred since you became pregnant?

E1 Your partner died

Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me

No, didn't happen

E2 One of your children died

Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen

E3 A friend or relative died

Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen

E4 One of your children was ill

Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen

E5 Your partner was ill

Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen

E6 A friend or relative was ill

Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen

E7 You were admitted to hospital

Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen

E8 You were in trouble with the law

Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen E9 You and your partner were separated or divorced Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen E10 You found that your partner didn't want your child Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen E11 You were very ill Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen Your partner lost his job E12 Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen E13 Your partner had problems at work Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen You had problems at work E14 Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen E15 You lost your job Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen E16 Your partner went away Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me

No, didn't happen

E17 Your partner was in trouble with the law Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen E18 Your income was reduced Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen E19 You argued with your partner Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen You had arguments with your family or friends E20 Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen E21 You moved house Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen E22 Your partner hurt you Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen E23 You became homeless Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen E24 You had a major financial problem Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen

E25 You got married Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen E26 Your partner hurt your children Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen E27 You attempted suicide Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen E28 You were convicted of an offence Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen E29 You thought you might miscarry Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen E30 You started a new job Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen E31 You had a test to see if your baby was normal Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen You were told you were going to have twins E32 Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen

E33 You heard something had happened that might be harmful to the baby Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen E34 You tried to have an abortion Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen E35 You took an examination Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen E36 Your partner was emotionally cruel to you Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen E37 Your partner was emotionally cruel to your children Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen E38 Your house or car was burgled Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen E39 You had an accident Yes, affected me a lot Yes, mildly affected me Yes, moderately affected me Yes, but didn't affect me No, didn't happen

SECTION F: YOUR OUTLOOK ON LIFE

F1 Did getting good marks at school mean a great deal to you? Yes No F2 Are you often blamed for things that just aren't your fault? Yes No F3 Do you feel that most of the time it doesn't pay to try hard because things never turn out right anyway Ye No Do you feel if things start out well in the morning then it's going to be a good day no F4 matter what you do? Yes No F5 Do you believe that whether or not people like you depends on how you act? Yes No F6 Do you believe that when bad things are going to happen they are just going to no matter what you try to do to stop it? Yes No F7 Do you feel when good things happen, they happen because of hard work? Ye F8 Do you feel when someone doesn't like you there's little you can do about it? Yes No F9 Did you usually feel that it was almost useless to try in school because most other children were cleverer than you? Yes No F10 Are you the kind of person who believes that planning ahead makes things turn out better? Yes No F11 Sometimes, do you feel that you have little to say about what your family decides to do? Yes No F12 Do you think it's better to be clever than lucky? Yes No F13 Becoming pregnant is an important event. How did this affect you? A lot Moderately Mildly Not at all

Please give the date on which you finished filling in this questionnaire.	
//199	
When completed, please send the questionnaire in the pre-paid envelope provided to:	
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2.1.2. PARTNERS' FIRST QUESTIONNAIRE

Questionnaire information

Data gathered by:	Expectant Mother's Partner
Data gathered when :	Early ante natal period
Data gathered where:	Self completing questionnaire, given at booking clinic,
	return in pre paid envelope or by hand by mother
Number collected:	922
Entered data stored in	2F1-CVS
file(s):	
Version of questionnaire	1

The purpose of this questionnaire is to discover how fathers feel during their partner's pregnancy. It is part of a study about the health and development of young children in different parts of Europe. It asks about your own health and about your feelings and attitudes. These are all things which may affect you and have important influences on your household. Your answers will help us to understand how fathers' own experiences affect the way they respond to their families, and how this in turn affects the way that children develop

All the answers you give are confidential. None of the doctors or midwives you see, or anyone out side the research team, will know the answers you give. Your name and address will not be on the questionnaire.

We would be grateful if you would help us by answering as many of the questions as possible, but if there are any questions you do not wish to answer, just put a line through them.

THANK YOU VERY MUCH FOR ALL YOUR HELP SECTION A: YOUR BACKGROUND

A1	Were you born on the Isle of Man?
	Yes
	No
	8
A2	If no, for how long have you lived here?
	<1yr
	1 to 4
	5 to 9
	10 to 14
	15+
	77
	88
A3	How would you describe the race or ethnic group of your family?
	a) Yourself
	Manx
	English
	Irish
	Scots
	Other
	b) Your partner
	Manx
	English
	Irish
	Scots
	Other
	c) Your mother
	Manx
	English
	Irish
	Scots
	Other
	d) Your father
	Manx
	English
	Irish
	Scots
	Other
A4	How many brothers and sisters do/did you have?
	None
	1 to 2
	3 to 4
۸.5	5+
A5	How many of your grandparents were born on the Isle of Man?
	0
	1
	2 3
	3 4
A6	•
Aυ	How many of your close relations live on the Isle of Man?

A6

```
a)
      Parents
              0
              1
              2
              8
b)
       Brothers and sisters
              0
              1 to 2
              3+
              88
      Grandparents
c)
              0
              1
              2
              3
              4
              88
d)
       Cousins
              0
              1 to 2
              3 to 5
              6+
              88
```

SECTION B: YOUR MEDICAL HISTORY

```
B1 a) What is your weight?
                    <65kgms
                    65-74
                    75-84
                    85-94
                    95+
                     888
       Are you sure of this?
  b)
                    Yes
                    No
                    88
      What size is?
B2
      a) Your collar
                    <15
                    15
                    16
```

B2 b) Your waist

```
<24
                     25-30
                     31-36
                     37-40
                     41-45
                     46-50
                     50+
                      88
       c) Your chest
                     <32
                     33-38
                     39-44
                     45-50
                     50+
                     88
          What size shoes do you take?
                     6 - 9
                     10 - 14
                     15 - 17
                     17 +
                     88
B3
            How tall are you?
       a)
                     <170cms
                      170 - 179
                      180 - 189
                      190 +
                     88
           Are you certain of this?
                     Yes
                     No
                     88
            Have you ever had diabetes?
B4
       a)
                     Yes
                     No
                     88
       b)
            If yes, how was it treated?
                     Insulin injections
                     Other drugs
                     Diet only
                     88
       c) How old where you when it first developed?
                     <16
                      16 - 20
                      20 +
                      77
B5
          Have you ever had hypertension?
                     Yes
                     No
                     88
B5
      b) If yes, how old where you when you first developed it?
```

20 - 2425+77 B6 Have you ever had any of the following infections? a) Measles Yes No Don't know b) Mumps Yes No Don't know c) Chicken pox Yes No Don't know d) Whooping cough Yes No Don't know e) Cold sores Yes No Don't know f) Meningitis Yes No Don't know g) Glandular fever Yes No Don't know h) Tuberculosis Yes No Don't know i) UTI Yes No Don't know j) STD Yes No Don't know B7 Have you had any operations for which you needed an anaesthetic? Yes No Don't know B8 Have you ever had any accidents? a)

< 20

Yes

No

b) How where you treated?

In hospital

Saw a doctor

Treated at home

B9 Have you ever had any of the following problems?

a) Hay fever

Yes now

Yes, in the past

Never

b) Indigestion

Yes now

Yes, in the past

Never

c) Asthma

Yes now

Yes, in the past

Never

d) Eczema

Yes now

Yes, in the past

Never

e) Epilepsy

Yes now

Yes, in the past

Never

f) Infantile convulsions

Yes now

Yes, in the past

Never

g) Migraine

Yes now

Yes, in the past

Never

h) Back pain

Yes now

Yes, in the past

Never

i) Kidney disease

Yes now

Yes, in the past

Never

j) Varicose veins

Yes now

Yes, in the past

Never

B9 k) Haemorrhoids

	Yes now
	Yes, in the past
	Never
	1) Rheumatism
	Yes now
	Yes, in the past
	Never
	m) Arthritis
	Yes now
	Yes, in the past
	Never
	n) Stomach ulcer
	Yes now
	Yes, in the past
	Never
	o) Pelvic inflammatory disease
	Yes now
	Yes, in the past
	Never
	p) Anorexia nervosa
	Yes now
	Yes, in the past
	Never
	q) Bed wetting
	Yes now
	Yes, in the past
	Never
	r) Psychiatric problems
	Yes now
	Yes, in the past
D10	Never
B10	a) Are there any other problems for which you have regular treatment or medicine?
	Yes No
	b) If yes, describe
	i) Problem
	1) 11001CIII
	ii) Treatment
B11	a) Would you say that you are allergic to anything?
DII	Yes
	No
	b) If yes, is it to?
	i) Cats
	ii) Pollen
	iii) Dust
	iv) Animal sting
	v) Something else
B12	Have you had any of the following in the past two years?
-	a) Wheezing

Yes No

b) A dry itchy rash

Yes

No

c) Hives

Yes

No

d) Sneezing attacks

Yes

No

e) Runny nose

Yes

No

f) Watery eyes

Yes

No

g) Breathlessness

Yes

No

h) Night cough

Yes

No

i) Morning cough

Yes

No

B13 a) Do you know how much you weigh?

Yes

No

b) Weight

<2500gms 2500 – 3499 3500 – 4000 4000+

- B14 Were you born?
 - a) More than 3 weeks before you were expected
 - b) Around the date expected
 - c) More than 3 weeks late
- B15 Were you born with any malformations?

Yes

No

B16 a) How would you rate the hearing in your left ear?

Always very good Occasional problems Some sounds I can't hear I cannot hear much at all

B16 b) How would you rate the hearing in your right ear? Always very good

Occasional problems

Some sounds I can't hear

I cannot hear much at all

B17 a) How would you rate your sight without glasses?

Always very good

I can't see clearly at a distance

I can't see clearly close up

I can't see much at all

b) Are you colour blind?

Yes

No

B18 a) Do you visit the dentist?

Twice a year

Once a year

Less than this

b) Do you have all your own teeth?

Some

All

None

B19 Have you ever had any X rays, barium meals etc.

Yes

No

SECTION C: YOUR PARTNER

C1 What is your present marital status?

Never married

Divorced

Separated

Married once

Married more than once

- C2 For how long have you been together? Years
- C3 Are you the father of your partner's unborn child?

Yes

No

C4 How would you assess your partner's physical health before she became pregnant?

Always fit and well

Fairly well and healthy

Often unwell

Hardly ever well

C5 Is your partner affectionate towards you?

Almost always

Often

Sometimes

Rarely

Never

C6 Does your partner get angry with you?

Almost always

Often Sometimes Rarely Never C7 Does your partner listen when you want to talk about your feelings? Almost always Often Sometimes Rarely Never C8 Do you have arguments with your partner? Almost always Often Sometimes Rarely Never **C**9 Does your partner talk to you about her problems and feelings? Almost always Often Sometimes Rarely Never C10 Do you get angry with her? Almost always Often Sometimes Rarely Never C11 Do you enjoy her company? Almost always Often Sometimes Rarely Never C12 Does she show her approval of you? Almost always Often Sometimes Rarely Never

SECTION D: YOUR FAMILY AND FRIENDS

Often Sometimes Rarely Never

Do you behave affectionately to your partner? Almost always

C13

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

None

One

2 to 4

>4

D2 If you have to make an important decision, how many people are there with whom you can discuss it?

None

One

2 to 4

>4

D3 During the last month, how many times did you get together with one or more of your friends? Not at all

Once

2 to 4

>4

The following statements are about the help and support you have, please tick the box most appropriate to how you feel.

D4 I have no one to share my feelings with.

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

D5 My partner provides the emotional support I need.

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

D6 There are other expectant fathers with whom I can share my experiences.

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

D7 I believe in moments of difficulty, my neighbours would help me

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

D8 I am worried that my partner might leave me.

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

D9 There is always someone with whom I can share my excitement about the pregnancy.

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

D10 If I feel tired I can rely on my partner to take over.

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

D11 If I was in financial difficulty, I know my family would help if they could.

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

D12 If I was in financial difficulty I know my friends would help if they could.

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

D13 If all else fails, I know the state will support and assist me.

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

SECTION E: RECENT EVENTS

Listed below are a number of events which may have brought changes to your life. Have any of these occurred since your partner became pregnant? If so, please assess how much affect they had on you.

E1 A parent died

Yes, affected me a lot

Yes, moderately affected me

Yes, but did not affect me

Did not happen

E2 One of your children died

Yes, affected me a lot

Yes, moderately affected me

Yes, but did not affect me

Did not happen

E3 A friend or relative died

Yes, affected me a lot

Yes, moderately affected me

Yes, but did not affect me

Did not happen

E4 One of your children was ill

Yes, affected me a lot

Yes, moderately affected me

Yes, but did not affect me

Did not happen

E5 Your partner was ill

Yes, affected me a lot

Yes, moderately affected me

Yes, but did not affect me

Did not happen

E6 A friend or relative was ill

Yes, affected me a lot

Yes, moderately affected me Yes, but did not affect me Did not happen E7 You were admitted to hospital Yes, affected me a lot Yes, moderately affected me Yes, but did not affect me Did not happen E8 You were in trouble with the law Yes, affected me a lot Yes, moderately affected me Yes, but did not affect me Did not happen E9 You and your partner were separated or divorced Yes, affected me a lot Yes, moderately affected me Yes, but did not affect me Did not happen You found that your partner did not want your child E10 Yes, affected me a lot Yes, moderately affected me Yes, but did not affect me Did not happen E11 You were very ill Yes, affected me a lot Yes, moderately affected me Yes, but did not affect me Did not happen E12 You had problems at work Yes, affected me a lot Yes, moderately affected me Yes, but did not affect me Did not happen E13 Your partner stopped work Yes, affected me a lot Yes, moderately affected me Yes, but did not affect me Did not happen E14 Your income was reduced Yes, affected me a lot Yes, moderately affected me Yes, but did not affect me Did not happen E15 You argued with your partner Yes, affected me a lot Yes, moderately affected me Yes, but did not affect me Did not happen E16 You had arguments with your family or friends

Yes, affected me a lot

Yes, moderately affected me Yes, but did not affect me Did not happen E17 You moved house Yes, affected me a lot Yes, moderately affected me Yes, but did not affect me Did not happen E18 You became homeless Yes, affected me a lot Yes, moderately affected me Yes, but did not affect me Did not happen You had a major financial problem E19 Yes, affected me a lot Yes, moderately affected me Yes, but did not affect me Did not happen E20 You got married Yes, affected me a lot Yes, moderately affected me Yes, but did not affect me Did not happen E21 Your partner attempted suicide Yes, affected me a lot Yes, moderately affected me Yes, but did not affect me Did not happen E22 You thought your partner might miscarry Yes, affected me a lot Yes, moderately affected me Yes, but did not affect me Did not happen E23 You started a new job Yes, affected me a lot Yes, moderately affected me Yes, but did not affect me Did not happen E24 Your partner had a test to see if the baby was normal Yes, affected me a lot Yes, moderately affected me Yes, but did not affect me Did not happen E25 You were told that your partner was going to have twins Yes, affected me a lot Yes, moderately affected me Yes, but did not affect me Did not happen

You heard that something had happened that might be harmful to the baby

Yes, affected me a lot

E26

Yes, moderately affected me

Yes, but did not affect me

Did not happen

E27 You took an examination

Yes, affected me a lot

Yes, moderately affected me

Yes, but did not affect me

Did not happen

E28 Your partner was emotionally cruel to you

Yes, affected me a lot

Yes, moderately affected me

Yes, but did not affect me

Did not happen

E29 Your house or car was burgled

Yes, affected me a lot

Yes, moderately affected me

Yes, but did not affect me

Did not happen

E30 You had an accident

Yes, affected me a lot

Yes, moderately affected me

Yes, but did not affect me

Did not happen

E31 Other, please describe

Yes, affected me a lot

Yes, moderately affected me

Yes, but did not affect me

Did not happen

E32 Your partner becoming pregnant is an important event. How did it affect you?

A lot

Moderately

Mildly

Not at all

Not my baby

SECTION F: YOUR OUTLOOK ON LIFE

F1 Did getting good marks at school mean a great deal to you?

Yes

Nο

F2 Are you often blamed for things that are just not your fault?

Yes

No

F3 Do you feel that most of the time it doesn't pay to try hard because things never turn out right anyway?

Yes

No

F4 Do you feel that if things start out well in the morning then it is going to be a good day no matter what you do?

Yes

No

F5 Do you believe that whether or not people like you depends on how you act?

Yes

No

F6 Do you believe that when bad things happen they are going to happen no matter what you do?

Yes

No

F7 Do you feel that when good things happen they happen because of hard work?

Yes

No

F8 Do you feel that when someone does not like you there's little you can do about it?

Yes

No

F9 Did you feel that it was almost useless to try in school because most other children were cleverer than you were?

Yes

No

F10 Are you the kind of person who believes that planning ahead makes things turn out better?

Yes

No

F11 Most of the time do you feel that you have little to say about what your family decides to do?

Yes

No

F12 Do you think it is better to be clever than lucky?

Yes

No

SECTION G: YOUR FEELINGS

These questions ask you about your feelings and the way you have behaved in the past month

G1 Do you feel upset for no obvious reason?

Very often

Often

Not very often

Never

G2 Do you get troubled by dizziness or shortness of breath?

Very often

Often

Not very often

Never

G3 Have you felt as though you might faint?

Very often Not very often

Often Never

G4 Do you feel sick or have indigestion?

Very often

Often

Not very often

Never

G5 Do you feel that life is too much effort? Very often Often Not very often Never **G**6 Do you feel uneasy and restless? Very often Often Not very often Never G7 Do you feel tingling or prickling sensations in your body, arms or legs? Very often Often Not very often Never G8 Do you regret much of your past behaviour? Very often Often Not very often Never G9 Do you sometimes feel panicky? Very often Often Not very often Never G10 Do you find you have little or no appetite? Very often Often Not very often Never G11 Do you wake unusually early in the mornings? Very often Often Not very often Never G12 Do you worry a lot? Very often Often Not very often Never G13 Do you feel tired or exhausted? Very often Often Not very often Never G14 Do you experience long periods of sadness? Very often Often Not very often Never

G15 Do you feel strung up inside? Very often Often Not very often Never G16 Can you get off to sleep alright? Very often Often Not very often Never G17 Do you ever have the feeling you are going to pieces/ Very often Often Not very often Never G18 Do you often have excessive sweating or fluttering of the heart? Very often Often Not very often Never G19 Do you find yourself needing to cry? Very often Often Not very often Never G20 Do you have bad dreams which upset you when you wake up? Very often Often Not very often Never G21 Do you lose the ability to feel sympathy for others? Very often Often Not very often Never G22 Can you think as quickly as you used to? Very often Often Not very often Never G23 Do you have to make a special effort to face up to a crisis or difficulty? Very often Often Not very often Never Your feelings in the past week I've been able to laugh and see the funny side of things G24 As much as always Not quite so much now Definitely not so much now

Not at all

G25 I have looked forward with enjoyment to things

As much as I ever did Rather less than I used to Definitely less than I used to

Hardly at all

G26 I have blamed myself unnecessarily when things went wrong

Yes, most of the time Yes, some of the time Not very often

No never

G27 I have been anxious or worried for no good reason

No, not at all Hardly ever Yes, sometimes Yes, often

G28 I have felt scared or panicky for no good reason

Yes, quite a lot Yes, sometimes No hardly ever Not at all

G29 Things have been getting on top of me

Yes, most of the time

Yes, sometimes No hardly ever Not at all

G30 I have been so unhappy that I have had difficulty sleeping

Yes, most of the time Yes, sometimes

Not very often

Not at all

G31 I have felt sad or miserable

Yes, most of the time Yes, quite often

Not very often

Not at all

G32 I have been so unhappy that I have been crying

Yes, quite often Occasionally

Never

G33 The thought of harming myself has occurred to me

Yes, quite often Sometimes Hardly ever Never

G34 Since your partner became pregnant have you noticed any change in her in any of the following ways?

a) How irritable she is

Increased a lot Increased a little

No change

Decreased a little

Decreased a lot

b) How nervous she is

Increased a lot

Increased a little

No change

Decreased a little

Decreased a lot

c) How healthy she is

Increased a lot

Increased a little

No change

Decreased a little

Decreased a lot

d) How communicative she is

Increased a lot

Increased a little

No change

Decreased a little

Decreased a lot

e) How active she is

Increased a lot

Increased a little

No change

Decreased a little

Decreased a lot

f) How able she is to think and concentrate

Increased a lot

Increased a little

No change

Decreased a little

Decreased a lot

g) How physically attractive she is

Increased a lot

Increased a little

No change

Decreased a little

Decreased a lot

SECTION H: YOUR REACTION TO BECOMING A PARENT

- H1 a) How would you describe your reactions to your partner's pregnancy?
 - ai) When you first heard

Overjoyed

Pleased

Mixed feelings

Not happy

Very unhappy

No particular feelings

aii) Now

Overjoyed

Pleased

Mixed feelings

Not happy

Very unhappy

No particular feelings

H2 a) Does becoming a father mean giving up something that is important to you?

Yes, a great deal

Yes, quite a lot

Not really

Definitely not

b) Does becoming a father give you new opportunities and interests?

Yes, definitely

Yes, quite a lot

Not really

Definitely not

H3 Do you want a boy or a girl?

Boy

Girl

Don't mind

H4 Do you think your partner wants a boy or a girl?

Boy

Girl

Doesn't mind

H5 Have you decided on names for the child yet?

Yes, but boys names only

Yes, but girls names only

No, have not decided

No, have not thought about it

H6 Would you like to be with your partner while she has the baby?

Yes, I want this very much

Yes, I would quite like this

I don't mind

No, I would prefer not to do this

No, definitely not

SECTION I: INFANT FEEDING

Below are some attitudes about infant feeding, please indicate your views.

Il Breast feeding stops a mother from having the freedom to do what she wants.

Strongly agree

Agree

Unsure Disagree Strongly disagree I2 Breast feeding gives the mother a special relationship with her baby Strongly agree Agree Unsure Disagree Strongly disagree I3 Bottle feeding allows the father to share the child more Strongly agree Agree Unsure Disagree Strongly disagree **I**4 Bottle feeding is more convenient for the mother Strongly agree Agree Unsure Disagree Strongly disagree **I**5 A mother who does not breast feed is inferior Strongly agree Agree Unsure Disagree Strongly disagree **I**6 Breast feeding is difficult Strongly agree Agree Unsure Disagree Strongly disagree I7 Breast feeding is disgusting Strongly agree Agree Unsure Disagree Strongly disagree **I8** How would you like the baby to be fed?

Don't know

No strong feelings

Undecided

Want the baby to be breast fed Want the baby to be bottle fed

I9 Were you breast fed as a baby?

Yes

No

Don't know

J1	Please give the date on which you finished filling in this questionnaire
	//

When completed, please send the questionnaire, in the pre-paid envelope, to;

If you decide not to fill it in, please send it back anyway so we can complete our records

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Institute of Child Health, University of Bristol & E.L.S.P.A.C. in the Isle of Man.

2.2.3. MOTHERS' SECOND QUESTIONNAIRE. 'HAVING A BABY'

Questionnaire information

Data gathered by: Mother

Data gathered when: 20-220weeks pregnant

Data gathered where: Given out in ante natal follow up clinics or posted with pre paid

envelope

Number collected: 1017

Entered data stored in file(s): 3M1-CSV IO3.SAV

Version of questionnaire 1

This questionnaire is the second ante natal one for you and asks about your health in pregnancy, your previous pregnancies and how you feel about this one. Your answers will help us to understand how mothers' attitudes to pregnancy may affect the baby immediately and in later life.

There are no right or wrong answers, it is just a way to measure the way you feel and behave. Decide which answers represent how you feel or act and tick the appropriate box.

All the answers you give are confidential.

No one out side the ELSPAC team will see what you have written; your name and address will **not** be on the questionnaire.

We would be grateful if you would help us by answering all the questions, but if there are any you do not wish to answer, just leave it blank or put a line through it.

THANK YOU VERY MUCH FOR ALL YOUR HELP

SECTION A: YOUR HEALTH

How would you describe your health?

A1 i) Up to the time of your present pregnancy

Always fit and well Usually fit and well Sometimes unwell Often unwell

Always unv	vell	
ii) In the first mon	ths of this preg	nancy
Always fit a	and well	
Usually fit a	and well	
Sometimes	unwell	
Often unwe	11	
Always unv	vell	
iii) In the last two v	veeks	
Always fit a	and well	
Usually fit a	and well	
Sometimes	unwell	
Often unwe	11	
Always unv	vell	
2 Have you been a	dmitted to hos	spital during this pregnancy?
=	Yes	
	No	
B During the first	three months o	of this pregnancy have you had?
a) Nausea		
	Yes	
	No	
b) Vomiting		
, ,	Yes	
	No	
c) Diarrhoea		
,	Yes	
	No	
d) Vaginal ble	eeding	
	Yes	
	No	
e) Jaundice		
	Yes	
	No	
f) Urinary in	fection	
-	Yes	
	No	
g) Influenza		
	Yes	
	No	
h) Rubella (G	erman measles	s)
	Yes	
	No	
i) Thrush	Yes	No
j) Genital herpe	es	
	Yes	
	No	
m) Sugar in uri	ne	
	Yes	
	No	
n) X-rays		
	Yes	

A2

A3

		No
	o) Amniocento	
	o) Anniocent	Yes
		No
	p) AFP test (s	
	p) All test (s)	Yes
		No
	a) Illtragound	
	q) Ultrasound	Yes
		No
	r) Injury or sh	
	1) Hijury or sir	Yes
		No
Dunin	a vour procent r	
A4	a) Nausea	oregnancy have you ever taken any medication for the following?
		Yes
		No
	b) Heartburn	
		Yes
		No
	c) Vomiting	
		Yes
		No
	d) Anxiety	
		Yes
		No
	e) Infection	
		Yes
		No
	f) Migraine	
		Yes
		No
	g) Difficulty g	going to sleep
		Yes
		No
	h) Pain	
		Yes
		No
	i) Allergies	
		Yes
		No
A4	j) Skin condit	
		Yes
		No
	k) Bleeding	**
		Yes
	1) 5	No
	l) Depression	
		Yes

		No
	m) Piles	
		Yes
		No
	n) Constipation	on
		Yes
		No
	o) Cough	
	, 0	Yes
		No
A5 Du	ring your preg	nancy have you ever taken any of the following?
	a) Iron	, ,
	,	Yes
		No
	b) Zinc	
	,	Yes
		No
	c) Vitamins	
	,	Yes
		No
	d) Calcium	
	<i>a)</i> 34131411	Yes
		No
	e) Folic acid	
	c) I one acia	Yes
		No
	h) Homeonat	hic medicines
	n) Homeoput	Yes
		No
Dleace	indicate how o	often you have taken the following during your pregnancy?
A6	a) Aspirin	often you have taken the following during your pregnancy:
710	a) Aspiriii	Every day
		Most days
		Sometimes
		Never
		Nevel
	b) Paracetam	al
	b) I aracctam	Every day
		Most days
		Sometimes
		Never
		Nevel
A6	c) Codeine/ar	andin
AU	c) Codeme/ai	
		Every day
		Most days
		Sometimes Never
	d) Magadan/	
	d) Mogadon/	
		Every day
		Most days

Sometimes

Never

e) Valium etc

Every day

Most days

Sometimes

Never

SECTION B: YOUR REACTION TO BECOMING A PARENT

B1 a) Were you deliberately trying to get pregnant?

Yes

No

b) If yes, for how long had you been trying?

Under 6 months

6 - 11 months

1-2 years

3 years or more

B2 How would you describe your reactions to being pregnant?

i) When you first heard

Overjoyed

Pleased

Mixed feelings

Not happy

Very unhappy

No particular feelings

ii) Now

Overjoyed

Pleased

Mixed feelings

Not happy

Very unhappy

No particular feelings

B3 How would you describe your partner's reaction to it?

i)When you first heard

Overjoyed

Pleased

Mixed feelings

Not happy

Very unhappy

No particular feelings

B3 ii) Now

Overjoyed

Pleased

Mixed feelings

Not happy

Very unhappy

No particular feelings

B4 How has your partner reacted to you since you became pregnant?

Supportive

Indifferent

Resentful

Other

B5 a) Does becoming a mother mean giving up something that is important to you?

Yes a great deal

Yes, quite a lot

Not really

Definitely not

b) Does becoming a mother give you new opportunities and interest?

Yes, definitely

Yes, quite a lot

Not really

Definitely not

B6 Do you want a boy or a girl?

Boy

Girl

Don' mind

B7 Do you think your partner wants a boy or a girl?

Boy

Girl

Doesn't mind

SECTION C: PLANS AND EXPECTATIONS

C1 a) Before you became pregnant did you read a lot about pregnancy and becoming pregnant?

Yes, a lot

Yes, some

Yes, a little

No, I didn't want to

No, I didn't have time

No, I didn't need to

C1 b) Do you have friends or relatives who have children with whom you can discuss your pregnancy?

Yes, many

Some

None

C2	How would you describe the knowledge you have about having a baby? i) Before you became pregnant I knew nothing I knew a little
	I knew quite a lot
	ii) Now
	I know nothing
	I know a little
C^2	I know quite a lot
C3	 i) I am attending or am going to attend childbirth preparation classes. Yes
	No
	ii) I am going to attend childbirth preparation classes but have not done so yet.
	Yes No
	iii) I have not attended any childbirth preparation classes and do not intend to.
	Yes
	No
	iv) I have not attended any childbirth preparation classes but may still do so. Yes
	No
C5	How much do you want to know about what might happen during labour? i) I'd rather not know anything Yes No
	ii) I just want to know the basics.
	Yes
	No
	iii) I want to know most things, but not things that will upset or worry me.
	Yes
	No
	iv) I'm happy to let the staff decide how much I ought to know. Yes
	No
	v) I want to know as much as possible.
	Yes
	No
C6	Which of these options would you prefer ideally? The most pain free labour that drugs can give me The minimum drugs to keep the pain manageable A completely drug free labour I don't know Other
C7	Would you like someone you know to be with you throughout your labour? Yes, I want this very much Yes, I would quite like this I don't mind No, I would prefer not No, I definitely do not want this

C2

C8 Assuming that there are no complications, who do you think should make the decisions about your labour?

Doctors

Midwives

Doctors and midwives

Doctors, midwives and me together

Me

Don't know

SECTION D: YOUR FEELINGS

The questions in this section ask you about your feelings and the way you have behaved in the past month

D1 Do you feel upset for no obvious reason?

Very often

Often

Not very often

Never

D2 Do you get troubled by dizziness or shortness of breath?

Very often

Often

Not very often

Never

D3 Have you felt as though you might faint?

Very often

Often

Not very often

Never

D4 Do you feel sick or have indigestion?

Very often

Often

Not very often

Never

Do you feel that life is too much effort?

Very often

Often

Not very often

Never

Do you feel uneasy or restless?

Very often

Often

Not very often

Never

Do you feel tingling or prickling sensations in your body, arms or legs?

Very often

Often

Not very often

Never

D8 Do you regret much of your past behaviour? Very often Often Not very often Never D9 Do you sometimes feel panicky? Very often Often Not very often Never D10 Do you find you have no appetite? Very often Often Not very often Never D11 Do you wake unusually early in the morning? Very often Often Not very often Never D12 Do you worry a lot? Very often Often Not very often Never D13 Do you feel tired or exhausted? Very often Often Not very often Never D14 Do you experience long periods of sadness? Very often Often Not very often Never D15 Do you feel strung up inside? Very often Often Not very often Never D16 Can you get off to sleep alright? Very often Often Not very often Never Do you ever have the feeling you are going to pieces? D17 Very often Often Not very often

Never

D18 Do you often have excessive sweating or fluttering of the heart?

Very often

Often

Not very often

Never

D19 Do you find yourself needing to cry?

Very often

Often

Not very often

Never

D20 Do you have bad dream which upset you when you wake up?

Very often

Often

Not very often

Never

D21 Do you lose the ability to feel sympathy for others?

Very often

Often

Not very often

Never

D22 Can you think as quickly as you used to?

Very often

Often

Not very often

Never

D23 Do you have to make a special effort to face up to a crisis or difficult?

Very often

Often

Not very often

Never

Your feelings in the past week

D24 I have been able to laugh and see the funny side of things

As much as I always could

Not quite so much now

Definitely not so much now

Not at all

D25 I have looked forward with enjoyment to things

As much as I always could

Not quite so much now

Definitely not so much now

Not at all

D26 I have blamed myself unnecessarily when things went wrong

As much as I always could Not quite so much now

Definitely not so much now

Not at all

D27 I have been worried for no good reason

As much as I always could Not quite so much now Definitely not so much now

Not at all

D28 I have felt panicky for no good reason

As much as I always could Not quite so much now Definitely not so much now

Not at all

D29 Things have been getting on top of me

As much as I always could Not quite so much now Definitely not so much now

Not at al

D30 I have been so unhappy that I have had difficulty sleeping

As much as I always could Not quite so much now Definitely not so much now

Not at all

D31 I have felt sad or miserable

As much as I always could Not quite so much now Definitely not so much now

Not at all

D32 I have been so unhappy that I have been crying

As much as I always could Not quite so much now Definitely not so much now Not at all

D33 The thought of harming myself has occurred to me

As much as I always could Not quite so much now Definitely not so much now

Not at all

D34 Since you became pregnant have you noticed any changes in your partner?

a) How irritable he is

Yes, increased a lot Yes, increased a little

No change

Yes decreased a little Yes, decreased a bit

D34 b) How nervous he is

Yes, increased a lot Yes, increased a little No change

Yes decreased a little Yes, decreased a bit

c) How healthy he is

Yes, increased a lot Yes, increased a little

No change

Yes decreased a little

Yes, decreased a bit

d) How communicative he is

Yes, increased a lot Yes, increased a little

No change

Yes decreased a little

Yes, decreased a bit

e) How active he is

Yes, increased a lot Yes, increased a little

No change

Yes decreased a little

Yes, decreased a bit

f) How well he is able to think and concentrate

Yes, increased a lot

Yes, increased a little

No change

Yes decreased a little

Yes, decreased a bit

g) How physically active he is

Yes, increased a lot

Yes, increased a little

No change

Yes decreased a little

Yes, decreased a bit

SECTION E; BEING A PARENT

E1 Babies should be picked up whenever they cry.

Yes, I agree

I'm unsure, but probably agree

Unsure but probably agree

No, I disagree

E2 It is important to develop regular patterns of feeding and sleeping with a baby.

Yes, I agree

I'm unsure, but probably agree

Unsure but probably agree

No, I disagree

E3 Babies should be fed whenever they are hungry.

Yes, I agree

I'm unsure, but probably agree

Unsure but probably agree

No, I disagree

E4 Babies need to be stimulated to develop well.

Yes, I agree

I'm unsure, but probably agree Unsure but probably agree

No, I disagree

E5 Babies need quiet, secure surroundings and should not be disturbed too much.

Yes, I agree

I'm unsure, but probably agree

Unsure but probably agree

No, I disagree

E6 Parents need to adapt to the baby's demands.

Yes, I agree

I'm unsure, but probably agree

Unsure but probably agree

No, I disagree

E7 A baby should fit in to its parents' routine.

Yes, I agree

I'm unsure, but probably agree

Unsure but probably agree

No, I disagree

E8 Babies should be left to develop naturally.

Yes, I agree

I'm unsure, but probably agree

Unsure but probably agree

No, I disagree

E9 Talking, to even a very young baby is important.

Yes, I agree

I'm unsure, but probably agree

Unsure but probably agree

No, I disagree

E10 Cuddling a baby is very important.

Yes, I agree

I'm unsure, but probably agree

Unsure but probably agree

No, I disagree

SECTION F: INFANT FEEDING

F1 Breast feeding stops a mother from having the freedom to do what she wants.

Strongly agree

Agree

Unsure

Disagree

Strongly disagree

F2 Breast feeding gives the mother a special relationship with her baby.

Strongly agree

Agree

Unsure

Disagree

Strongly disagree

F3 Bottle feeding allows the father to share the child more. Strongly agree Agree Unsure Disagree Strongly disagree F4 Bottle feeding is more convenient for the mother. Strongly agree Agree Unsure Disagree Strongly disagree A mother who does not breast feed is inferior. F5 Strongly agree Agree Unsure Disagree Strongly disagree F6 Breast feeding is difficult. Strongly agree Agree Unsure Disagree Strongly disagree How are you going to feed your baby? F7 a) In the first week **Breast** Bottle Both Uncertain b) Over the first month **Breast Bottle** Both Uncertain c) Over the next three months **Breast Bottle** Both Uncertain F8 How does your partner want you to feed the baby? Don't know No strong feelings Undecided Wants me to breast feed Wants me to bottle feed F9 Were you breast fed as a baby? Yes No

Don't kno

Please give the date on which you finished filling in this questionnaire./.....

When completed, please send the questionnaire to the Postgraduate Medical Centre in the pre-paid envelope provided.

If you decided that you did not want to fill in the questionnaire, pleases send it back blank so that we may complete our records.

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2.1.4.

JOINT QUESTIONNAIRE. 'YOUR HOME AND LIFESTYLE'

Questionnaire information

Data gathered by:	Expectant mother and her husband/partner. Self-completion
Data gathered when :	Late pregnancy (28 weeks gestation) or at delivery
Data gathered where:	At home
Number collected:	919
Entered data stored in file(s):	Io4i.sav; Io4ii.sav Io4iii.sa; 4Mi, ii, iii.csv
Version of questionnaire	1 of 1

This questionnaire is the fourth part of the ELSPAC study. It asks about your health, your feelings and your experiences in life; things which may affect you and may have important influences on your family. Your answers will help us to understand how mothers' own experiences affect their pregnancies, how they respond to having children and how children develop.

There are no right or wrong answers. This isn't a test of intelligence or ability, but simply a measure of the way you feel or behave. Just try to decide which answers represent your usual way of acting or feeling then put a CROSS or TICK in the appropriate box.

All the answers you give are confidential.

None of the doctors or midwives you see or anyone else outside the research team will know the answers you give. Your name and address will not be on the questionnaire.

We would be grateful if you would help us by answering as many of the questions as possible, but if there is any question you do not want to answer just put a line through it.

If you decided that you did not want to fill in the questionnaire, please send it back blank so that we may update our record

THANK YOU VERY MUCH FOR ALL YOUR HELP

SECTION A: YOUR HOME

A1 How long have you lived in the Isle of Man?

Less than 1 year

1 - 4 years

5 - 9 years

10+ years

From birth

- A2 a) When did you move to your present address?
 - b) How many times have you moved in the last 5 years?
- A3 Is your home?

Being bought/mortgaged

Owned, with no mortgage

Rented from commissioners

Rented from private landlord – furnished

Rented from private landlord – unfurnished

Other, please describe

A4 Do you live in your own home or do you live with your parents or others?

Live in own home

Live with parents in their home

Other situation (please describe)

A5 Do you currently live in?

A whole detached house (or bungalow)

A whole semi-detached house/bungalow)

A whole terraced house

A purpose built flat (self contained)

A flat in a converted house or hotel

Rooms in a larger house

Other (please describe)

A6 What is the lowest level of your living accommodation?

Basement

Ground floor

1st floor

2nd floor or above, give floor

- A7 In your home do you use?
 - a) Central heating with radiators
 - b) Central heating with storage heaters
 - c) Open coal fires
 - d) Electric fires
 - e) Mains gas fires
 - f) Calor gas fires

A7		g) Paraffin heaters
		h) Wood stoves
		i) Other (please describej) What do you use as your main method of heating in winter?
		y what do you use as your main method of heating in whiter:
A8		In the coldest time of year, describe the temperature in your:
	a)	Living rooms
		Very warm
		Warm
		About right
		Cold
	1.	Very cold
	b)	Bedrooms
		Very warm Warm
		About right Cold
		Very cold
A9	a)	Do you use gas for cooking?
A	α)	Partly
		No, not at all
	b)	Does your home have the following?
	- /	
	i	Kitchen where there is space to sit and eat
	ii	<u>-</u>
	iii	Indoor flushing toilet
	a)	Aport from the kitchen or kitchen/dining room, how many living rooms fr
	c)	Apart from the kitchen or kitchen/dining room, how many living rooms& bedrooms do you have?
		bedrooms do you nave:
	i	Number of living rooms
	ii	Number of bedrooms:(not regularly used as living rooms)
A10) D	o you have the use of any of the following equipment in your home?
	a)	Refrigerator
		Yes
		No
	b)	Washing machine
		Yes
		No
	c)	Tumble dryer
		Yes
	1\	No
	d)	Dishwasher
		Yes
	۵)	No
	e)	Freezer
		Yes No
λ 14) f)	
A10	J 1)	Microwave oven

Yes
No
g) Vacuum cleaner
Yes
No
h) Electric fat fryer

Yes

No

- All Do you have sole use of the following amenities or are they shared with other households?
 - a) Running hot water

Yes

No

b) Bath

Yes

No

c) Shower

Yes

No

d) Garden

Yes

No

e) Yard

Yes

No

f) Balcony

Yes

No

g) i Do you know roughly when your home was built?

Within the past 10 years?

Between 10 & 50 years ago

Between 50 & 100 years ago

Before that

Don't know

ii If your home is in an old building has it been refurbished recently?

Yes

No

A12 a) Is there a telephone in your home?

Yes

No

If yes, go to question A13a

b) If no, where is the nearest working phone you can use?

Pay phone in the building

Pay phone in the street

Neighbour's phone

None within 5 minutes walk

Other

A13 a) Do you or your partner have the use of a car?

Yes

No

If no, go to question A 14

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

Never

Less than one day a week

Almost every day

Not applicable/do not drive

A14 a) How often do you have windows open in your home?

i During the day in summer

Windows almost always open

Windows open only when weather is good

Windows open occasionally

Windows almost never open

ii During the day in winter

Windows almost always open

Windows open only when weather is good

Windows open occasionally

Windows almost never open

b) i At night in summer

The window in my bedroom is:

Almost always open

Sometimes open

Almost never open

ii At night in winter

The window in my bedroom is:

Almost always open

Sometimes open

Almost never open

A15 a) Is there ever any damp, condensation or mould in your home?

Yes

No

If yes, please tick the box relating to the problem you get in each room.

b) Kitchen (or kitchen/diner)

Condensation on windows, walls, ceilings

Damp patches on walls

Mould on walls

Damp damage to carpets, furniture, clothes

Mould damage to carpets, furniture, clothes

None of these

A15 c) Living room (or lounge/diner)

Condensation on windows, walls, ceilings Damp patches on walls Mould on walls Damp damage to carpets, furniture, clothes Mould damage to carpets, furniture, clothes None of these

d) Hall/landing

Condensation on windows, walls, ceilings Damp patches on walls Mould on walls Damp damage to carpets, furniture, clothes Mould damage to carpets, furniture, clothes None of these

e) My bedroom

Condensation on windows, walls, ceilings
Damp patches on walls
Mould on walls
Damp damage to carpets, furniture, clothes
Mould damage to carpets, furniture, clothes
None of these

f) Other bedrooms

Condensation on windows, walls, ceilings Damp patches on walls Mould on walls Damp damage to carpets, furniture, clothes Mould damage to carpets, furniture, clothes None of these

g) Bathroom/toilet

Condensation on windows, walls, ceilings Damp patches on walls Mould on walls Damp damage to carpets, furniture, clothes Mould damage to carpets, furniture, clothes None of these

h) Other rooms

Condensation on windows, walls, ceilings
Damp patches on walls
Mould on walls
Damp damage to carpets, furniture, clothes
Mould damage to carpets, furniture, clothes
None of these

A16 a) How much of a problem is damp or condensation?

No problem

Not serious

Fairly serious

Very serious

b) How much of a problem is mould?

No problem

Not serious

Fairly serious

Very serious

A17 a) Does your roof leak at all? (If you have another flat above yours, please tick

'does not apply')

Yes, serious leak

Yes, slight leak

No leak

Does not apply

b) Do you have water leaking through fitting windows or doors?

Yes, serious leak

Yes, slight leak

No leak

A18 a) In general what do you think of your street/estate as a place to live?

A very good place to live

A fairly good place to live

Not a very good place to live

Not at all a good place to live

b) Do other people in your neighbourhood?

i Visit your home

No Never

Rarely

Sometimes

Often

Always

ii Argue with you

No Never

Rarely

Sometimes

Often

Always

iii Look after your children

No Never

Rarely

Sometimes

Often

Always

iv Keep to themselves

No Never

Rarely

Sometimes

Often

Always

A18 c) Do you?

No Never Rarely Sometimes Often Always ii Look after your neighbours children No Never Rarely Sometimes Often Always iii Argue with your neighbours No Never Rarely Sometimes Often Always iv Keep to yourself No Never Rarely Sometimes Often Always Would you describe your neighbourhood as: d) i Lively ii Friendly iii Noisy iv Clean v Attractive vi Polluted vii Other (please describe) How worried are you that in your neighbourhood You might have your home broken into and something stolen Very Fairly Not very Not at all Don't know You might be mugged or robbed Very Fairly Not very Not at all Don't know

A19

i Visit the home of your neighbours

A19 c)	You might be assaulted or pestered
	Very
	Fairly Not years
	Not very
	Not at all Don't know
47	
d)	You might have your home or property damaged by vandals
	Very
	Fairly
	Not very
	Not at all
4.20	Don't know
A20	Do you think you have been treated unfairly or unjustly in the last 12 months
`	because of?
a)	Your sex
	Yes
1.	No
b)	Your skin colour
	Yes
,	No
c)	The way you dress
	Yes
1)	No
d)	Your family background
	Yes
,	No
e)	The way you speak
	Yes
	No
f)	Your religion
	Yes
	No
g)	Other (please describe)
	Yes
	No
4.01	
A21	Taking everything into account, which of the following best describes
	your feelings about your accommodation?
	C -4: -£: - 4
	Satisfied Evidence activities at
	Fairly satisfied Dissatisfied
	Very dissatisfied.
A22	If there is anything else that you would like to tell us about the area in which you
1144	live.
	Please write it here:
	- 10000 11110 IV IIOIO1

SECTION B: YOU AND YOUR HOUSEHOLD

B1 a)		How many people, including yourself, live in your household?		
	i ii iii	Adults (over 18 years) Young adults (16-18 years) Children (0 - 15) years		
	b)	Please indicate who the adults are		
		Your partner Your parents Your parents Your partner's parents Other relation(s) of yourself Other relations of your partner Friend(s) Lodger Other		
B2 smc	okers?	How many people living in your household (including yourself) are		
В3		If you currently have a male partner, is he?		
		Your husband Another male partner Not applicable		
B4		Please indicate how many of the children living with you have:		
	a)	You and your partner as their natural parents		
	b)	You as their natural mother (but their natural father is not present)		
	c)	Your partner as the natural father (but you are not their natural mother)		
	d)	Neither you nor your partner as natural parents (please describe whether you have adopted, fostered etc)		
B5		Are there other children of yourself or your partner who do not live with you?		
	a) b) c)	Children of my partner Children of myself Children of partner & self		

B6		How many of the following pets do you have in your home?
	a)	Cats
	b)	Dogs
		If yes, please state their breed
	c)	Rodents (mice, gerbils rabbits etc)
	d)	Birds (budgerigar, parrot, etc)
	e)	Other pets (fish, stick insects etc.)
В7		Do any of the following animals or insects inhabit or invade your home or cause
dirt	•	itions in your garden, yard or street?
	a)	Rats
	b)	Mice
	c)	Pigeons
	d)	Cats
	e)	Cockroaches
	f)	Ants
	g)	Dogs
D.O.	h)	Other (please describe)
B8	a)	Do any of the people living in your household, including yourself and your
		children have a chronic illness or disabling condition?
		Yes
	TC	No
	•	s, please describe:
	b)	Nature of illness/condition:
	c)	Person involved:
	d)	The consequences for the household:
SEC	CTIO	N C: YOUR CHILDHOOD
		licate if any of the following events happened to you or your partner before either s 17 years old and how much it affected you.
You	ırself	
C1	A pai	rent died
	-	Yes, affected me a lot
		Yes, affected me moderately

C2 A brother/sister died

Yes, affected me a lot

Yes, affected me moderately Yes, affected me mildly

Yes, affected me mildly Yes, did not affect me

Yes, did not affect me

Did not happen

C3 A relative died

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C4 A friend died

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C5 A parent had a serious illness

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C6 A parent was in hospital

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C7 You had a serious illness

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C8 You were in hospital

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C9 A brother/sister had a serious illness

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C10 A brother/sister was in hospital

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

C11 A parent had a serious accident

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C12 You had a serious accident

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C13 A brother/sister had a serious accident

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C14 You acquired a physical deformity

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C15 You became pregnant

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C16 A parent was in prison

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C17 A parent was physically cruel to you

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C18 Your parents separated

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

C19 Your parents divorced

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C20 A parent remarried or took a new partner

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C21 A parent was emotionally cruel to you

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C22 Your parents had serious arguments

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C23 You were sexually abused

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C24 A parent was mentally ill

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C25 You discovered you were adopted

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C26 Your family moved to a new district

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

C27 You were in trouble with the police

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C28 You were expelled or suspended from school

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C29 You failed an important exam

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C30 Your family's financial circumstances changed

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C31 You were separated from your mother

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C32 You were separated from father

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C33 Other, describe

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

Your Partner

C1a A parent died

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

C2a A brother/sister died

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C3a A relative died

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C4a A friend died

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C5a A parent had a serious illness

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C6a A parent was in hospital

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C7a You had a serious illness

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C8a You were in hospital

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C9a A brother/sister had a serious illness

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

C10a A brother/sister was in hospital

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C11a A parent had a serious accident

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C12a You had a serious accident

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C13a A brother/sister had a serious accident

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C14a You acquired a physical deformity

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C15a You made someone pregnant

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C16a A parent was in prison

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C17a A parent was physically cruel to you

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

C18a Your parents separated

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C19a Your parents divorced

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C20a A parent remarried or took a new partner

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C21a A parent was emotionally cruel to you

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C22a Your parents had serious arguments

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C23a You were sexually abused

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C2a A parent was mentally ill

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C25a You discovered you were adopted

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

C26a Your family moved to a new district

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C27a You were in trouble with the police

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C28a You were expelled or suspended from school

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C29a You failed an important exam

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C30a Your family's financial circumstances changed

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C31a You were separated from your mother

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C32a You were separated from father

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Did not happen

C33a Other, describe

Yes, affected me a lot

Yes, affected me moderately

Yes, affected me mildly

Yes, did not affect me

Yourself	
C34 Were you educated on the Isle of Man?	
a) Before you were 11 years old	
Yes	
No	
b) After you were 11 years old	
Yes	
No	
C35 Did you like school?	
Always	
Mostly	
It was OK	
Not really	
Definitely not	
C36 Was school a valuable experience?	
Very valuable	
Generally valuable	
Not sure	
Generally not valuable Of no value	
C37 Were you frequently away from school?	
a) Before you were 11 years old Yes	
No	
b) After you were 11 years old	
Yes	
No	
C38 Why was this?	
a) Illness	
Yes	
No	
b) Truancy	
Yes	
No	
c)Other, describe	
Yes	
No	
C39How many schools did you attend?	
a) Before you were 11 years old	
Yes	
No	
b)After you were 11 years old	
Yes	
No	
C40 Did you ever attend a special school?	
Yes	
No	

C41 Comments....

Your Partner C34a Were you educated on the Isle of Man? i) Before you were 11 years old Yes No ii) After you were 11 years old Yes No C35a Did you like school? Always Mostly It was OK Not really Definitely not C36a Was school a valuable experience? Very valuable Generally valuable Not sure Generally not valuable Of no value C37a Were you frequently away from school? i) Before you were 11 years old Yes No ii)After you were 11 years old Yes No C38a Why was this? i) Illness Yes No ii) Truancy Yes No iii) Other, describe Yes No C39a How many schools did you attend? i)Before you were 11 years old Yes No

C4a Comments.....

ii)After you were 11 years old

C40a Did you ever attend a special school?

Yes No

Yes No

SECTION D: EDUCATION AND OCCUPATION

D 1 What educational qualifications do you have? Please tick all that apply

a) CSE or GCSE(Grade D,E,F or G)

Yourself

Partner

Your mother

Your father

b) O-level or GCSE (A,B, or C)

Yourself

Partner

Your mother

Your father

c) A-level

Yourself

Partner

Your mother

Your father

d) Qualifications in shorthand/typing

/or other skills, e.g. hairdressing

Yourself

Partner

Your mother

Your father

e) Apprenticeship

Yourself

Partner

Your mother

Your father

f) State enrolled nurse

Yourself

Partner

Your mother

Your father

g) State registered nurse

Yourself

Partner

Your mother

Your father

h) City & Guilds intermediate, technical

Yourself

Partner

Your mother

Your father

i) City & Guilds final technical

Yourself

Partner

Your mother

Your father

D1 j) City & Guilds full technical		
Yourself		
Partner		
Your mother		
Your father		
k) Teaching qualification		
Yourself		
Partner		
Your mother		
Your father		
1) University degree		
Yourself		
Partner		
Your mother		
Your father		
m) Other (please describe)		
Yourself		
Partner		
Your mother/father		
n) No qualifications		
Yourself		
Partner		
Your mother		
Your father		
o) Qualifications not known		
Yourself		
Partner		
Your mother		
Your father		
D 2 What were the most recent job situations of your	self and your par	rtner?
If more than one, please tick all those which ap	ply	
Working for an employer full-time	(i) Self	(ii) Partner
(more that 30 hours a week)		
	(I) G 10	410 - 5
Working for an employer part-time	(i) Self	(ii) Partner
(one hour or more a week)		
	(1) G 10	(11) B
Self-employed, employing other people	(i) Self	(ii) Partner
	(') G 16	(") D
Self-employed, not employing other people	(i) Self	(ii) Partner
On a government employment or training	(1) G 1C	('') D
Scheme	(i) Self	(ii) Partner
Weiting to start a job already assented	(i) C-16	(ii) Donter
Waiting to start a job already accepted	(i) Self	(ii) Partner
Unemployed and looking for a job	(i) Self	(ii) Partner
CHERODOVED AND TOOKINY (OF A 101)	UD OCH	on ranner

D2	At school or in other full-time education	(i) Self	(ii) Partner	
	Unable to work because of long-term sickness or disability	(i) Self	(ii) Partner	
	Retired from paid work	(i) Self	(ii) Partner	
	Looking after the home or family	(i) Self	(ii) Partner	
	Other (please describe)	(i) Self	(ii) Partner	
D3 a	If either of you are not currently in paid employees when did your last job/s end?	oyment,		
	Self Partner			
l	Are you on paid maternity leave? Yes No			
The questions below ask about your current or most recent occupation and that of your partner. As far as you can, please describe the actual jobs, trades, profession Use a job title if you have one and precise terms such as radio mechanic, tool room foreman, wood working machinist etc. 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.				
<u>]</u>	Your present jobs or last main jobs.			
D 4 a	a) Actual job, occupation, trade or profession Self Partner			
ł	O) Hours worked per week: Self Partner			
(e) Please tick which of the following apply:			
	Director Self Partner			
	Manager Self Partner			

	D4c)	Supervisor	
		Self	
		Partner	
		Foreman	
		Self	
		Partner	
		Assistant	
		Self	
		Partner	
		Assembler	
		Self	
		Partner	
		Self-employed	
		Self	
		Partner	
		Other (please describe)	
D4	d) Do	es your job (or jobs) occupy you entirely on the	e Isle of Man?
		Yes	
		No	
		If no,	
	e) For	how long in the last year did you work?	
		In the Isle of Man	Months
		In the UK	Months
		Elsewhere (please state country)	Months
D5		work you both did shortly before you became politions of work like for yourself and your partners.	
SE	LF		
	a)	Did you use a VDU	
		Yes	
		No	
	b)	Were/are you mostly sitting	
		Yes	
		No	

D5 c) Did/does your job involve bending much of the time Yes No			nuch of the time	
d) Did/does your job involve standing much of the time? Yes No			nuch of the time?	
e) Did/does it involve repetitive, boring tasks? Yes No			g tasks?	
f) Did/does it involve challenging and mentally demanding to Yes			mentally demanding tasks?	
No g) Did/does it involve a lot of physical energy? Yes No			energy?	
	h)		ntact with fumes or	chemicals?
		Please describe		
D 6	a)	Do you/did you o Yes No	do shift work?	
	b)	If yes, does this i Yes No	nclude night shift?	
	YO	UR PARTNER		
D7		yes he enjoy his jo Yes, always Yes, mostly Sometimes Not very often Never	b?	
	b) Do	es he have proble	ms at work?	
		Yes, always Yes, mostly Sometimes Not very often Never		
c) Are t	the people friendly	y?	
		Yes, always Yes, mostly Sometimes	Not very often	Never

D7d) Are the people he works with supportive?

Yes, always

Yes, mostly

Sometimes

Not very often

Never

e) Is it very noisy?

Yes, always

Yes, mostly

Sometimes

Not very often

Never

f) Not applicable

Yes, always

Yes, mostly

Sometimes

Not very often

Never

D8 a) Do you intend to start work after you have the baby?

Yes

No

b) If yes, about how old do you expect the baby will be when you go back to work?

Less than 6 weeks

6 weeks - 6 months

6 months - 1 year

Over a year

c) Have you decided what sort of child care you will have?

Yes

No

d) If yes, what sort do you expect?

Family

Friend

Registered childminder

Nanny

Nursery/crèche

Other (please describe)

SECTION E: YOUR ACTIVITIES AND LIFESTYLES

This section is in two parts. Please fill in the first about yourself and the second, about yourpartner.

E1 Which of the following statements best applied to you during your pregnancy?

a) Before you became pregnant

Very energetic

Quite energetic

Lacking in energy

b When you felt the baby move

Very energetic

Quite energetic

Lacking in energy

E1	c)	Now				
		Very energetic				
		Quite energetic				
		Lacking in energy				
	d)	Compared with other women of your age, would you consider yourself to be:				
		Much more active				
		Somewhat more active				
		About the same				
		Somewhat less active				
		Much less active				
	e)	Nowadays at least once a week do you engage in any regular activity like brisk				
		walking gardening, cycling, etc. long enough to work up a sweat?				
		Yes				
		No.				
	f)	If yes, how many hours a week?Hrs				
	-/	22 y es, 22 // 22 w 25 w 25 w 25 w 25 w 25 w 25				
E2	In a i	normal day, whether at home or not, do you:				
	a) Li	a) Lift and carry heavy objects (more than 10 Kg)				
		Yes				
		No				
	b) Li	ft and carry young children				
	Yes					
No c) Bend and stoop						
						Yes
	1\ TT	No				
	d) Ha	ave rest periods				
		Yes				
	\ T.T.	No				
	e) Us	se vibrating machinery				
		Yes				
Г2	XX 71 ·	No				
E3	Whic	ch of the following statements describes best the way in which you travel about?				
		I usually walk everywhere				
		Cycle mostly				
		Usually get in a car				
5 4	*****	Mostly use public transport				
E4	Whic	ch is your favourite leisure activity? (Please describe)				
E5	In the	e past year, have you travelled abroad on holiday?				

We are interested in your diet

How many times each week do you eat?

E6 a) Sausages, Burgers

Never/rarely

Once in 2weeks

1 – 4times a week

47 times a week

More than once a day

b) Pies, Pasties (pork pie, meat pie etc.)

Never/rarely

Once in 2weeks

1 - 4times a week

47 times a week

More than once a day

c) Meat (beef, lamb, pork, ham, bacon etc.)

Never/rarely

Once in 2weeks

1 - 4times a week

47 times a week

More than once a day

d) Poultry (chicken, turkey etc)

Never/rarely

Once in 2weeks

1 – 4times a week

47 times a week

More than once a day

e) Liver, liver pate, kidney, heart

Never/rarely

Once in 2weeks

1 – 4times a week

47 times a week

More than once a day

f) White fish (cod, haddock, plaice, etc)

Never/rarely

Once in 2weeks

1 - 4times a week

47 times a week

More than once a day

g) Other fish (pilchards, sardines, mackerel,

tuna, herring, kippers, trout, salmon)

Never/rarely

Once in 2weeks

1 – 4times a week

47 times a week

E6 h) Shellfish (prawns, crab, cockles, mussels)

Never/rarely

Once in 2weeks

1 - 4times a week

47 times a week

More than once a day

i) Eggs, quiche

Never/rarely

Once in 2weeks

1 – 4times a week

47 times a week

More than once a day

j) Cheese

Never/rarely

Once in 2weeks

1 - 4times a week

47 times a week

More than once a day

k) Pizza

Never/rarely

Once in 2weeks

1 – 4times a week

47 times a week

More than once a day

1) Chips

Never/rarely

Once in 2weeks

1 - 4times a week

47 times a week

m) Roast potatoes (cooked in fat)

Never/rarely

Once in 2weeks

1 – 4times a week

47 times a week

More than once a day

n) Boiled, mashed, jacket potatoes

Never/rarely

Once in 2weeks

1 - 4times a week

47 times a week

More than once a day

o) Rice (boiled)

Never/rarely

Once in 2weeks

1 – 4times a week

47 times a week

E6 p) Spaghetti, pasta, Noodles

Never/rarely

Once in 2weeks

1 - 4times a week

47 times a week

More than once a day

q) Crisps

Never/rarely

Once in 2weeks

1 - 4times a week

47 times a week

More than once a day

r) Fried foods (eg. fried fish, eggs, etc)

Never/rarely

Once in 2weeks

1 - 4times a week

47 times a week

More than once a day

E7 a) Baked beans

Never/rarely

Once in 2weeks

1 – 4times a week

4 7 times a week

More than once a day

b) Peas, sweetcorn, broad beans

Never/rarely

Once in 2weeks

1 - 4times a week

47 times a week

More than once a day

c) Pulses (dried peas, beans, lentils, chick peas, mushy peas)

Never/rarely

Once in 2weeks

1 - 4times a week

4 7 times a week

More than once a day

d) Nuts, nut roast

Never/rarely

Once in 2weeks

1 – 4times a week

4 7 times a week

More than once a day

e) Vegeburgers, Tofu Bean Curd, Tahini,

Soya 'Meat', T.V.P.

Never/rarely

Once in 2weeks

1 – 4times a week

47 times a week

E7 f) Green vegetables (cabbage, sprouts, cauliflower, runner beans, leeks etc)

Never/rarely

Once in 2weeks

1 - 4times a week

47 times a week

More than once a day

g) Root vegetables (carrot, turnip, swede,

parsnip etc)

Never/rarely

Once in 2weeks

1 - 4times a week

47 times a week

More than once a day

h) Salad (lettuce, tomato, cucumber etc)

Never/rarely

Once in 2weeks

1 - 4times a week

47 times a week

More than once a day

i) Fresh fruit (an apple, pear, banana, orange,

bunch of grapes etc)

Never/rarely

Once in 2weeks

1 - 4times a week

47 times a week

More than once a day

j) Fruit juice

Never/rarely

Once in 2weeks

1 - 4times a week

47 times a week

More than once a day

k) Pudding (fruit pie, crumble, cheesecake, milk

pudding, mousse, gateaux, etc)

Never/rarely

Once in 2weeks

1 - 4times a week

47 times a week

More than once a day

1) Breakfast cereals:

Cornflakes, Rice Krispies, etc

Never/rarely

Once in 2weeks

1 – 4times a week

47 times a week

E7 m) Porridge, Ready Brek, Muesli

Never/rarely

Once in 2weeks

1 – 4times a week

47 times a week

More than once a day

n) All Bran, Bran Flakes, Weetabix, Shredded

Wheat, Fruit & Fibre

Never/rarely

Once in 2weeks

1 - 4times a week

47 times a week

More than once a day

o) Cakes or buns (fruit, sponge, cream,

doughnuts, flapjack, scone, tarts, etc.)

Never/rarely

Once in 2weeks

1 - 4times a week

47 times a week

More than once a day

p) Crispbreads (Ryvita, crackerbread)

Never/rarely

Once in 2weeks

1 – 4times a week

47 times a week

More than once a day

q) Biscuits (digestive, shortcake, Hob Nobs, Rich

Tea, Nice, Crackers, etc

Never/rarely

Once in 2weeks

1 - 4times a week

47 times a week

More than once a day

r) Candy bars (Mars, Twix, Wispa, Bounty,

Crunchy, Creme Egg etc)

Never/rarely

Once in 2weeks

1 - 4times a week

47 times a week

More than once a day

s)Chocolate (3-4 squares or small block) dairy

milk or plain, nut, fruit, filled etc.

Never/rarely

Once in 2weeks

1 – 4times a week

47 times a week

boiled sweets, toffees etc. Never/rarely Once in 2weeks 1 - 4times a week 47 times a week More than once a day **Fizzy Drinks:** u) Cola (Coke, Pepsi etc) Never/rarely Once in 2weeks 1 - 4times a week 47 times a week More than once a day v) Lemonade (Sprite, Lilt etc.) Never/rarely Once in 2weeks 1 – 4times a week 47 times a week More than once a day w) Squash (Orange, lemon, Ribena etc) Never/rarely Once in 2weeks 1 - 4times a week 47 times a week More than once a day E8 Do you choose low calorie or diet soft drinks? Yes No Don't drink soft drinks How many pieces of bread or rolls etc do you eat on a usual day? 1to 3to 4 Over Do you usually eat? E10 White bread: sliced White bread unsliced Brown/granary bread Wholemeal bread E11 How many slices of bread (or rolls) spread with butter or margarine, do you eat each day (including sandwiches) Slices..... Do you eat the fat on meat? E12 Yes, all of it Some of it No E13 What sort of fat do you usually use?

E7 t) Sweets (3-4 sweets at a time), Peppermints,

((1) O1	bread or vegetables	
	Butter, dripping or lard		
	Hard or soft margarine, Blue Band,		
	Polyunsaturated margarine		
	Low fat spread		
		Vegetable oil,	
	(ii) F	or frying	
,	(11) 1	Butter, dripping or lard	
		Hard or soft margarine, Blue Band,	
		y	
		Polyunsaturated margarine	
		Low fat spread	
		Vegetable oil,	
E14	Ho	w often a week, would you eat takeaway foods for your main meal? Days	
E15	Wh	at type of milk do you usually use?	
		None	
		Milk marketing Board: Blue	
		Red	
		Green	
		Farm milk (Please name dairy)	
		Other (Please describe)	
E16		Do you usually have milk?	
	a)	In tea	
		Yes	
		No	
	b)	In coffee	
		Yes	
		No	
	c)	On breakfast cereal	
	- /	Yes	
		No	
	d)	As pudding (custard, rice)	
	ω,	Yes	
		No	
	e)	To drink on its own	
	C)	Yes	
		No	
		140	
E16	f)	As a milky drink (Horlicks, Cocoa, etc)	
		Yes	
		No	
	g)	As yogurt	
		Yes	
		No	

E17a) How many cups of tea do you drink in a day?.....

b) How many spoons of sugar in each cup?
E18a) How many cups of coffee do you drink in a day?
b) How many spoons of sugar in each cup?
E19a) Are you a vegetarian? Yes
No If yes, for how many years have you been vegetarian?
E20 a) Have you ever been a smoker? Yes If no, please go to question E 21
b) If yes, at what age did you start smoking regularly?Years
c) What was the maximum number of cigarettes a day you smoked?
30+ 25-29 20-24 15-19 10 - 14 5 - 9 1 - 4
d) i Have you currently stopped smoking? Yes No ii If yes, how long ago?
e) Did you smoke regularly at any time in the last 9 months? No Yes, cigarettes Yes, other Describe
How many cigarettes per day did you smoke?
E20 f) i At the start of your pregnancy? 30+ 25-29 20-24 15-19 10 - 14 5 - 9 1 - 4

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E20 f) ii At the time when you first felt the baby move

```
30 +
            25-29
            20-24
            15-19
            10 - 14
             5 - 9
             1 - 4
     iii In the last 2 weeks
           30 +
            25-29
            20-24
            15-19
            10 - 14
             5 - 9
             1 - 4
    g) What brand, type and strength of cigarettes do you usually smoke?
      i
           Type:
                            Filtered
                            Unfiltered
                            Menthol
                            Other
      ii
           Brand
E21
           How often have you drunk alcoholic drinks?
     a) Before you became pregnant
           Never
            Very occasionally (less than once a week)
           Occasionally, (at least once a week)
           Drink 1 - 2 glasses a day
           Drink 3 - 9 glasses a day
           More than 10
    b) In the first 3 months
           Never
           Very occasionally (less than once a week)
           Occasionally, (at least once a week)
           Drink 1 - 2 glasses a day
           Drink 3 - 9 glasses a day
           More than 10
    c) Since then
           Never
           Very occasionally (less than once a week)
           Occasionally, (at least once a week)
           Drink 1 - 2 glasses a day
           Drink 3 - 9 glasses a day
           More than 10
```

E22 How many days in the past month would you have drunk the equivalent of 2 pints of beer

> 10 days 5-10 days 3-5 days 1-2 days None E23 Which is the alcoholic drink you most often drink? Wine Beer/lager Sherry/port Gin/whisky/vodka/brandy Other/please describe) Don't drink Your partner: If he visits you in the Jane, please ask him to fill in this section. If he does not, please fill in as much of it as you can on his behalf. Which of the following statements best applied to you just before your partner became pregnant, and now? F1 a)Before she became pregnant Very energetic Quite energetic Lacking in energy b) Now Very energetic **Quite** energetic Lacking in energy c) Compared with other men of your age, would you consider yourself to be: Much more active Somewhat more active About the same Somewhat less active Much less active d) Do you engage in any regular activity, like brisk walking cycling, sport Yes e) If yes, how many hours a week?.....Hrs F2 a) Which is your favourite leisure activity? (please describe) b) In the past year, have you travelled abroad on holiday? (Please describe) We are interested in your diet - how many times each week do you eat? F3 a) Sausages, Burgers

4 glasses of wine, or 4 pub measures of spirit?

Every day

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

b) Pies, Pasties (pork pie, meat pie etc.)

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

c) Meat (beef, lamb, pork, ham, bacon etc.)

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

d) Poultry (chicken, turkey etc)

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

e) Liver, liver pate, kidney, heart

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

f) White fish (cod, haddock, fish fingers)

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

g) Other fish (pilchards, sardines, mackerel,

tuna, herring, kippers, trout, salmon)

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

h) Shellfish (prawns, crab, cockles, mussels)

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

F3 i) Eggs, quiche

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

j) Cheese

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

k) Pizza

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

1) Chips

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

m) Roast potatoes (cooked in fat)

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

n) Boiled, mashed, jacket potatoes

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

o) Rice (boiled)

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

p) Spaghetti, pasta, Noodles

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

F3 q) Crisps

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

r) Fried foods (eg. fried fish, eggs, bacon,

chops etc)

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

F4 a) Baked beans

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

b) Peas, sweetcorn, broad beans

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

c) Pulses (dried peas, beans, lentils, chick peas,

mushy peas etc)

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

d) Nuts, nut roast, Tahini,

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

e) Vegeburgers, Soya 'Meat', T.V.P.

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

F4 f) Green vegetables (cabbage, sprouts, cauliflower, runner beans, leeks)

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

F4 g) Root vegetables (carrot, turnip, swede, parsnip etc)

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

h) Salad (lettuce, tomato, cucumber etc)

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

i Fresh fruit (an apple, pear, banana, orange,

bunch of grapes etc)

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

j) Fruit juice

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

k) Pudding (fruit pie, crumble, cheesecake, milk

pudding, mousse, gateaux, etc)

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

1) Cornflakes, Rice Krispies, Special K, etc

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

m) Porridge, Ready Brek, Muesli

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

n) All Bran, Bran Flakes, Weetabix, Shredded Wheat, Fruit & Fibre

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

F4 o) Cakes or buns (fruit, sponge, cream, teacake, doughnuts, flapjack, scone, tarts,etc.)

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

p) Crisp breads (Ryvita, cracker bread)

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

q)Biscuits (digestive, shortcake, Hobnobs, Rich Tea, Nice, Crackers)

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

r) Candy bars (Mars, Twix, Wispa, Bounty, Crunchy, Creme Egg etc)

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

s) Chocolate (3-4 squares or small block) dairy milk or plain, nut, fruit, filled etc.

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

t) Sweets (3-4 sweets at a time), peppermints, boiled sweets, toffees etc

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

Fizzy Drinks:

u) Cola (Coke, Pepsi etc)

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

v) Lemonade (Sprite, Lilt etc.)

Never/rarely

Once in 2 weeks

- 1 4times a week
- 4 7times a week

More than once a day

F4 w) Squash (Orange, lemon, Ribena etc)

```
Never/rarely
           Once in 2 weeks
           1 – 4times a week
           4 – 7times a week
           More than once a day
F5 Do you choose low calorie or diet soft drinks?
             Yes
             No
             Not applicable
F6 How many pieces of bread or rolls etc do you eat on a usual day?
               >1
               1to2
               3to4
              Over 5
F7 Do you usually eat?
           White bread: sliced
           Unsliced white
           Brown/granary bread
           Wholemeal bread
           Other
F8
      How many slices of bread (or rolls) do you spread with butter or margarine.
F9 Do you eat the fat on meat?
            Yes, all of it
            Some of it
            No
F10
      How often, in a week, would you eat takeaway foods for your main meal?.........Days
F11
      What type of milk do you usually use?
            None
            Milk marketing Board: Blue
            Milk marketing Board: Red
            Milk marketing Board: Green
            Farm milk (Please name dairy)
            Other (Please describe)
F12
      Do you usually have milk?
    a) In tea
              Yes
              No
    b) In coffee
              Yes
              No
    c) On breakfast cereal
              Yes
              No
F12 d) As pudding (custard, rice)
               Yes
```

No
e) To drink on its own
Yes
No f) As a milky drink (Harlicks, Coops)
f) As a milky drink (Horlicks, Cocoa) Yes
No
g) As yogurt
Yes
No
F13 a) How many cups of tea do you drink in a day?
b) How many spoons of sugar in each cup?
F14 a) How many cups of coffee do you drink in a day?
b) How many spoons of sugar in each cup?
F15 a) Are you a vegetarian?
Yes
No
b) If yes, for how many years have you been vegetarian?
F16 a) Have you ever been a smoker?
Yes
Yes No
No
No If no, please go to question F18 b) If yes, at what age did you start smoking regularly?Years old c) What was the maximum number of cigarettes a day you smoked?
No If no, please go to question F18 b) If yes, at what age did you start smoking regularly?Years old
No If no, please go to question F18 b) If yes, at what age did you start smoking regularly?Years old c) What was the maximum number of cigarettes a day you smoked? 30+
No If no, please go to question F18 b) If yes, at what age did you start smoking regularly?Years old c) What was the maximum number of cigarettes a day you smoked? 30+ 25-29
No If no, please go to question F18 b) If yes, at what age did you start smoking regularly?Years old c) What was the maximum number of cigarettes a day you smoked? 30+ 25-29 20-24 15-19 10 - 14
No If no, please go to question F18 b) If yes, at what age did you start smoking regularly?Years old c) What was the maximum number of cigarettes a day you smoked? 30+ 25-29 20-24 15-19 10-14 5-9
No If no, please go to question F18 b) If yes, at what age did you start smoking regularly?Years old c) What was the maximum number of cigarettes a day you smoked? 30+ 25-29 20-24 15-19 10 - 14 5 - 9 1 - 4
No If no, please go to question F18 b) If yes, at what age did you start smoking regularly?Years old c) What was the maximum number of cigarettes a day you smoked? 30+ 25-29 20-24 15-19 10-14 5-9 1-4 Pipe/cigars
No If no, please go to question F18 b) If yes, at what age did you start smoking regularly?
No If no, please go to question F18 b) If yes, at what age did you start smoking regularly?Years old c) What was the maximum number of cigarettes a day you smoked? 30+ 25-29 20-24 15-19 10-14 5-9 1-4 Pipe/cigars d) i Have you currently stopped smoking? Yes
No If no, please go to question F18 b) If yes, at what age did you start smoking regularly?
No If no, please go to question F18 b) If yes, at what age did you start smoking regularly?Years old c) What was the maximum number of cigarettes a day you smoked? 30+ 25-29 20-24 15-19 10-14 5-9 1-4 Pipe/cigars d) i Have you currently stopped smoking? Yes

F16e) Have you smoked regularly at any time in the last 9 months?

	Yes, cigarettes
	Yes, cigars
	Yes, pipe
	Yes, other eg. marijuana/grass/cannabis/ganja etc (please describe)
f)	How many cigarettes per day did you smoke?
i	At the start of her pregnancy?
	30+
	25-29
	20-24
	15-19
	10 - 14
	5 – 9
	1-4.
	Pipe/cigars
i	i In the last 2 weeks
	30+
	25-29
	20-24
	15-19
	10 - 14
	5-9
	1 - 4.
	Pipe/cigars
	1 ipo cigars
C	y) What brand, type and strength of cigarettes do you usually smoke?
٤	i Type:
	Filtered
	Unfiltered
	Menthol
	Other
	" D1
	ii Brand
F17	How often have you drunk alcoholic drinks? Please indicate for each of the following
11/	a) Before partner became pregnant
	Very occasionally (less than once a week)
	Occasionally, (at least once a week)
	Drink 1 - 2 glasses a day
	Drink 1 - 2 glasses a day Drink 3 - 9 glasses a day
	More than 10
	b) In first 3 months
	Never
	Very occasionally (less than once a week)
	Occasionally, (at least once a week)
	Drink 1 - 2 glasses a day
	Drink 3 - 9 glasses a day
F12	More than 10
F17	c) Since then
	Never
	Very occasionally (less than once a week)

	Occasionally, (at least once a week)
	Drink 1 - 2 glasses a day
	Drink 3 - 9 glasses a day
	More than 10
F18	How many days in the past month have you drunk the equivalent of 2 pints of beer, 4 Every day More than 10 days 5 – 10 days 3 – 5 days 1 – 2 days None
F19 only)	Which is the alcoholic drink you most often drink?
<i>J</i> /	Wine
	Beer/lager
	Sherry/port
	Gin/whisky/vodka/brandy
	Other/please describe)
	Don't drink
G 1	Please enter the date on which you finished filling in this questionnaire
When	completed, please send, in the pre-paid envelope provided to:
© Cop	pyright.
	Institute of Child Health, University of Bristol & E.L.S.P.A.C. in the Isle of Man.

After Birth. The early months.

2.2.6. MOTHERS' POSTPARTUM QUESTIONNAIRE

Questionnaire information

Questionnaire title Postpartum questionnaire

Data gathered by: Mother

Data gathered when: 6 weeks post delivery

Data gathered where: Self completing questionnaires posted with pre paid

envelope

Number collected: 834

Entered data stored in file(s): 6M1.csv IO6H.xls

Version of questionnaire 1

This questionnaire asks about how you are feeling, whether you are getting enough sleep and how you reacted to the birth of your baby.

As before, none of the doctors or midwives you see will know your answers and your name and address will not be on the questionnaires.

You will have seen many of the questions before. This is deliberate, because we are interested in any changes that have come about since you had your baby. As before, if there are any questions you cannot or do not wish to answer, just put a line through them.

All the answers you give are confidential.

THANK YOU VERY MUCH FOR YOUR HELP

SECTION A: YOUR HEALTH AND LIFESTYLE IN PREGNANCY

- A1 During the last months of pregnancy did you experience any of the following?
 - a) Nausea

Yes in the last month

No

Don't know

b) Vomiting

Yes in the last month

No

Don't know

c) Diarrhoea

Yes in the last month

No

Don't know

d) Vaginal bleeding

Yes in the last month

No

Don't know

e) Jaundice

Yes in the last month

No

Don't know

f) Urinary infection

Yes in the last month

No

Don't know

g) Influenza

Yes in the last month

No

Don't know

h) Rubella

Yes in the last month

No

Don't know

i) Thrush

Yes in the last month

No

Don't know

j) Genital herpes

Yes in the last month

No

Don't know

k) Other infections, describe

Yes in the last month

No

Don't know

```
Yes in the last month
              Don't know
  m) Sugar in urine
              Yes in the last month
              No
              Don't know
   n) X-ray
              Yes in the last month
              No
              Don't know
   q) Ultrasound scan
              Yes in the last month
              No
              Don't know
   r) Other, please describe
              Yes in the last month
              No
              Don't know
A2 During pregnancy, before you went into labour, were you admitted to hospital?
              Yes
              No
A3
       How would you describe your health in the last four weeks of pregnancy?
              Always fit and well
              Mostly fit and well
              Often unwell
              Always unwell
A4 a) Since having the baby, if you smoke, have your smoking habits changed?
              I don't smoke
              Yes, I have been smoking more
              Yes, I have been smoking less
              No change
   b) If you smoke, how many cigarettes do you smoke now?
              30 +
              25-29
              20 - 24
              15-19
              10-14
              5-9
              1-4
              None
A5
       Since you had the baby, how often have you drunk alcoholic drinks?
              Never
              Very occasionally
              Occasionally, once a week
              One to two glasses a day
```

A1 l) Injury

A6 Did you attend antenatal or parent craft classes, during your pregnancy? Yes No Were they run by the? a) Hospital Yes No b) Local health centre Yes No c) Your general practitioner Yes No d) Other, describe Yes No **SECTION B: LABOUR AND DELIVERY B**1 Where did you have the baby? In the Jane Crookall Maternity Home Somewhere else B2 How did you feel when you went into labour? i) Afraid Not at all A little Moderately Very much ii) Uncertain Not at all A little Moderately Very much iii) Calm Not at all A little Moderately Very much iv) Excited Not at all A little Moderately Very much v) Happy Not at all A little

> Moderately Very much

B3 How did you feel while you were having the baby? Neglected Alright Warmly supported Other, describe..... In general, did you feel in control of what the doctors and midwives were doing? **B**4 Yes, always Most of the time Only some of the time No, hardly at all **B5** During labour, when you needed assistance, did you Feel unable to ask Feel you could ask but didn't Ask for help Who delivered your baby? **B6** I'm not sure Doctor who I had seen before Doctor who I didn't know Midwife Other, describe **B**7 How did the equipment used on you during labour make you feel? Very confident Did not affect me Upset me No equipment used I was unaware of equipment used B8 a) Did you have any form of pain relief? Yes No Who decided whether or not you had any pain relief? bi) Doctor Yes No Not sure bii) Midwives Yes No Not sure biii) I did Yes No Not sure biv) My partner Yes No Not sure by Someone else, describe Yes No Not sure

В7	c)	Were you happy with this decision? Yes
		No
		Not sure
В8		Were any of the following types of pain relief used?
(di)	General anaesthetic
		Yes
		No
	1	Not sure
(d11)	Epidural anaesthetic
		Yes
		No Not sugg
	4:::	Not sure
(um) Pethedine injection Yes
		No
		Not sure
	div) Gas and air
,	ui v	Yes
		No
		Not sure
	dv	Other, describe
		Yes
		No
		Not sure
B9		How was the pain during labour and delivery?
		Worse than I expected
		What I had expected
		Better than I had expected
		Did not feel any pain
B10)	Were you able to get into the position that was most comfortable for you during
labo	our	and delivery?
		No, hardly at all
		Yes, some of the time
D11		Yes, all the time
B11		In the first stage of labour, what was your position?
•	a)	Lying
		All the time Most of the time
		Sometimes
		Never
1	b)	Sitting
	U)	All the time
		Most of the time
		Sometimes
		Never

B11 c) Standing

All the time

Most of the time

Sometimes

Never

d) Other, describe

All the time

Most of the time

Sometimes

Never

B12 What position were you in at delivery?

I don't know

Lying on your back

Lying on your side

Standing

Kneeling/crouching

Other, describe

- B13 Who did you have with you during labour and delivery?
 - a) My husband/partner
 - b) My mother
 - c) Other friend or relative
 - d) Other, describe
- B14a) Were there lots of different staff coming in and out of the room while you were in labour?

Yes, a lot

Quite a few

No, hardly any

b) How did you feel about this?

Distressed/annoyed

Not bothered

Pleased

Other, describe

B15 Did you feel that you lost control of the way you behaved during labour and delivery?

Yes, most of the time

Yes, for some of the time

No, not at all

B16 Was the birth a wonderful experience for you?

Yes

No

Unsure

B17 If you have ant other comments, please write them here.

SECTION C: YOUR HEALTH NOW

- C1 Since having the baby, have any of the following occurred?
 - a) Painful stitches

All the time

Sometimes

Not at all

C1 b) Backache

All the time

Sometimes

Not at all

c) Headaches or migraine

All the time

Sometimes

Not at all

d) Urinary infection

All the time

Sometimes

Not at all

e) Nausea

All the time

Sometimes

Not at all

f) Vomiting

All the time

Sometimes

Not at all

g) Diarrhoea

All the time

Sometimes

Not at all

h) Haemmorhoids

All the time

Sometimes

Not at all

i) Infected nipples

All the time

Sometimes

Not at all

j) Other breast problems

All the time

Sometimes

Not at all

k) Feeling weepy

All the time

Sometimes

Not at all

1) Feeling irritable

All the time

Sometimes

Not at all

m) Feeling exhausted

All the time

Sometimes

Not at all

C1	n)	Varicose veins
		All the time
		Sometimes
		Not at all
	۵)	
	0)	Passing urine often
		All the time
		Sometimes
		Not at all
	,	
	p)	
		All the time
		Sometimes
		Not at all
	q)	Indigestion
		All the time
		Sometimes
		Not at all
	r)	Feeling dizzy
		All the time
		Sometimes
		Not at all
	s)	Flashes before the eyes
		All the time
		Sometimes
		Not at all
	t)	Shoulder ache
	-/	All the time
		Sometimes
		Not at all
	u)	Tingling in hands or feet
	u)	All the time
		Sometimes
		Not at all
	v)	Neck ache
	v)	All the time
		Sometimes Not at all
	\	Not at all
	W)	Depressed
		All the time
		Sometimes
		Not at all
	x)	Other, please describe
		All the time
		Sometimes
		Not at all
CO	۵)	Since having the behy have very had to story in beautiful again for any angle
L 2	a)	Since having the baby, have you had to stay in hospital again for any reason?
		Yes No
	1. \	
	D)	Reason for stay

C2	c)	How old was the baby	days
	d)	Was the baby admitted with you? Yes No	
	e)	How long did you stay?	days
	f)	What treatment did you have?	
C3		How would you describe your health	now?
		Always fit and well Mostly fit and well Often unwell Hardly ever well	
C4		Since the baby was born, how often	have you taken any of the following?
	a)	Contraceptive pill Every day Sometimes Never	
	b)	Iron	
	٠,	Every day Sometimes Never	
	c)	Vitamins	
	,	Every day Sometimes Never	
	d)	Pills for depression Every day Sometimes Never	
	e)	Pain killers Every day Sometimes Never	
	f)	Other, describe Every day Sometimes Never	
C5 sinc	ce		es, ointments or drugs you are currently using
~			
C6		Have you had a post-natal check yet Yes No	?
C7		How much do you weigh now?	kgs

SECTION D: YOUR FEELINGS

Please indicate the way you have felt in the past month Do you feel upset for no obvious reason? Very often Often Not often Never D2Do you get troubled by dizziness? Very often Often Not often Never D3 Have you ever felt that you might faint? Very often Often Not often Never D4 Do you feel sick or have indigestion? Very often Often Not often Never D5 Do you feel that life is too much effort? Very often Often Not often Never D6 Do you feel uneasy or restless? Very often Often Not often Never D7 Do you regret much of your past behaviour? Very often Often Not often Never D8 Do you sometimes feel panicky/ Very often Often Not often Never D9 Do you find that you have little or no appetite? Very often Often Not often Never

```
D10
       Do you wake unusually early in the mornings?
              Very often
              Often
              Not often
              Never
D11
       Do you worry a lot?
              Very often
              Often
              Not often
              Never
D12
       Do you feel tired or exhausted?
              Very often
              Often
              Not often
              Never
D13
       Do you experience long periods of sadness?
              Very often
              Often
              Not often
              Never
D14
      Do you feel strung up inside?
              Very often
              Often
              Not often
              Never
D15
       Can you get off to sleep alright?
              Very often
              Often
              Not often
              Never
D16
       Do you ever have the feeling you are going to pieces?
              Very often
              Often
              Not often
              Never
D17
       Do you often have excessive sweating?
              Very often
              Often
              Not often
              Never
D18
       Do you find yourself needing to cry?
              Very often
              Often
              Not often
              Never
D19
       Do you have bad dreams which upset you?
              Very often
              Often
              Not often
              Never
```

D20 Do you lose the ability to feel sympathy for others? Very often Often Not often Never D21 Can you think as quickly as you used to? Very often Often Not often Never D22 Do you have to make a special effort to face up to a crisis? Very often Often Not often Never Your feelings in the past week D23 I have been able to laugh and see the funny side of things As much as I always could Not quite so much now Definitely not so much now Not at all D24 I have looked forward with enjoyment to things As much as I ever did Not quite so much now Definitely not so much now Not at all I have blamed myself unnecessarily when things went wrong D25 Yes, most of the time Yes, some of the time Not very often No, never D26 I have been anxious or worried for no good reason No, not at all Hardly ever Sometimes Often I have felt scared or panicky for no good reason D27 Yes, quite a lot Yes, sometimes Not much Not at all D28 Things have been getting on top of me Yes, most of the time Yes, sometimes Hardly ever

Not at all

D29 I have been so unhappy that I have had difficulty sleeping

Yes, most of the time

Yes, sometimes

Hardly ever

Not at all

D30 I have felt sad or miserable

Yes, most of the time

Yes, quite often

Not often

Not at all

D31 I have been so unhappy that I have been crying

Yes, most of the time

Yes, quite often

Occasionally

Never

D32 The thought of harming myself has occurred to me

Yes, quite often

Sometimes

Hardly ever

Not at all

D33 I have been feeling depressed

Not at all

Hardly ever

Sometimes

Often

D34 There are more good days than bad

More good days

Half & half

More bad days

SECTION D: RECENT EVENTS

Have any of the following events happened to you since you had the baby?

E1 Your partner died

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E2 One of your children died

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E3 A friend or relative died

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

E4 One of your children was ill

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E5 Your partner was ill

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E6 A friend or relative was ill

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E7 You were admitted to hospital

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E8 You were in trouble with the law

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E9 You were divorced

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E10 You found that your partner didn't want your child

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E11 You were very ill

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

E12 Your partner lost his job

Yes, affected me a lot Moderately affected me

Mildly affected me

No effect

Did not happen

E13 Your partner had problems at work

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E14 You had problems at work

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E15 You lost your job

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E16 Your partner went away

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E17 Your partner was in trouble with the law

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E18 You and your partner separated

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E19 Your income was reduced

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

E20 You argued with your partner

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E21 You argued with your family or friends

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E22 You moved house

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E23 Your partner was physically cruel to you

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E24 You became homeless

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E25 You had a major financial problem

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E26 You got married

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E27 Your partner was physically cruel to your children

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

E28 You attempted suicide

Yes, affected me a lot Moderately affected me

Mildly affected me

No effect

Did not happen

E29 You were convicted of an offence

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E30 You thought you might miscarry

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E31 You started a new job

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E32 You had a test to see if the baby was normal

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E33 You were told you were having twins

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E34 You heard something may be harmful to the baby

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E35 You tried to have an abortion

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E36	You took an examination Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen
E37	Your partner was emotionally cruel to you Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen
E39	Your house or car were burgled Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen
E40	You had an accident Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen
E41 additio	Is there anything else which is not on the list which has concerned you or required onal effort from you to cope, since the baby was born? Yes No
b)) If yes, please describe
c)	How did this affect you? A lot Moderately Mildly Not at all
E42	Space for any comments
SECT	ION F; LOOKING AFTER YOUR BABY
F1	How many days after the birth of your baby did you go home? 1 to 3 days 4 to 7 8 to 10 11+
F2	Since coming home I have found it Easier than I expected As difficult as I expected More difficult than I expected

F3	How many hours sleep do you get?
	a) At night
	0-1hrs
	2 – 3hrs
	4 – 5hrs
	6 – 7hrs
	7 + hrs
F3	b)During the day
	0-1hrs
	2-3hrs
	4-5hrs
	6 – 7hrs
	7 + hrs
F4	Do you feel you are getting enough sleep?
	Yes
	No
F5	Do you manage to go out now you have the baby?
	As much as I always did
	Less than I used to
	Very much less
	Not at all
F6a	What is your present job situation?
	a) Working for an employer full time
	b) Working for an employer part time
	c) Self employed, employing others
	d) Self employed, not employing others
	e) On paid maternity leave
	f) Government training scheme
	g) Waiting to start a new job
	h) Unemployed, looking for a job
	i) At school
	j) Retired
	k) Looking after home and family
	1) Other, describe
F6b	What is your partner's present job situation?
	a) Working for an employer full time
	b) Working for an employer part time
	c) Self employed, employing others
	d) Self employed, not employing others
	e) On paid maternity leave
	f) Government training scheme
	g) Waiting to start a new job
	h) Unemployed, looking for a job
	i) At school
	j) Retired
	k) Looking after home and family
	1) Other, describe
F7	How old was the baby when you began work?months
F8	How many hours a week do you work?hrs

F9 Who looks after the baby when you are at work? Partner **Grandparents** Relative Child minder outside home Child minder at home Nursery Other..... F10 If not working now, do you intend to before the baby is a year old? Yes, before 3months old When 4-6 months old Between 10-12 months old No, not before one year Whether or not you are at work, do you use? F11 A nanny A child minder Other..... **SECTION G: SUPPORT AND HELP** G1 I have no one to share my feelings with. This is exactly how I feel This is often how I feel This is how I sometimes feel I never feel this way My partner provides the emotional support I need. G2This is exactly how I feel This is often how I feel This is how I sometimes feel I never feel this way G3 There are other mothers with whom I can share my experiences. This is exactly how I feel This is often how I feel This is how I sometimes feel I never feel this way G4 I believe in moments of difficulty, my neighbours would help me This is exactly how I feel This is often how I feel This is how I sometimes feel I never feel this way G5 I am worried that my partner might leave me. This is exactly how I feel This is often how I feel This is how I sometimes feel **G**6 There is always someone with whom I can share my happiness and excitement about the baby. This is exactly how I feel This is often how I feel

This is how I sometimes feel

I never feel this way

G7 If I feel tired I can rely on my partner to take over.

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

G8 If I was in financial difficulty, I know my family would help if they could.

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

G9 If I was in financial difficulty I know my friends would help if they could.

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

G10 If all else fails, I know the state will support and assist me.

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

G11 How much help have you had with the following since having the baby?

a) Shopping

A lot

Some

Hardly any

None

b) Cleaning

A lot

Some

Hardly any

None

c) Preparing meals

A lot

Some

Hardly any

None

d) Washing up

A lot

Some

Hardly any

None

e) Changing nappies

A lot

Some

Hardly any

None

f) Washing clothes

A lot

Some

Hardly any/None

```
Some
              Hardly any
              None
G12
       Do you feel you receive?
              Too much help
              Enough help
              Too little help
       Who has helped you since you came home?
G13
    a) Partner
              Helped a lot
              Helped a bit
              No help
    b) Mother
              Helped a lot
              Helped a bit
              No help
    c) Relative
              Helped a lot
              Helped bit
              No help
     d) Neighbour
              Helped a lot
              Helped a bit
              No help
     e) Friend
              Helped a lot
              Helped a bit
              No help
     f) Paid help
              Helped a lot
              Helped a bit
              No help
     g) Other, describe
              Helped a lot
              Helped a bit
              No help
G14
       Any comments about pregnancy and the Health Services.....
```

G11 g) Other tasks, describe

A lot

G15 What is your opinion about the care you received?

a) Ante natal care

Happy

Satisfied

Not satisfied

Unhappy

b) In the Jane

Happy Satisfied

Not satisfied

Unhappy

G15 c) After the birth

Happy

Satisfied

Not satisfied

Unhappy

d) Please tell us of any changes you would like to see

H1 Please give the date on which you finished filling in this questionnaire

When completed, please send the questionnaire, in the pre-paid envelope to:

Mrs S.A.Parkes. Research co-ordinator

Postgraduate Medical Centre. Nobles Hospital, Westmoreland Road

Douglas Isle of Man Tel 01624 662636

If you decide not to fill it in, please send it back anyway so we can complete our records

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Institute of Child Health, University of Bristol & E.L.S.P.A.C. in the Isle of Man.

2.2.7. PARTNERS' SECOND QUESTIONNAIRE

Questionnaire information

Data gathered by: Mother's partner
Data gathered when: Post delivery

Data gathered where: Self completing questionnaires, posted with pre paid return

envelope

Number collected: 732

Entered data stored in file(s): 7F1.csv IO7.xls

Version of questionnaire 1

This questionnaire is for the mother's partner, whether or not he is the father of the study child and it asks about how you have been since the birth of the baby. Whether you are getting enough sleep and how you reacted to the birth.

All the answers you give are confidential.

None of the doctors or midwives you see or anyone outside the research team will know the answers you give. Your name and address will not be on the questionnaire.

You will have seen many of the questions before. This is deliberate, because we are interested in any changes that have come about since the baby's birth. As before, if there are any questions you cannot or do not wish to answer, just put a line through them. We would be grateful if you would help us by answering as many of the questions as possible.

THANK YOU VERY MUCH FOR YOUR HELP

SEACTION A: LABOUR AND DELIVERY

A1 Wh	ere you presen	t?
	a) During labo	
	,	Yes
		No
	b) At the bir	
	b) At the on	Yes
4.0	\ TC	No
A2	a) If no, was t	this entirely your decision?
		Yes
		No
	b) Was this	because babies are a woman's business?
		Yes
		No
	c) There was	no point in being there, I couldn't do anything
		Yes
		No
	d) I didn't th	nink I could stand it
	,	Yes
		No
	e) I didn't th	
	c) I didii t ti	Yes
		No
	f) Other place	
	f) Other, plea	
		Yes
		No
A3 Did	l vour partner v	vant you to be present?
	J	Yes
		No
		110
A4 Did	l you feel there	was pressure on you to attend the birth?
	-	Yes
		No
A5	a) Was this f	rom your partner?
	,	Yes
		No
	b) From frie	
	b) Hom me	Yes
		No
	-) E1-	
	c) From rela	
		Yes
		No
	d) From med	
		Yes
		No
	e) Others, ple	ease describe
	-	Yes

No

A6 Did you feel apprehensive about being present? Yes Sometimes No A7 How did you feel when you arrived at the hospital? Scared Calm Excited Other, describe..... In the delivery room: **A8** a) I felt warmly supported Yes No b) Confident Yes No c) Apprehensive Yes No d) In the way Yes No e) Ignored Yes A9 The staff tried to make me feel relaxed and comfortable. Yes, that is exactly right Yes, moderately They made no particular effort No, not at all Can't remember A10 The equipment used on my partner during labour made me feel: Confident I had no particular feelings about it Anxious A11 My partner's pain during labour was: Worse than I expected What I had expected Better than I had expected She didn't have much pain A12 Did this make you feel? Very distressed Occasionally distressed Didn't bother me She didn't have much pain Did you get actively involved in the birth? A13 Yes, very involved Yes, moderately

No, not involved

A14	was the birth a wonderful experience for you?
	Yes
	No
	Not sure
A15	Did you feel that being at the birth made you feel?
	a) Closer to your partner
	Yes
	No
	b) Closer to your child
	Yes
	No
	c) Like crying
	Yes
	No
	d) Other, please describe
	Yes
	No
A16	If there are any comments you would like to make about the birth of the baby,
	please write them here.
	-
A17	Did you attend antenatal or parent craft classes with your partner during her
	pregnancy?
	Yes
	No
A 18	a) What is your opinion about the care, help & information you & your partner have
1110	had from the Health Services?
	i) Ante natal care
	Happy
	==-
	Quite satisfied
	Not satisfied
	Unhappy
	ii) In Hospital
	Нарру
	Quite satisfied
	Not satisfied
	Unhappy
	iii) After the birth
	Нарру
	Quite satisfied
	Not satisfied
	Unhappy
	b) If you were not satisfied or unhappy, could you write here what changes you
	would like to see introduced to improve them.
	would like to see indoduced to improve them.

SECTION B: LOOKING AFTER YOUR BABY

B1 Has the arrival of your baby caused many changes in your life? Yes No B2 I have found having the baby around Easier than I expected About as difficult as I expected More difficult B3 How many hours sleep do you get? a) During the night 0 to1hrs 2 to 3 4 to 5 6 to 7 >7 B3 b) During the day 0 to1hrs 2 to 3 4 to 5 6 to 7 >7 **B**4 Do you feel you are getting enough sleep? Yes B5 Do you manage to go out with friends & on leisure outings now you have the baby? Yes, as much as I always did Yes, but less now Very much less now No, not at all B6 How much help would you say you have given since the baby was born? a) Shopping A lot Some Hardly any None b) Cleaning the home A lot Some Hardly any None c) Preparing meals A lot Some Hardly any None

A lot

Some

Hardly any

None

e) Help with housework

A lot

Some

Hardly any

None

f) Cooking meals

A lot

Some

Hardly any

None

g) Washing clothes

A lot

Some

Hardly any

None

h) Other tasks, please describe

A lot

Some

Hardly any

None

B7 In an ordinary week, how often do you do the following?

a) Play with the baby

Every day

Every two days

Once in four days

<Once a week

Never

b) Put the baby to bed

Every day

Every two days

Once in four days

<Once a week

Never

c) Bath the baby

Every day

Every two days

Once in four days

<Once a week

Never

d) Change nappies

Every day

Every two days

Once in four days

<Once a week

Never

B7 e) Take the baby out for a walk

Every day

Every two days

Once in four days

<Once a week

Never

f) Get up at night to feed

Every day

Every two days

Once in four days

<Once a week

Never

g) Feed the baby during the day

Every day

Every two days

Once in four days

<Once a week

Never

B8 Below are some statements about family life. How often do they apply to you?

a) I feel confident with the baby

Always feel like this

Often feel like this

Sometimes feel like this

Never feel like this

b) I'm happy with the way my partner is bringing up our baby

Always feel like this

Often feel like this

Sometimes feel like this

Never feel like this

c) I'm making a strong bond with the baby

Always feel like this

Often feel like this

Sometimes feel like this

Never feel like this

d) I feel my partner does not trust me with the baby

Always feel like this

Often feel like this

Sometimes feel like this

Never feel like this

e) My partner excludes me from looking after the baby

Always feel like this

Often feel like this

Sometimes feel like this

Never feel like this

f) I'm happy about the way I'm bringing up the baby

Always feel like this

Often feel like this

Sometimes feel like this

Never feel like this

B8 g) I'm so stressed at home it's a bad influence on the baby

Always feel like this

Often feel like this

Sometimes feel like this

Never feel like this

h) The home is the woman's place, I have no part in it

Always feel like this

Often feel like this

Sometimes feel like this

Never feel like this

i) I'm always getting under her feet

Always feel like this

Often feel like this

Sometimes feel like this

Never feel like this

j) She doesn't like me to be involved with the baby even if I'd like to be

Always feel like this

Often feel like this

Sometimes feel like this

Never feel like this

k) I feel I should be enjoying the baby but I am not

Always feel like this

Often feel like this

Sometimes feel like this

Never feel like this

1) I regret having the baby

Always feel like this

Often feel like this

Sometimes feel like this

Never feel like this

m) I wish I'd had more experience of other children before our child was born

Always feel like this

Often feel like this

Sometimes feel like this

Never feel like this

n) Fatherhood has made me feel more fulfilled

Always feel like this

Often feel like this

Sometimes feel like this

Never feel like this

o) Parenthood has brought myself and my partner closer together

Always feel like this

Often feel like this

Sometimes feel like this

Never feel like this

p) After the birth, I no longer felt attracted to my partner

Always feel like this

Often feel like this

Sometimes feel like this

Never feel like this

B8 q) My partner no longer gives me any attention

Always feel like this

Often feel like this

Sometimes feel like this

Never feel like this

r) I feel hurt by the attention my partner gives to the baby

Always feel like this

Often feel like this

Sometimes feel like this

Never feel like this

s) After the birth I couldn't bare to be touched by my partner

Always feel like this

Often feel like this

Sometimes feel like this

Never feel like this

t) At the moment I feel quite secure in our relationship

Always feel like this

Often feel like this

Sometimes feel like this

Never feel like this

u) My partner gives me no encouragement in bringing up the baby

Always feel like this

Often feel like this

Sometimes feel like this

Never feel like this

v) I was quite adequately prepared for the birth of our child and early

infant care

Always feel like this

Often feel like this

Sometimes feel like this

Never feel like this

B9 Are you currently employed?

Yes

No

a) When I finish work my partner expects me to take the baby

Often

Sometimes

Not often

Never

b) When I finish work I feel too tired

Often

Sometimes

Not often

Never

c) I enjoy getting home from work to see my partner and child

Often

Sometimes

Not often

Never

B9 d) When I finish work I take the baby and let my partner get on with something she wants to do

Often

Sometimes

Not often

Never

e) After a day at work I find the baby hard to cope with

Often

Sometimes

Not often

Never

B10 Does/did your partner breast feed?

Yes

No

a) I'm embarrassed when my partner breast feeds in front of me

Usually how I feel

Sometimes how I feel

Never how I feel

b) I find breast feeding distasteful to watch

Usually how I feel

Sometimes how I feel

Never how I feel

c) I don't like my partner breast feeding in front of other people

Usually how I feel

Sometimes how I feel

Never how I feel

d) I wouldn't want my partner to breast feed in front of other men

Usually how I feel

Sometimes how I feel

Never how I feel

e) Because I can't breast feed I feel excluded

Usually how I feel

Sometimes how I feel

Never how I feel

f) I feel proud that she is/was breast feeding our baby

Usually how I feel

Sometimes how I feel

Never how I feel

SECTION C: YOUR HEALTH AND LIFESTYLE

C1 How would you describe your health?

a) During the last 4 weeks of your partners pregnancy

Always fit and well

Mostly fit and well

Often felt unwell

Hardly ever well

C1 b) Now

Always fit and well

Mostly fit and well

Often felt unwell

Hardly ever well

- C2 Since the baby was born have you had any of the following?
 - a) Backache

All the time

Sometimes

Not at all

b) Headaches or migraines

All the time

Sometimes

Not at all

c) Urinary infection

All the time

Sometimes

Not at all

d) Nausea or vomiting

All the time

Sometimes

Not at all

e) Diarrhoea

All the time

Sometimes

Not at all

f) Haemorrhoids/piles

All the time

Sometimes

Not at all

g) Feeling weepy/tearful

All the time

Sometimes

Not at all

h) Feeling irritable

All the time

Sometimes

Not at all

j) Varicose veins

All the time

Sometimes

Not at all

k) Indigestion

All the time

Sometimes

Not at all

1) Flashing lights/spots before the eyes

All the time

Sometimes

Not at all

C2 m) Shoulder ache

All the time

Sometimes Not at all n) Neck ache All the time Sometimes Not at all o) Other problems, please describe All the time Sometimes Not at all C3 a) Since the baby was born, if you smoke, have your smoking habits changed? I don't smoke Yes, I have been smoking more Yes I have been smoking less b) If you smoke, how many cigarettes do you smoke now? >30 25 to 29 20 to 24 15 to 19 10 to 14 5 to 9 1 to 4 C4 Since the baby was born how often have you drunk alcoholic drinks? Very occasionally, less than once a week Occasionally, at least once a week 1to2 glasses a day 3 to 9 glasses a day More than 10 on most days C5 Since the baby was born have you taken any of the following? a) Amphetamines Every day Sometimes Never b) Sleeping pills Every day Sometimes Never

c) Vitamins

Every day

Sometimes

Never

d) Pills for depression

Every day

Sometimes

Never

C5 e) Pain killers

Every day

Sometimes

Never

f) Others, please describe

Every day

Sometimes

Never

SECTION D: YOUR FEELINGS

D1 Do you feel upset for no obvious reason?

Very often

Often

Not often

Never

Do you get troubled by dizziness or shortness of breath?

Very often

Often

Not often

Never

D3 Have you felt as though you might faint?

Very often

Often

Not often

Never

D4 Do feel sick or have indigestion?

Very often

Often

Not often

Never

D5 Do you feel that life is too much effort?

Very often

Often

Not often

Never

Do you feel uneasy and restless/

Very often

Often

Not often

Never

D7 Do you feel tingling sensations in your body, arms or legs?

Very often

Often

Not often

Never

D8 Do you regret much of your past behaviour?

Very often

```
Often
              Not often
              Never
D9
       Do you sometimes feel panicky?
              Very often
              Often
              Not often
              Never
D10
       Do you find you have little or no appetite?
              Very often
              Often
              Not often
              Never
D11
       Do you wake unusually early in the mornings?
              Very often
              Often
              Not often
              Never
D12
       Do you worry a lot?
              Very often
              Often
              Not often
              Never
D13
       Do you feel tired or exhausted?
              Very often
              Often
              Not often
              Never
D14
       Do you experience long periods of sadness?
              Very often
              Often
              Not often
              Never
D15
       Do you feel strung up inside?
              Very often
              Often
              Not often
              Never
D16
       Can you get off to sleep alright?
              Very often
              Often
              Not often
              Never
D17
       Do you ever have the feeling you are going to pieces?
              Very often
              Often
              Not often
              Never
D18
       Do you often have excessive sweating and fluttering of the heart?
```

Very often

Often

Not often

Never

D19 Do you find yourself needing to cry?

Very often

Often

Not often

Never

D20 Do you have bad dreams which upset you when you wake up?

Very often

Often

Not often

Never

D21 Do you lose the ability to feel sympathy for others?

Very often

Often

Not often

Never

D22 Can you think as quickly as you used to?

Very often

Often

Not often

Never

D23 Do you have to make a special effort to face up to a crisis or difficulty?

Very often

Often

Not often

Never

Your feelings in the past week

D24 I have been able to laugh and see the funny side of things

As much as I always could

Not quite so much now

Definitely not as much now

Not at all

D25 I have looked forward with enjoyment to things

As much as I ever did

Less than I used to

Much less than I used to

Not at all

D26 I have blamed myself unnecessarily when things went wrong

Yes, most of the time

Yes, some of the time

Not very often

No never

D27 I have been anxious or worried for no good reason

No, not at all

Hardly ever

Yes, sometimes

Yes, often

D28 I have felt scared or panicky for no good reason

Yes, quite a lot

Yes, sometimes

No, not much

No, not at all

D29 Things have been getting on top of me

Yes, most of the time

Yes, sometimes

No, hardly ever

No, not at all

D30 I have been so unhappy that I have had difficulty sleeping

Yes, most of the time

Yes, sometimes

Not very often

No, not at all

D31 I have felt sad or miserable

Yes, most of the time

Yes, quite often

Not very often

No, not at all

D32 I have been so unhappy that I have been crying

Yes, most of the time

Yes, quite often

Only occasionally

Never

D33 The thought of harming myself has occurred to me

Quite often

Sometimes

Hardly ever

Never

D34 Have you been feeling at all depressed?

No, not at all

Only mildly

Yes, quite depressed

Yes, very

D35 On the whole are there more good days than bad?

Yes, more good days

About half and half

No, more bad days

SECTION E: LIFE EVENTS

Have any of the following events occurred since the middle of your partner's pregnancy?

E1 A close relative died

Yes, affected me a lot Moderately affected me

Yes, but no affect

Did not happen

E2 A friend or other relative died

Yes, affected me a lot

Moderately affected me

Yes, but no affect

Did not happen

E3 One of your children was ill

Yes, affected me a lot

Moderately affected me

Yes, but no affect

Did not happen

E4 Your partner was ill

Yes, affected me a lot

Moderately affected me

Yes, but no affect

Did not happen

E5 A friend or relative was ill

Yes, affected me a lot

Moderately affected me

Yes, but no affect

Did not happen

E6 You were admitted to hospital

Yes, affected me a lot

Moderately affected me

Yes, but no affect

Did not happen

E7 You were in trouble with the law

Yes, affected me a lot

Moderately affected me

Yes, but no affect

Did not happen

E8 You were divorced

Yes, affected me a lot

Moderately affected me

Yes, but no affect

Did not happen

E9 You found that your partner did not want your child

Yes, affected me a lot

Moderately affected me

Yes, but no affect

Did not happen

E10 You were very ill

Yes, affected me a lot

Moderately affected me Yes, but no affect Did not happen E11 Your partner lost her job Yes, affected me a lot Moderately affected me Yes, but no affect Did not happen You partner had problems at work E12 Yes, affected me a lot Moderately affected me Yes, but no affect Did not happen E13 You had problems at work Yes, affected me a lot Moderately affected me Yes, but no affect Did not happen E14 You lost your job Yes, affected me a lot Moderately affected me Yes, but no affect Did not happen E15 Your partner went away Yes, affected me a lot Moderately affected me Yes, but no affect Did not happen E16 Your partner was in trouble with the law Yes, affected me a lot Moderately affected me Yes, but no affect Did not happen E17 You and your partner separated Yes, affected me a lot Moderately affected me Yes, but no affect Did not happen E18 Your income was reduced Yes, affected me a lot Moderately affected me Yes, but no affect Did not happen E19 You argued with your partner Yes, affected me a lot Moderately affected me Yes, but no affect

Did not happen

Yes, affected me a lot

You had arguments with your family or friends

E20

Moderately affected me Yes, but no affect

Did not happen

E21 You moved house

Yes, affected me a lot Moderately affected me

Yes, but no affect

Did not happen

E22 Your partner hurt you

Yes, affected me a lot Moderately affected me Yes, but no affect

Tes, but no arrec

Did not happen

E23 You became homeless

Yes, affected me a lot Moderately affected me

Yes, but no affect

Did not happen

E24 You had a major financial problem

Yes, affected me a lot Moderately affected me Yes, but no affect Did not happen

E25 You got married

Yes, affected me a lot Moderately affected me Yes, but no affect

Did not happen

E26 Your partner hurt your children

Yes, affected me a lot Moderately affected me Yes, but no affect

Did not happen

E27 You attempted suicide

Yes, affected me a lot Moderately affected me

Yes, but no affect

Did not happen

E28 You were convicted of an offence

Yes, affected me a lot Moderately affected me Yes, but no affect

Did not happen

E29 You started a new job

Yes, affected me a lot Moderately affected me Yes, but no affect

Did not happen

E30 Your partner had a test to see if the baby was abnormal

Yes, affected me a lot

	Moderately affected me
	Yes, but no affect
	Did not happen
E31	A result of a test suggested your baby might not be normal
	Yes, affected me a lot
	Moderately affected me
	Yes, but no affect
	Did not happen
E32	You found that your partner was going to have twins
	Yes, affected me a lot
	Moderately affected me
	Yes, but no affect
F22	Did not happen
E33	You heard that something had happened that might be harmful to the baby
	Yes, affected me a lot
	Moderately affected me
	Yes, but no affect Did not happen
E34	You took an examination
LJT	Yes, affected me a lot
	Moderately affected me
	Yes, but no affect
	Did not happen
E35	Your partner was emotionally cruel to you
	Yes, affected me a lot
	Moderately affected me
	Yes, but no affect
	Did not happen
E36	Your partner was emotionally cruel to your children
	Yes, affected me a lot
	Moderately affected me
	Yes, but no affect
E27	Did not happen
E37	Your house or car was burgled
	Yes, affected me a lot Moderately affected me
	Yes, but no affect
	Did not happen
E38	You had an accident
230	Yes, affected me a lot
	Moderately affected me
	Yes, but no affect
	Did not happen
E39	Is there anything else which is not on the list which has concerned you or required
	additional effort from you to cope with since your partner became pregnant?
	a) Yes
	No
	b) Please describe
D 26	
E39	c) How did this affect you?

A lot

Moderately

Mildly

Not at all

SECTION F: SUPPORT AND HELP

F1 I have no one to share my feelings with

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

F2 My partner provides the emotional support I need

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

F3 There are other fathers with whom I can share my experiences

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

F4 I believe in moments of difficulty my neighbours would help me

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

F5 I am worried that my partner might leave me

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

F6 There is always someone with whom I can share my happiness about the baby

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

F7 If I feel tired I can rely on my partner to take over

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

F8 If I was in financial difficulty I know my family would help

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

F9 If I was in financial difficulty I know my friends would help if they could

Exactly how I feel

Often how I feel Sometimes how I feel Never how I feel F10 If all else fails, I know the State will support and assist me Exactly how I feel Often how I feel Sometimes how I feel Never how I feel **SECTION G:** G1 This questionnaire was completed by: a) Child's biological father Yes No b) Mother's male partner Yes No c) Other Yes No Please describe. G2 Please give the date on which you completed this questionnaire Year Day Month G3 Please give your date of birth G4 Please give your study child's birthday Space for any additional comments you may like to make G5 When completed, please return to:

ELSPAC Office, IOM Postgraduate Medical Centre Douglas, Isle of Man IM1 4QA. Tel 662636

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Institute of Child Health, University of Bristol & E.L.S.P.A.C. in the Isle of Man.

2.2.8. MY YOUNG BABY

Questionnaire information

Data gathered by: Baby's carer

Data gathered when: Baby at 6 weeks post delivery

Data gathered where: Self completing questionnaires posted with pre paid envelope

Number collected: 938

Entered data stored in file(s): 8B1.csv IO8.sav

Version of questionnaire 1

This questionnaire is for the mother and is all about her baby. It asks about any problems with feeding and sleeping, waking and crying. Remember, there are no right or wrong answers; all babies are different, we are interested in his health and how he behaves

Please answer all the questions you can even if they seem similar. If you do not want to answer any questions or it does not apply to you, put a line through it. All your answers are confidential; no one outside the study team will know what you have written.

All the answers you give are confidential

THANK YOU VERY MUCH FOR YOUR HELP

SECTION A: YOU AND YOUR BABY

A1	As soon as the baby was born
	I wanted to touch and hold him
	I wanted to enjoy her later
	I didn't feel strongly about him
	I felt I didn't want to see him
	None of these
A2	How soon after delivery was the baby put to your breast?
	Immediately
	Within an hour
	1 – 3 hours
	4 – 11 hours
	12 hours or more
	Don't remember
A3	During your stay in hospital was your baby next to you?
i)	During the day
,	Yes, all the time
	Most of the time
	Some of the time
	Not at all
	I was not in hospital
ii)	During the night
	Yes, all the time
	Most of the time
	Some of the time
	Not at all
	I was not in hospital
A4	Was your baby admitted to the SCBU in the Jane?
	Yes
	No
A5a)	After coming home was your baby admitted to hospital?
	Yes
	No
	Has not left hospital
b)	Days stayed in SCBUdays
c)	Did you stay in hospital with the baby?
	Yes
	No
ar an	ION D. EEEDING
SECT	ION B: FEEDING
B1	How have you fed your baby since he was born?
	First 24 hours
u)	Breast only
	Bottle only
	Breast and bottle
	Other, describe

B1 b) Rest of the week

Breast only

Bottle only

Breast and bottle

Other, describe

c) Second week

Breast only

Bottle only

Breast and bottle

Other, describe

d) Third week

Breast only

Bottle only

Breast and bottle

Other, describe

e) Fourth week

Breast only

Bottle only

Breast and bottle

Other, describe

B2 Which type of bottle milk have you used for your baby?

ai) SMA Gold

Yes

No

aii) For how long?

First week

2 - 3 weeks

3 - 4weeks

4+ weeks

bi) SMA White

Yes

No

bii) For how long?

First week

2 - 3weeks

3 - 4weeks

4+ weeks

ci) Cow and Gate Plus

Yes

No

cii) For how long?

First week

2 - 3weeks

3 - 4weeks

4+ weeks

di) Cow & Gate Premium

Yes

No

```
B2 dii) For how long?
              First week
              2 - 3weeks
              3 - 4weeks
              4+ weeks
      ei) Farleys Oster Milk
              Yes
              No
     eii) For how long?
              First week
              2 - 3weeks
              3 - 4weeks
              4+ weeks
      fi) Farleys Oster Milk 2
              Yes
              No
     fii) For how long?
              First week
              2 - 3weeks
              3 - 4weeks
              4+ weeks
      gi) Farleys Junior
              Yes
              No
      gii) For how long?
              First week
              2 - 3weeks
              3 - 4weeks
              4+ weeks
     hi) Other
              Yes
              No
     hii) For how long?
              First week
              2 - 3weeks
              3 - 4weeks
              4+ weeks
B3
       Do you feed your baby on a regular schedule?
              Always
              I try to
              No, feed on demand
B4a)
       How is he being fed at the moment?
              Breast
              Bottle
              Breast and bottler
              Other, describe
  b) Do you give him any of the following?
    i) Fruit juice
              Yes
```

No

B4b) ii) Vitamins Yes No iii) Glucose solution Yes No iv) Cereals Yes No v) Other, describe Yes No How often do you give him a bottle of? B4c) i) Tea Every day Sometimes Never ii) Coffee Every day Sometimes Never iii) Water Every day Sometimes Never B5 Has your baby any of the following feeding behaviours? a) Weak sucking Always Sometimes Once or twice Never b) Choking Always Sometimes Once or twice Never c) Dribbling Always Sometimes Once or twice Never d) Drinking too fast Always Sometimes Once or twice Never e) Slow feeding Always

Sometimes

Once or twice/Never

B5	f) Becoming very tired/exhausted with feeding Always
	Sometimes
	Once or twice
	Never
	g) Taking only small quantities at each feed
	Always
	Sometimes
	Once or twice
	Never
	h) Always hungry/not satisfied
	Always
	Sometimes
	Once or twice
	Never
	i) Refusing to take milk
	Always
	Sometimes
	Once or twice
	Never
	j) Has a lot of wind
	Always
	Sometimes
	Once or twice
	Never
B6	Do you feel you have difficulties feeding your baby?
	Yes, great difficulty
	Yes, some difficulty
	No difficulties
В7	If you started breast feeding and have now given up, why was this?
	a) You thought he wasn't getting enough to eat
	Yes
	No
	b) It wasn't convenient
	Yes
	No
	c) You didn't enjoy it
	Yes
	No
	d) Your partner didn't want you to continue
	Yes
	No
	f) Other, describe
	Yes
	No

B8	How often is your baby fed in the following ways?
	a) Lying with bottle propped up
	Always
	Often
	Sometimes
	Never
	b) Lying, with bottle held by you or someone else
	Always
	Often
	Sometimes
	Never
	c) Held in your arms and fed by you or someone else
	Always
	Often
	Sometimes
	Never
	d) Breast fed
	Always
	Often
	Sometimes
	Never
B9	Does your baby have a dummy or comforter?
	a) At night
	Usually
	Often
	Sometimes
	Never
	b) During the day
	Usually
	Often
	Sometimes
	Never
B10	Does your partner ever feed the baby during the night?
	No
	Sometimes
	Often
	Always
	No partner
SEC	ΓΙΟΝ C: SLEEPING
SEC.	HON C. SLEET ING
C1	How often does your baby usually wake at night?
	Never
	Occasionally
	Most nights
	Once every night
	More than once a night
	-
	a) How many times?times

- C2In what position is your baby when? i) Going to bed Lying on his back Lying on his side Lying on his front Varies ii) Waking in the morning Lying on his back Lying on his side Lying on his front Varies C3 When he wakes at night what do you do? a) Feed him Always Often Sometimes Never b) Give him a drink of water Always Often Sometimes Never c) Rock or cuddle him Always Often Sometimes Never d) Give him a dummy Always Often Sometimes Never e) Bring him into your bed Always Often Sometimes Never f) Change his nappy Always Often Sometimes Never
 - g) Other, describe

Álways

Often

Sometimes

Never

C4 Do you ever wake your baby for a feed?

Yes

No

C5ai) Where does he sleep when going to bed?

In own room on his own

With other children

In your bedroom

Other place, describe

aii) When waking in the morning?

In own room on his own

With other children

In your bedroom

Other place, describe

bi) What does he sleep in during the night?

Cradle

Carry cot

Your bed

Pram

Cot

Somewhere else

Varies

bii) During the day

Cradle

Carry cot

Your bed

Pram

Cot

Somewhere else

Varies

In the room where he sleeps most of the night

C5 ci) Is the heating on at night?

Always

Sometimes

Never

ii) Is there a window open?

Always

Sometimes

Never

iii) Does he sleep with a duvet?

Always

Sometimes

Never

iv) Does he have an electric blanket on?

Always

Sometimes

Never

v) Does he sleep with a pillow?

Always

Sometimes

Never

SECTION D: CRYING

D1	How much does your baby cry at the following times?
	a) Mornings
	Always
	Often
	Sometimes
	Never
	b) Afternoons (before 5pm)
	Always
	Often
	Sometimes
	Never
	c) Late afternoon early evening
	Always
	Often
	Sometimes
	Never
	d) During the night
	Always
	Often
	Sometimes
	Never
	e) Other, describe
	Always
	Often
	Sometimes
D 2	Never
D2	a) Does your baby ever have times when he appears to be in agony, screams, draws
	up his legs to his body and can't be calmed?
	Often Sometimes
	Once only No
D2	b) Does this tend to happen at a particular time of day?
D2	Yes
	No
	Don't know
	bi) At what time of day?
	c) Have you noticed whether anything brings these attacks on?
	Yes
	No
	Don't know
	ci) Please describe.
	d) How long do these attacks usually last?
	A few minutes
	Less than 1 hour
	One – two hours
	More than 2 hours

D3 How much do you feel that your baby cries in comparison with other babies of his age? He cries more than other babies He is the same as other babies He cries less than other babies I can't say D4 a) Do you feel that your child's crying is a problem? Yes No b) If he cries do you? Pick him up immediately Let him cry for a while Never pick him up until ready to do so Can you usually calm him when he cries? D5 Yes, fairly easily Yes, but takes a while Yes, after much effort No **SECTION E: VOMITING AND STOOLS** E1 Does he ever posit (bring up small vomits)? Often Sometimes No E2 Has he ever vomited? (brought up most of his meals) Often Sometimes No

E3 How many times a day does he usually dirty his nappy?

Four or more

Two or three

Once a day

Once in 2 - 4 days

Once a week

I can't say

E4 a) What are his stools usually like?

Hard

Soft

Curdy

Liquid

Varies

b) Brown

Green

Yellow

Other, describe

E5 a) Has he ever been ill with diarrhoea or gastro enteritis?

Yes

No

E5 b) How many times?times
c	e) On how many days has he had it?days
	Call out the GP Go to your GP's surgery Contact your health visitor Ask a chemist Other, describe
	Yes No
<u>SEC</u>	ΓΙΟΝ F: YOUR BABY'S HEALTH
F1 a	Has your baby had any of the following since he was born? Jaundice
b	Yes No Sticky or crusty eyes
c	Yes No High temperature
d	Yes No Jittery or twitching
e	Yes No Snuffles
f	Yes No) Cough
	Yes No
F2 a	Have you asked the doctor to come to your home because of a problem with the baby?
	Yes No
	i) How many times?,,,,,,,
	ii) What was wrong?
1	b) Have you consulted the doctor at his surgery about any other problems with him? Yes No
	i) How many times?
	ii) What was wrong?

F3 How would you describe your baby's health now?

Very healthy

Healthy with a few minor problems

Sometimes quite ill

Almost always unwell

- F4 Has your baby had any of the following problems since he was born?
 - i) Rash in the joints and creases of his body

Yes, badly

Quite badly

Mildly

No

ii) Itchy, dry or oozing rash on her face forearms or shins?

Yes, badly

Quite badly

Mildly

iii) Nappy rash

Yes, badly

Quite badly

iv) Cradle cap

Yes, badly

Quite badly

Mildly

No

F5 Do you intend to have your baby immunised?

Yes

Already started

No

SECTION G: LOOKING AFTER THE BABY

- G1 What sort of nappies do you use?
 - a) Terry towelling

Always

Sometimes

Never

b) Disposable

Always

Sometimes

Never

- c) Other, describe
- G2 Where did you get the equipment you use for the baby?
 - a) Pram

Bought or given new

Bought or given second hand

Already had

On loan

Don't have

G2 b) Carry cot

Bought or given new

Bought or given second hand

Already had

On loan

Don't have

c) Cradle

Bought or given new

Bought or given second hand

Already had

On loan

Don't have

d) Cot

Bought or given new

Bought or given second hand

Already had

On loan

Don't have

e) Baby bath

Bought or given new

Bought or given second hand

Already had

On loan

Don't have

f) Changing mat

Bought or given new

Bought or given second hand

Already had

On loan

Don't have

g) Bedding

Bought or given new

Bought or given second hand

Already had

On loan

Don't have

h) Car seat

Bought or given new

Bought or given second hand

Already had

On loan

Don't have

G3 Have you applied to the Social Services for help with any of these?

Yes

No

G4 Have you received any help from them to buy any of them?

Yes

No

SECTION H: ABOUT YOUR BABY

H1 How often does your baby? a) Look at your face when you feed him Often Sometimes Rarely Never b) Follow you with his eyes Often Sometimes Rarely Never c) Smile Often Sometimes Rarely d) Laugh Often Sometimes Rarely Never e) Squeal Often Sometimes Rarely f) Lift his head when on his tummy Often Sometimes Rarely Never g) Touch his hands together Often Sometimes Rarely h) Startle when he hears a sound Often Sometimes Rarely Never H2 Do you feel your baby knows you? Yes No H3 Do you feel he prefers you to other people? Yes No Not sure

Mothers are often surprised at how long it takes to love their babies.

H4 How long has it taken you?

I loved him immediately

It took a little while

It took over a week

I still do not love him fully

I can't remember

H5 How would you best describe your baby/

a) Placid

Very like

Like

Unlike

Very unlike

b) Talkative

Very like

Like

Unlike

Very unlike

c) Grizzly

Very like

Like

Unlike

Very unlike

d) Fretful

Very like

Like

Unlike

Very unlike

e) Demanding

Very like

Like

Unlike

Very unlike

f) Angry

Very like

Like

Unlike

Very unlike

g) Cuddly

Very like

Like

Unlike

Very unlike

h) Active

Very like

Like

Unlike

Very unlike

H₅ i) Sociable

Very like

Like

Unlike

Very unlike

j) Withdrawn

Very like

Like

Unlike

Very unlike

k) Stubborn

Very like

Like

Unlike

Very unlike

1) Unresponsive

Very like

Like

Unlike

Very unlike

m) Happy

Very like

Like

Unlike

Very unlike

n) Alert

Very like

Like

Unlike

Very unlike

SECTION I: THE HEALTH SERVICE

I1 a) Has a district midwife visited you at home?

Yes

No

- b) How many times?
- c) Would you have liked to have?

More visits

The same number

Fewer visits

No visits at all

I had none

I2 a) Has a Health Visitor visited you at home?

Yes

No

b) How many times?

I2	c) Would you have liked to have?
	More visits
	The same number
	Fewer visits
	No visits at all
	I had none
I3	Did they make an appointment to call?
	a) Midwife
	Yes
	No
	No visits
	b) Health Visitor
	Yes
	No
	No visits
I 4	Did they call at a convenient time of day?
	a) Midwife
	Yes
	No
	No visits
	b) Health Visitor
	Yes
	No
	No visits
	c) At what time of day would you have preferred them to call?
	Mornings
	Afternoons
	Evenings
I 5	Would you like to be able to call on your midwife?
	a) By telephone
	Yes
	No
	b) At her home
	Yes
	No
	c) At a clinic
	Yes
	No
	d) At your GP's surgery
	Yes
	No
I6	Do you intend to take your baby to a child health clinic?
	Yes
	No
	I already have
	If No, is this because?
	i) There is not a clinic near enough to my home
	Yes
	No

I6 ii) It is not convenient for me to attend

Yes

No

iii) I know all I need to know from caring for my previous babies

Yes

No

iv) I learn all I need to know from things I read and hear and from talking to friends and relatives.

Yes

No

v) I get all the help I need from my Health Visitor

Yes

No

vi) It would be a waste of time

Yes

No

vii) I would be embarrassed

Yes

No

viii) Other, describe

Yes

No

- If you were unhappy or not satisfied with your care or treatment, could you write here what changes you would like to see introduced to improve them.
- G2 Please give the date on which you completed this questionnaire
- G3 Please give your date of birth
- © Copyright.

Institute of Child Health, University of Bristol & E.L.S.P.A.C. in the Isle of Man.

When completed, please send the questionnaire in the pre paid envelope to:

The ELSPAC Office, Postgraduate Medical Centre, Noble's Hospital, Westmoreland Road Douglas IOM Tel 662636

At Six Months

2.3.9. MOTHERHOOD

Questionnaire information

Data gathered by: Baby's carer

Data gathered when: Children at 6 months

Data gathered where: Self completing questionnaires posted with pre paid envelope

Number collected: 717

Entered data stored in file(s): 9Mi1.csv 9Mii1.csv 9M1iii.csv IO9.sav

Version of questionnaire 1

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

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

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

Please answer all questions if you can, even if they are similar. There are no right or wrong answers, just let us know what you think. Make as many comments as you like even if we have not allowed space for them.

If there are questions or sections you would rather not answer or think about, just put a line through them.

All answers are confidential

THANK YOU VERY MUCH FOR YOUR HELP

SECTION A: YOUR HEALTH

A1 How would you describe your health?

Always fit and well

Mostly feel well and healthy

Often feel unwell

Hardly ever feel really well

A2a) Have you been admitted to hospital since having your baby?

Yes

No

A2b) If yes:

How many times?.....

How old was your baby?.....

What reason for your admission? Please describe.....

- A3 Have you had any of the following since having your baby?
 - a) Anxiety or nerves

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

b) Depression

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

c) Headaches or migraine

Yes, and I consulted my doctor

Yes, but did not consult my doctor

Nο

d) Back ache

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

e) Indigestion

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

f) Cough or cold

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

g) Influenza

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

h) Haemorrhoids/piles

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

i) Wheezing

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

A3 j) Bronchitis

Yes, and I consulted my doctor Yes, but did not consult my doctor No

k) Stomach ulcer

Yes, and I consulted my doctor Yes, but did not consult my doctor No

1) Eczema

Yes, and I consulted my doctor Yes, but did not consult my doctor No

m) Psoriasis

Yes, and I consulted my doctor Yes, but did not consult my doctor No.

n) Arthritis

Yes, and I consulted my doctor Yes, but did not consult my doctor No

o) Rheumatism

Yes, and I consulted my doctor Yes, but did not consult my doctor No

p) Urinary infection

Yes, and I consulted my doctor Yes, but did not consult my doctor No

q) Problems with periods

Yes, and I consulted my doctor Yes, but did not consult my doctor No

r) Problems with pregnancy

Yes, and I consulted my doctor Yes, but did not consult my doctor No

s) Other problems, please describe

Yes, and I consulted my doctor Yes, but did not consult my doctor No

A4 Since having the baby, have you had any of the following?

a) Nausea

Yes, in the past month Yes, but not in the past month Not since the baby was born

b) Vomiting

Yes, in the past month Yes, but not in the past month Not since the baby was born

A4c) Diarrhoea

Yes, in the past month

Yes, but not in the past month

Not since the baby was born

d) Infected nipple(s)

Yes, in the past month

Yes, but not in the past month

Not since the baby was born

e) Other breast problem

Yes, in the past month

Yes, but not in the past month

Not since the baby was born

f) Varicose veins

Yes, in the past month

Yes, but not in the past month

Not since the baby was born

g) Passing urine often

Yes, in the past month

Yes, but not in the past month

Not since the baby was born

h) Problem holding urine when you cough/sneeze

Yes, in the past month

Yes, but not in the past month

Not since the baby was born

i) Flashing lights/spots before the eyes

Yes, in the past month

Yes, but not in the past month

Not since the baby was born

j) Shoulder ache

Yes, in the past month

Yes, but not in the past month

Not since the baby was born

k) Neck ache

Yes, in the past month

Yes, but not in the past month

Not since the baby was born

1) Other problem, describe

Yes, in the past month

Yes, but not in the past month

Not since the baby was born

A5 Since having the baby, how often have you used the following?

a) Sleeping pills

Every day

Often

Sometimes

Not at all

A5 b) Cannabis/marihuana

Every day

Often

Sometimes

Not at all

c) Tranquillisers

Every day

Often

Sometimes

Not at all

d) Pills for depression

Every day

Often

Sometimes

Not at all

e) Hormone tablets

Every day

Often

Sometimes

Not at all

f) Antibiotics

Every day

Often

Sometimes

Not at all

g) Painkillers

Every day

Often

Sometimes

Not at all

h) Amphetamines, other stimulants

Every day

Often

Sometimes

Not at all

i) Contraceptive pill

Every day

Often

Sometimes

Not at all

j) Heroin, methadone, crack, cocaine

Every day

Often

Sometimes

Not at all

k) Anticonvulsants

Every day

Often

Sometimes

Not at all

Every day Often Sometimes Not at all m) Iron Every day Often Sometimes Not at all n) Vitamins Every day Often Sometimes Not at all o) Others Every day Often Sometimes Not at all Have your periods started yet? A6a) Yes No b) If yes, how old was the baby when they began? A7a) Since having the baby have you been pregnant again? Yes No b) If yes, what was the date of your last menstrual period? c) Are you still pregnant? Yes No If not, please describe what happened..... **SECTION B: BEING A MOTHER** How do the following statements match your feelings about being a mother? I really enjoy my baby This is exactly how I feel This is often how I feel This is how I sometimes feel I never feel this way B2 I would have preferred we had not had this baby when we did This is exactly how I feel This is often how I feel This is how I sometimes feel I never feel this way

A5 1) Steroids

B3 I feel confident with my baby

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B4 I dislike the mess that surrounds my baby

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B5 It is a great pleasure to watch my baby develop

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B6 I really can not bear it when my baby cries

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B7 I feel constantly unsure that I'm doing the right thing for my baby

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B8 I feel I should be enjoying my baby, but I am not

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B9 I feel I have no time to myself

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B10 Motherhood has made me more fulfilled

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B11 Babies are fun

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

SECTION C: YOUR FEELINGS

The questions in this section ask you about your feelings and the way you have behaved in the past few weeks.

C1 Do you feel upset for no obvious reason?

Very often

Often

Not very often

Never

C2 Do you get troubled by dizziness or shortness of breath

Very often

Often

Not very often

Never

C3 Have you felt as though you might faint?

Very often

Often

Not very often

Never

C4 Do you feel sick or have indigestion/

Very often

Often

Not very often

Never

C5 Do you feel that life is too much effort?

Very often

Often

Not very often

Never

C6 Do you feel uneasy or restless?

Very often

Often

Not very often

Never

C7 Do you feel tingling or pricking sensations in your body, arms or legs?

Very often

Often

Not very often

Never

C8 Do you regret much of your past behaviour?

Very often

Often

Not very often

Never

C9 Do you sometimes feel panicky?

Very often

Often

Not very often

Never

```
C10
       Do you find that you have little or no appetite?
              Very often
              Often
              Not very often
              Never
C11
       Do you wake unusually early in the mornings?
              Very often
              Often
              Not often
              Never
C12
       Do you worry a lot?
              Very often
              Often
              Not often
              Never
C13
       Do you feel tired or exhausted?
              Very often
              Often
              Not often
              Never
C14
       Do you experience long periods of sadness?
              Very often
              Often
              Not often
              Never
C15
       Do you feel strung up inside?
              Very often
              Often
              Not often
              Never
C16
       Can you get off to sleep alright?
              Very often
              Often
              Not often
              Never
C17
       Do you ever have the feeling you are going to pieces?
              Very often
              Often
              Not often
              Never
C18
       Do you often have excessive sweating or fluttering of the heart?
              Very often
              Often
              Not often
              Never
C19
       Do you find yourself needing to cry?
              Very often
              Often
              Not often
              Never
```

C20 Do you have bad dreams which upset you? Very often Often Not often Never C21 Do you lose the ability to feel sympathy for others? Very often Often Not often Never C22 Can you think as quickly as you used to? Very often Often Not often Never C23 Do you have to make a special effort to face up to a crisis? Very often Often Not often Never Your feelings in the past week C24 I have been able to laugh and see the funny side of things As much as I always could Not quite so much now Definitely not so much now Not at all C25 I have looked forward with enjoyment to things As much as I ever did Not quite so much now Definitely not so much now Not at all C26 I have blamed myself unnecessarily when things went wrong Yes, most of the time Yes, some of the time Not very often No, never C27 I have been anxious or worried for no good reason No, not at all

Hardly ever Sometimes

Often

C28 I have felt scared or panicky for no good reason

> Yes, quite a lot Yes, sometimes Not much

Not at all

C29 Things have been getting on top of me

Yes, most of the time

Yes, sometimes

Hardly ever

Not at all

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

Yes, most of the time

Yes, sometimes

Hardly ever

Not at all

C31 I have felt sad or miserable

Yes, most of the time

Yes, quite often

Not often

Not at all

C32 I have been so unhappy that I have been cying

Yes, most of the time

Yes, quite often

Occasionally

Never

C33 The thought of harming myself has occurred to me

Yes, quite often

Sometimes

Hardly ever

Not at all

SECTION D: RECENT EVENTS

Have any of the following events happened to you since you had the baby?

D1 Your partner died

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D2 One of your children died

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D3 A friend or relative died

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

D4 One of your children was ill

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D5 Your partner was ill

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D6 A friend or relative was ill

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D7 You were admitted to hospital

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D8 You were in trouble with the law

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D9 You were divorced

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D10 You found that your partner didn't want your child

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D11 You were very ill

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

D12 Your partner lost his job

Yes, affected me a lot Moderately affected me

Mildly affected me

No effect

Did not happen

D13 Your partner had problems at work

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D14 You had problems at work

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D15 You lost your job

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D16 Your partner went away

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D17 Your partner was in trouble with the law

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D18 You and your partner separated

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D19 Your income was reduced

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

D20 You argued with your partner

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D21 You argued with your family or friends

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D22 You moved house

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D23 Your partner was physically cruel to you

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D24 You became homeless

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D25 You had a major financial problem

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D26 You got married

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D27 Your partner was physically cruel to your children

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

D28 You were physically cruel to your children

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D29 You attempted suicide

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D30 You were convicted of an offence

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D31 You became pregnant

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D32 You started a new job

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D33 You returned to work

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D34 You had a miscarriage

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D35 You had an abortion

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

D36	You took an examination	
200	Yes, affected me a lot	
	Moderately affected me	
	Mildly affected me	
	No effect	
	Did not happen	
E37	Your partner was emotionally cruel to	TO NOT
E37	Yes, affected me a lot	o you
	Moderately affected me	
	Mildly affected me	
	No effect	
	Did not happen	
D38		o vour children
DSo	Your partner was emotionally cruel t	o your children
	Yes, affected me a lot	
	Moderately affected me	
	Mildly affected me	
	No effect	
D20	Did not happen	1.11.1
D39	You were emotionally cruel to your	children
	Yes, affected me a lot	
	Moderately affected me	
	Mildly affected me	
	No effect	
D 40	Did not happen	
D40	Your house or car were burgled	
	Yes, affected me a lot	
	Moderately affected me	
	Mildly affected me	
	No effect	
D 41	Did not happen	
D41	You had an accident	
	Yes, affected me a lot	
	Moderately affected me	
	Mildly affected me	
	No effect	
	Did not happen	
D 10		
D42	• •	the list which has concerned you or required
	onal effort from you to cope, since the	baby was born?
a)		
	Moderately affected me	
	Mildly affected me	
	No effect	
	Did not happen	
b	If yes, please describe	
c) How did this affect you?		
	A lot	Mildly
	Moderately	Not at all
	•	

SECTION E: YOUR HOME

c) The baby's bedroom

E1	Have you moved home in the last 4 months, or since you filled in the joint
quesu	onnaire? Yes
	No
۵)	
a)	If yes, please describe the change in your housing conditions
b)	Do you think the change makes your home?
	A better place to live
	A worse place to live
	No different
E2	In the past year have any of the following rooms been decorated or had new
furnit	
a)	Your bedroom
	Painted
	Yes
	No
	Don't know
	Wall papered
	Yes
	No
	Don't know
	New carpet
	Yes
	No
	Don't know
	New furniture
	Yes
	No
	Don't know
b)	Your living room
	Painted
	Yes
	No
	Don't know
	Wall papered
	Yes
	No
	Don't know
	New carpet
	Yes
	No
	Don't know
	New furniture
	Yes
	No
	Don't know

	Painted
	Yes
	No
	Don't know
	Wall papered
	Yes
	No
	Don't know
	New carpet
	Yes
	No
	Don't know
	New furniture
	Yes
	No
	Don't know
d)	Any other rooms
/	Painted
	Yes
	No
	Don't know
	Wall papered
	Yes
	No
	Don't know
	New carpet
	Yes
	No
	Don't know
	New furniture
	Ye
	No
	Don't know
	Which rooms?
SECT	ION F: YOUR HOUSEHOLD
F1a	How many people live in your household, including yourself?
	i) Adults over 18yrs
	ii) Young adults, 16 – 18yrs
	iii) Children
b	Please indicate who the adults are
	i) Yourself
	ii) Your partner
	iii) Your parents
	iv) Partner's parents

v) Other relations of yourselfvi) Other relations of your partner

vii) Friends

F1b

viii) Lodger

ix) Other

F2 a What is your present marital status?

Never married

Widowed

Divorced

Separated

Married once only

Married more than once

b If married, what was the date of your marriage?.....

SECTION G: YOUR PARTNER

G1 Do you currently have a partner?

Yes

No

G2a Does your partner live with you?

Yes

No

b If yes, for how long have you lived together?

Years

Months

G3 How would you describe your partner's physical health?

Always fit and well

Mostly well and healthy

Often unwell

Hardly ever well

- G4 Please tell us whether he has had any of these since the baby was born?
 - a) Migraine or headaches

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

b) Indigestion

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

c) Epilepsy

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

d) Depression

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

G4 e) Anxiety/nerves

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

f) Haemorrhoids/piles

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

g) Cough or cold

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

h) Influenza

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

i) Bronchitis

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

j) High blood pressure

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

k) Diabetes

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

1) Schizophrenia

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

m) Alcoholism

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

n) Stomach ulcer

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

G4 o) Asthma/wheezing

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

p) Eczema

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

q) Psoriasis

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

r) Arthritis

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

s) Urinary infection

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

t) Rheumatism

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

u) Back ache

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

v) Effects of injury

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

w) Other, describe

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

G5	The following statements are about how you feel your partner gets on with the baby
a)	He really enjoys this baby
	Always how I feel
	Sometimes how I feel
	Never feel this way
b)	He would really have preferred that we had not had this baby when we did
,	Always how I feel
	Sometimes how I feel
	Never feel this way
c)	He likes to play with the baby
- /	Always how I feel
	Sometimes how I feel
	Never feel this way
d)	He is confident with the baby
u)	Always how I feel
	Sometimes how I feel
	Never feel this way
e)	He takes great pleasure in watching the baby develop
C)	Always how I feel
	Sometimes how I feel
	Never feel this way
f)	He really cannot bear it when the baby cries
1)	Always how I feel
	Sometimes how I feel
	Never feel this way
a)	He doesn't like the mess that surrounds a baby
g)	Always how I feel
	Sometimes how I feel
	Never feel this way
b)	•
11)	I don't trust him alone with the baby
	Always how I feel
	Sometimes how I feel
:)	Never feel this way
i)	He takes an active part in bringing up the baby
	Always how I feel
	Sometimes how I feel
	Never feel this way
	Space for comments
G6	How many cigarettes a day does your partner smoke?
G7a	Is he currently employed?
	Yes
	No
b	If yes, what is his occupation?
c	Has he had this job since the baby was born?
	Yes No

```
G7 d Does he work nights?
              Always
             Sometimes
             Never
      Does he have to leave home for several days as part of his work?
             Occasionally
             Never
How often does each of the following statements fit your partnership?
G8
       My partner is loving and affectionate towards me
              Very often
              Often
             Sometimes
             Rarely
             Never
G9
       He gets angry with me
             Very often
             Often
             Sometimes
             Rarely
             Never
G10
      He listens to me when I want to talk about my feelings or discuss our problems
              Very often
             Often
             Sometimes
             Rarely
             Never
G11
       We have arguments
              Very often
             Often
             Sometimes
             Rarely
             Never
G12
      He talks to me about his problems and feelings
              Very often
             Often
             Sometimes
             Rarely
             Never
G13
       I get angry with him
              Very often
             Often
              Sometimes
             Rarely
             Never
G14
      I enjoy his company
              Very often
             Often
             Sometimes
              Rarely
                                          Never
```

G15 He shows his approval of me Very often Often Sometimes Rarely Never G16 I behave affectionately towards him Very often Often Sometimes Rarely Never We go out socially together G17 Very often Often Sometimes Rarely Never G18 We hug and kiss each other Very often Often Sometimes Rarely Never G19 I feel that parenthood has brought us closer together Very often Often Sometimes Rarely Never G20 He holds me in his arms Very often Often Sometimes Rarely Never G21 How would you describe your partner's alcohol drinking? Never drinks alcohol Very occasionally, less than once a week Occasionally, at least once a week Drinks 1 - 2 glasses a day Drinks 3 - 4 glasses a day More than 10 Don't know

SECTION H: YOUR OCCUPATION AND LIFESTYLE

How many cigarettes a day do you smoke?

H1

38 +25 - 2928 - 2423 - 16 15 - 1914 - 185 - 91 - 4None How often have you drunk alcoholic drinks? H₂a) Never drink alcohol Very occasionally, less than once a week Occasionally, at least once a week Drinks 1 - 2 glasses a day Drinks 3 - 4 glasses a day More than 10 Don't know b) How many days in the past month would you have drunk the equivalent of 2pints of beer, 4 glasses of wine, or 4 pub measures of spirits? Every day >10 days 5-10 days3-5 days 1-2 days None H3 Compared to other women of your age, would you consider yourself to be? Much more active Somewhat more active About the same Somewhat less active Much less active H4 How much physical effort would you say you put into looking after your home and family? Very little Some Ouite a lot Considerable effort Since having the baby, have you had any paid jobs? a)i Yes, but work at home Yes, work outside home If you are not working, have you deliberately chosen to stay at home rather than obtain a job? a)ii Yes No

If you are working, please list jobs done since the birth of your baby.

b) i	Job done	Date begun	Hrs per week	Date stopped
b) ii	Job done	Date begun	Hrs per week	Date stopped
b) iii	Job done	Date begun	Hrs per week	Date stopped
b) iv	Job done	Date begun	Hrs per week	Date stopped

c) Did any of these jobs involve working weekends?

Yes

No

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

Yes

No

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

Always

Sometimes

Never

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

Very little, mostly sitting

Some effort

Quite a lot

Considerable effort

H7 What is the main reason for you working?

I am important as a bread winner

For family extras

Career

Enjoyment

To give time for myself

Other

H8 Are you working at the same level of work as you did before the baby was born?

Did not work before

No, lower level

Same level

Higher level

H9 Do you find your job satisfying?

Yes

No

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

Yes, often

Sometimes

Occasionally

No

Below are some statements about how working affects being a parent.

H11a) I enjoy seeing my baby after work

Always

Often

Not often

Never

H11b) After a day at work I find it hard to cope with a baby Always Often Not often Never c) I hate leaving my baby when I go to work Always Often Not often Never d) I worry about my baby when I am at work Always Often Not often Never e) My baby cries when I leave him/her Always Often Not often Never H11 f) I am confident that my baby is well looked after when I am at work Always Often Not often Never Whether you are working or not, apart from yourself, who regularly looks after your baby? H12ai) Partner Yes No Hours a week Age when begun ii) Grandparent Yes No Hours a week Age when begun iii) Other relative Yes No Hours a week Age when begun iv) Friend/neighbour Yes No Hours a week Age when begun v) Paid person outside home Hours a week Yes Age when begun No

vi) Paid person at home Yes No Hours a week Age when begun vii) Day nursery Yes No Hours a week Age when begun viii) Other, describe Yes No Hours a week Age when begun H12b) What was the main reason for this choice? I had no choice It was convenient I thought it would be good for my baby I could afford it It was linked to my job Other, describe c) How satisfied are you with these arrangements? Very **Fairly** Not at all H13 How many evenings a week do you go out?..... H14 Do you find it difficult to afford some of the following items? a) Food Very **Fairly** Slightly Not at all b) Clothes Very **Fairly** Slightly Not at all c) Heating Very **Fairly** Slightly Not at all d) Rent or mortgage Very **Fairly** Slightly Not at all

```
H14 e)
              Things for the baby
              Very
              Fairly
              Slightly
              Not at all
    f) Things for the house
              Very
              Fairly
              Slightly
              Not at all
    g) Holidays
              Very
              Fairly
              Slightly
              Not at all
H15
       How much help would you say you have had with the following since having the
baby?
    a) Shopping
                                          Hardly any
              A lot
              Some
                                          No help
   b) Cleaning
              A lot
              Some
              Hardly any
              No help
    c) Preparing meals
              A lot
              Some
              Hardly any
              No help
    d) Washing up
              A lot
              Some
              Hardly any
              No help
    e) Changing nappies
              A lot
              Some
              Hardly any
              No help
    f) Washing clothes
              A lot
              Some
              Hardly any
              No help
    g) Other tasks, describe
              A lot
                                          Hardly any
              Some
                                          No help
```

SECTION I: BEING A PARENT

I1 How many of the following do you have?

- a) Safety gates
- b) Fire guards
- c) Smoke alarms
- d) Electric socket covers
- e) Windows with bars/locks
- f) Dummies

- g) Teats
- h) Feeding bottles
- i) Car seats
- j) Coiled kettle flexes
- k) Harness
- 1) Cooker guards

Below are a number of statements about how some people think a parent should behave with a baby.

I2 Babies should be picked up whenever they cry

Agree

Probably agree

Probably disagree

Disagree

It is important to develop a regular pattern of feeding and sleeping with a baby

Agree

Probably agree

Probably disagree

Disagree

I4 Babies should be fed whenever they are hungry

Agree

Probably agree

Probably disagree

Disagree

I5 Babies need to be stimulated if they are to develop well.

Agree

Probably agree

Probably disagree

Disagree

I6 Babies need quiet secure surroundings and should not be disturbed too much.

Agree

Probably agree

Probably disagree

Disagree

I7 Parents need to adapt their lives to the baby's demands

Agree

Probably agree

Probably disagree

Disagree

I8 A baby should fit into its parents' routine

Agree

Probably agree

Probably disagree

Disagree

I9 Babies should be left to develop naturally

Agree Probably disagree

Probably agree Disagree

I10 Talking, to even a very young baby is important Agree Probably agree Probably disagree Disagree I11 Cuddling a baby is important Agree Probably agree Probably disagree Disagree I12 How many hours sleep are you getting? a) During an average night None 1 - 34 - 56 - 77+ b) During an average day None 1 - 34 - 56 - 77+ I13 Do you feel that you are getting enough sleep? Yes No **SECTION J: YOUR SOCIAL ENVIRONMENT** Do the other people in your neighbourhood? J1ai) Visit your home Never Rarely Sometimes Often Always Argue with you Never Rarely Sometimes Often Always Look after your children iii) Never Rarely

> Sometimes Often Always

iv) Keep to themselves

Never

Rarely

Sometimes

Often

Always

Do you?

J1b i) Visit neighbours homes

Never

Rarely

Sometimes

Often

Always

J1b ii) Look after neighbours children

Never

Rarely

Sometimes

Often

Always

iii) Argue with neighbours

Never

Rarely

Sometimes

Often

Always

iv) Keep to yourself

Never

Rarely

Sometimes

Often

Always

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

J2 I have no one to share my feelings with.

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

J3 My partner provides the emotional support I need.

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

J4 There are other mothers with whom I can share my experiences.

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

J5 I believe in moments of difficulty, my neighbours would help me

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

J6 I am worried that my partner might leave me.

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

J7 There is always someone with whom I can share my happiness and excitement about the baby.

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

J8 If I feel tired I can rely on my partner to take over.

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

J9 If I was in financial difficulty, I know my family would help if they could.

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

J10 If I was in financial difficulty I know my friends would help if they could.

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

J11 If all else fails, I know the state will support and assist me.

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

SECTION K: CHEMICALS IN YOUR ENVIRONMENT

In the last few months, how often have you used the following, at home or at work?

K1 a) Disinfectant

Every day

Most days

Once a week

Once a month

Never

b) Bleach

Every day

Most days

Once a week

Once a month

Never

c) Window cleaning fluid

Every day

Most days

Once a week

Once a month

Never

d) Carpet cleaner

Every day

Most days

Once a week

Once a month

Never

e) Oven or drain cleaner

Every day

Most days

Once a week

Once a month

Never

f) Dry cleaning fluid

Every day

Most days

Once a week

Once a month

Never

g) Turpentine/white spirit

Every day

Most days

Once a week

Once a month

Never

h) Paint stripper

Every day

Most days

Once a week

Once a month Never

K1. i) Paint or varnish

Every day

Most days

Once a week

Once a month

Never

j) Weed killers

Every day

Most days

Once a week

Once a month

Never

k) Pesticides

Every day

Most days

Once a week

Once a month

Never

1) Fertilizers

Every day

Most days

Once a week

Once a month

Never

m) Hair spray

Every day

Most days

Once a week

Once a month

Never

n) Hair dye/bleach

Every day

Most days

Once a week

Once a month

Never

o) Deodorants

Every day

Most days

Once a week

Once a month

Never

p) Air fresheners

Every day

Most days

Once a week

Once a month

Never

K1 q) Dental amalgam

Every day

Most days

Once a week

Once a month

Never

r) Glazes or enamels

Every day

Most days

Once a week

Once a month

Never

s) Soldering or electro plating metals

Every day

Most days

Once a week

Once a month

Never

t) Glues

Every day

Most days

Once a week

Once a month

Never

u) Leather preservatives

Every day

Most days

Once a week

Once a month

Never

v) Fabric or textile dyes

Every day

Most days

Once a week

Once a month

Never

w) Radio active substances(X-rays)

Every day

Most days

Once a week

Once a month

Never

x) Plastic solvents

Every day

Most days

Once a week

Once a month

Never

K1 y)	Metal cleaners or polishers
	Every day
	Most days
	Once a week
	Once a month
	Never
z)	Petrol or diesel
	Every day
	Most days
	Once a week
	Once a month
	Never
aa)	Machine oils
	Every day
	Most days
	Once a week
	Once a month
	Never
ab)) Photographic chemicals
	Every day
	Most days
	Once a week
	Once a month
	Never
ac)	Any other industrial or domestic chemicals?
K2	Is your baby ever exposed to chemicals or fumes?
K2	Yes
	No
	If yes, please
	if yes, piease
describ	pe
SECT	ION L: YOUR PARENTS AND UPBRINGING
During	g your childhood who of the following lived in your home? Please tick for each age
range.	
L1a)	Both parents
	1 - 5
	6 - 11
	12 - 17
b)	My mother
	1 - 5
	6 – 11
	12 - 17
c)	My father
	1 - 5
	6 – 11 12 - 17

- d) Neither natural parent
 - 1 5
 - 6 11
 - 12 17
- **Brothers** e)
 - 1 5
 - 6 11
 - 12 17
- f) Sisters
- 1 5
- 6 11
- 12 17
- g) Grandmother
 - 1 5
 - 6 11
 - 12 17
- h) Grandfather
 - 1 5
 - 6 11
 - 12 17
- i) Step mother
 - 1 5
 - 6 11
 - 12 17
- j)
 - Step father
 - 1 5
 - 6 11
 - 12 17
- k) Mother's partner
 - 1 5
 - 6 11
 - 12 17
- Father's partner 1)
 - 1 5
 - 6 11
 - 12 17
- m) Step brothers
 - 1 5
 - 6 11
 - 12 17
- Step sisters n)
 - 1 5
 - 6 11
 - 12 17
- o) Family friend
 - 1 5
 - 6 11
 - 12 17
- Other p)
 - 1 5
- 6 11
- 12 17

L2	Who would you say brought you up?
a)	Mother
	Yes
	No
b)	Father
	Yes
	No
c)	Grandmother
	Yes
	No
d)	Grandfather
	Yes
	No
e)	Other, describe
	Yes
	No
L3	Were you legally adopted?
	Yes
	No
L3a)	If yes at what age?
/	3 ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··
L4	Were you ever 'in care' of either a local authority or voluntary agency?
	Yes
	No
L5	Did your parents separate or divorce before your 18 th birthday?
1 3	Yes
	No
L6	Did either of your parents die before your 18 th birthday?
a)	Both
ŕ	Yes
	No
	What age were you?
b)	Mother
- /	Yes
	No
	What age were you?
c)	Father
-/	Yes
	No
	What age were you
	What ago word you
L7	If you were under 17 years of age, who cared for you after the death of both
parent	· · · · · · · · · · · · · · · · · · ·
a)	Other parent
b)	Relative
c)	Foster parents
d)	Adopted parents
e)	Someone else, describe
٠,	and the state of t

Did you ever live away from home with any of the following before you were 18 years of age? Do not include holidays or short visits. L8 a) Grandparents Yes No b) Other relatives Yes No c) Friends Yes No Foster parents Yes No e) Others, describe Yes No Did you ever live away from home in any of the following places before you were 18 years L9 a) Hospital(more than a week) Yes No b) Boarding school Yes No c) Children's home Yes No d) Hostel Yes No e) Custody (detention centre, remand home) Yes No f) Other, describe Yes Did you leave home before your 18th birthday? L10 Yes No If yes, what sort of accommodation did you first live in? a) Hostel Yes No b) Bed sit Yes No c) Shared flat /house

Yes No

d) Other, describe Yes No Did either of your natural parents have any of the following? L11 a) Diabetes (treated with insulin) Yes No Don't know b) Other diabetes Yes No Don't know c) Coronary heart disease Yes No Don't know d) Rheumatism Yes No Don't know

e) Arthritis

Yes

No

Don't know

f) Multiple sclerosis

Yes

No

Don't know

g) Breast cancer

Yes

No

Don't know

h) Other cancer

Yes

No

Don't know

i) Hypertension

Yes

No

Don't know

j) Alcohol problem

Yes

No

Don't know

k) Schizophrenia

Yes

No

Don't know

1) Chronic bronchitis

Yes No Don't know m) A stroke Yes No Don't know n) Depression Yes No Don't know o) Asthma Yes No Don't know p) Other problem, describe Yes No Don't know **Natural Father** L11. 1 a) Diabetes (treated with insulin) Yes No Don't know 1 b) Other diabetes Yes No Don't know 1c) Coronary heart disease Yes No Don't know 1d) Rheumatism Yes No Don't know 1e) Arthritis Yes No Don't know 1f) Multiple sclerosis Yes No Don't know 1g) Prostate cancer Yes No

Don't know

No

1h) Other cancer

Yes

234

Don't know

L12 1i) Hypertension

Yes

No

Don't know

1j) Alcohol problem

Yes

No

Don't know

1k) Schizophrenia

Yes

No

Don't know

11) Chronic bronchitis

Yes

No

Don't know

1m) A stroke

Yes

No

Don't know

1n) Depression

Yes

No

Don't know

1o) Asthma

Yes

No

Don't know

1p) Other problem, describe

Yes

No

Don't know

My mother

L12 a) Spoke to me in a warm and friendly voice

Usually

Sometimes

Never

b) Helped me as much as I needed

Usually

Sometimes

Never

c) Let me do the things I liked doing

Usually

Sometimes

Never

d) Seemed emotionally cold to me

Usually

Sometimes

Never

L12 e) Appeared to understand my problems and worries Usually Sometimes Never f) Was affectionate to me Usually Sometimes Never g) Liked me to make my own decisions Usually Sometimes Never h) Wanted me to grow up Usually Sometimes Never i) Tried to control everything I did Usually Sometimes Never j) Invaded my privacy Usually Sometimes Never k) Enjoyed talking things over with me Usually Sometimes Never 1) Frequently smiled at me Usually Sometimes Never m) Tended to baby me Usually Sometimes Never n) Seemed to understand what I needed and wanted Usually Sometimes Never o) Let me decide things for myself Usually Sometimes Never

p) Made me feel I was not wanted

Usually Sometimes Never

L12 q) Could make me feel better when I was upset Usually Sometimes Never r) Talked to me often Usually Sometimes Never s) Tried to make me dependant upon her Usually Sometimes Never t) Felt I could not look after myself unless she was around Usually Sometimes Never u) Gave me as much freedom as I wanted Usually Sometimes Never v) Let me go out as often as I wanted Usually Sometimes Never w) Was over protective of me L12 Usually Sometimes Never x) Praised me Usually Sometimes Never y) Let me dress in any way I pleased Usually Sometimes Never Was your parents' behaviour stable and predictable to you as a child? L13 a) Mother Always Mostly Rarely Never b) Father Always Mostly

Rarely Never

How a	lid people caring for you discipline you?
L14	a) By reasoning with me or explaining things
	Often
	Sometimes
	Never
	b) By shouting at me
	Often
	Sometimes
	Never
	c) By threatening me
	Often
	Sometimes
	Never
	d) I was sent to my room
	Often
	Sometimes
	Never
	e) I was put to bed early
	Often
	Sometimes
	Never
	f) They withdrew love
	Often
	Sometimes
L14	Never
L14	g) They withdrew pocket money or things that I like Often
	Sometimes
	Never
	h) I was kept in
	Often
	Sometimes
	Never
	i) They smacked me
	Often
	Sometimes
	Never
	j) They hit me with an object
	Often
	Sometimes
	Never
	k) Other, describe
	Often
	Sometimes
	Never
L15	a) Do you consider those who looked after you were unkind to you?
	Yes
	No
	b) If so, who?

L16 Looking back, would you call your childhood happy?

a) 0-5 years

Very

Moderately

Not really

Unhappy

b) 6 - 11

Very

Moderately

Not really

Unhappy

c) 12 - 15

Very

Moderately

Not really

Unhappy

L17 Do you wish your baby's childhood to be?

Happier than yours

As happy

SECTION M: ABOUT YOURSELF

M1 I feel insecure when I say goodbye to people

Very like me

Moderately like me

Moderately unlike me

Very unlike me

M2 I worry about the effect I have on other people.

Very like me

Moderately like me

Moderately unlike me

Very unlike me

M3 I avoid saying what I think for fear of being rejected

Very like me

Moderately like me

Moderately unlike me

Very unlike me

M4 I feel uneasy meeting new people

Very like me

Moderately like me

Moderately unlike me

Very unlike me

M5 If others knew the real me they would not like me

Very like me

Moderately like me

Moderately unlike me

M6 I feel secure when I'm in a close relationship
Very like me
Moderately like me
Moderately unlike me
Very unlike me

M7 I don't get angry with people for fear I might hurt them

Very like me Moderately like me Moderately unlike me

Very unlike me

M8 After a row with a friend I feel uncomfortable until I have made it up

Very like me

Moderately like me

Moderately unlike me

Very unlike me

M9 I am always aware of how other people feel

Very like me

Moderately like me

Moderately unlike me

Very unlike me

M10 I worry about being criticised for things I have said or done

Very like me

Moderately like me

Moderately unlike me

Very unlike me

M11 I always notice if someone doesn't respond to me

Very like me

Moderately like me

Moderately unlike me

Very unlike me

M12 I worry about losing someone close to me

Very like me

Moderately like me

Moderately unlike me

Very unlike me

M13 I feel that people generally like me

Very like me

Moderately like me

Moderately unlike me

Very unlike me

M14 I will do something I don't want to do rather than offend or upset someone

Very like me

Moderately like me

Moderately unlike me

Very unlike me

M15 I can only believe that something I have done is good when someone tells me

Very like me

Moderately like me

Moderately unlike me

M16 I will go out of my way to please someone I am close to Very like me Moderately like me Moderately unlike me Very unlike me I feel anxious when I say goodbye to people M17 Very like me Moderately like me Moderately unlike me Very unlike me M18 I feel happy when someone compliments me Very like me Moderately like me Moderately unlike me Very unlike me M19 I fear that my feelings will overwhelm me Very like me Moderately like me Moderately unlike me Very unlike me M20 I can make other people feel happy Very like me Moderately like me Moderately unlike me Very unlike me M21 I find it hard to get angry with people Very like me Moderately like me Moderately unlike me Very unlike me M22 I worry about criticising people Very like me

Moderately like me

Moderately unlike me

Very unlike me

M23 If someone is critical of something I do I fee bad

Very like me

Moderately like me

Moderately unlike me

Very unlike me

If other people knew what I am really like, they would think less of me M24

Very like me

Moderately like me

Moderately unlike me

Very unlike me

I always expect criticism M25

Very like me

Moderately like me

Moderately unlike me

M26 I can never really be sure if someone is pleased with me Very like me Moderately like me Moderately unlike me Very unlike m I don't like people to really know me M27 Very like me Moderately like me Moderately unlike me Very unlike me M28 If someone upsets me I am not able to put it easily out of my mind Very like me Moderately like me Moderately unlike me Very unlike me M29 I feel others do not understand me Very like me Moderately like me Moderately unlike me Very unlike me M30 I worry about what others think of me Very like me Moderately like me Moderately unlike me Very unlike me M31 I don't feel happy unless people I know admire me Very like me Moderately like me Moderately unlike me Very unlike me M32 I am never rude to anyone Very like me Moderately like me Moderately unlike me Very unlike me M33 I worry about hurting the feelings of other people Very like me Moderately like me Moderately unlike me Very unlike me M34 I feel hurt when someone is angry with me Very like me Moderately like me Moderately unlike me Very unlike me

M35 My value as a person depends enormously on what others think of me

Very like me Moderately like me

Moderately unlike me

M36 I care about what people think about me

Very like me

Moderately like me

Moderately unlike me

Very unlike me

SECTION N: SEXUAL EXPERIENCES

The next pages contain questions that are concerned with your early sexual experiences. If you would rather not answer them, please stop the questionnaire now and send it back. If you are happy to do so however we would be grateful if you would fill in the next three pages. As we are growing up, we all have sexual experiences. These are a normal part of development and learning. Some people also have unwanted experiences to which they did not agree. These can be important and may affect how you feel about yourself, your partner and your baby. Below are questions which ask about your sexual experiences from childhood until the present.

Some experiences are very upsetting and painful, while others are not and some may have occurred without your consent.

N1a) Did anyone ever purposefully expose themselves to you before you where 16?

Yes, happened once

Happened more than once

Did not happen

- b) If yes, how old were you when it first happened? Years
- c) Who was involved?

Boy or girl friend

Parent or parent figure

Older brother or sister

Other relative

Family friend

Stranger

N a) Did anyone masturbate in front of you before you were 16?

Yes, happened once

Happened more than once

Did not happen

- b) If yes, how old were you when it first happened?Years
- c) Who was involved?

Boy or girl friend

Parent or parent figure

Older brother or sister

Other relative

Family friend

Stranger

N3 Did anyone ever touch or fondle your body, including breasts and genitals, or attempt to arouse you sexually before you were 16?

a) Yes, happened once

Happened more than once

Did not happen

- b) If yes, how old were you when it first happened? Years
- c) Who was involved?

Older brother or sister Other relative Family friend Stranger N4 Did anyone try to have you arouse them, or touch their body in a sexual way, before you were 16? a) Yes, happened once Happened more than once Did not happen b) If yes, how old were you when it first happened? Years c) Who was involved? Boy or girl friend Parent or parent figure Older brother or sister Other relative Family friend N5 Did anyone rub their genitals against your body in a sexual way, before your were 16? Yes, happened once a) Happened more than once Did not happen b) If yes, how old were you when it first happened? Years c) Who was involved? Boy or girl friend Parent or parent figure Older brother or sister Other relative Family friend N6 Did anyone have sexual intercourse with you before you were 16? a) Yes, happened once Happened more than once Did not happen b) If yes, how old were you when it first happened? Years c) Who was involved? Boy or girl friend Parent or parent figure Older brother or sister Other relative Family friend N7 Did anyone ever try to put their penis in your mouth before you were 16? a) Yes, happened once Happened more than once Did not happen b) If yes, how old were you when it first happened? Years c) Who was involved? Boy or girl friend Parent or parent figure

Parent or parent figure

Boy or girl friend

Older brother or sister

Other relative Family friend

Thank you for answering these questions which we realise may be difficult for you. If there are any comments you would like to make please write them below.

- G2 Please give the date on which you completed this questionnaire
- G3 Please give your date of birth

When completed, please send the questionnaire in the pre paid envelope to:

ELSPAC Office, Postgraduate Medical Centre, Noble's Hospital, Westmoreland Road Douglas IOM. Tel 662636

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At Six Months

2.3.10. CARING FOR A BABY

Questionnaire information

Data gathered by: Baby's carer
Data gathered when: Child at 6 months

Data gathered where: Self completing questionnaires, posted with pre paid envelope

Number collected: 719

Entered data stored in file(s): 10Bi 1.csv10Bii 1.csv10Biii 1.csv I010i.sav IO10-2&3.sav

Version of questionnaire 1

This questionnaire asks about your baby. We are interested to know about your baby's health and behaviour. We also ask you about your baby and the reaction of any other children you may have, to the baby.

This questionnaire is like all the others you have had. You just need to tick the box which best describes you, your feelings, or your baby.

Some questions will seem similar, especially those in Section H. They are NOT the same however, so please answer as many of the questions as you can. If you cannot, or do not wish to, as before, put a line through them.

There are no right or wrong answers and all babies are different and do things at different times. Just tell us what you think and make as many comments as you like.

All answers are confidential

THANK YOU VERY MUCH FOR YOUR HELP

SECTION A: YOUR BABY

A1.	How would you assess the health of your baby?
	i) In first few months
	Very healthy no problems
	Healthy but a few minor problems
	Sometimes quite ill
	Almost always unwell
	ii) In past month
	Very healthy no problems
	Healthy but a few minor problems
	Sometimes quite ill
	Almost always unwell
A2.	How many of the following immunisations has the baby had?
	If not sure put 9, if none put 0
	a) Number of BCGs
	b) Number of DTPs
	c) Number of DTs
	d) Number of polios
	e) Other, please name
	f) Did the baby have a temperature or was it unwell after any immunisation?
	Yes
	No
	If Yes, please describe:
	i) Which immunisation
	ii) How long after the immunisation did this start?
	Under 3 hrs
	3 - 24 hrs
	1-2 days
	3 – 6 days
	One week or more
	Don't know
	iii) How was the baby affected?
A3.	Has the baby had fluoride treatment?
	Yes
	No
	Don't know
A4a)	Has the doctor ever been called to the house because the baby was ill?
	Yes
	No
A4.	b) How many times?
	Once
	Twice
	3-4 times
	5 or more times

A5. a) Has your baby been taken to the doctor because of a problem you were worried about?

Yes No

A5. b) How many times?

Once

Twice

3-4 times

5 or more times

A6. Has your baby had any of the following?

a) Diarrhoea

Yes & saw a doctor

Yes, did not see doctor

No, not had

b) Blood in stools

Yes & saw a doctor

Yes, did not see doctor

No, not had

c) Vomiting

Yes & saw a doctor

Yes, did not see doctor

No, not had

d) Cough

Yes & saw a doctor

Yes, did not see doctor

No, not had

e) High temperature

Yes & saw a doctor

Yes, did not see doctor

No, not had

f) Snuffles/cold

Yes & saw a doctor

Yes, did not see doctor

No, not had

g) Ear ache

Yes & saw a doctor

Yes, did not see doctor

No, not had

h) Ear discharge (pus, not wax)

Yes & saw a doctor

Yes, did not see doctor

No, not had

i) Convulsions

Yes & saw a doctor

Yes, did not see doctor

No, not had

A6 j) Colic

Yes & saw a doctor

Yes, did not see doctor

No, not had

k) Rash

Yes & saw a doctor

Yes, did not see doctor

No, not had

1) Wheezing

Yes & saw a doctor

Yes, did not see doctor

No, not had

m) Breathlessness

Yes & saw a doctor

Yes, did not see doctor

No, not had

n) Stopping breathing

Yes & saw a doctor

Yes, did not see doctor

No, not had

o) An accident

Yes & saw a doctor

Yes, did not see doctor

No, not had

p) Other, please describe

Yes & saw a doctor

Yes, did not see doctor

No, not had

A7 a) Has your baby ever been admitted to hospital?

Yes

No

- b) If yes, how many times?
- c) Please describe each admission

Age of baby

Reason for admission

No. of nights in hospital

d) How often did you see the baby when it was in hospital?

Not at all

Quite often

Every day

All the time

e) Did you stay overnight in hospital with your baby?

Yes

No

A8.	Has yo	our baby had any of the following?	
	a) F	Hernia repair	
	,	Yes	
		No	
	b) (Circumcision	
		Yes	
		No	
	c) (Other operations, describe	
		Yes	
		No	
A9.	How o	ften has your baby been taken to the Child Health Clinic?	
		Not at all	
		Once	
		2-3 times	
		4-5 times	
		6 or more	
		Don't know	
A10 wheezi	a) ng with	• • •	
		Yes	
		No	
	If yes		
	b)	How many times has this occurred?	
		Once	
		Twice	
		3-4 times	
		5 or more times	
	c)	Was it breathless during any of these occurrences?	
		Yes for all	
		Yes for some	
		Not at all	
	d)	Did it have a fever during any of these occurrences	
		Yes for all	
		Yes for some	
		Not at all	
	e)	How old was the baby?	
		i) First occurrenceMonths	
		ii) Most recent occurrenceMonths	

		Chest infection or bronchitis Being in a smoky room Cold weather No idea Other
the	g)	Have any of your other children had episodes of wheezing with whistling on chest? Yes No No other children
A11 etc.	a)	Has the baby had a rash in the joints and creases e.g. behind knees under arms Yes
		No
	If Yes	
	b)	How bad was this?
		Very bad
		Quite bad
		Mild
		No problem
	c)	Is there this sort of rash now?
	- /	Yes
		No
A12 shins?	a)	Has the baby had a dry, itchy, oozing or crusted rash on face, forearms or
		Ye
		No
	If Yes	
	b)	How bad was this?
		Very bad
		Quite bad
		Mild No problem
		No problem
	c)	Is there this sort of rash now?
		Yes
		No
A13	a)	Has the baby had nappy rash?
AIS	If Yes	Thas the baby had happy rash:
	b)	How bad was this?
	•	Very bad
		Quite bad

A10

f) What do you things brings them on?

Mild

No problem

A13 c) Is there this sort of rash now?

Yes

No

A14 a) Has the baby had cradle cap?

Yes

No

If Yes

b) How bad was this?

Very bad

Quite bad

Mild

No problem

c) Was there redness with it?

Yes

No

d) Was there itching with it?

Yes

No

e) Is there cradle cap now?

Yes

No

A15 Does the baby ever posit?

Yes

No

A16 Has the baby ever vomited?

Often

Sometimes

Once

No

A17 How many times in 24hrs does your baby have a dirty nappy?

4 or more

2 - 3times

Once a day

Once in 2 - 4days

Once a week

Don't know

A18 How often are his stools?

a) Hard

Usually

Sometimes

Never

b) Soft

Usually

		Sometimes Never
A18	c)	Curdy Usually
		Sometimes Never
	d)	Liquid
		Usually
		Sometimes Never
	e)	Green
	C)	Usually
		Sometimes
		Never
	f)	Brown
		Usually
		Sometimes Never
	g)	Black
	6/	Usually
		Sometimes
		Never
	h)	Yellow
		Usually Sometimes
		Never
A19	a)	Has the baby ever had diarrhoea or gastro-enteritis? Yes
		No
If Yes,		
	b)	How many times?
	c)	How many days did the worst bout last?
A19	d)	Did you?
		i) Call the doctor to the house
		Yes
		No ii) Go to your doctor
		Yes
		No
		iii) Treat it yourself
		Yes
		No in) Other
		iv) Other Yes
		No
	e)	Did you continue to feed as usual?
	ŕ	Yes

No

A19 e) i) For how long was normal feeding disturbed? Less than a day One day Two days 3 – 4 days 5 or more days f) Was the baby treated with an oral rehydration solution? Yes No	If No	
Less than a day One day Two days 3 – 4 days 5 or more days f) Was the baby treated with an oral rehydration solution? Yes No	A19 e)	i) For how long was normal feeding disturbed?
One day Two days 3 – 4 days 5 or more days f) Was the baby treated with an oral rehydration solution? Yes No	,	
Two days 3 – 4 days 5 or more days f) Was the baby treated with an oral rehydration solution? Yes No		·
3 – 4 days 5 or more days f) Was the baby treated with an oral rehydration solution? Yes No		•
5 or more days f) Was the baby treated with an oral rehydration solution? Yes No		·
f) Was the baby treated with an oral rehydration solution? Yes No		· · · · · · · · · · · · · · · · · · ·
Yes No	f)	•
No	-/	· · · · · · · · · · · · · · · · · · ·
Don't know		Don't know
If Yes, i) Give type	If Vec	
1) Give type	11 168,	1) Give type
ii) For how long was the solution given?		ii) For how long was the solution given?
Less than a day		
One day		•
Two days		
3 – 4 days		· · · · · · · · · · · · · · · · · · ·
5 or more days		•
5 of more days		3 of more days
g) What other treatment was given?	g)	What other treatment was given?
A20 a) Has your child ever had a time when it has coughed for at least two days Yes	A20 a)	Has your child ever had a time when it has coughed for at least two days?
No		
If Yes:	If Voc	
b) How old was baby when this first happened?Months		
7) How old was baby when this first happened?violitis	U)	now old was baby when this first happened?violitis
c) How many times has this happened?	c)	How many times has this happened?
Once	ŕ	Once
Twice		Twice
3- 9 times		3- 9 times
10 or more		
d) Did the baby ever have a fever at any of these times?	d)	Did the baby ever have a fever at any of these times?
Yes		Yes
No		No
A20 e) Did baby have a runny nose during any of these attacks?	A20 e)	
For all		
For some		
Not at all		Not at all

SECTION B: ACCIDENTS AND INJURIES

However careful a parent is, most children have accidents at some time. Please list below the times your child has had an accident whether or not he/she was injured as a result.

B1	a)	Has your child ever been burnt or scalded? Yes
		No
If Yes,		110
11 105,	b)	How many times?
For ea		or scald please describe what happened
	c)	Place accident happened?
	d)	What was he/she burnt with?
	e)	Date of accident (month, year)
		Injuries caused
	g)	Who was with the child?
	h)	What did the person with the baby do? Nothing
		Treated it themselves
		Took to doctor
		Took to hospital
		Other, describe
	i)	What treatment did the person with the baby give?
	j)	What other treatment did the baby have?
	k)	Please describe how each accident happened
B2	a)	Has your child ever been dropped or had a fall? Yes No
	If Yes	140
		How many times?
	b)	How many times?
	For eac	ch fall please describe what happened
	c)	Place fall happened
	d)	Where did he/she fall or was dropped from?
	e)	Date of accident (month, year)
	f)	Injuries caused
	g)	Who was with the child?
	h)	What did the person with the baby do?
	,	Nothing
		Treated it themselves
		Took to doctor
		Took to hospital
		Other, describe
	i)	What treatment did the person with the baby give?
	j)	What other treatment did the baby have?
	k)	Please describe how each accident happened
		1 12 most deposited in a capit devident inappoint

B3 a) Has the child had any other accidents or injuries?

Yes

No

If Yes

- b) How many other accidents?
- c) Place accident happened
- d) Date of accident (month, year)
- e) Injuries caused
- f) Who was with the child?
- g) What did the person with the baby do?

Nothing

Treated it themselves

Took to doctor

Took to hospital

Other, describe

- h) What treatment did the person with the baby give?
- i) What other treatment did the baby have?
- j) Please describe how each accident happened

SECTION C: FEEDING

- C1. Has your baby ever had the following?
 - a) Breast milk

No

Yes

Age started

How often now

b) Hypo-allergenic formula

No

Yes

Age started

How often now

c) Powdered(formula)

No

Yes

Age started

How often now

d) Soya milk

No

Yes

Age started

How often now

e) Goats milk

No

Yes

Age started

How often now

C1 f) Cows milk No Yes Age started How often now Rice g) No Yes Age started How often now h) Egg No Yes Age started How often now i) Other cereal No Yes Age started How often now j) Rusk No Yes Age started How often now k) Vegetables No Yes Age started How often now 1) Fruit No Yes Age started How often now m) Meat No Yes Age started How often now n) Fish No Yes Age started How often now

o) Vitamin drops

No Yes

Age started How often now

(C1 p)	No Yes Age started
	q)	How often now Fruit juice or squash No Yes Age started How often now
	s)	Gripe water No Yes Age started How often now
C2	a)	On how many days a week does your baby eat solids?
	b)	Do you use ready made baby foods? Always Often Sometimes Never
C3	Still b	ou breast feed? reast feeding fed but stopped now i) How old was the baby when you stopped? breast fed
C4.	Please	indicate if your baby had any of the following feeding behaviours and when
uncy	a)	Slow feeding Yes 0- 3 months Yes 4 – 6 months No
	b)	Taking small quantities at each feed Yes 0- 3 months Yes 4 – 6 months No
	c)	Choking Yes 0- 3 months Yes 4 – 6 months No
	d)	Hungry/not satisfied Yes 0- 3 months Yes 4 – 6 months No
	e)	Allergy to milk Yes 0- 3 months Yes 4 – 6 months No

C4 f) Refused breast milk

Yes 0-3 months

Yes 4 - 6 months

No

g) Refused other milk

Yes 0-3 months

Yes 4 - 6 months

No

Never fed this

h) Refused solids

Yes 0-3 months

Yes 4 - 6 months

No

Never fed this

- i) No feeding routine established
- C5. Do you feel you have ever had difficulties feeding your baby?

Great difficulty

Some difficulty

No

- C6. How often is your baby fed in the following ways?
 - a) Baby lying with bottle propped up or held by baby

Always

Often

Sometimes

Never

b) Baby lying with bottle held by you or other carer

Always

Often

Sometimes

Never

c) Baby sitting with bottle held by baby

Always

Often

Sometimes

Never

C6. d) Baby sitting with bottle held by you or other carer

Always

Often

Sometimes

Never

C7. Is the baby fed on demand?

Always

Sometimes

Not at all

C8 Who usually feeds the baby at night?

You

Partner

Paid help

No night feed Other C9 Do you give the baby any of the following? Fruit juice i) No Yes If yes, give brand ii) Vitamins No Yes If yes, give brand iii) Glucose solution No Yes If yes, give brand Fizzy drinks iv) No Yes If yes, give brand Other drink, describe v) No Yes If yes, give brand b) How often do you give the baby a bottle of? i) Tea Every day Sometimes Never ii) Coffee Every day Sometimes Never iii) Water Every day Sometimes Never C10. Is the baby ever given a dummy? Night time only Most of the time Sometimes Never C11. Does the baby have a special object it uses for comfort? Yes No

C11. b) If yes, what is it?
Blanket
Cuddly toy
Other

C12.	How o	often does the baby have a bath?	
		More than once a day	
		Every day	
		Every other day	
		Once a week	
		Hardly ever	
SECT	ION D	: SLEEPING AND CRYING	
D.1			
D1	a)	Does your baby have a regular sleepi	ng routine now?
		Yes	
		No	
	b)	How many hours sleep does the baby	have during each?
		i) Morning	
		ii) Afternoon	
		iii) Night	
	c)	On a normal day, what time in the ev	ening does your baby go to sleep?
	d)	What time would the baby wake in the	-
			am
D2.	Is you	r baby ever difficult when put to bed?	
		Most of the time	
		Often	
		At Times	
		Rarely	
		Never	
D3.	How o	often does your baby wake at night?	
		Never	
		Occasionally	
		Most nights	
		Every night	
		More than once a night	i) How many times?
		Wore than once a high	1) How many times
D4.	When	your baby wakes at night what do you	usually do?
	a)	Feed him/her	
	,	Always	
		Usually	
		Sometimes	
		Never	
	b)	Give other drink	
	,	Always	
		Usually	
		Sometimes	
		Never	
D^2	4. c)	Rock or cuddle him/her	
D-	,	Always	
		Usually	
		Sometimes	
		Never	
		110101	

d) Give him/her a dummy

Always

Usually

Sometimes

Never

e) Bring baby into your bed

Always

Usually

Sometimes

Never

f) Change the nappy

Always

Usually

Sometimes

Never

g) Other, describe

Always

Usually

Sometimes

Never

D5. Do you ever wake your baby for a feed in the night?

Usually

Sometime

Never

D6 a) In which room does the baby sleep?

i) When put down at night

In room of his/her own

In a room with other children

In your room

Other, describe

ii) When wakes in morning

In room of his/her own

In a room with other children

In your room

Other, describe

- b) Does the baby sleep on his/her own or does he/she share a cot or bed?
 - i) When put down at night

On his/her own

In cot/bed with other children

In your bed

Other, describe

D6 b) ii) When wakes in morning

On his/her own

In cot/bed with other children

In your bed

Other, describe

- c) In the room where the baby sleeps most of the night i) Is the heating on at night? Always Sometimes Not at all ii) Is there a window open at night? Always Sometimes Not at all iii) Does the baby have a duvet? Always Sometimes Not at all iv) Does the baby have an electric blanket? Always Sometimes Not at all v) Does the baby have a pillow? Always Sometimes Not at all Does your baby cry at the following times? a) Mornings Always Sometimes Not at all b) Afternoon (before 5pm) Always Sometimes Not at all Late afternoon/evening c) Always Sometimes Not at all d) During the night Always Sometime Not at all Other, describe Always Sometimes Not at all
 - e)

D7.

D8 Does your baby ever have times when he/she appears to be in agony, screams, a) up the legs to the body and can't be calmed? draws

Often

Sometimes

Once only

No

Don't know

d) How long do these attacks usually last? A few minutes Less than one hour 1 – 2 hours More than 2 hours D9. How much do you feel your baby cries in comparison with others of the same age? More than others Same as others Less than others Don't know D10 a) Do you feel that your baby's crying is a problem? Yes No b) If he/she cries do you? Pick him/her up immediately Let him /her cry for a while and then pick up Never pick him/her up until you are ready to do so	If Yes,		
If Yes bi) What time of day?	D8.	b)	Does this happen at a particular time of day?
If Yes bi) What time of day?			Yes
If Yes bi) What time of day?			
bi) What time of day?			Can't say
c) Have you noticed whether anything brings on these attacks? Yes No Can't say If Yes ci) Describe	If Yes		
Yes No Can't say If Yes ci) Describe			bi) What time of day?
Yes No Can't say If Yes ci) Describe		c)	Have you noticed whether anything brings on these attacks?
If Yes ci) Describe		,	· · · · · · · · · · · · · · · · · · ·
If Yes ci) Describe			No
ci) Describe			Can't say
d) How long do these attacks usually last? A few minutes Less than one hour 1 – 2 hours More than 2 hours D9. How much do you feel your baby cries in comparison with others of the same age? More than others Same as others Less than others Don't know D10 a) Do you feel that your baby's crying is a problem? Yes No b) If he/she cries do you? Pick him/her up immediately Let him /her cry for a while and then pick up Never pick him/her up until you are ready to do so D11. Can you usually calm your child when it cries? No Usually, fairly easily It takes a while	If Yes		
A few minutes Less than one hour 1 – 2 hours More than 2 hours D9. How much do you feel your baby cries in comparison with others of the same age? More than others Same as others Less than others Don't know D10 a) Do you feel that your baby's crying is a problem? Yes No b) If he/she cries do you? Pick him/her up immediately Let him /her cry for a while and then pick up Never pick him/her up until you are ready to do so D11. Can you usually calm your child when it cries? No Usually, fairly easily It takes a while		(ci) Describe
A few minutes Less than one hour 1 – 2 hours More than 2 hours D9. How much do you feel your baby cries in comparison with others of the same age? More than others Same as others Less than others Don't know D10 a) Do you feel that your baby's crying is a problem? Yes No b) If he/she cries do you? Pick him/her up immediately Let him /her cry for a while and then pick up Never pick him/her up until you are ready to do so D11. Can you usually calm your child when it cries? No Usually, fairly easily It takes a while		d)	How long do these attacks usually last?
1 – 2 hours More than 2 hours D9. How much do you feel your baby cries in comparison with others of the same age? More than others Same as others Less than others Don't know D10 a) Do you feel that your baby's crying is a problem? Yes No b) If he/she cries do you? Pick him/her up immediately Let him /her cry for a while and then pick up Never pick him/her up until you are ready to do so D11. Can you usually calm your child when it cries? No Usually, fairly easily It takes a while			· · · · · · · · · · · · · · · · · · ·
1 – 2 hours More than 2 hours D9. How much do you feel your baby cries in comparison with others of the same age? More than others Same as others Less than others Don't know D10 a) Do you feel that your baby's crying is a problem? Yes No b) If he/she cries do you? Pick him/her up immediately Let him /her cry for a while and then pick up Never pick him/her up until you are ready to do so D11. Can you usually calm your child when it cries? No Usually, fairly easily It takes a while			Less than one hour
D9. How much do you feel your baby cries in comparison with others of the same age? More than others Same as others Less than others Don't know D10 a) Do you feel that your baby's crying is a problem? Yes No b) If he/she cries do you? Pick him/her up immediately Let him /her cry for a while and then pick up Never pick him/her up until you are ready to do so D11. Can you usually calm your child when it cries? No Usually, fairly easily It takes a while			1-2 hours
More than others Same as others Less than others Don't know D10 a) Do you feel that your baby's crying is a problem? Yes No b) If he/she cries do you? Pick him/her up immediately Let him /her cry for a while and then pick up Never pick him/her up until you are ready to do so D11. Can you usually calm your child when it cries? No Usually, fairly easily It takes a while			More than 2 hours
Yes No b) If he/she cries do you? Pick him/her up immediately Let him /her cry for a while and then pick up Never pick him/her up until you are ready to do so D11. Can you usually calm your child when it cries? No Usually, fairly easily It takes a while	D9.	How	More than others Same as others Less than others
b) If he/she cries do you? Pick him/her up immediately Let him /her cry for a while and then pick up Never pick him/her up until you are ready to do so D11. Can you usually calm your child when it cries? No Usually, fairly easily It takes a while	D10	a)	
Pick him/her up immediately Let him /her cry for a while and then pick up Never pick him/her up until you are ready to do so D11. Can you usually calm your child when it cries? No Usually, fairly easily It takes a while			No
Let him /her cry for a while and then pick up Never pick him/her up until you are ready to do so D11. Can you usually calm your child when it cries? No Usually, fairly easily It takes a while		b)	If he/she cries do you?
No Usually, fairly easily It takes a while			Let him /her cry for a while and then pick up
Usually, fairly easily It takes a while	D11.	Can	
It takes a while			

SECTION E: YOU AND YOUR BABY

E1. How often do you take your child to? Local shops a) More than once a week Once a week Once a month Less than once a month Never b) Department store More than once a week Once a week Once a month Less than once a month Never Supermarket c) More than once a week Once a week Once a month Less than once a month Never d) Park More than once a week Once a week Once a month Less than once a month Never Visits to friends or family e) More than once a week Once a week Once a month Less than once a month Never E2. Does your child have? Cuddly toys a) Yes No Push or pull toys b) Yes No Co-ordination toys, bricks, stacking cups etc. c) Yes No d) Walker Yes

> No Baby bouncer

> > Yes No

e)

E3.	About how many books does your child have?
	None
	1-2books
	3 – 9books
	10 or more books
E4.	Do you try to teach your child?
	No, he/she is too young
	No, I do not have time
	Occasionally
	Often
	a) If Yes, what sort of things do you teach?
E5.	Do you talk to your baby while you work?
	Never
	Rarely
	Sometimes
	Often
	Always
E6	a) At what age would you expect your baby to be dry?
	i) During the night
	ii) At night
	b) Are you potty training your baby?
	Yes
	No
	Baby uses potty already and is dry in the day
E7.	Please say how often during the day the baby is in a room or enclosed place where
peopl	e are smoking.
	i) Weekdays
	All the time
	More than 5 hours
	3-5 hours
	1 -2 hours
	Less than 1 hour
	Never
	ii) Weekends
	All the time
	More than 5 hours
	3-5 hours
	1 -2 hours
	Less than 1 hour
	Never

	Everyday	
	2 – 6 times a week	
	Once a week	
	Less than once a week	
	Never	
	110101	
E9.	a) How often do you play with your baby?	
L).	Every day	
	Most days	
	Rarely, don't have time	
	Rarely, don't enjoy it	
	h) How often do you	
	b) How often do you	
	i) Sing to him/her	
	Often	
	Occasionally	
	Hardly ever	
	ii) Show him/her picture books	
	Often	
	Occasionally	
	Hardly ever	
	iii) Play with toys	
	Often	
	Occasionally	
	Hardly ever	
	iv) Cuddle him/her	
	Often	
	Occasionally	
	Hardly ever	
	v) Clap hands, rolling over, rough and tumble	
	Often	
	Occasionally	
	Hardly ever	
	vi) Take him/her for walks	
	Often	
	Occasionally	
	Hardly ever	
	vii) Other, describe	
E10.	Does your partner play with the baby?	
	Never,	
	Less than once a week,	
	Once a week	
	2 – 6 times a week,	
	Every day	
,	No partner	

Does your baby see other children, not counting brothers or sisters?

E8.

E11.	What	sort of activities does your partner do with your baby?
	a)	Baths him/her
		Often
		Occasionally
		Hardly ever
	b)	Feeds him/her
		Often
		Occasionally
		Hardly ever
	c)	Sings to him/her
		Often
		Occasionally
		Hardly ever
	d)	Shows him/her picture books
		Often
		Occasionally
		Hardly ever
	e)	Plays with toys
		Often
		Occasionally
		Hardly ever
	f)	Cuddles him/her
		Often
		Occasionally
		Hardly ever
	g)	Rough and tumbles
		Often
		Occasionally
		Hardly ever
	h)	Takes him/her for walks
		Often
		Occasionally
		Hardly ever
	i)	Other, describe
OF OF	IONE	
<u>SECT</u>	ION F	: BROTHERS AND SISTERS
We are	intere	sted in the other children who live with your baby. Please include half brothers
		ep brothers and sisters and foster or adopted children.
F1.	a)	Do any other children live with you?
1 1.	u)	Yes
		No
If yes:		110
n yes.	b)	How many? Boys
	0)	Girls
	c)	Please give each child's name, age and sex.
	-)	Name
		Age
		Sex

F1.	d)	When the study baby was born what was the reaction of your other children? Pleased Didn't mind Unhappy
	e)	Have any of these children been particularly jealous/unhappy about the baby? Yes No
	If yes:	Which children? i) Child 1 Yes No ii) Child 2 Yes No ii) Child 3
	f)	Yes No Are there any additional comments you would like to make about this subject
	,	Yes No
F2	a) Doo	es your baby have a twin? Yes No
If yes;	yes; b) Would you say they are alike?	
		i) In looks Yes No
	j	ii) In behaviour Yes No
	j	iii) In personality Yes No
	j	iv) In behaviour Yes No
		v) In personality Yes No
	j	iv) In health Yes No
F2 c) How	do you dress them? In similar clothes each day In similar clothes sometimes

		Never in similar clothes
	d) Hov	v does this twin react to the other?
		i) Likes to be with him/her
		Most of the time
		Some of the time
		Hardly ever
		ii) Doesn't seem to notice his/her twin
		Most of the time
		Some of the time
		Hardly ever
		iii) Upset if parted from twin
		Most of the time
		Some of the time
		Hardly ever
~- ~-		
SEC'I	TON (G: PROBLEMS AND TREATMENTS
G1.	Child	ren are often having accidents or illnesses that need treatment. Please indicate
which		the following have been given to your baby in the past six months.
Willen	a)	Cough medicine
	ω,	Never
		One episode
		Two or more episodes
		Substance
	b)	Antibiotics
	,	Never
		One episode
		Two or more episodes
		Substance
	c)	Throat medicine
		Never
		One episode
		Two or more episodes
		Substance
	d)	Vitamins
		Never
		One episode
		Two or more episodes

G1. Ointment for skin f)

Calpol

e)

Never

Never

One episode

One episode

Substance.....

Two or more episodes Substance.....

	I wo or more episodes
	Substance
g)	Eye ointment
	Never
	One episode
	Two or more episodes
	Substance
h)	Diarrhoea mixture
,	Never
	One episode
	Two or more episodes
	Substance
i)	Dimotapp/decongestant
,	Never
	One episode
	Two or more episodes
	Substance
j)	Ear drops
3/	Never
	One episode
	Two or more episodes
	Substance
k)	Eye drops
K)	Never
	One episode
	Two or more episodes
	Substance
1)	Teething gel
1)	Never
	One episode
	Two or more episodes
	Substance
m)	Laxative
111)	Never
	One episode
	Two or more episodes
	Substance
n)	Gripe water
11)	Never
	One episode
	Two or more episodes
	Substance
۵)	
o)	Other, describe Never
	One episode
	Two or more episodes
A 41.	Substance
	nere any pills, ointments or medicines that your child has taken every day for the
month	
	Yes

G2.

last 6

		No
If yes,	please	describe
	a)	Have your baby's hips been examined? Yes No
G3	If yes,	
	b)	At what age was the earliest examination? First month 1- 2 months More than 2 months Not know
	c)	Was an ultra sound examination done on the hips? Yes No Don't know
	d)	Have the hips been X-rayed? Yes No Don't know
	e)	Were any problems found? Yes No Don't know
If yes		i) Describe
		ii) How old was the baby?Months
G3.	f)	Did your baby have any treatment for his/her hips? Yes No If yes, describe.
G4.	Your ba	has anyone thought there might be a problem with your baby's hearing? Yes No
If yes G4	b)	Who first suspected the problem? I did My partner did

		Other relative or friend Health visitor
		Doctor Other, describe
	c)	Has your baby been seen at a Hearing Assessment Centre? Yes No
If yes,	d)	At what age?Months
	e)	What was decided?
G5.	Your ba	Daby's sight Have you ever thought your baby may have a squint? Definitely Sometimes Not at all
	b)	Have any health workers thought your baby had a squint? Yes No
baby's	c)	Apart from a squint, have you felt there was anything else wrong with your eyes?
		If yes, describe.
	d)	Has your baby ever been referred to an eye specialist? Yes No
If yes,	e)	What was decided?
•	f)	What treatment was given?
G6.	Other a)	problems Apart from hips, hearing and sight, have there been any other problems for your baby has been referred to a specialist? Yes No
If yes,	b)	For how many different problems?
Please	,	each problem What was thought to be wrong
G6	d)	Have you seen a specialist? Yes

SECTION H: TEMPERAMENT		
These questions are about how your baby behaves. Although some of them are similar to one another, please answer them all. How often has your baby's recent behaviour been like the following descriptions?		
H1. H	Ie eats about the same amount of solid food from day to day Never Rarely Sometimes Often Always	
Н2. Н	Ie is fussy on waking and going to sleep Never Rarely Sometimes Often Always	
Н3. Н	Ie plays with a toy for less than a minute and then looks for another activity Never Rarely Sometimes Often Always	
Н4. Н	It sits still while watching TV or other nearby activity Never Rarely Sometimes Often Always	
H5. H	It accepts straight away a change in place or position of feeding or person doing it Never Rarely Sometimes Often Always	
	Ie accepts nail cutting without protest Never Rarely Sometimes Often Always	
	Iis hunger cry can be stopped for more than a minute by picking up, putting on a bib, iving a dummy Never Rarely Sometimes Often	

What was decided?....

e)

Always H8. He plays continuously for more than 10 minutes Never Rarely Sometimes Often Always H9. He accepts his bath at any time of day without resenting it Never Rarely Sometimes Often Always H10. He takes feeds quietly with mild expressions of likes and dislikes Never Rarely Sometimes Often Always H11. He indicates discomfort when he has a dirty nappy Never Rarely Sometimes Often Always H12. He lies quietly in his bath Never Rarely Sometimes Often Always H13. He wants and takes milk feeds at about the same time from day to day Never Rarely Sometimes Often Always H14. He is shy on meeting another child for the first time Never Rarely Sometimes Often Always H15. He continues to fuss when his nappy is changed, despite efforts to distract him Never Rarely Sometimes Often Always

H16.	He amuses himself for 30 minutes or more in the cot or playpen Never		
	Rarely		
	Sometimes		
	Often		
	Always		
H17.	He moves about a lot during nappy changing and dressing		
111 / .	Never		
	Rarely		
	Sometimes		
	Often		
	Always		
H18.	He vigorously resists additional food or milk when full, spits it out, clamps mouth		
shut	The vigorousty resists additional rood of films when run, spits it out, clamps mount		
Silut	Never		
	Rarely		
	Sometimes		
	Often		
	Always		
H19.	•		
,	Never		
	Rarely		
	Sometimes		
	Often		
	Always		
H20.	His bowel movements come at different times from day to day		
	Never		
	Rarely		
	Sometimes		
	Often		
	Always		
H21.	He stops play and watches if someone walks by		
	Never		
	Rarely		
	Sometimes		
	Often		
	Always		
H22	He ignores voices or other ordinary sounds when playing with a favourite toy		
	Never		
	Rarely		
	Sometimes		
	Often		
	Always		
H23.	He makes happy sounds when having his nappy changed or being dressed		
	Never		
	Rarely		
	Sometimes		
	Often		

Always H24. He accepts new foods straight away swallowing them promptly Never Rarely Sometimes Often Always H25. He watches other children playing for less than a minute and then looks elsewhere Never Rarely Sometimes Often Always H26. He reacts mildly to a bright light such as a flash bulb or sunlight when the curtains are drawn back. Never Rarely Sometimes Often Always H27. He is pleasant when first arriving in unfamiliar places Never Rarely Sometimes Often Always H28. He gets sleepy at about the same time each evening Never Rarely Sometimes Often Always H29. He accepts regular procedures at any time without protest Never Rarely Sometimes Often Always H30. He perseveres for many minutes when working on a new skill Never Rarely Sometimes Often Always H31. He moves a lot when lying awake in the cot Never Rarely Sometimes

Often

Always H32. He objects to being bathed in a different place or by a different person even after two or three tries Never Rarely Sometimes Often Always H33. For the first few minutes in a new place or situation he is fretful Never Rarely Sometimes Often Always H34. He notices and looks carefully at changes in your appearance or dress Never Rarely Sometimes Often Always H35. He reacts strongly to foods whether positively or negatively Never Rarely Sometimes Often Always H36. He is pleasant during procedures like hair brushing or face washing Never Rarely Sometimes Often Always H37. He continues to cry despite several minutes of soothing Never Rarely Sometimes Often Always H38. He keeps trying to get a desired toy, which is out of reach, for 2 minutes or more Never Rarely Sometimes Often Always H39. He greets a new toy with a loud expression of feeling Never Rarely Sometimes

Often

Always H40. He plays actively with his parents, lots of kicking and arm waving Never Rarely Sometimes Often Always He watches another toy when offered even though already holding another one Never Rarely Sometimes Often Always H42. At home his initial reaction to strangers is acceptance Never Rarely Sometimes Often Always H43. He wants day time naps at different times from day to day Never Rarely Sometimes Often Always H44. He continues to eat solid foods without reacting to differences in taste or consistency Never Rarely Sometimes Often Always H45. He cries when left to play alone Never Rarely Sometimes Often Always He adjusts within 10 minutes to new surroundings H46. Never Rarely Sometimes Often Always H47. He has day time naps at different times from day to day Never Rarely Sometimes Often Always

H48. He moves about a lot during feeding Never Rarely Sometimes Often Always H49. He reacts strongly to sudden changes in lighting Never Rarely Sometimes Often Always H50. He can be soothed by talking or games when sleepy Never Rarely Sometimes Often Always H51. He displays much feeling during nappy change or dressing Never Rarely Sometimes Often Always H52. He lies still when asleep and wakes up in the same position Never Rarely Sometimes Often Always H53. He reacts to the change in temperature or type of milk or juice Never Rarely Sometime Often Always H54. He can be calmed for a few minutes by being picked up and played with, if fussing about a dirty nappy Never Rarely Sometimes Often Always H55. He wants and takes solid food at about the same time from day to day Never Rarely Sometimes Often Always

H56.	He is content during interruptions of milk or solid feeding Never Rarely
	Sometimes Often
	Always
H57.	He accepts within a few minutes a change in place of bath or person giving it
	Never
	Rarely
	Sometimes
	Often
1150	Always
H58.	He cries for less than one minute when given an injection
	Never Rarely
	Sometimes
	Often
	Always
H59.	He shows much bodily movement when given an injection
	Never
	Rarely
	Sometimes
	Often
TT 60	Always
H60.	He continues to react to a loud noise heard several times in the same day
	Never Porely
	Rarely Sometime
	Often
	Always
H61.	His initial reaction is rejection when consistency, flavour or temperature of solid food
is	changed
	Never
	Rarely
	Sometimes
	Often
1170	Always
H62.	His time of waking in the mornings varies greatly from day to day Never
	Rarely
	Sometimes
	Often
	Always
H63.	He continues to reject disliked foods or medicine in spite of your efforts to distract
with	games or tricks
	Never Rarely
	Sometimes
	Often

Always H64. He reacts even to a gentle touch Never Rarely Sometimes Often Always H65. He reacts strongly to strangers, laughing or crying Never Rarely Sometimes Often Always H66. He actively grasps or touches objects within his reach, hair, glasses etc Never Rarely Sometimes Often Always H67. He will take any food offered without seeming to notice the difference Never Rarely Sometimes Often Always H68. His period of greatest activity comes at the same time each day Never Rarely Sometime Often Always H69. He appears bothered when first put down in a different sleeping place Never Rarely Sometimes Often Always H70. He reacts mildly to meeting familiar people Never Rarely Sometime Often Always H71. He wants an extra feed at a different time each day Never Rarely Sometimes Often Always

H72. He is still wary or frightened of strangers after 15 minutes Never Rarely Sometimes Often Always H73. He lies still and moves little while playing with toys Never Rarely Sometimes Often Always H74. He can be distracted from fussing or squirming during a procedure by a game, singing or TV Never Rarely Sometimes Often Always H75. He remains pleasant or calm with minor injuries Never Rarely Sometimes Often Always H76. His initial reaction to seeing doctor is acceptance Never Rarely Sometimes Often Always H77. He reacts to a disliked food even if it is mixed with a preferred one Never Rarely Sometimes Often Always He plays calmly and quietly with toys H78. Never Rarely Sometimes Often Always H79. He lies still during procedures like hair brushing or nail cutting Never Rarely Sometimes Often Always

H80. He stops sucking when drinking milk and looks when he hears an unusual noise Never Rarely Sometimes Often Always H81. He pays attention to a game with a parent for only a minute or two Never Rarely Sometimes Often Always H82. He is calm in the bath. Like or dislike is mildly expressed Never Rarely Sometimes Often Always H83. He requires introduction of a new food on three or more occasions before he will swallow it Never Rarely Sometimes Often Always H84. His first reaction to any new procedure is objection Never Rarely Sometimes Often Always H85. He acts just the same when the nappy is wet as when it is dry Never Rarely Sometimes Often Always He is fussy or cries during a physical examination by a doctor H86. Never Rarely Sometimes Often Always H87. He accepts changes in solid food within one or two tries Never Rarely Sometimes Often Always H88. He moves much and for several minutes when playing by himself

Never

Rarely

Sometimes

Often

Always

SECTION I: MILESTONES

Below is a list of things babies learn to do as they get older. Some of them your baby will be doing and others he/she will not have started yet. Please indicate which your baby is doing.

I1. a) Looks at older people's faces

Often

Once or twice

Not started yet

b) He smiles when you smile at him

Often

Once or twice

Not started yet

c) He does not want to let go of a toy when it is being taken away

Often

Once or twice

Not started yet

d) He can feed himself a rusk or other similar food

Often

Once or twice

Not started yet

e) He tries to get a toy that is out of his reach

Often

Once or twice

Not started yet

f) He is shy when he firsts meets a stranger

Often

Once or twice

Not started yet

g) He plays peek-a-boo

Often

Once or twice

Not started yet

h) He plays pat-a-cake with you

Often

Once or twice

Not started yet

I1 i) He is able to drink from a cup

Often

Once or twice

Not started yet

j) He indicates what he wants without crying for it

Often

Once or twice

Not started yet

I2 a) He puts his hands together

Often

Once or twice

Not started yet

b) He can hold a rattle

Often

Once or twice

Not started yet

c) He can focus his eyes on a small object

Often

Once or twice

Not started yet

d) He reaches for objects

Often

Once or twice

Not started yet

e) In a sitting position he looks about for a hidden object

Often

Once or twice

Not started yet

f) In a sitting position he can pick up two objects at once

Often

Once or twice

Not started yet

g) He can pick up a small object such as a raisin

Often

Once or twice

Not started yet

h) He can pass an object from one hand to another

Often

Once or twice

Not started yet

i) He can bang together two similar objects that he is holding

Often

Once or twice

Not started yet

j) He grabs objects using his whole hand

Often

Once or twice

Not started yet

I2 k) He can pick up a small object using forefinger and thumb only

Often

Once or twice

Not started yet

I3 a) When a bell rings he moves or makes a noise

Often

Once or twice

Not started yet

b) He makes noises other than crying Often Once or twice Not started yet c) He laughs Often Once or twice Not started yet d) He squeals Often Once or twice Not started yet e) He turns towards someone when they are speaking Often Once or twice Not started yet f) He tries to copy what you say Often Once or twice Not started yet g) He says dada and mama without knowing what they mean Often Once or twice Not started yet h) He says dada and mama and knows what they mean Often Once or twice Not started yet **I**4 a) In a sitting position he can keep his head steady Often Once or twice Not started yet b) Lying on his tummy he can lift his chest and shoulders while supporting them with his arm Often Once or twice Not started yet c) He can roll over Often Once or twice Not started yet I4. d) He is able to bear some weight on his legs when held in a standing position Often Once or twice Not started yet e) He can sit up without being supported Often Once or twice Not started yet

	f) He can stand up when holding on to the furniture Often
	Once or twice
	Not started yet
	g) He can pull himself to a standing by holding on to a piece of furniture
	Often Once or twice
	Not started yet
	h) He can get from a standing to a sitting position
	Often
	Once or twice
	Not started yet
	i) He can walk holding onto a piece of furniture
	Often
	Once or twice
	Not started yet
	j) While lying on his tummy he can lift his head
	Often
	Once or twice Not started yet
	k) He can stand up for a moment without support
	Often
	Once or twice
	Not started yet
	1) From a standing position he can stoop and return to standing
	Often
	Once or twice
	Not started yet
	m) He can crawl on hands and knees
	Often
	Once or twice
	Not started yet
I5.	a) How many teeth has your baby got now?Number
	b) How old was he/she when the first one appeared? Months
I6. Spa	ce for you to describe something your baby has done in the last few days
Please	remember that because this is strictly confidential, the people who do look at this
anyone	ation will not know your name. They will be unable to give you any help or contact after reading what you have written. If you feel you need help or advice, your GP or Visitor should be able to help you.
J1.	This questionnaire was completed by
	i) Mother
	Yes
	100

	No				
	ii) Father				
	Yes				
	No				
	iii) Other, describe	Other, describe			
	Yes				
	No				
J2.	Please give the date on which you completed this questionnaire				
	Day	MonthYear199			
J3.	Please give the date of birth of your baby				
	Day	MonthYear199			
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Institute of Child Health, University of Bristol & E.L.S.P.A.C. in the Isle of Man.

2.3.11. FATHERHOOD

Questionnaire information

Data gathered by: Mother's partner
Data gathered when: Child at 6 months

Data gathered where: Self completing questionnaires, posted with pre paid envelope

Number collected: 619

Entered data stored in file(s): 11Fi1.csv 11Fii1.csv 10o11.sav

Version of questionnaire 1

This questionnaire asks about your lifestyle and attitudes when your baby is over six months old.

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

We have included additional sections which ask questions about the way in which you yourself were treated by your parents and how this may have affected you. This makes the questionnaire longer, but we think they are important. As before, if you would rather not answer or think about some questions, just put a line through them.

There are no wrong or right answers. Just tell us what you think and make as many comments as you like.

All the answers you give are confidential

THANK YOU VERY MUCH FOR YOUR HELP

SECTION A: YOUR HEALTH

A1. V	Which statement would you say describes your health now? Always fit and well Mostly fit and well Often feel unwell Hardly ever feel really well
A2. a) stay in h	Since your baby was born have you been ill or had a problem for which you had to aospital? Yes
	No
If Yes	
b)	How many times?
c)	What were the reasons?ICD Codes
d)	How long did you stay in hospital each time?days
A3. I	Have you had any of the following since your baby was born?
a)	Anxiety or nerves
	Yes and saw a doctor
	Yes but did not see a doctor
	No
b)	Depression
	Yes and saw a doctor
	Yes but did not see a doctor
	No
c)	Headache or migraine
	Yes and saw a doctor
	Yes but did not see a doctor
•	No
d)	Back ache
	Yes and saw a doctor
	Yes but did not see a doctor
۵)	No Indigastion
6)	Indigestion Yes and saw a doctor
	Yes but did not see a doctor
	No
f)	Cough or cold
1)	Yes and saw a doctor
	Yes but did not see a doctor
	No
g)	Influenza
<i>U</i> /	Yes and saw a doctor
	Yes but did not see a doctor
	No

A3. h) Haemorrhoids Yes and

Yes and saw a doctor

Yes but did not see a doctor

No

i) Wheezing

Yes and saw a doctor

Yes but did not see a doctor

No

j) Bronchitis

Yes and saw a doctor

Yes but did not see a doctor

No

k) Stomach ulcer

Yes and saw a doctor

Yes but did not see a doctor

No

1) Eczema

Yes and saw a doctor

Yes but did not see a doctor

No

m) Psoriasis

Yes and saw a doctor

Yes but did not see a doctor

No

n) Arthritis

Yes and saw a doctor

Yes but did not see a doctor

No

o) Rheumatism

Yes and saw a doctor

Yes but did not see a doctor

No

p) Urinary infection

Yes and saw a doctor

Yes but did not see a doctor

No

q) Other, please describe.....

A4. Since the baby was born, have you used any of the following?

a) Sleeping pills

Every day

Often

Sometimes

Never

b) Cannabis/marihuana

Every day

Often

Sometimes

Never

A4. c) Tranquillisers

Every day

Often

Sometimes

Never

d) Pills for depression

Every day

Often

Sometimes

Never

e) Antibiotics

Every day

Often

Sometimes

Never

f) Painkillers

Every day

Often

Sometimes

Never

g) Amphetamines/other stimulants

Every day

Often

Sometimes

Never

h) Heroin, methadone, cocaine

Every day

Often

Sometimes

Never

i) Anticonvulsants

Every day

Often

Sometimes

Never

j) Steroids

Every day

Often

Sometimes

Never

k) Iron

Every day

Often

Sometimes

Never

1) Vitamins

Every day

Often

Sometimes

Never

A4 m) Other pills, medicine, ointments

Every day

Often

Sometimes

Never

SECTION B: BEING A FATHER

The following questions are about how you feel now you are a father.

B1. I really enjoy this baby

Exactly how I feel

Often how I feel

Sometimes how I feel

Never feel this way

B2. I would have preferred that we had not had this baby when we did.

Exactly how I fee

Often how I feel

Sometimes how I feel

Never feel this way

B3. I feel confident with the baby

Exactly how I feel

Often how I feel

Sometimes how I feel

Never feel this way

B4. I dislike the mess that surrounds the baby

Exactly how I fee

Often how I feel

Sometimes how I feel

Never feel this way

B5. It is a great pleasure to watch the baby develop

Exactly how I feel

Often how I feel

Sometimes how I feel

Never feel this way

B6. I really cannot bear it when the baby cries

Exactly how I feel

Often how I feel

Sometimes how I feel

Never feel this way

B7. I feel constantly unsure that I am doing the right thing for the baby

Exactly how I feel

Often how I feel

Sometimes how I feel

Never feel this way

B8. I feel I should be enjoying the baby but I am not

Exactly how I feel

Often how I feel

Sometimes how I feel

Never feel this way

B9. I feel I have no time to myself

Exactly how I feel

Often how I feel

Sometimes how I feel

Never feel this way

B10. Fatherhood has made me feel more fulfilled

Exactly how I feel

Often how I feel

Sometimes how I feel

Never feel this way

B11. Babies are fun

Exactly how I feel

Often how I feel

Sometimes how I feel

Never feel this way

SECTION C: YOUR FEELINGS

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

C1 Do you feel upset for no obvious reason?

Very often

Often

Not very often

Never

C2 Do you get troubled by dizziness or shortness of breath?

Very often

Often

Not very often

Never

C3 Have you felt as though you might faint?

Very often

Often

Not very often

Never

C4 Do you feel sick or have indigestion?

Very often

Often

Not very often

Never

C5 Do you feel that life is too much effort?

Very often

Often

Not very often

Never

C6 Do you feel uneasy and restless?

Very often

Often

Not very often

Never

C7 Do you feel tingling or prickling sensations in your body, arms or legs? Very often Often Not very often Never **C**8 Do you regret much of your past behaviour? Very often Often Not very often Never C9 Do you sometimes feel panicky? Very often Often Not very often Never C10 Do you find you have little or no appetite? Very often Often Not very often Never C11 Do you wake unusually early in the mornings? Very often Often Not very often Never C12 Do you worry a lot? Very often Often Not very often Never C13 Do you feel tired or exhausted? Very often Often Not very often Never C14 Do you experience long periods of sadness? Very often Often Not very often Never C15 Do you feel strung up inside? Very often Often Not very often Never Can you get off to sleep alright? C16 Very often Often Not very often

Never

C17 Do you ever have the feeling you are going to pieces? Very often Often Not very often Never C18 Do you often have excessive sweating or fluttering of the heart? Very often Often Not very often Never C19 Do you find yourself needing to cry? Very often Often Not very often Never C20 Do you have bad dreams which upset you when you wake up? Very often Often Not very often Never C21 Do you lose the ability to feel sympathy for others? Very often Often Not very often Never C22 Can you think as quickly as you used to? Very often Often Not very often Never C23 Do you have to make a special effort to face up to a crisis or difficulty? Very often Often Not very often Never Your feelings in the past week C24 I've been able to laugh and see the funny side of things As much as always Not quite so much now Definitely not so much now Not at all C25 I have looked forward with enjoyment to things As much as I ever did Rather less than I used to

Definitely less than I used to

Hardly at all

C26 I have blamed myself unnecessarily when things went wrong

Yes, most of the time

Yes, some of the time

Not very often

No never

C27 I have been anxious or worried for no good reason

No, not at all

Hardly ever

Yes, sometimes

Yes, often

C28 I have felt scared or panicky for no good reason

Yes, quite a lot

Yes, sometimes

Hardly ever

Not at all

C29 Things have been getting on top of me

Yes, most of the time

Yes, sometimes

Hardly ever

Not at all

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

Yes, most of the time

Yes, sometimes

Not very often

Not at all

C31 I have felt sad or miserable

Yes, most of the time

Yes, quite often

Not very often

Not at all

C32 I have been so unhappy that I have been crying

Yes, quite often

Occasionally

Never

C33 The thought of harming myself has occurred to me

Yes, quite often

Sometimes

Hardly ever

Never

SECTION D: RECENT EVENTS

D1 Your partner died Yes, affected me a lot Yes, moderately affected me Yes, mildly affected me Yes, but did not affect me Did not happen D2 One of your children died Yes, affected me a lot Yes, moderately affected me Yes, mildly affected me Yes, but did not affect me Did not happen D3 A friend or relative died Yes, affected me a lot Yes, moderately affected me Yes, mildly affected me Yes, but did not affect me Did not happen D4 One of your children was ill Yes, affected me a lot Yes, moderately affected me Yes, mildly affected me Yes, but did not affect me Did not happen Your partner was ill D5 Yes, affected me a lot Yes, moderately affected me Yes, mildly affected me Yes, but did not affect me Did not happen A friend or relative was ill D6 Yes, affected me a lot Yes, moderately affected me Yes, mildly affected me Yes, but did not affect me Did not happen You were admitted to hospital D7 Yes, affected me a lot Yes, moderately affected me Yes, mildly affected me Yes, but did not affect me Did not happen You were in trouble with the law **D8** Yes, affected me a lot Yes, moderately affected me Yes, mildly affected me Yes, but did not affect me

Did not happen

D9 You and your partner were separated or divorced

Yes, affected me a lot

Yes, moderately affected me

Yes, mildly affected me

Yes, but did not affect me

Did not happen

D10 You found that your partner did not want your child

Yes, affected me a lot

Yes, moderately affected me

Yes, mildly affected me

Yes, but did not affect me

Did not happen

D11 You were very ill

Yes, affected me a lot

Yes, moderately affected m

Yes, mildly affected me

Did not happen

D12 Your partner lost her job

Yes, affected me a lot

Yes, moderately affected me

Yes, mildly affected me

Yes, but did not affect me

Did not happen

D13 Your partner had problems at work

Yes, affected me a lot

Yes, moderately affected me

Yes, mildly affected me

Yes, but did not affect me

Did not happen

D14 You had problems at work

Yes, affected me a lot

Yes, moderately affected me

Yes, mildly affected me

Yes, but did not affect me

Did not happen

D15 You lost your job

Yes, affected me a lot

Yes, moderately affected me

Yes, mildly affected me

Yes, but did not affect me

Did not happen

D16 Your partner went away

Yes, affected me a lot

Yes, moderately affected me

Yes, mildly affected me

Yes, but did not affect me

Did not happen

D17 Your partner was in trouble with the law

Yes, affected me a lot

Yes, moderately affected me

Yes, mildly affected me Yes, but did not affect me

Did not happen

D18 You and your partner separated

Yes, affected me a lot

Yes, moderately affected me

Yes, mildly affected me

Yes, but did not affect me

Did not happen

D19 Your income was reduced

Yes, affected me a lot

Yes, moderately affected me

Yes, mildly affected me

Yes, but did not affect me

Did not happen

D20 You argued with your partner

Yes, affected me a lot

Yes, moderately affected me

Yes, mildly affected me

Yes, but did not affect me

Did not happen

D21 You argued with your family and friends

Yes, affected me a lot

Yes, moderately affected me

Yes, mildly affected me

Yes, but did not affect me

Did not happen

D22 You moved house

Yes, affected me a lot

Yes, moderately affected me

Yes, mildly affected me

Yes, but did not affect me

Did not happen

D23 You started a new job

Yes, affected me a lot

Yes, moderately affected me

Yes, mildly affected me

Yes, but did not affect me

Did not happen

D24 Your partner was physically cruel to you

Yes, affected me a lot

Yes, moderately affected me

Yes, mildly affected me

Yes, but did not affect me

Did not happen

D25 You had a major financial problem

Yes, affected me a lot

Yes, moderately affected me

Yes, mildly affected me

Yes, but did not affect me

Did not happen

D26 You got married

Yes, affected me a lot

Yes, moderately affected me

Yes, mildly affected me

Yes, but did not affect me

Did not happen

D27 Your partner was physically cruel to the children

Yes, affected me a lot

Yes, moderately affected me

Yes, mildly affected me

Yes, but did not affect me

Did not happen

D28 You were physically cruel to the children

Yes, affected me a lot

Yes, moderately affected me

Yes, mildly affected me

Yes, but did not affect me

Did not happen

D29 You attempted suicide

Yes, affected me a lot

Yes, moderately affected me

Yes, mildly affected me

Yes, but did not affect me

Did not happen

D30 You were convicted of an offence

Yes, affected me a lot

Yes, moderately affected me

Yes, mildly affected me

Yes, but did not affect me

Did not happen

D31 Your partner became pregnant

Yes, affected me a lot

Yes, moderately affected me

Yes, mildly affected me

Yes, but did not affect me

Did not happen

D32 You started a new job

Yes, affected me a lot

Yes, moderately affected me

Yes, mildly affected me

Yes, but did not affect me

Did not happen

D33 You returned to work

Yes, affected me a lot

Yes, moderately affected me

Yes, mildly affected me

Yes, but did not affect me

Did not happen

D34 Your partner had a miscarriage

Yes, affected me a lot

Yes, mildly affected me Yes, but did not affect me Did not happen Your partner had an abortion D35 Yes, affected me a lot Yes, moderately affected me Yes, mildly affected me Yes, but did not affect me Did not happen D36 You took an examination Yes, affected me a lot Yes, moderately affected me Yes, mildly affected me Yes, but did not affect me Did not happen D37 Your partner was emotionally cruel to you Yes, affected me a lot Yes, moderately affected me Yes, mildly affected me Yes, but did not affect me Did not happen D38 Your partner was emotionally cruel to your children Yes, affected me a lot Yes, moderately affected me Yes, mildly affected me Yes, but did not affect me Did not happen D39 You were emotionally cruel to your children Yes, affected me a lot Yes, moderately affected me Yes, mildly affected me Yes, but did not affect me Did not happen D40 Your house or car were burgled Yes, affected me a lot Yes, moderately affected me Yes, mildly affected me Yes, but did not affect me Did not happen D41 You had an accident Yes, affected me a lot Yes, moderately affected me Yes, mildly affected me Yes, but did not affect me Did not happen a) Is there anything else which is not on the list which has concerned you or required D42 additional effort from you to cope with since the baby was born? Yes No If Yes, b) Describe.....

Yes, moderately affected m

D42 c) How did this affect you?

A lot

Moderately

Mildly

Not at all

D13. Space for comments.....

SECTION E: YOUR PARTNER

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

E1 a) She really enjoys this baby

This is always how I feel

This is sometimes how I feel

I never feel this way

b) She would really have preferred not to have this baby when she did

This is always how I feel

This is sometimes how I feel

I never feel this way

c) She likes to play with the baby

This is always how I feel

This is sometimes how I feel

I never feel this way

d) She is confident with the baby

This is always how I feel

This is sometimes how I feel

I never feel this way

e) She takes great pleasure in watching the baby develop

This is always how I feel

This is sometimes how I feel

I never feel this way

f) She really cannot bear it when the baby cries

This is always how I feel

This is sometimes how I feel

I never feel this way

g) She doesn't understand the mess that surrounds a baby

This is always how I feel

This is sometimes how I feel

I never feel this way

h) I don't trust her alone with the baby

This is always how I feel

This is sometimes how I feel

I never feel this way

i) She takes an active part in bringing up the baby

This is always how I feel

This is sometimes how I feel

I never feel this way

Below are some statements. How frequently does each description fit your own partnership?

E2. Would you say your partner is loving towards you? Very often Often Sometimes Rarely Never E3. Does your partner get angry with you? Very often Often Sometimes Rarely Never E4. Does your partner listen to you when you want to discuss your problems or talk about feelings? your Very often Often Sometimes Rarely Never E5. Do you have arguments with your partner? Very often Often Sometimes Rarely E6. Does your partner talk to you about her problems and feelings? Very often Often Sometimes Rarely E7. Do you get angry with your partner? Very often Often Sometimes Rarely E8. Do you enjoy the company of your partner? Very often Often Sometimes Rarely Does your partner show her approval of you? E9. Very often Often Sometimes Rarely Do you behave affectionately towards your partner? E10. Very often Often

Sometimes

Rarely Do you go out socially together? E11. Very often Often Sometimes Rarely E12. Does your partner hug and kiss you? Very often Often Sometimes Rarely E13. Do you feel that parenthood has brought you closer together? Very often Often Sometimes Rarely E14. Does your partner hold you in her arms? Very often Often Sometimes Rarely **SECTION F: YOUR OCCUPATION AND LIFESTYLE** F1. How many cigarettes per day do you smoke? 30 +29 - 2524 - 2019 - 4514 - 109 - 5 4 - 1None Pipe F2 a) How often do you drink alcohol? Every day 3 - 6 times a week 1 - 2 times a week Occasionally Never b) How many days in the past month do you think you have had the equivalent of 2 pints of beer, 4 glasses of wine or 4 measures of spirits?

Every day

More than 10 days

5-10 days

3 - 4 days

1-2 days

Compared with other fathers of your age, would you consider yourself to be; F3.

None

		More active Somewhat more active About the same Less active	
F4.	How many evenings a week do you usually go out?evenings		
F5.	What	Employed Unemployed looking for a job In full time education Looking after home and family Other	
If the	recise na occupat	as you can, pleased describe the actual job, occupation, trade or profession. ames such as radio mechanic, woodworking machinist, tool room foreman etc. ion is known by a special name, use that name. If in HM Forces, give rank in b. Please describe type of industry or service given.	
	i)	Actual job, trade or profession.	
	ii)	Hours worked a week	
F6.	iii)	Please tick which of the following apply to you Foreman Manager Supervisor Leading hand Self employed None of these	
	iv)	Type of industry or service given	
F7. which		are statements about how working affects being a parent. Please indicate for you.	
	a) I e	njoy seeing my baby after work Almost always Often Not often Never No work	
	b) Af	Iter a day at work I find it hard to cope with a baby Almost always Often Not often	

How difficult do you find it to afford the following items?

Never

a) Food

F8.

No work

Very difficult

Fairly difficult

Slightly difficult

Not difficult

b) Clothing

Very difficult

Fairly difficult

Slightly difficult

Not difficult

c) Heating

Very difficult

Fairly difficult

Slightly difficult

Not difficult

d) Rent or mortgage

Very difficult

Fairly difficult

Slightly difficult

Not difficult

e) Things you need for the baby

Very difficult

Fairly difficult

Slightly difficult

Not difficult

F9. How much help have you given with the following since having your baby?

a) Shopping

A lot

Some

Hardly any

No help

b) Cleaning the house

A lot

Some

Hardly any

No help

c) Preparing meals

A lot

Some

Hardly any

No help

d) Washing up

A lot

Some

Hardly any

No help

F9 e) Changing nappies

A lot

Some Hardly any No help f) Washing clothes A lot Some Hardly any No help g) Other tasks, describe A lot Some Hardly any No help F10. How many hours sleep do you get now? a) During an average night None 1 - 3 hours 4-5 hours 6-7 hours More than 7 hours b) During an average day None 1 - 3 hours 4-5 hours 6-7 hour More than 7 hours F11. Do you feel that you are getting enough sleep? Yes No On balance what would you say was the result of having a young baby? F12. a) It has made a big difference to the way I live Yes No Can't say b) It has meant I have less money to spend on myself Yes No Can't say c) It has meant that I have had to stay at home more than I used to Yes No Can't say F12 d) I have felt more fulfilled Yes

No Can't say

SECTION G: BEING A PARENT

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

G1. Babies should be picked up whenever they cry

Yes, I agree

Unsure but probably agree

Unsure but probably disagree

I disagree

G2. It is important to develop a regular pattern of feeding and sleeping with a baby.

Yes, I agree

Unsure but probably agree

Unsure but probably disagree

I disagree

G3. Babies should be fed whenever they are hungry

Yes, I agree

Unsure but probably agree

Unsure but probably disagree

I disagree

G4. Babies need to be stimulated if they are to develop well

Yes, I agree

Unsure but probably agree

Unsure but probably disagree

I disagree

G5. Babies need quiet secure surroundings and should not be disturbed too much

Yes, I agree

Unsure but probably agree

Unsure but probably disagree

I disagree

G6. Parents need to adapt their lives to the baby's needs

Yes, I agree

Unsure but probably agree

Unsure but probably disagree

I disagree

G7. A baby should fit in to its parents' routine

Yes, I agree

Unsure but probably agree

Unsure but probably disagree

I disagree

G8. Babies should be left to develop naturally

Yes, I agree

Unsure but probably agree

Unsure but probably disagree

I disagree

G9. Talking to even a very young baby is important

Yes, I agree

Unsure but probably agree

Unsure but probably disagree

I disagree

G10. Cuddling a baby is very important

Yes, I agree

Unsure but probably agree

Unsure but probably disagree

I disagree

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

G11. I have no one to share my feelings with

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

G12 My partner provides the emotional support I need

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

G13 There are other fathers with whom I can share my experiences

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

G14 I believe in moments of difficulty my neighbours would help me

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

G15 I am worried that my partner might leave me

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

G16 There is always someone with whom I can share my happiness about the baby

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

G17 If I feel tired I can rely on my partner to take over

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

G18 If I was in financial difficulty I know my family would help

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

G19 If I was in financial difficulty I know my friends would help if they could

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

G20 If all else fails, I know the State will support and assist me

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

SECTION H: CHEMICALS IN YOUR ENVIRONMENT

In the last few months, how often have you used the following, at home or at work?

H1 a) Disinfectant

Every day

Most days

Once a week

Less than once a week

Not at all

b) Bleach

Every day

Most days

Once a week

Less than once a week

Not at all

c) Window cleaner

Every day

Most days

Once a week

Less than once a week

Not at all

d) Carpet cleaner

Every day

Most days

Once a week

Less than once a week

Not at all

e) Oven or drain cleaner

Every day

Most days

Once a week

Less than once a week

Not at all

f) Dry cleaning fluid

Every day

Most days

Once a week

Less than once a week

Not at all

H1 g) Turpentine/white spirit

Every day

Most days

Once a week

Less than once a week

Not at all

h) Paint stripper

Every day

Most days

Once a week

Less than once a week

Not at all

i) Household paint or varnish

Every day

Most days

Once a week

Less than once a week

Not at all

j) Weed killers

Every day

Most days

Once a week

Less than once a week

Not at all

k) Pesticides

Most days

Once a week

Less than once a week

Not at all

1) Aerosols/sprays including hair spray

Most days

Once a week

Less than once a week

Not at all

m) Hair dye/bleach

Most days

Once a week

Less than once a week

Not at all

n) Deodorants

Most days

Once a week

Less than once a week

Not at all

o) Air fresheners

Most days

Once a week

Less than once a week

Not at all

H1 p) Dental amalgam

Most days

Once a week

Less than once a week

Not at all

q) Ceramics/enamels

Most days

Once a week

Less than once a week

Not at all

r) Soldering

Most days

Once a week

Less than once a week

Not at all

s) Electroplating

Most days

Once a week

Less than once a week

Not at all

t) Glues

Most days

Once a week

Less than once a week

Not at all

u) Leather working

Most days

Once a week

Less than once a week

Not at all

v) Fabric/textiles

Most days

Once a week

Less than once a week

Not at all

w) Dyes

Most days

Once a week

Less than once a week

Not at all

x) Radiation, X-rays or others

Most days

Once a week

Less than once a week

Not at all

y) Plastics

Most days

Once a week

Less than once a week

Not at all

H1 z) Metal cleaners/degreasers/polishes

Most days

Once a week

Less than once a week

Not at all

za) Petrol

Most days

Once a week

Less than once a week

Not at all

zb) Machining

Most days

Once a week

Less than once a week

Not at all

zc) Photographic chemicals

Most days

Once a week

Less than once a week

Not at all

zd)Electrical wiring

Most days

Once a week

Less than once a week

Not at all

ze)Other chemicals, describe

Most days

Once a week

Less than once a week

Not at all

SECTION I: ABOUT YOURSELF

I feel insecure when I say goodbye to people

Very like me

Moderately like me

Moderately unlike me

Very unlike me

I2 I worry about the effect I have on other people.

Very like me

Moderately like me

Moderately unlike me

Very unlike me

I3 I avoid saying what I think for fear of being rejected

Very like me

Moderately like me

Moderately unlike me

Very unlike me

I4 I feel uneasy meeting new people

Moderately like me

Moderately unlike me

Very unlike me

If others knew the real me they would not like me

Very like me

Moderately like me

Moderately unlike me

Very unlike me

If I feel secure when I'm in a close relationship

Very like me

Moderately like me

Moderately unlike me

Very unlike me

I7 I don't get angry with people for fear I might hurt them

Very like me

Moderately like me

Moderately unlike me

Very unlike me

I8 After a row with a friend I feel uncomfortable until I have made it up

Very like me

Moderately like me

Moderately unlike me

Very unlike me

I9 I am always aware of how other people feel

Very like me

Moderately like me

Moderately unlike me

Very unlike me

I10 I worry about being criticised for things I have said or done

Very like me

Moderately like me

Moderately unlike me

Very unlike me

I11 I always notice if someone doesn't respond to me

Very like me

Moderately like me

Moderately unlike me

Very unlike me

I12 I worry about losing someone close to me

Very like me

Moderately like me

Moderately unlike me

Very unlike me

I13 I feel that people generally like me

Very like me

Moderately like me

Moderately unlike me

Very unlike me

I will do something I don't want to do rather than offend or upset someone

Moderately like me

Moderately unlike me

Very unlike me

I can only believe that something I have done is good when someone tells me

Very like me

Moderately like me

Moderately unlike me

Very unlike me

I will go out of my way to please someone I am close to

Very like me

Moderately like me

Moderately unlike me

Very unlike me

I17 I feel anxious when I say goodbye to people

Very like me

Moderately like me

Moderately unlike me

Very unlike me

I18 I feel happy when someone compliments me

Very like me

Moderately like me

Moderately unlike me

Very unlike me

I19 I fear that my feelings will overwhelm me

Very like me

Moderately like me

Moderately unlike me

Very unlike me

I20 I can make other people feel happy

Very like me

Moderately like me

Moderately unlike me

Very unlike me

I21 I find it hard to get angry with people

Very like me

Moderately like me

Moderately unlike me

Very unlike me

I22 I worry about criticising people

Very like me

Moderately like me

Moderately unlike me

Very unlike me

I23 If someone is critical of something I do I feel bad.

Very like me

Moderately like me

Moderately unlike me

Very unlike me

If other people knew what I am really like, they would think less of me

Moderately like me

Moderately unlike me

Very unlike me

I25 I always expect criticism

Very like me

Moderately like me

Moderately unlike me

Very unlike me

I can never really be sure if someone is pleased with me

Very like me

Moderately like me

Moderately unlike me

Very unlike m

I27 I don't like people to really know me

Very like me

Moderately like me

Moderately unlike me

Very unlike m

I28 If someone upsets me I am not able to put it easily out of my mind

Very like me

Moderately like me

Moderately unlike me

Very unlike me

I29 I feel others do not understand me

Very like me

Moderately like me

Moderately unlike me

Very unlike me

I30 I worry about what others think of me

Very like me

Moderately like me

Moderately unlike me

Very unlike me

I31 I don't feel happy unless people I know admire me

Very like me

Moderately like me

Moderately unlike me

Very unlike me

I32 I am never rude to anyone

Very like me

Moderately like me

Moderately unlike me

Very unlike me

I33 I worry about hurting the feelings of other people

Very like me

Moderately like me

Moderately unlike me

Very unlike me

I34 I feel hurt when someone is angry with me

Moderately like m

Moderately unlike me

Very unlike me

I35 My value as a person depends enormously on what others think of me

Very like me

Moderately like me

Moderately unlike me

Very unlike me

I care about what people think about me

Very like m

Moderately like me

Moderately unlike me

Very unlike me

SECTION J: YOUR PARENTS AND UPBRINGING

During your childhood who of the following lived in your home? Please tick for each age range. 1-5 6-11 12-17

- J1 a) Both parents
 - b) My mother
 - c) My father
 - d) Neither natural parent
 - e) Brothers
 - f) Sisters
 - g) Grandmother
 - h) Grandfather
 - i) Step mother
 - j) Step father
 - k) Mother's partner
 - 1) Father's partner
 - m) Step brothers
 - n) Step sisters
 - o) Family friend
 - p) Other
- J2 Who would you say brought you up?
 - a) Mother

Yes

No

b) Father

Yes

No

c) Grandmother

Yes

No

d) Grandfather

Yes

No

e) Other, describe

Yes

No

J3	Were you lega	ally adopted? Yes No	
J3	a) If yes at wh	hat age?	yrs
J4	Were you eve	r 'in care' of either a le Yes No	ocal authority or voluntary agency?
J5	Did your parents separate or divorce before your 18 th birthday? Yes No		
J6	Did either of your parents die before your 18 th birthday?		
	a) Both	Yes No	What age were you?
	b) Mothe		What age were you?
	c) Father		What age were you?
J7 parent	•	nder 17 years of age, v	who cared for you after the death of your
	d) Adopte e) Someo	ve parents ed parents one else, describe	with any of the following before you were 18
years o	-	Not holidays or short v	
Ј8	a) Grandparen	nts Yes No	
	b) Other relat		
	c) Friends	Yes No	
	d) Foster parents		
		Yes No	

	e) Others, describe
	Yes
	No
years	Did you ever live away from home in any of the following places before you were 18 old?
J9	a) Hospital (more than a week)
	Yes
	No
	b) Boarding school
	Yes
	No
	c) Children's home
	Yes
	No
	d) Hostel
	Yes
	No
	e) Custody (detention centre, remand home0
	Yes
	No
	f) Other, describe
J10	Did you leave home before your 18 th birthday?
	Yes
	No
	If yes, what sort of accommodation did you first live in?
	a) College residence
	Yes
	No
	b) Hostel
	Yes
	No
	c) Bed sit
	Yes
	No
	d) Shared flat /house
	Yes
	No
	e) Other, describe
	Yes
	No
	Did either of your natural parents have any of the following?
	<u>Mother</u>

J11

a) Diabetes (treated with insulin)
Yes
No

Don't know b) Other diabetes Yes No Don't know J11 c) Coronary heart disease Yes No Don't know d) Rheumatism Yes No Don't know e) Arthritis Yes No Don't know f) Multiple sclerosis Yes No Don't know g) Breast cancer Yes No Don't know

h) Other cancer

Yes

No

Don't know

i) Hypertension

Yes

No

Don't know

j) Alcohol problem

Yes

No

Don't know

k) Schizophrenia

Yes

No

Don't know

1) Chronic bronchitis

Yes

No

Don't know

m) A stroke

Yes

No

Don't know

- n) Depression
- Yes
- No
- Don't know
- J11 o) Asthma
- Yes
- No
- Don't know
- p) Other problem, describe
 - Yes
 - No
 - Don't know

Natural Father

- a) Diabetes (treated with insulin)
 - Yes
 - No
 - Don't know
- b) Other diabetes
 - Yes
 - No
 - Don't know
- c) Coronary heart disease
 - Yes
 - No
 - Don't know
- d) Rheumatism
 - Yes
 - No
 - Don't know
- e) Arthritis
- Yes
- No
- Don't know
- f) Multiple sclerosis
 - Yes
 - No
 - Don't know
- g) Prostate cancer
 - Yes
 - No
 - Don't know
- h) Other cancer
 - Yes
 - No
 - Don't know
- i) Hypertension
 - Yes
 - No

			Don't know
	j) Alc	ohol pro	blem
			Yes
			No
			Don't know
J11	k) Sch	izophren	ia
			Yes
			No
	1) 61		Don't know
	I) Chi	ronic bro	
			Yes
			No Don't know
	m) A	stroke	Doll t kilow
	111) 71	Stroke	Yes
			No
			Don't know
	n) De	pression	
		-	Yes
			No
			Don't know
	o) As	thma	**
			Yes
			No Don't know
			Doll t know
	p) O	ther prob	lem, describe
J12.	-	were br	ought up by a parent figure, did either of them have any of the above
			Yes
			No
			Don't know
	If Ye	s, please	indicate which:
	a)	Mothe	r figure
	b)	Father	figure
J13.	Are b	oth your	parents still alive?
	a)	Mothe	r
	/		Yes
			No
	b)	Father	
			Yes
			No

	c)	If No,	how old were they when they died?
		ci)	Motheryears
		cii)	Fatheryears
J13	d)	From	what cause?
		Mot	her
	di)	Fath	ner
	e)	How	old were you when they died?
		ei)	Motheryears
		eii)	Father years
My m	<u>other</u>		
J14	a) Spo	ke to m Usual Somet Never	times
	b) Helj		as much as I needed ly times
	c) Let	me do Usual Somet Never	times
	d) Seen		notionally cold to me ly times
	e) App	eared t Usual Somet Never	times
	f) Was	affecti Usual Somet Never	times
	g) Like		o make my own decisions ly times
	h) Wai		e to grow up

Usually

Sometimes

Never

i) Tried to control everything I did

Usually

Sometimes

Never

J14 j) Invaded my privacy

Usually

Sometimes

Never

k) Enjoyed talking things over with me

Usually

Sometimes

Never

1) Frequently smiled at me

Usually

Sometimes

Never

m) Tended to baby me

Usually

Sometimes

Never

n) Seemed to understand what I needed and wanted

Usually

Sometimes

Never

o) Let me decide things for myself

Usually

Sometimes

Never

p) Made me feel I was not wanted

Usually

Sometimes

Never

q) Could make me feel better when I was upset

Usually

Sometimes

Never

r) Talked to me often

Usually

Sometimes

Never

s) Tried to make me dependant upon her

Usually

Sometimes Never

t) Felt I could not look after myself unless she was around

Usually

Sometimes

Never

u) Gave me as much freedom as I wanted

Usually

Sometimes

Never

v) Let me go out as often as I wanted

Usually

Sometimes

Never

J14 w) Was over protective of me

Usually

Sometimes

Never

x) Praised me

Usually

Sometimes

Never

y) Let me dress in any way I pleased

Usually

Sometimes

Never

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

J15 a) Mother

Always

Mostly

Rarely

Never

b) Father

Always

Mostly

Rarely

Never

How did people caring for you discipline you?

J16 a) By reasoning with me or explaining things

Often

Sometimes

Never

b) By shouting at me

Often

Sometimes

Never

c) By threatening me

Often

Sometimes

Never

d) I was sent to my room

Often

Sometimes

		Never
	e)	I was put to bed early
		Often
		Sometimes
		Never
	f)	They withdrew love
	,	Often
		Sometimes
		Never
J16	g)	They withdrew pocket money or things that I like
310	5)	Often
		Sometimes
		Never
	b)	
	11)	I was kept in Often
		Sometimes
	• `	Never
	i)	They smacked me
		Often
		Sometime
	•	Never
	j)	They hit me with an object
		Often
		Sometimes
		Never
	k)	Other, describe
T1.7	,	
J17	a)	Do you consider those who looked after you were unkind to you?
		Yes
		No
	1. \	If 1 0
	b)	If so, who?
T10	Logly	in a heady ground group call group abildhead harmon
J18	LOOK	ing back, would you call your childhood happy?
	-)	0 5
	a)	0 – 5 years
		Very
		Moderately
		Not really
		Unhappy
	b)	6 – 11
		Very
		Moderately
		Not really
		Unhappy
	c) 1	2 – 15
		Very
		Moderately
		Not really
		Unhappy

J19 Do you wish your baby's childhood to be? Happier than yours As happy J20. Are there any comments you would like to add about your family health services on of Man or about this the Isle study?..... Please give the date on which you filled in this questionnaire Please give your date of birth The next pages contain questions that are concerned with your early sexual experiences. If you would rather not answer them, please stop the questionnaire now and send it back. If you are happy to do so however we would be grateful if you would fill in the next three pages. As we are growing up, we all have sexual experiences. These are a normal part of development and learning. Some people also have unwanted experiences to which they did not agree. These can be important and may affect how you feel about yourself, your partner and your baby. Below are questions which ask about your sexual experiences from childhood until the present. Some experiences are very upsetting and painful, while others are not and some may have occurred without your consent. **K**1 a) Did anyone ever purposefully expose themselves to you before you where 16? Yes, happened once Happened more than once Did not happen b) If yes, how old were you when it first happened? Years c) Who was involved? Boy or girl friend Parent or parent figure Older brother or sister Other relative Family friend Stranger K2a) Did anyone masturbate in front of you before you were 16? Yes, happened once Happened more than once Did not happen b) If yes, how old were you when it first happened? Years c) Who was involved? Boy or girl friend

Parent or parent figure Older brother or sister K3 a) Did anyone ever touch or fondle your body, including breasts and genitals, or attempt to arouse you sexually before you were 16? Yes, happened once Happened more than once Did not happen b) If yes, how old were you when it first happened? Years c) Who was involved? Boy or girl friend Parent or parent figure Older brother or sister Other relative Family friend Stranger K4. a) Did anyone try to have you arouse them, or touch their body in a sexual way, before you were 16? Yes, happened once Happened more than once Did not happen b) If yes, how old were you when it first happened?Years K4 c) Who was involved? Boy or girl friend Parent or parent figure Older brother or sister Other relative Family friend K5 a) Did anyone rub their genitals against your body in a sexual way, before your were 16? Yes, happened once Happened more than once Did not happen b) If yes, how old were you when it first happened? Years c) Who was involved? Boy or girl friend Parent or parent figure Older brother or sister Other relative Family friend K6 a) Did anyone have sexual intercourse with you before you were 16? Yes, happened once Happened more than once Did not happen b) If yes, how old were you when it first happened? Years

Other relative Family friend Stranger c) Who was involved?

Boy or girl friend Parent or parent figure Older brother or sister Other relative Family friend

K7 a) Did anyone ever try to put their penis in your mouth before you were 16?

Yes, happened once Happened more than once Did not happen

- b) If yes, how old were you when it first happened? Years
- c) Who was involved?

Boy or girl friend Parent or parent figure Older brother or sister Other relative Family friend

Thank you for answering these questions which we realise may be difficult for you. If there are any comments you would like to make please write them below.

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Institute of Child Health, University of Bristol & E.L.S.P.A.C. in the Isle of Man.

At Eighteen Months

2.4.12. CARING FOR A TODDLER

Questionnaire information

Data gathered by:

Baby's carer

Data gathered when: Child at 18 months

Data gathered where: Self completing questionnaire posted with pre paid envelope

Number collected: 690

Entered data stored in file(s): I12i1.csv 12ii1.csv 12ii1.csv 12iv1.csv 12v1.csv

IO12i.sav IO12ii.sav IO12iii.sav IO12iv.sav IO12v.sav

Version of questionnaire 1

This questionnaire asks about your child now she is a toddler. We are interested to know about her health and behaviour and how she gets on with other children. Your answers will help us to understand the developing child and to identify problems that toddlers and their parents have.

This questionnaire is like the others you have received. To answer simply tick the box which best describes your daughter or her situation.

Again, some of the questions will seem similar, but they are not exactly the same and have been asked for a reason.

Please answer all the questions that you can. If you cannot answer any of them, if some do not apply to you, or you do not wish to answer, please put a line through them. There are no right or wrong answers, just describe what happens to you in your situation. You may make additional comments at the end.

All the answers you give to us are confidential.

THANK YOU VERY MUCH FOR YOUR HELP

SECTION A: YOUR TODDLER'S HEALTH

A 1	How would you describe the health of your toddler?
	i) In the past month
	Very healthy, no problems
	Healthy, with a few minor problems
	Sometimes quite ill
	Almost always unwell
	ii) In the past year
	Very healthy, no problems
	Healthy, with a few minor problems
	Sometimes quite ill
	Almost always unwell
	Annost always unwen
A2	How many of the following immunisations has she had?
a)	BCG for tuberculosis
	Number
	Don't know
b)	DTP or Triple, includes whooping cough
ŕ	Number
	Don't know
c)	DT without whooping cough
,	Number
	Don't know
d)	Polio
	Number
	Don't know
e)	MMR, measles, mumps, rubella
,	Number
	Don't know
f)	Other
,	Number
	Don't know
g)	Had she a temperature or was she unwell after any immunisation?
	Yes
	No
	i) Which immunisation?
	ii) How long after the immunisation did it start?
	Under 3 hrs
	3-24 hrs
	1-2 days
	3 – 6 days
	1 week or more
	- 110011 01 111010

A3 Has she had any fluoride supplements?

Yes

No

If yes, for how long did she have them?

- i) Under 1 month
 - 1-2 months

3 - 5months

6 months

Over 12 months

Don't know

- ii) How old was she when she last had fluoride supplements?.....months

 She still has them
- A4a) Since your toddler was 6 months old has the doctor been called to your house because she was unwell?

Yes

No

b) How many times?

Once

Twice

3-4 times

5 times or more

- A5 Has she had any of the following since she was 6 months old?
 - a) Diarrhoea

Yes & saw a doctor

Yes, did not see doctor

No, not had

b) Blood in stools

Yes & saw a doctor

Yes, did not see doctor

No, not had

c) Vomiting

Yes & saw a doctor

Yes, did not see doctor

No, not had

d) Cough

Yes & saw a doctor

Yes, did not see doctor

No, not had

A5 e) High temperature

Yes & saw a doctor Yes, did not see doctor

No, not had

f) Snuffles/cold

Yes & saw a doctor Yes, did not see doctor No, not had

g) Ear ache

Yes & saw a doctor Yes, did not see doctor No, not had

h) Ear discharge (pus, not wax)

Yes & saw a doctor Yes, did not see doctor No, not had

i) Convulsions

Yes & saw a doctor Yes, did not see doctor No, not had

j) Colic

Yes & saw a doctor Yes, did not see doctor No, not had

k) Rash

Yes & saw a doctor Yes, did not see doctor No, not had

1) Wheezing

Yes & saw a doctor Yes, did not see doctor No, not had

m) Breathlessness

Yes & saw a doctor Yes, did not see doctor No, not had

n) Stopping breathing

Yes & saw a doctor Yes, did not see doctor No, not had

o) An accident

Yes & saw a doctor Yes, did not see doctor No, not had

p) Other, please describe

Yes & saw a doctor Yes, did not see doctor No, not had

		Yes No
b)	If yes, how ma	any times?
c)	Please describ	e each admission
		Age of baby Reason for admission No. of nights in hospital
d)	How often did	you see the baby when it was in hospital?
		Not at all Quite often Every day Stayed in hospital with her
e)	Did you stay o	overnight in hospital with your baby?
		Yes No
A7.	Has your baby	had any of the following?
	Hernia repair Circumcision	Yes No
		Yes No Not relevant
c) (Other operations	yes No
A9.	How often has	your baby been taken to the Child Health Clinic?
		Not at all Once 2 – 3 times 4 – 5 times

A6a) Has your baby ever been admitted to hospital?

	Twice
	3 – 4 times
	5 or more times
c)	How many days altogether would you say she had wheezed?
	One
	2 – 3days
	4 – 9days
	10 – 19days
	20 or more
	Don't know
d)	Was she breathless during any of these occurrences?
	Yes for all
	Yes for some
	Not at all
e)	Did she have a fever during any of these occurrences?
	Yes for all
	Yes for some
	Not at all
f)	How old was the baby?
	i) First occurrenceMonths
	ii) Most recent occurrenceMonths
A10 g)	What do you things brings them on?
	i) Chest infection or bronchitis
	ii) Being in a smoky room
	iii) Cold weather
	iv) No idea
	v) Other

A10a) Since your baby was born has were there any periods when there was wheezing with

whistling on its chest when breathing?

If yes

Yes No

b) How many times has this occurred?

Once

A10 h) Have any of y chest?	your other children had episodes of wheezing with whistling on the
	Yes
	No
	No other children
A11 a)Has she had a	rash in the joints and creases e.g. behind knees under arms etc.
	Yes
	No
b) If yes, how ba	nd was this?
	Very bad
	Quite bad
	Mild
	No problem
c) Has she this so	ort of rash now?
	Yes
	No
A12a) Has she had a	dry, itchy, oozing or crusted rash on face, forearms or shins?
	Yes
	No
If Yes	
b) How bad was	this?
	Very bad
	Quite bad
	Mild
	No problem
c) Has she this s	ort of rash now?
	Yes
	No
A13a) Has she had vo	omiting spells since she was 6 months old? Yes
	No
b) How many tir	
Onco	
Once Twice	
3-9 t	
	nes or more

c) Have they been associated with?

A13ai) Diarrhoea

Always

Frequently

Sometimes

Rarely

Never

A13aii) Wheezing, coughing, grunting

Always

Frequently

Sometimes

Rarely

Never

A14 How frequently does she have bowel motions?

4 times a day

2 - 3 times

Once a day

Once in 2 - 4 days

Once a week

Don't know

A15 How often are her stools?

a) Hard

Usually

Sometimes

Never

b) Soft

Usually

Sometimes

Never

c) Curdy

Usually

Sometimes

Never

d) Liquid

Usually

Sometimes

Never

e) Green

Usually

Sometimes

Never

f) Brown

Usually

Sometimes

Never

b) How many times? c) How many days did the worst bout last? d) Did you? i) Call the doctor to the house Yes No ii) Go to your doctor Yes No iii) Treat it yourself Yes No iv) Other Yes No e) Did you continue to feed as usual? Yes No If No, i) For how long was normal feeding disturbed? Less than a day	A15 g) Black
Never h) Yellow Usually Sometimes Never A16 a) Since she was 6 months has she ever had diarrhoea or gastro-enteritis? Yes No If Yes, b) How many times? c) How many days did the worst bout last? d) Did you? i) Call the doctor to the house Yes No ii) Go to your doctor Yes No iii) Treat it yourself Yes No iv) Other Yes No e) Did you continue to feed as usual? Yes No If No, i) For how long was normal feeding disturbed? Less than a day	Usually
h) Yellow Usually Sometimes Never A16 a) Since she was 6 months has she ever had diarrhoea or gastro-enteritis? Yes No If Yes, b) How many times? c) How many days did the worst bout last? d) Did you? i) Call the doctor to the house Yes No ii) Go to your doctor Yes No iii) Treat it yourself Yes No iv) Other Yes No o e) Did you continue to feed as usual? Yes No If No, i) For how long was normal feeding disturbed? Less than a day	Sometimes
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Sometimes Never A16 a) Since she was 6 months has she ever had diarrhoea or gastro-enteritis? Yes No If Yes, b) How many times? c) How many days did the worst bout last? d) Did you? i) Call the doctor to the house Yes No ii) Go to your doctor Yes No iii) Treat it yourself Yes No iv) Other Yes No e) Did you continue to feed as usual? Yes No If No, i) For how long was normal feeding disturbed? Less than a day	h) Yellow
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No iv) Other Yes No e) Did you continue to feed as usual? Yes No If No, i) For how long was normal feeding disturbed? Less than a day	
iv) Other Yes No e) Did you continue to feed as usual? Yes No If No, i) For how long was normal feeding disturbed? Less than a day	
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e) Did you continue to feed as usual? Yes No If No, i) For how long was normal feeding disturbed? Less than a day	
Yes No If No, i) For how long was normal feeding disturbed? Less than a day	140
No If No, i) For how long was normal feeding disturbed? Less than a day	e) Did you continue to feed as usual?
If No, i) For how long was normal feeding disturbed? Less than a day	Yes
Less than a day	No
·	If No, i) For how long was normal feeding disturbed?
One day	Less than a day
	One day
Two days	· · · · · · · · · · · · · · · · · · ·
3-4 days	· · · · · · · · · · · · · · · · · · ·
5 or more days	· · · · · · · · · · · · · · · · · · ·
f) Was she treated with an oral rehydration solution?	f) Was she treated with an oral rehydration solution?
Yes	· · · · · · · · · · · · · · · · · · ·
No	
Don't know	

If Yes, i) Give type
ii	For how long was the solution given? Less than a day One day Two days 3 – 4 days 5 or more days
g) V	What other treatment was given?
A17a) If Yes:	Has your child ever had a time when it has coughed for at least two days? Yes No
	How old was baby when this first happened?Months
	How many times has this happened?
	Once Twice 3- 9 times 10 or more
d) I	Did the baby ever have a fever at any of these times?
	Yes No
e) Γ	Did baby have a runny nose during any of these attacks?
	For all For some Not at all
А18а) І	Ooes your toddler generally listen to people or to things happening nearby? Usually Often Sometimes Rarely I don't know
b) I	Ooes she turn her head towards sounds? Yes, but only very loud sounds Usually Sometimes Never Don't know

A18 c) During or after a cold, does her hearing seem worse than usual? Much worse A little worse About the same She never has a cold Don't know d) During a cold, what colour is the discharge from her nose? Clear Slightly white Thick, heavy and yellow or green Very little discharge Hasn't had a cold Don't know e) Does she pull, scratch or poke her ears? Quite often Only at times when ill, fretful or in pain Hardly ever Don't know f) Do her ears go red and look sore for a long time? Quite often Only at times when ill, fretful or in pain Hardly ever Don't know g) Has pus or a sticky mucus ever leaked out of her ear? Never Once More than once Don't know h) Does she breathe through her mouth rather than her nose? All the time Much of the time Rarely Never Don't know i) Does she snore for more than a few minutes at a time? Most nights Often Rarely Don't know j) When she is asleep, does she seem to hold her breath or stop breathing for several seconds at a time? Often Sometimes No Don't know A19a) Have there been times when she seems to have had a pain in her stomach? Yes No

A19b) How many times has this happened?
Once Twice
3 -4 times
5 Or more times
Don't know
c) How old was she?
i) The first timemonths
ii) During the most recent occurrencemonths
A20 a) Has she ever had any form of convulsion, fit or seizure in which consciousness was lost or any part of her body made an abnormal movement?
Yes
No
Don't know
b) Please describe the first attack
c) Had she a high temperature at the time? Yes
No
Don't know
A20d) How old was she at time of first attack?months
e) How many attacks has she had?
One
Two
$\frac{3-4}{2}$
5 or more
f) By whom was the child seen for the attack(s)? tick all that apply.
i) GP at home
ii) GP at surgery
iii) Staff at a hospital out patients
iv) Admitted to hospital
g) What investigations, if any, where carried out?
h) How did any subsequent attacks, if any, differ?

A20 i) Did the attacks occur at any of the following ages? Tick all that apply
 i) Under one month ii) Between 1 – 5 months iii) Between 6 – 11 months iv) After her first birthday
j) What were the attacks thought to be due to?
i) Febrile convulsion
Yes
No
Don't know
ii) Fainting and blackout
Yes
No
Don't know
iii) Epilepsy
Yes
No
Don't know
iv) Breath holding Yes
No
Don't know
v) Reaction to immunisation
Yes
No
Don't know
vi) Something else, describe
Yes
No
Don't know
A21 Has she ever had any of the following infections? a) Measles Yes
No
b) Chicken pox
Yes
No
c) Mumps
Yes
No
d) Meningitis
Yes
No e) Another infection, describe
EL AUOUDEL DUECTION DESCRIDE

Yes No

SECTION B: ACCIDENTS AND INJURIES

However careful a parent is. most children have accidents at some time. Please list below the

	your child has had an accident whether or not he/she was injured as a result.
B1 a)	Has your child ever been burnt or scalded since she was 18 months old?
	Yes
	No
If Yes	
c)	Place accident happened?
d)	What was she burnt with?
e)	Date of accident month year
	Injuries caused
g)	Who was with the child?
h)	What did the person with the child do?
	Nothing
	Treated it themselves
	Took to doctor
	Took to hospital
• `	Other, describe
1)	What treatment did the person with the child give?
j)	What other treatment did the child have?
k)	Please describe how each accident happened
B2 a)	Has your child ever been dropped or had a fall since she was 18 months old? Yes
	No
If Yes	
b)	How many times?
For eac	ch fall please describe what happened
c)	Place fall happened
	Where did she fall or was dropped from?
	Date of accident month year
f)	Injuries caused
g)	Who was with the child?
h)	What did the person with the child do?
	Nothing
	Treated it themselves
	Took to doctor
	Took to hospital
: `	Other, describe What treatment did the person with the shild give?
1)	What treatment did the person with the child give?
j)	What other treatment did the child have?
k)	Please describe how each accident happened

В3	a)	Has the child swallowed anything harmful since she was 18 months old? Yes
		No
If y	es,	
	b)	How many times?
Fo	r eac	ch incident please describe what happened
В3		Place accident happened?
		What did she swallow?
		Date of accident month year
		Injuries caused
	_	Who was with the child?
	h)	What did that person do?
		Nothing
		Treated it themselves
		Took to doctor
		Took to hospital
		Other, describe
	i)	What other treatment, if any, did the person with her give?
	j)	What other treatment did she have?
	k)	Please describe how each accident happened
B4	a)	Has she had any other accidents or injuries since she was 18 months old? Yes
		No
If Y		
		How many other accidents
		Place accident happened
		What happened?
		Date of accident month year
	,	Injuries caused Who was with her at the time?
	-	Who was with her at the time? What did that person do?
	11)	what did that person do:
		Nothing
		Treated it themselves
		Took to doctor
		Took to hospital
		Other, describe
	i)	What treatment, if any did the person with her give?
	j)	What other treatment did she have?
	k)	Please describe how each accident happened

SECTION C: PROBLEMS AND TREATMENTS

C1.

1.	Children are often having accidents or illnesses that need treatment. Please indicate which of the following have been given to your baby in the past six months.
a)	Cough medicine
	Never
	One episode
	Two or more episodes
	Substance
b)	Antibiotics
	Never
	One episode
	Two or more episodes
	Substance
c)	Throat medicine
	Never
	One episode
	Two or more episodes
	Substance
d)	Vitamins
	Never
	One episode
	Two or more episodes
	Substance
e)	Calpol
	Never
	One episode
	Two or more episodes
_	Substance
f)	Ointment for skin
	Never
	One episode
	Two or more episodes
	Substance
g)	Eye ointment
	Never
	One episode
	Two or more episodes
• .	Substance
h)	Diarrhoea mixture
	Never
	One episode
	Two or more episode

Substance.....

C1	i)	Dimotapp/decongestant
		Never
		One episode
		Two or more episodes
		Substance
	j)	Ear drops
		Never
		One episode
		Two or more episodes
		Substance
	k)	Eye drops
		Never
		One episode
		Two or more episodes
		Substance
	1)	Teething gel
		Never
		One episode
		Two or more episodes
		Substance
	m`	Laxative
	,	Never
		One episode
		Two or more episodes
		Substance
	n)	Gripe water
	11)	Never
		One episode
		Two or more episodes
		Substance
	\circ	Other, describe
	0)	Never
		One episode
		Two or more episodes Substance
		Substance
C2.		Are there any nills, eintments or medicines that your shild has taken every day for the
C2.		Are there any pills, ointments or medicines that your child has taken every day for the last 6 months?
		fast o months?
		Yes
		No
		140
		If yes, please describe
C3	a)	Has your toddler been investigated because it was thought she might have something
	,	wrong with her hips, legs or feet?
		Yes
		No

If yes	,
C3 b)	Yes No
	Don't know
If yes	i) Describe
C3 a	a) ii) How old was she?Months
	iii) What treatment did she have?
	Describe
C4 :	a) Has anyone thought there might be a problem with her hearing? Yes No
If yes	
-	b) Who first suspected the problem?
	I did My partner did Other relative or friend Health visitor Doctor Other, describe
C	e) Has she been seen at a Hearing Assessment Centre? Yes No
If yes	,
C	d) At what age?Months
ϵ	e) What was decided?
C5 a	Has anyone thought there might be a problem with her eyesight? Yes No
If yes	
t	O) Who first suspected the problem? I did My partner did Other relative or friend Hoolth visitor
	Health visitor Doctor Other, describe

C5	c) What was thought to be wrong with her eyes? Squint
	Something else
	Don't know
	d) Has your baby ever been referred to an eye specialist?
	Yes
	No
If y	
	e) What was decided?
•	f) What treatment was given?
C6.	Other problems
	a) Have there been any other problems for which she has been referred to a specialist?
	Yes
TC	No
II)	yes, b) For how many different problems?
	b) For now many different problems?
Plea	ase list for each problem
	c) What was thought to be wrong.
	d) Have she seen a specialist?
	Yes
	No
	e) How old was she?months
	f) What was decided?
	g) What treatment was given?
SEC	CTION D: SLEEPING AND CRYING
D1	Does your baby have a regular sleeping routine now?
	Yes
D2	No
D2	a) How many hours sleep does she have during the day time? None
	Under 1 hour
	1 – 2 hours
	Over 2 hours
	Don't know
	b) At what time in the evening does she normally go to sleep?pm
D3	a) What time does she wake in the morning?

b) How often during the night does she usually wake?.....times
c) How often during the day does she usually sleep?....times
D4 a) In which room does she usually sleep?
ai) When you put her down at night
In a room of her own
In a room with other children
In your bedroom

In a room with other adults

In another place, describe

aii) When she wakes in the morning

In a room of her own

In a room with other children

In your bedroom

In a room with other adults

In another place, describe

- D4 b) Does she sleep on her own most nights, or does she share a bed or cot?
 - i) When you put her down at night

In her own bed/cot

In bed/cot with other children

In your bed with you

In bed with another adult

In another place, describe

ii) When she wakes up in the morning

In her own bed/cot

In bed/cot with other children

In your bed with you

In bed with another adult

In another place, describe

- D4 c) In the room where she sleeps most of the night
 - i) Is the heating on at night?

Always

Sometimes

Not at all

ii) Is there a window open at night?

Always

Sometimes

Not at all

iii)Does the baby have a duvet?

Always

Sometimes

Not at all

D4 iv) Does the baby have an electric blanket?

Always

Sometimes

Not at all

v) Does the baby have a pillow?

Always

Sometimes

Not at all

vi) Does she have a hot water bottle?

Always

Sometimes

Not at all

Do you feel her sleep pattern is?

Better than other children of the same age The same as other children of the same age Worse than other children of the same age

D6 In the past year, has your child regularly?

a) Refused to go to bed

Yes, did not worry me

Yes, worried me a bit

Yes, worried me a lot

No, did not happen

b) Woken very early

Yes, did not worry me

Yes, worried me a bit

Yes, worried me a lot

No, did not happen

c) Had difficulty going to sleep

Yes, did not worry me

Yes, worried me a bit

Yes, worried me a lot

No, did not happen

d) Had nightmares

Yes, did not worry me

Yes, worried me a bit

Yes, worried me a lot

No, did not happen

e) Continued to get up after being put to bed

Yes, did not worry me

Yes, worried me a bit

Yes, worried me a lot

No, did not happen

f) Woken in the night

Yes, did not worry me

Yes, worried me a bit

Yes, worried me a lot

No, did not happen

D6 g) Got up after only a few hours sleep

No, did not happen D7 Compared with other toddlers, do you think your toddler cries? More than others Same as others Less than others Don't know D8 All toddlers cry. Some also grizzle and whinge. How often does your child do this? For long periods each day For a short while each day A number of times a week Sometimes Hardly ever D9 My child cries for no apparent reason Often Sometimes Hardly ever D10 Does she cry at any particular time? a) In the mornings Always Often Sometimes Hardly ever Don't know b) Early afternoons Always Often Sometimes Hardly ever Don't know c) Late afternoons Always Often Sometimes Hardly ever Don't know d) During the night Always Often Sometimes Hardly ever Don't know D10 e) Other times describe.....

Yes, did not worry me Yes, worried me a bit Yes, worried me a lot Always

Often

Sometimes

Hardly ever

Don't know

D11 Can you usually calm her down when she cries?

No

Yes, fairly easily

Yes, but it takes a while

Yes, after a long time

D12 Do you feel that your child's crying is a problem?

Yes

No

D13 a) How often do you use sweets or other foods to stop her crying or fretting?

At least once a day

Several times a week

Not often

Never

b) What do you use to stop her?

Sweets

Chocolate

Crisps

Fruit

Milk

Another drink

Some other food

SECTION E; YOUR TODDLER AND HER ENVIRONMENT

Her looks

E1 a) Her hair is

Black

Dark brown

Light brown

Fair

Reddish

Other

b) Her eyes are

Blue

Brown

Other

c) Does she have any unusual marks on her face?

A scar

A birthmark

Another mark

None at all

If yes,

E1		i) Describe what it is
	c)	ii)What difference do you think they make to her looks? Improves them
		Makes no difference
		Makes them worse
	d)	Does she have any unusual marks on other parts of her body? A scar
		A birthmark
		Another mark
		None at all
		i) Please describe, for each
		What it is
		Where it is
		How big it is
E2	a)	How many teeth has she got now?
	b)	How old was she when the first one appeared?months
	c)	Do you clean her teeth with a toothbrush?
		Yes
	4)	No Do you use toothpaste?
	u)	Yes
		No
If y	es,	
·		i) How old was she when you started using toothpaste?months
E2	d)	ii) How much do you put on her brush?
		A full brush Half a brush
		Less than half a brush
		None
	iii) How many times a day do you do this?times
	i 37) Does she?
	1 V	Swallow it
		Spit it out
		Varies
		v) What brand of toothpaste do you use?

All children get dirty. How often in a normal day?

E3

a) Is her face washed?

Not at all

3-4 times

1 -2 times

5 or more times

b) Are her hands washed or wiped?

Not at all

3 - 4 times

1 -2 times

5 or more times

c) Are her hands cleaned before a meal?

Always

Usually

Sometimes

Never

E4 How often does she usually?

a) Have a bath or shower

More than once a day

Once a day

Once a week

Alternate days

Hardly ever

b) Have her ears cleaned

More than once a day

Once a day

Once a week

Alternate days

Hardly ever

E5 Is your toddler?

a) Dry during the day

Always

Sometimes

Never

b) Dry during the night

Always

Sometimes

Never

c) Clean during the day

Always

Sometimes

Never

d) Clean during the night

Always

Sometimes

Never

E6 At what age would you expect her to be dry?

a)	During the daymonths
b)	During the night Months
E7	Are you training her? No, it is too early to start yet I have just started I have been training her for some timemonths
	Please indicate how often during the day she is in a room or enclosed place where are smoking During weekdays All the time More than 5 hours 3 – 5 hours 1 – 2 hours Less than one hour Not at all
b)	At weekends All the time More than 5 hours 3 – 5 hours 1 – 2 hours Less than one hour Not at all
E9 once a)	With which animals, at home or elsewhere, does she have close contact with at least a week? Cats Yes No
ŕ	Dogs Yes No Another furry pet Yes
d)	No Another pet Yes No
F1 think	ION F; YOU AND YOUR TODDLER Often parents are anxious that problems might occur. Please indicate how often you about the following? My toddles may have a bad accident Worries me a lot

Worries me occasionally

Never think of it

F1 b) She might get meningitis

Worries me occasionally Never think of it c) She might get asthma Worries me a lot Worries me occasionally Never think of it d) She might have a fit Worries me a lot Worries me occasionally Never think of it e) She might be mentally handicapped Worries me a lot Worries me occasionally Never think of it f) She might get AIDS Worries me a lot Worries me occasionally Never think of it g) She might have another problem, describe Worries me a lot Worries me occasionally Never think of it F2 a) Do you ever have a battle of wills with your toddler? Never Rarely Sometimes Frequently b) What are they usually about?..... c) Who most often wins? I do She does About even Neither of us F3 a) How often does she refuse to go to bed when you take her? Most of the time Often Sometimes Rarely Never Not applicable, I never do this task

Worries me a lot

i) Allowing her to stay up until she is more sleepy Often Sometimes Never ii) Allowing her to fall asleep anywhere and then putting her to bed Sometimes Never iii) Insist it is bedtime and put her in her room Often Sometimes Never iv) Playing or treading with her in her room and then put her to bed Sometimes Never v) Cuddling her until she falls asleep Often Sometimes Never vi) Giving her a bottle Often Sometimes Never vii) Giving her a dummy Often Sometimes Never viii) Something else Often Sometimes Never F4 a) How often does she refuse to eat a meal you prepare for her? Most of the time Often Sometimes Rarely Not applicable, I never do this task b) When she does refuse, do you? i) Give her another meal Often Sometimes Never ii) Allow her to have dessert without eating the main meal Often Sometimes Never F4 b) iii) Insist she eats at least some of the meal before she can have anything else

Often Sometimes Never)iv) Do something else Often Sometimes Never F5 a) How often does she have temper tantrums? More than once a day Most days At least once a week Less than once a week Never b) Do they occur because of? i) Failure to get what she wants Yes No ii) Failure to make herself understood Yes No iii) Reaction to being corrected Yes No iv) No apparent reason Yes No v) Some other reason, describe..... Yes No F5 c) When she has temper tantrums, how often do you? i) Ignore it let her get it out of her system Often Sometimes Never ii) Send her away for' time out' or send her to her bedroom Often Sometimes Never iii) Try to hold and cuddle her Often Sometimes Never iv) Try to reason with her Often

F5 c) v) Leave it for someone else to cope with

Sometimes Never

Sometimes

Never

vi) Try to distract her

Often

Sometimes

Never

vii) Do something else

Often

Sometimes

Never

F6 How often does she do the following?

a) Repeatedly rocks her head or body

Once a week or more

Less than once a week

Never

b) Show a regular twitch

Once a week or more

Less than once a week

Never

c) Show some other unusual behaviour

Once a week or more

Less than once a week

Never

F7 How often do you take her to?

a) The local shops

Nearly every day

Once a week

Once a month

A few times a year

Never

b) Strand street shops

Nearly every day

Once a week

Once a month

A few times a year

Never

c) A supermarket

Nearly every day

Once a week

Once a month

A few times a year

Never

F7 d) A park or playground

Nearly every day

Once a week

Once a month

A few times a year

Never

e) Visit friends or family

Nearly every day

Once a week

Once a month

A few times a year

Never

f) The beach

Nearly every day

Once a week

Once a month

A few times a year

Never

g) Places of interest Wildlife park etc

Nearly every day

Once a week

Once a month

A few times a year

Never

h) Places of entertainment, Villa Marina etc

Nearly every day

Once a week

Once a month

A few times a year

Never

i) Trips off the Island

Nearly every day

Once a week

Once a month

A few times a year

Never

F8 When out with your toddler, do you?

a) Allow her to walk without restraint

Often

Sometimes

Never

b) Walk holding your hand

Often

Sometimes

Never

c) Walk with reins

Often

Sometimes

Never

F8 d) Carry her in a backpack

Sometimes

Never

e) Carry her in your arms

Often

Sometimes

Never

f) Put her in a pram or pushchair

Often

Sometimes

Never

F9 In which of the following places do you allow her to walk freely?

a) Your own home

Always

Often

Sometimes

Never

b) Your garden

Always

Often

Sometimes

Never

c) In other people's homes

Always

Often

Sometimes

Never

d) In other private gardens

Always

Often

Sometimes

Never

e) In park or playground

Always

Often

Sometimes

Never

f) On the beach

Always

Often

Sometimes

Never

g) Other places

Always

Often

Sometimes

Never

F10 Please tick which statement is appropriate to your toddler

She wanders further than I like She never leaves me Neither of these

F11	1 a) Are there any foods you do not allow her to eat?		
	Yes		
	No		
	b) What are these? c) For what reasons are they not allowed? i) Health		
	ii) Religious/moral		
	iii) Allergy		
	iv) Medical advice		
	v) Another reason, describe		
F12	How much choice do you allow her in deciding what foods she eats at meals?		
	She can choose from any foods available		
	She can choose from a few alternatives I select		
	I decide what she will eat		
	I am never in charge of preparing her meals		
F13	Do you allow her to choose what clothes she will wear?		
	She always takes part in choosing		
	She has some choice		
	I decide what she will wear		
	I am never involved in dressing her		
F14	Does she have?		
	Cuddly toys		
	Yes		
	No		
	Push or pull toys		
	Yes		
	No		
	Co-ordination toys, bricks, posting box etc		
	Yes		
	No		
	Baby walker		
	Yes		
	No		
	Baby bouncer		
	Yes		

F15 How many books does she have of her own?

No

1 - 23 - 910 or more F16 a) Do you try to teach you toddler new tricks? No, she is too young No, I have no time Sometimes Often b) Which of the following do you try to teach her? i) Clapping games such as pat-a-cake Yes No ii) Names of parts of body Yes No iii) To wave goodbye Yes No iv) Colours Yes No v) The alphabet Yes No vi) Numbers Yes No vii) Nursery rhymes Yes No viii) Songs Yes No ix) Shapes and sizes Yes No x) Please and thank you' Yes No F17 Do you talk to her while you do housework or other occupation? Always Often Sometimes Rarely Never F18 a) When do you have the TV on?

None

All day

Most of the day

Mornings only

Afternoons only

Evenings only

We do not have one

Not at all

b) Does your toddler watch TV?

Yes, but only when playing

Yes, she concentrates and understands it

No, she ignores it

No, she is never allowed to see it

- c) If she does watch TV what does she watch?
 - i) Children's programmes

Yes

No

ii) Other programmes

Yes

No

iii) Children's video

Yes

No

vi) Other videos

Yes

No

F19 How often does she play with children other than her brothers or sisters/

Every day

2 - 6 times a week

Once a week

Less than once a week

Never

- F20 How often does your partner share the following activities with your toddler?
 - a) He bathes her

Often

Occasionally

Rarely

Never

b) Feeds her

Often

Occasionally

Rarely

Never

c) Sings to her

Often

Occasionally

Rarely

Never

F20d) Shows her picture books

Often Occasionally Rarely Never e) Plays with toys with her Often Occasionally Rarely Never f) Cuddles her Often Occasionally Rarely Never g) Physical play, rough and tumble Often Occasionally Rarely Never h) Takes her for walks Often Occasionally Rarely Never i) Other, describe Often Occasionally Rarely Never

F21 How often do you share the following activities with your toddler?

a) I bath her

Often

Occasionally

Rarely

Never

b) Feed her

Often

Occasionally

Rarely

Never

c) Sing to her

Often

Occasionally

Rarely

Never

F21 d) Show her picture books

Occasionally

Rarely

Never

e) Play with toys with her

Often

Occasionally

Rarely

Never

f) Cuddle her

Often

Occasionally

Rarely

Never

g) Physical play, rough and tumble

Often

Occasionally

Rarely

Never

h) Take her for walks

Often

Occasionally

Rarely

Never

i) Other, describe

Often

Occasionally

Rarely

Never

F22 When you and your toddler meet again after being apart for an hour or more, does she?

Move away, avoiding looking at you

Always

Sometimes

Hardly ever

Push you away

Always

Sometimes

Hardly ever

Run to you for a hug or cuddle

Always

Sometimes

Hardly ever

SECTION G: BROTHERS AND SISTERS

We are interested in the other children who live with your baby. Please include half brothers and sisters, step brothers and sisters and foster or adopted children.

G1. a) Do any other children live with you? Yes No b) Does your toddler have older children living with her? Yes No IF yes: c) How many? Older brothers.....Older sisters..... d) How does she get on with her older siblings? i) She likes to be with them Most of the time Some of the time Hardly ever ii) She quarrels with them Most of the time Some of the time Hardly ever iii) She is upset if parted from them Most of the time Some of the time Hardly ever G2 a) Does she have a twin? Yes No If yes; b) Would you say they are alike? i) In looks Yes No ii) In behaviour Yes No iii) In personality Yes No iv) In health Yes No c) How do you dress them? In similar clothes each day In similar clothes sometimes Hardly ever in similar clothes

G2 d) How does this twin react to the other?

i) Likes to be with him/her Most of the time Some of the time Hardly ever ii) She quarrels with her twin Most of the time Some of the time Hardly ever iii) Upset if parted from twin Most of the time Some of the time Hardly ever G3 a) Does your toddler have any younger brothers or sisters? Yes No If yes, b) How many? younger brothers.....younger sisters..... c) Please give each child's name, age and sex. Name Age Sex d) When your younger child was born what was the reaction of your toddler? Pleased Didn't mind Unhappy e) Does she like to touch her younger brother/sister? Yes, often Yes, sometimes No, hardly ever f) Does she try to harm him/her? Yes, often Yes, sometimes No, hardly ever g) Is she affectionate towards him/her? Yes, often Yes, sometimes No, hardly ever h) Does she like to help you to look after them? Yes, often Yes, sometimes No, hardly ever i) Does she resent any of them? Yes, often Yes, sometimes No, hardly ever

G3 j) Does she get angry with them?

Yes, often Yes, sometimes No, hardly ever

SECTION H: UPSETTING EVENTS

Below are some events that might upset some children, Please state whether any of these happened since your toddler was 6 months old.

H1 She was taken into care

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

H2 A pet died

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

H3 She moved home

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

H4 She had a shock or fright

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

H5 She was physically hurt by someone

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

H6 She was sexually abused

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

H7 She was separated from her mother

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

H8 She was separated from her father

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

H9 She acquired a new parent figure

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

H10 She had a new brother or sister

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

H11 She was admitted to hospital

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

H12 The person looking after her changed

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

H13 She was separated from someone else

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

H14 Something else, describe

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

SECTION I: FEEDING

I1		How many meals a day does your toddler have now?		
I2		Was she breast fed? Yes No		
		She is still breast fed	How many times a day?	
		She was breast fed but not now	How old was she when it stopped?	
I3 a)	For her main meal of the day does she eat? The same food as you Always Nearly always Sometimes Almost never		
	b)	Never A different meal that you prepare Nearly always Sometimes Almost never Never		
	c)	A ready prepared meal out of a tin or packet Nearly always Sometimes Almost never Never	t	
I4		Do you feel that you have had difficulties in Great difficulty Some difficulty Occasional difficulty None	n feeding her during the past year?	
15	a)	In the past year has she at any time? Not eaten enough food Yes, worried me a lot Yes, worried me a bit Yes, did not worry me		
	b)	Did not happen Refused to eat the right food Yes, worried me a lot Yes, worried me a bit Yes, did not worry me Did not happen		
	c)	Been choosy about food Yes, worried me a lot Yes, worried me a bit Yes, did not worry me		
I 5	d)	Did not happen Over eaten		

Yes, worried me a lot

Yes, worried me a bit

Yes, did not worry me

Did not happen

e) Been difficult to get into an eating routine

Yes, worried me a lot

Yes, worried me a bit

Yes, did not worry me

Did not happen

- I6. Since she was 6 months old has she ever had any of the following?
 - a) Powdered follow on milk

No

Yes

Age started

How often now

b) Soya milk

No

Yes

Age started

How often now

c) Goats milk

No

Yes

Age started

How often now

d) Hypo-allergenic formula

No

Yes

Age started

How often now

e) Cows milk

No

Yes

Age started

How often now

Since she was 6 months old has she had any of the following?

I7 a) Plain baby rice

No

Yes

Age started

How often now

b) Flavoured baby rice

No

Yes

Age started

How often now

I7 c) Other cereal

No

Yes Age started How often now d) Sweetened rusks No Yes Age started How often now e) Plain rusks No Yes Age started How often now f) Bread or toast No Yes Age started How often now g) Biscuits No Yes Age started How often now **I8** Since she was 6 months old has she had any of the following prepared baby foods? A tin or jar of: a) Savoury meat No Yes Age started How often now b) Savoury fish No Yes Age started How often now c) Savoury vegetables No Yes Age started How often now d) Baby fruit dessert/pudding No

I8 e) Baby milk dessert or pudding

Age started How often now

No

Yes

Yes

Age started How often now

I9 Since she was 6 months old has she had any of the following foods cooked at home?

a) Egg

No

Yes

Age started

How often now

b) Meat

No

Yes

Age started

How often now

c) Fish

No

Yes

Age started

How often now

d) Potatoes

No

Yes

Age started

How often now

e) Other vegetables

No

Yes

Age started

How often now

f) Fruit puddings

No

Yes

Age started

How often now

g) Milk puddings

No

Yes

Age started

How often now

- I10 Since she was 6 months old has she had?
 - a) Coca cola /pepsi

No Yes

Age started

How often now

110 W 010011 110 W

I10b) Other fizzy drinks No

--

Yes

Age started

How often now c) Apple juice No Yes Age started How often now d) A little alcohol No Yes Age started How often now e) Blackcurrant juice/rosehip syrup No Yes Age started How often now Other fruit drink f) No Yes Age started How often now g) Herbal drink No Yes Age started How often now h) Gripe water No Yes Age started How often now i) Tea No Yes Age started How often now j) Coffee No

Yes

Age started

How often now

k) Raw fruit

No

Yes

Age started

How often now

I10 l) Crisps

No

Yes

Age started

How often now m) Chocolate No Yes Age started How often now n) Sweets No Yes Age started How often now o) Raw vegetables No Yes Age started How often now I11 Is she fed 'on demand?' Always Sometimes No I12 Who most often feeds her? a) During the day You Your partner Someone else. Describe I12 b) At night You Your partner Someone else. Describe I don't feed her at night I13 Has she got definite likes and dislikes for some foods? No, she will eat almost anything She is quite choosy She is very choosy

How often does she suck her thumb, finger or a dummy?

How often do you put her down to sleep with a bottle?

a) Thumb

I15

At night only Most of the time

Always Sometimes Never Sometimes

Never

b) Dummy

At night only

Most of the time

Sometimes

Never

I17 a) Does she have any special object she uses for comfort?

Yes No

b) If yes, what is it?

A blanket

A cuddly toy

Something else, describe

SECTION J: MILESTONES

Below is a list of things which children learn to do as they get older. Some of them your toddler will be doing and others she may not have started yet.

J1 a) She is able to drink from a cup

She can do it well

Has done it once or twice

Has not started to yet

b) She shows what she wants without crying for it

She can do it well

Has done it once or twice

Has not started to yet

c) She copies me doing my housework

She can do it well

Has done it once or twice

Has not started to yet

d) She uses a spoon without spilling much

She can do it well

Has done it once or twice

Has not started to yet

e) She helps in the house with simple tasks

She can do it well

Has done it once or twice

Has not started to yet

f) She can take off her clothes with help

She can do it well

Has done it once or twice

Has not started to yet

J1 g) She can put her shoes on, not doing them up

She can do it well

Has done it once or twice

h) She can wash and dry her hands

She can do it well

Has done it once or twice

Has not started to yet

i) She lets me know when she wants to go to the lavatory

She can do it well

Has done it once or twice

Has not started to yet

j) She will play happily on her own

She can do it well

Has done it once or twice

Has not started to yet

k) She eats with a spoon and fork

She can do it well

Has done it once or twice

Has not started to yet

1) She is shy when she first meets a stranger

She can do it well

Has done it once or twice

Has not started to yet

m) She plays peek-a-boo

She can do it well

Has done it once or twice

Has not started to yet

n) She plays clapping games

She can do it well

Has done it once or twice

Has not started to yet

J2 a) She can hold a rattle

She can do it well

Has done it once or twice

Has not started to yet

b) She can focus her eyes on a small object

She can do it well

Has done it once or twice

Has not started to yet

c) She can pick up a small object

She can do it well

Has done it once or twice

Has not started to yet

d) She can pass a toy from one hand to another

She can do it well

Has done it once or twice

Has not started to yet

J2 e) She can bang together two similar objects that she is holding

She can do it well

Has done it once or twice

f) She grabs objects using her whole hand

She can do it well

Has done it once or twice

Has not started to yet

g) She can pick up a small object, using finger and thumb only

She can do it well

Has done it once or twice

Has not started to yet

h) She will use a pencil and scribble

She can do it well

Has done it once or twice

Has not started to yet

i) She can build a tower, putting one object on top of another

She can do it well

Has done it once or twice

Has not started to yet

j) She can build a tower of three bricks

She can do it well

Has done it once or twice

Has not started to yet

k) She can build a tower of four bricks

She can do it well

Has done it once or twice

Has not started to yet

1) She can build a tower of eight bricks

She can do it well

Has done it once or twice

Has not started to yet

m) She holds a pencil in the palm of her hand

She can do it well

Has done it once or twice

Has not started to yet

n) She can copy a vertical line with a pencil

She can do it well

Has done it once or twice

Has not started to yet

o) She points to what she wants

She can do it well

Has done it once or twice

Has not started to yet

p) She will turn the pages of a book

She can do it well

Has done it once or twice

Has not started to yet

J3 a) When a bell rings she moves or makes a noise

She can do it well

Has done it once or twice

b) She turns towards someone who is speaking

She can do it well

Has done it once or twice

Has not started to yet

c) She tries to copy what you say

She can do it well

Has done it once or twice

Has not started to yet

d) She says dada or mama and knows what it means

She can do it well

Has done it once or twice

Has not started to yet

e) She says at least three other words and knows what they mean

She can do it well

Has done it once or twice

Has not started to yet

f) She combines two different words 'sore toe'

She can do it well

Has done it once or twice

Has not started to yet

g) She can point her toes when asked

She can do it well

Has done it once or twice

Has not started to yet

h) She uses plurals, cats, toys etc

She can do it well

Has done it once or twice

Has not started to yet

i) She gives her first name

She can do it well

Has done it once or twice

Has not started to yet

j) She gives her first and last name

She can do it well

Has done it once or twice

Has not started to yet

k) She understands the word cold

She can do it well

Has done it once or twice

Has not started to yet

1) She understands 'hungry'

She can do it well

Has done it once or twice

Has not started to yet

J 3 m) She can name three colours, even if she doesn't get them right

She can do it well

Has done it once or twice

n) She makes negative statements 'no water' 'all gone'

She can do it well

Has done it once or twice

Has not started to yet

J4 a) She can stand up without support, even if only for a short time

She can do it well

Has done it once or twice

Has not started to yet

b) When standing, she can bend down and get up again

She can do it well

Has done it once or twice

Has not started to yet

c) She can stand for at least a minute without holding on to anything

She can do it well

Has done it once or twice

Has not started to yet

d) She can walk while holding someone's hand

She can do it well

Has done it once or twice

Has not started to yet

e) She can walk alone for at least five steps

She can do it well

Has done it once or twice

Has not started to yet

f) She can walk backwards for five steps

She can do it well

Has done it once or twice

Has not started to yet

g) She can move around by shuffling on her bottom

She can do it well

Has done it once or twice

Has not started to yet

h) She can kick a ball

She can do it well

Has done it once or twice

Has not started to yet

i) She can throw a ball

She can do it well

Has done it once or twice

Has not started to yet

i) She can balance on one foot for at least a second

She can do it well

Has done it once or twice

Has not started to yet

J4 k) She can jump up and down

She can do it well

Has done it once or twice

1) She can climb stairs She can do it well Has done it once or twice Has not started to yet J5 Are you worried about any aspect of your child's development? Her speech a) Yes, I'm worried No, not worried b) Her weight Yes, I'm worried No, not worried c) Her height Yes, I'm worried No. not worried d) Her behaviour Yes, I'm worried No, not worried

e) Her general development

Yes, I'm worried

No, not worried

If you have answered' Yes' please describe what worries you

SECTION K: TEMPERAMENT

Please describe how often your child's behaviour is like the examples given below.

K1 She gets sleepy, within ½ hour, at about the same time each evening

Almost never

Rarely

Sometimes

Often

Almost always

K1 She fidgets during quiet activities

Almost never

Rarely

Sometimes

Often

Almost always

K3 She feeds quietly, with mild expression of likes and dislikes

Almost never

Rarely

Sometimes

Often

Almost always

K4 She is pleasant when first arriving in unfamiliar places

Almost never

Rarely

Almost always

K5 Her initial reaction to seeing a doctor is acceptance

Almost never

Rarely

Sometimes

Often

Almost ways

K6 She pays attention to games with us for only a minute or two

Almost never

Rarely

Sometimes

Often

Almost always

K7 Her bowel movements come at different times from day to day

Almost never

Rarely

Sometimes

Often

Almost always

K8 She is restless on waking up

Almost never

Rarely

Sometimes

Often

Almost always

K9 She reacts to a disliked food even when it is mixed with a preferred one

Almost never

Rarely

Sometimes

Often

Almost always

K10 She accepts delays before obtaining desired objects

Almost never

Rarely

Sometimes

Often

Almost always

K11 She stays still when being dressed

Almost never

Rarely

Sometimes

Often

Almost always

K12 She continues an activity in spite of noises in the same room

Almost never

Rarely

Almost always

K13 She shows strong reactions to failure

Almost never

Rarely

Sometimes

Often

Almost always

K14 She plays continuously for more than 10 minutes with a favourite toy

Almost never

Rarely

Sometimes

Often

Almost always

K15 She ignores the temperature of food, whether hot or cold

Almost never

Rarely

Sometimes

Often

Almost always

K16 She varies from day to day in wanting a drink or snack before bedtime

Almost never

Rarely

Sometimes

Often

Almost always

K17 She sits still while waiting for food

Almost never

Rarely

Sometimes

Often

Almost always

K18 She is easily excited by praise

Almost never

Rarely

Sometimes

Often

Almost always

K19 She cries after a fall or bump

Almost never

Rarely

Sometimes

Often

Almost always

K20 She approaches and plays with unfamiliar pets

Almost never

Rarely

Almost always

K21 She stops eating and looks up when a person walks by

Almost never

Rarely

Sometimes

Often

Almost always

K22 She seems unaware of differences in taste of familiar liquids

Almost never

Rarely

Sometimes

Often

Almost always

K23 She moves about actively when she explores new places

Almost never

Rarely

Sometimes

Often

Almost always

K24 She frets or complains when her bottom is cleaned after a bowel movement

Almost never

Rarely

Sometimes

Often

Almost always

K25 She smiles when played with by unfamiliar adults

Almost never

Rarely

Sometimes

Often

Almost always

K26 She looks up from play when someone enters the room

Almost never

Rarely

Sometimes

Often

Almost always

K27 She will spend over an hour looking at books or pictures

Almost never

Rarely

Sometimes

Often

Almost always

K28 She responds intensely when frustrated

Almost never

Rarely

Almost always

K29 She eats about the same amount of solid food at meals from day to day

Almost never

Rarely

Sometimes

Often

Almost always

K31 She allows face washing without protest

Almost never

Rarely

Sometimes

Often

Almost always

K32 The amount of milk or juice she drinks at mealtimes varies from meal to meal

Almost never

Rarely

Sometimes

Often

Almost always

K33 She practises physical activities

Almost never

Rarely

Sometimes

Often

Almost always

K34 She vigorously resists extra food or drink when full

Almost never

Rarely

Sometimes

Often

Almost always

K35 She plays actively with indoor toys, bangs, throws things etc

Almost never

Rarely

Sometimes

Often

Almost always

K36 She ignores voices when playing with a favourite toy

Almost never

Rarely

Sometimes

Often

Almost always

K37 She approaches new visitors at home

Almost never

Rarely

Almost always

K38 She plays outside on hot or cold days without seeming to notice the temperature difference

Almost never

Rarely

Sometimes

Often

Almost always

K39 She continues playing with other children for five minutes and then goes elsewhere

Almost never

Rarely

Sometimes

Often

Almost always

K40 She continues to look at a picture book despite distracting noises

Almost never

Rarely

Sometimes

Often

Almost always

K41 She wants a snack at a different time each day

Almost never

Rarely

Sometimes

Often

Almost always

K42 She is pleasant when put down for a nap or at night

Almost never

Rarely

Sometimes

Often

Almost always

K43 She speaks straight away to unfamiliar adults

Almost never

Rarely

Sometimes

Often

Almost always

K44 She reacts strongly when unable to finish playing

Almost never

Rarely

Sometimes

Often

Almost always

K45 She enjoys running and jumping games more than sitting down games

Almost never

Rarely

Almost always

K46 She notices wet clothing and wants to be changed straight away

Almost never

Rarely

Sometimes

Often

Almost always

K47 She loses interest in a new toy or game within an hour

Almost never

Rarely

Sometimes

Often

Almost always

K48 She runs to get where she wants to be

Almost never

Rarely

Sometimes

Often

Almost always

K49 For the first few minutes in a new place she is wary

Almost never

Rarely

Sometimes

Often

Almost always

K50 She takes day time naps at different times from day to day

Almost never

Rarely

Sometimes

Often

Almost always

K51 She reacts mildly when her play is interrupted

Almost never

Rarely

Sometimes

Often

Almost always

K52 She accepts dressing and undressing without protest

Almost never

Rarely

Sometimes

Often

Almost always

K53 She is outgoing with adult strangers outside the home

Almost never

Rarely

Almost always

K54 Her period of greatest physical activity comes at the same time each day

Almost never

Rarely

Sometimes

Often

Almost always

K55 She can be coaxed out of a forbidden activity

Almost never

Rarely

Sometimes

Often

Almost always

K56 She stops playing and watches when someone walks by

Almost never

Rarely

Sometimes

Often

Almost always

K57 She goes back to the same activity after a brief interruption

Almost never

Rarely

Sometimes

Often

Almost always

K58 She laughs or smiles when meeting other children

Almost never

Rarely

Sometimes

Often

Almost always

K59 She will avoid doing something wrong if punished firmly once or twice

Almost never

Rarely

Sometimes

Often

Almost always

K60 She continues to play with a toy despite sudden noises from outside

Almost never

Rarely

Sometimes

Often

Almost always

K61 She ignores dirt on herself

Almost never

Rarely

Almost always

K62 Her time of waking in the mornings varies by one hour or more from day to day

Almost never

Rarely

Sometimes

Often

Almost always

K63 She has moody or off days when she is discontented all day

Almost never

Rarely

Sometimes

Often

Almost always

K64 She reacts mildly when another child takes her toy

Almost never

Rarely

Sometimes

Often

Almost always

K65 She sticks at a routine task for five minutes or more

Almost never

Rarely

Sometimes

Often

Almost always

K66 She stops eating and looks up when she hears an unusual noise

Almost never

Rarely

Sometimes

Often

Almost always

K67 She sits reasonably still during hair brushing or nail cutting

Almost never

Rarely

Sometimes

Often

Almost always

K68 She uses much bodily movement when upset or crying

Almost never

Rarely

Sometimes

Often

Almost always

K69 She is pleasant during face washing

Almost never

Rarely

Sometimes

Often

Almost always K70 Her first reaction at home to an approach by strangers is acceptance Almost never Rarely Sometimes Often Almost always K71 She is hungry at dinner time Almost never Rarely Sometimes Often Almost always K72 She continues to go to forbidden areas or get forbidden objects in spite of warnings Almost never Rarely Sometimes Often Almost always She stops to examine new objects thoroughly K73 Almost never Rarely Sometimes Often Almost always K74 She ignores smells whether pleasant or not Almost never Rarely Sometimes Often Almost always K75 She looks up from an activity when she hears the sound of children playing Almost never Rarely Sometimes Often Almost always K76 She falls asleep after about the same length of time after being put to bed Almost never Rarely Sometimes Often Almost always K77 She is moody for more than a few minutes when corrected or disciplined Almost never Rarely Sometimes Often

Almost always

K78 She is shy when meeting a new child for the first time Almost never Rarely Sometimes Often Almost always K79 She is still wary of strangers after fifteen minutes Almost never Rarely Sometimes Often Almost always K80 She frets or cries when first learning a new task Almost never Rarely Sometimes Often Almost always K81 She sits quietly in the bath Almost never Rarely Sometimes Often Almost always She practises new skills for ten minutes or more K82 Almost never Rarely Sometimes Often Almost always K83 She ignores differences in consistency and taste in familiar foods Almost never Rarely Sometimes Often Almost always K84 She is fearful of being put down in an unfamiliar place even when I am present Almost never Rarely Sometimes Often Almost always K85 She frowns or complains when left to play alone Almost never Rarely Sometimes Often

Almost always

K86 She feels at home in new surroundings within ten minutes

Almost never

Rarely

Sometimes

Often

Almost always

K87 She looks up from play when the telephone or doorbell rings

Almost never

Rarely

Sometimes

Often

Almost always

K88 She will always choose a new unfamiliar toy to play with rather than one she knows

Almost never

Rarely

Sometimes

Often

Almost always

K89 In one play session she likes to play with many different toys rather than just one or

two

Almost never

Rarely

Sometimes

Often

Almost always

SECTION L: HER GROWTH

Please list the dates on which your child was weighed and how much she weighed each time. If other measurements were taken, please include them too

L1 Date

Weight

Length

Head circumference

Arm circumference

SECTION M: UNDERSTANDING AND TALKING

Before beginning to speak, children often show signs of understanding some words and phrases.

M1 Does your toddler?

a) Turn when her name is called

Usually

Sometimes No b) Stop what she is doing when you say 'No' Usually Sometimes No M2 Which of the following does she understand? a) Are you sleepy? Yes No b) Be quiet Yes No c) Come here Yes No d) Do you want more? Yes No e) Don't do that Yes No f) Give me a kiss Yes No g) Don't touch Yes No h) Open your mouth Yes No i) Sit down Yes No j) Spit it out Yes No k) Stop it Yes No 1) Time for bed Yes No M3 a) How often does she imitate words? Never Sometimes Often b) Does she name or label familiar objects?

> Never Sometimes

Often

Below are some words that your child may understand and some she may use. Please indicate what she can do.

M4 a) Ba ba

Understands and uses it Understands but does not use it Neither understands nor uses it

b) Meow

Understands and uses it Understands but does not use it Neither understands nor uses it

c) Moo

Understands and uses it Understands but does not use it Neither understands nor uses it

d) Quack quack

Understands and uses it Understands but does not use it Neither understands nor uses it

e) Woof woof

Understands and uses it Understands but does not use it Neither understands nor uses it

M5 a) Bird

Understands and uses it Understands but does not use it Neither understands nor uses it

b) Butterfly

Understands and uses it Understands but does not use it Neither understands nor uses it

c) Cat

Understands and uses it Understands but does not use it Neither understands nor uses it

d) Chicken

Understands and uses it Understands but does not use it Neither understands nor uses it

M5 e) Cow

Understands and uses it Understands but does not use it Neither understands nor uses it

f) Dog

Understands and uses it Understands but does not use it Neither understands nor uses it

g) Donkey

Understands and uses it Understands but does not use it Neither understands nor uses it

h) Elephant

Understands and uses it Understands but does not use it Neither understands nor uses it

i) Fish

Understands and uses it Understands but does not use it Neither understands nor uses it

j) Frog

Understands and uses it Understands but does not use it Neither understands nor uses it

k) Horse

Understands and uses it Understands but does not use it Neither understands nor uses it

1) Lion

Understands and uses it Understands but does not use it Neither understands nor uses it

m) Monkey

Understands and uses it Understands but does not use it Neither understands nor uses it

n) Owl

Understands and uses it Understands but does not use it Neither understands nor uses it

o) Penguin

Understands and uses it Understands but does not use it Neither understands nor uses it

p) Pig

Understands and uses it Understands but does not use it Neither understands nor uses it

M5 q) Bear

Understands and uses it Understands but does not use it Neither understands nor uses it

M6 a) Car

Understands and uses it Understands but does not use it Neither understands nor uses it

b) Bus

Understands and uses it Understands but does not use it Neither understands nor uses it

c) Bike

Understands and uses it Understands but does not use it Neither understands nor uses it

d) Lorry

Understands and uses it Understands but does not use it Neither understands nor uses it

e) Motorbike

Understands and uses it Understands but does not use it Neither understands nor uses it

f) Train

Understands and uses it Understands but does not use it Neither understands nor uses it

M7 a) Apple

Understands and uses it Understands but does not use it Neither understands nor uses it

b) Banana

Understands and uses it Understands but does not use it Neither understands nor uses it

c) Bread

Understands and uses it Understands but does not use it Neither understands nor uses it

d) Cake

Understands and uses it Understands but does not use it Neither understands nor uses it

e) Carrot

Understands and uses it Understands but does not use it Neither understands nor uses it

M7 f) Cheese

Understands and uses it Understands but does not use it Neither understands nor uses it

g) Chicken

Understands and uses it Understands but does not use it Neither understands nor uses it

h) Drink

Understands and uses it Understands but does not use it Neither understands nor uses it

i) Egg

Understands and uses it Understands but does not use it Neither understands nor uses it

j) Fish

Understands and uses it Understands but does not use it Neither understands nor uses it

k) Ice cream

Understands and uses it Understands but does not use it Neither understands nor uses it

1) Juice

Understands and uses it Understands but does not use it Neither understands nor uses it

m) Meat

Understands and uses it Understands but does not use it Neither understands nor uses it

n) Milk

Understands and uses it Understands but does not use it Neither understands nor uses it

o) Orange

Understands and uses it Understands but does not use it Neither understands nor uses it

p) Peas

Understands and uses it Understands but does not use it Neither understands nor uses it

q) Sweets

M7 r) Spaghetti

Understands and uses it Understands but does not use it Neither understands nor uses it

s) Toast

Understands and uses it Understands but does not use it Neither understands nor uses it

t) Water

Understands and uses it Understands but does not use it Neither understands nor uses it

M8 a) Button

Understands and uses it Understands but does not use it Neither understands nor uses it

b) Coat

Understands and uses it Understands but does not use it Neither understands nor uses it

c) Trousers

Understands and uses it Understands but does not use it Neither understands nor uses it

d) Hat

Understands and uses it Understands but does not use it Neither understands nor uses it

e) Necklace

Understands and uses it Understands but does not use it Neither understands nor uses it

f) T-shirt

Understands and uses it Understands but does not use it Neither understands nor uses it

g) Nappy

Understands and uses it Understands but does not use it Neither understands nor uses it

h) Shoe

Understands and uses it Understands but does not use it Neither understands nor uses it

i) Sock

M8 j) Sweater/jumper

Understands and uses it Understands but does not use it Neither understands nor uses it

k) Zip

Understands and uses it Understands but does not use it Neither understands nor uses it

M9 a) Arm

Understands and uses it Understands but does not use it Neither understands nor uses it

b) Tummy button

Understands and uses it Understands but does not use it Neither understands nor uses it

c) Cheek

Understands and uses it Understands but does not use it Neither understands nor uses it

d) Ear

Understands and uses it Understands but does not use it Neither understands nor uses it

e) Eye

Understands and uses it Understands but does not use it Neither understands nor uses it

f) Face

Understands and uses it Understands but does not use it Neither understands nor uses it

g) Foot

Understands and uses it Understands but does not use it Neither understands nor uses it

h) Finger

Understands and uses it Understands but does not use it Neither understands nor uses it

i) Hair

Understands and uses it Understands but does not use it Neither understands nor uses it

j) Hand

M9 k) Head

Understands and uses it Understands but does not use it Neither understands nor uses it

1) Knee

Understands and uses it Understands but does not use it Neither understands nor uses it

m) Leg

Understands and uses it Understands but does not use it Neither understands nor uses it

n) Mouth

Understands and uses it Understands but does not use it Neither understands nor uses it

o) Nose

Understands and uses it Understands but does not use it Neither understands nor uses it

p) Tooth

Understands and uses it Understands but does not use it Neither understands nor uses it

q) Toe

Understands and uses it Understands but does not use it Neither understands nor uses it

r) Tongue

Understands and uses it Understands but does not use it Neither understands nor uses it

s) Tummy

Understands and uses it Understands but does not use it Neither understands nor uses it

M10 a) Bathroom

Understands and uses it Understands but does not use it Neither understands nor uses it

b) Bed

Understands and uses it Understands but does not use it Neither understands nor uses it

c) Bedroom

M10 d) Chair

Understands and uses it Understands but does not use it Neither understands nor uses it

e) Door

Understands and uses it Understands but does not use it Neither understands nor uses it

f) Drawer

Understands and uses it Understands but does not use it Neither understands nor uses it

g) Kitchen

Understands and uses it Understands but does not use it Neither understands nor uses it

h) Living room/lounge

Understands and uses it Understands but does not use it Neither understands nor uses it

i) Oven

Understands and uses it Understands but does not use it Neither understands nor uses it

j) Fridge

Understands and uses it Understands but does not use it Neither understands nor uses it

k) Sink

Understands and uses it Understands but does not use it Neither understands nor uses it

1) Stairs

Understands and uses it Understands but does not use it Neither understands nor uses it

m) Table

Understands and uses it Understands but does not use it Neither understands nor uses it

n) TV

Understands and uses it Understands but does not use it Neither understands nor uses it

o) Window

M11 a) Flower

Understands and uses it Understands but does not use it Neither understands nor uses it

b) Garden

Understands and uses it Understands but does not use it Neither understands nor uses it

c) Home

Understands and uses it Understands but does not use it Neither understands nor uses it

d) House

Understands and uses it Understands but does not use it Neither understands nor uses it

e) Moon

Understands and uses it Understands but does not use it Neither understands nor uses it

f) Park

Understands and uses it Understands but does not use it Neither understands nor uses it

g) Rain

Understands and uses it Understands but does not use it Neither understands nor uses it

h) Sky

Understands and uses it Understands but does not use it Neither understands nor uses it

i) Sun

Understands and uses it Understands but does not use it Neither understands nor uses it

j) Swing

Understands and uses it Understands but does not use it Neither understands nor uses it

k) Tree

Understands and uses it Understands but does not use it Neither understands nor uses it

1) Water

M12 a) Bath

Understands and uses it Understands but does not use it Neither understands nor uses it

b) Breakfast

Understands and uses it Understands but does not use it Neither understands nor uses it

c) Hello

Understands and uses it Understands but does not use it Neither understands nor uses it

d) Night night

Understands and uses it Understands but does not use it Neither understands nor uses it

e) No

Understands and uses it Understands but does not use it Neither understands nor uses it

f) Please

Understands and uses it Understands but does not use it Neither understands nor uses it

g) Thank you

Understands and uses it Understands but does not use it Neither understands nor uses it

h) Yes

Understands and uses it Understands but does not use it Neither understands nor uses it

M13 a) Asleep

Understands and uses it Understands but does not use it Neither understands nor uses it

b) All gone

Understands and uses it Understands but does not use it Neither understands nor uses it

c) Bad

Understands and uses it Understands but does not use it Neither understands nor uses it

d) Big

Understands and uses it Understands but does not use it Neither understands nor uses Neither understands nor uses it

M13 e) Broken

Understands and uses it Understands but does not use it Neither understands nor uses it

f) Cold

Understands and uses it Understands but does not use it Neither understands nor uses it

g) Dirty

Understands and uses it Understands but does not use it Neither understands nor uses it

h) Dry

Understands and uses it Understands but does not use it Neither understands nor uses it

i) Empty

Understands and uses it Understands but does not use it Neither understands nor uses it

j) Gentle

Understands and uses it Understands but does not use it Neither understands nor uses it

k) Happy

Understands and uses it Understands but does not use it Neither understands nor uses it

1) Hot

Understands and uses it Understands but does not use it Neither understands nor uses it

m) Hungry

Understands and uses it Understands but does not use it Neither understands nor uses it

n) Hurt

Understands and uses it Understands but does not use it Neither understands nor uses it

o) Little

Understands and uses it Understands but does not use it Neither understands nor uses it

p) Naughty

M13 q) Nice

Understands and uses it

Understands but does not use it

Neither understands nor uses it

r) Thirsty

Understands and uses it

Understands but does not use it

Neither understands nor uses it

s) Tired

Understands and uses it

Understands but does not use it

Neither understands nor uses it

t) Wet

Understands and uses it

Understands but does not use it

Neither understands nor uses it

When children are first learning to communicate, they often use gestures to make their wishes known. Which does your toddler do?

M14 a) Extends her arms to show something she is holding

Not yet

Sometimes

Often

b) Reaches out and offers a toy or some other object she is holding

Not yet

Sometimes

Often

c) Points with her arm and index finger at some interesting object or event

Not yet

Sometimes

Often

d) Waves goodbye on her own when someone leaves

Not yet

Sometimes

Often

e) Extends her arms upwards when she wants to be picked up

Not yet

Sometimes

Often

f) Shakes her head when she means 'no'

Not yet

Sometimes

Often

g) Nods her head when she means 'yes'

Not yet

Sometimes

Often

M14 h) Gestures 'hush' by putting her finger to her mouth

Not yet

Sometimes

Often

i) Asks for something by opening and closing her hand

Not yet

Sometimes

Often

j) Blows kisses from a distance

Not yet

Sometimes

Often

Does she try to do any of the following?

M15 a) Comb or brush her hair

She does it

She tries to do it

She does not do either

b) Brush her teeth

She does it

She tries to do it

She does not do either

c) Put on a hat

She does it

She tries to do it

She does not do either

d) Put on a shoe or sock

She does it

She tries to do it

She does not do either

e) Put on a necklace bracelet or watch

She does it

She tries to do it

She does not do either

f) Lay her head on her hands and squeeze her eyes shut as if sleeping

She does it

She tries to do it

She does not do either

g) Blow to indicate when something is hot

She does it

She tries to do it

She does not do either

h) Hold a plane and make it fly

She does it

She tries to do it

She does not do either

i) Put a telephone to her ear

She does it

She tries to do it

She does not do either

M15 j) Sniffs flowers

She does it

She tries to do it

She does not do either

k) Push a car or truck

She does it

She tries to do it

She does not do either

1) Pour pretend liquid from one container to another

She does it

She tries to do it

She does not do either

m) Stir pretend liquid in a cup or pan with a spoon

She does it

She tries to do it

She does not do either

SECTION N: CHILDCARE

Apart from yourself, which of the following people regularly looks after your child? Please answer for each person regularly involved.

N1a i) My partner

No

Yes

Baby's age when begun

No of hours per week

ii) A grandparent

No

Yes

Baby's age when begun

No of hours per week

iii) Another relative

No

Yes

Baby's age when begun

No of hours per week

iv) A friend or neighbour

No

Yes

Baby's age when begun

No of hours per week

v) A paid person outside our home

No

Yes

Baby's age when begun

No of hours per week

N1avi) A paid person in our home, nanny or baby sitter

No
Yes
Baby's age when begun
No of hours per week
vii) Staff in a day nursery or crèche
No
Yes
Baby's age when begun
No of hours per week
viii) Another person, describe
No
Yes
Baby's age when begun
No of hours per week

For the person above who looks after your child for the longest periods of time, what is the main reason for your choosing this form of childcare?

N1 b) I have no choice

It is convenient

I can afford to pay for it

It is linked to my job

Other reason, describe

c) How satisfied are you with the arrangements?

Very

Fairly

Not at all

N2 Since your baby was born, please list below, for each month during her life, any arrangements you have made to have her regularly looked after by other people.

Child's age

No of hours a week during the day

Person looking after her

Place where they looked after her x 18

N3 How many different people, other than her parents, have looked after your baby since she was born?.....

SECT	<u> CION O: REFERENCE</u>
O1	this questionnaire was completed by:

a)	Mother
	No
	Yes
b)	Father
	No
	Yes
c)	Another person
	No
	Yes
O2	Please give the date on which you completed this questionnaire
	Please give your toddler's date of birth

If the name or address on the front of our envelope was incorrect, please write the correct one here.

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At 18 months

2.4.13. EIGHTEEN MONTH CARERS' QUESTIONNAIRE

Questionnaire information

Data gathered by: Child's carer

Data gathered when: Child at 18 months

Data gathered where: Self completing questionnaires posted with pre paid envelope

Number collected: 720 Entered data stored in file(s): 013i.sav

Version of questionnaire 1

This questionnaire is for the person who is most involved in the day to day care of your toddler. Its purpose is to find out what problems toddlers and their parents have. Your answers will help us to identify those problems that may be tackled by changes in the health care system.

Many of the questions are the same as those you answered a year ago. This is so we can measure the changes that have occurred

Please answer all questions if you can, even if they are similar. If you cannot answer a question or do not wish to do so or if it does not apply to you, just put a line through it. There are no right or wrong answers, just tell us what you think.

All answers you give us are confidential

THANK YOU VERY MUCH FOR YOUR HELP

SECTION A: YOUR HEALTH

A1 How would you describe your health?

Always fit and well

Mostly feel well and healthy

Often feel unwell

Hardly ever feel really well

A2 Have you had any of the following since your baby was 6 months old?

a) Anxiety or nerves

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

b) Depression

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

c) Headaches or migraine

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

d) Back ache

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

e) Indigestion

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

f) Cough or cold

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

g) Haemorrhoids/piles

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

h) Influenza

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

i) Wheezing

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

j) Bronchitis

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

A2 k) Stomach ulcer

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

1) Eczema

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

m) Psoriasis

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

n) Arthritis

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

o) Rheumatism

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

p) Urinary infection

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

q) Problems with periods

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

r) Problems with pregnancy

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

s) Other problems

Describe.....

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

A3 Since your toddler was 6 months old, how often have you used the following?

a) Sleeping pills

Every day

Often

Sometimes

Not at all

b) Vitamins

Every day

Often

Sometimes

A3 c) Cannabis/marihuana Every day Often Sometimes Not at all

d) Tranquillisers

Every day

Often

Sometimes

Not at all

e) Pills for depression

Every day

Often

Sometimes

Not at all

8

f) Hormone tablets

Every day

Often

Sometimes

Not at all

8

g) Antibiotics

Every day

Often

Sometimes

Not at all

8

h) Painkillers

Every day

Often

Sometimes

Not at all

8

i) Amphetamines, other stimulants

Every day

Often

Sometimes

Not at all

8

j) Contraceptive pill

Every day

Often

Sometimes

Not at all

k) Iron

Every day

Often

Sometimes

A3 1)		Heroin, methadone, crack, cocaine
		Every day
		Often
		Sometimes
		Not at all
n	n)	Anticonvulsants
		Every day
		Often
		Sometimes
		Not at all
n)		Steroids
		Every day
		Often
		Sometimes
		Not at all
(o)	Others
		Every day
		Often
		Sometimes
		Not at all
A4.		Please list all the drugs you have used in the past month x 8
		What taken?
		How many days used?
		How often per day?
A5 a	a)	Since your toddler was 6 months old, have you had to stay in hospital?
		Yes
		No
1	b)	If Yes, how many times?
(c)	How old was the study child?months
(d)	What was the reason for admission?ICD
(e)	How long did you stay?days
1	f)	Did any child stay in hospital with you?
		Yes
		No
;	g)	Was this your study child?
		Yes
		No
A6.		In the past month have any of the following occurred?
	a)	Backache
		Almost all the time
		Sometimes
		Not at all

A6. b) Headaches/migraine

Almost all the time

Sometimes

Not at all

c) Urinary infection

Almost all the time

Sometimes

Not at all

d) Nausea

Almost all the time

Sometimes

Not at all

e) Vomiting

Almost all the time

Sometimes

Not at all

f) Diarrhoea

Almost all the time

Sometimes

Not at all

g) Haemorrhoids

Almost all the time

Sometimes

Not at all

h) Feeling weepy

Almost all the time

Sometimes

Not at all

i) Feeling irritable

Almost all the time

Sometimes

Not at all

j) Feeling exhausted

Almost all the time

Sometimes

Not at all

k) Varicose veins

Almost all the time

Sometimes

Not at all

1) Passing urine frequently

Almost all the time

Sometimes

Not at all

m) Incontinent of urine

Almost all the time

Sometimes

A6 n) Indigestion

Almost all the time

Sometimes

Not at all

o) Feeling dizzy/fainting

Almost all the time

Sometimes

Not at all

p) Flashing lights before the eyes

Almost all the time

Sometimes

Not at all

q) Shoulder ache

Almost all the time

Sometimes

Not at all

r) Tingling in hands or fingers

Almost all the time

Sometimes

Not at all

s) Tingling in feet or toes

Almost all the time

Sometimes

Not at all

t) Neck ache

Almost all the time

Sometimes

Not at all

u) Feeling depressed

Almost all the time

Sometimes

Not at all

v) Other, describe

Almost all the time

Sometimes

Not at all

A7a) How often are you having sexual intercourse now?

Not at all

Less than once a month

1-3- times a month

About once a week

2-4 times a week

5 or more times a week

A7b) Is this as often as before you were pregnant with your toddler?

More often

About as often

Less often

A8a)	Are yo	ou currently trying to get pregnant?
		No
		No, but intend to later
		Yes
		I am pregnant again
b)	What f	forms of contraception are you using now? Tick all you have used in the past
month.		
	i)	Withdrawal
		Yes
		No
	ii)	The pill
		Yes
		No
	iii)	IUCD/coil
		Yes
		No
	iv)	Condom
		Yes
		No
	v)	Rhythm method
		Yes
		No
	vi)	Diaphragm / cap
		Yes
		No
	vii)	Spermicide
		Yes
		No
1	/iii)	None
		Yes
		No
	ix)	Other, describe
		Yes
		No
A9a)	Since l	naving your study baby, have you been pregnant again?
,		Yes
		No
b)	If ves	what was the date of your last menstrual period before this
pregna	-	· · · · · · · · · · · · · · · · · · ·
c)	Are yo	ou still pregnant?
	•	Yes
		No
If not,	please o	describe what happened

SECTION B: BEING A PARENT

Below are some opinions which some people may have about being a parent. Please indicate what your feelings are.

B1. The best way to calm a toddler is to cuddle him/her

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B2. Toddlers should be allowed to eat whenever they ask for food

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B3. There are times when a child's continuous whining can make the mother want to hit him/her

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B4. Motherhood is something a woman learns naturally

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B5. Having a young child is exhausting

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B6. Toddlers are fun

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B7. A smack is the best way to discipline a child

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B8. A mother can feel exasperated when she wants to calm her child and nothing works

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B9. I really love my toddler

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B10. I am glad we had this child when we did

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B11. My toddler never gets on my nerves

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B12 .I really cannot bear it when my child cries

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B13. I don't mind the mess that surrounds a toddler

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B14. I am afraid to be left alone with the toddler because I think I might be violent

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B15. It is a great pleasure to watch my child grow

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B16. I feel desperate when my child goes on complaining and being difficult

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B17. I often worry whether my child is eating enough

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B18. My child's demands sometimes bring intense feelings of anger

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B19. Getting my child to eat the right foods makes me very anxious

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B20. I feel pretty sure I am doing the right thing for my child

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B21. I feel anxious if someone else is looking after my child

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B22. My child gives me great joy

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

The following statements are about the help and support you have

B23 I have no one to share my feelings with

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

B24 My partner provides the emotional support I need

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

B25 There are other fathers with whom I can share my experiences

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

B26 I believe in moments of difficulty my neighbours would help me

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

B27 I am worried that my partner might leave me

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

B28 There is always someone with whom I can share my happiness about the baby

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

B29 If I feel tired I can rely on my partner to take over Exactly how I feel Often how I feel Sometimes how I feel Never how I feel B30 If I was in financial difficulty I know my family would help Exactly how I feel Often how I feel Sometimes how I feel Never how I feel B31 If I was in financial difficulty I know my friends would help if they could Exactly how I feel Often how I feel Sometimes how I feel Never how I feel B32 If all else fails, I know the State will support and assist me Exactly how I feel Often how I feel Sometimes how I feel Never how I feel **SECTION C: FAMILY AND FRIENDS** C1. Apart from your partner and children, how many of your relatives and your partner's relatives do you see at least twice a year? None One 2 to 4 More than 4 C2. How many friends do you have, people you know more than just casually? None One 2 to 4 More than 4 C3. Would you say you belong to a close circle of friends with whom you keep in touch? Yes How many people are there with whom you can talk about personal problems? C4. None One 2 to 4 More than 4 C5. How many people talk to you about their personal problems and feelings? None One 2 to 4

More than 4

C6. you can	If you have to make an important decision, how many people are there with whom discuss it?
	None
	One
	2 to 4 More than 4
	More than 4
C7.	How many people are there among your family and friends from whom you could £100?
	None
	One
	2 to 4
	More than 4
C8.	How many of your family and friends would help you in time of trouble? None
	One
	2 to 4
	More than 4
C9. friends?	During the last month, how many times did you get together with one or more
	None
	One
	2 to 4
	More than 4
C10.	During the last month, how many times did you get together with one or more of your trner's relatives?
, ,	None
	One
	2 to 4
	More than 4
SEC	TION D: YOUR FEELINGS
	questions in this section ask you about your feelings and the way you have behaved in ast few weeks.
D1	Do you feel upset for no obvious reason?
	Very often
	Often
	Not very often
	Never
D2	Do you get troubled by dizziness or shortness of breath?
	Very often
	Often
	Not very often
	Never

D3 Have you felt as though you might faint? Very often Often Not very often Never D4 Do you feel sick or have indigestion? Very often Often Not very often Never D5 Do you feel that life is too much effort? Very often Often Not very often Never D6 Do you feel uneasy or restless? Very often Often Not very often Never D7 Do you feel tingling or pricking sensations in your body, arms or legs? Very often Often Not very often Never D8 Do you regret much of your past behaviour? Very often Often Not very often Never D9 Do you sometimes feel panicky? Very often Often Not very often Never D10 Do you find that you have little or no appetite? Very often Often Not very often Never Do you wake unusually early in the mornings? D11 Very often Often Not often Never D12 Do you worry a lot? Very often Often

Not often

Never D13 Do you feel tired or exhausted? Very often Often Not often Never D14 Do you experience long periods of sadness? Very often Often Not often Never Do you feel strung up inside? D15 Very often Often Not often Never D16 Can you get off to sleep alright? Very often Often Not often Never D17 Do you ever have the feeling you are going to pieces? Very often Often Not often Never D18 Do you often have excessive sweating or fluttering of the heart? Very often Often Not often Never D19 Do you find yourself needing to cry? Very often Often Not often Never D20 Do you have bad dreams which upset you? Very often Often Not often Never D21 Do you lose the ability to feel sympathy for others? Very often Often Not often Never D22 Can you think as quickly as you used to? Very often Often

Not often

Never

D23 Do you have to make a special effort to face up to a crisis?

Very often

Often

Not often

Never

Your feelings in the past week

D24 I have been able to laugh and see the funny side of things

As much as I always could

Not quite so much now

Definitely not so much now

Not at all

D25 I have looked forward with enjoyment to things

As much as I ever did

Not quite so much now

Definitely not so much now

Not at all

D26 I have blamed myself unnecessarily when things went wrong

Yes, most of the time

Yes, some of the time

Not very often

No, never

D27 I have been anxious or worried for no good reason

No, not at all

Hardly ever

Sometimes

Often

D28 I have felt scared or panicky for no good reason

Yes, quite a lot

Yes, sometimes

Not much

Not at all

D29 Things have been getting on top of me

Yes, most of the time

Yes, sometimes

Hardly ever

Not at all

D30 I have been so unhappy that I have had difficulty sleeping

Yes, most of the time

Yes, sometimes

Hardly ever

Not at all

D31 I have felt sad or miserable

Yes, most of the time

Yes, quite often

Not often

D32 I have been so unhappy that I have been crying

Yes, most of the time

Yes, quite often

Occasionally

Never

D33 The thought of harming myself has occurred to me

Yes, quite often

Sometimes

Hardly ever

Not at all

D34 On the whole are there more good days than bad?

More good days

Half and half

More bad days

SECTION D: RECENT EVENTS

Have any of the following events happened to you since you had the baby?

E1 Your partner died

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E2 One of your children died

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E3 A friend or relative died

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E4 One of your children was ill

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E5 Your partner was ill

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E6 A friend or relative was ill

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E7 You were admitted to hospital

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E8 You were in trouble with the law

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E9 You were divorced

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E10 You found that your partner didn't want your child

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E11 You were very ill

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E12 Your partner lost his job

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E13 Your partner had problems at work

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E14 You had problems at work

Yes, affected me a lot Moderately affected me

Mildly affected me

No effect

Did not happen

E15 You lost your job

Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

E16 Your partner went away

Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

E17 Your partner was in trouble with the law

Yes, affected me a lot Moderately affected me

Mildly affected me

No effect

Did not happen

E18 You and your partner separated

Yes, affected me a lot Moderately affected me

Mildly affected me

No effect

Did not happen

E19 Your income was reduced

Yes, affected me a lot Moderately affected me

Mildly affected me

No effect

Did not happen

E20 You argued with your partner

Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

E21 You argued with your family or friends

Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

E22 You moved house

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E23 Your partner was physically cruel to you

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E24 You became homeless

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E25 You had a major financial problem

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E26 You got married

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E27 Your partner was physically cruel to your children

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E28 You were physically cruel to your children

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E29 You attempted suicide

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E30 You were convicted of an offence

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E31 You became pregnant

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E32 You started a new job

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E33 You returned to work

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E34 You had a miscarriage

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E35 You had an abortion

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E36 You took an examination

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E37 Your partner was emotionally cruel to you

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E38	Your partner was emotionally cruel to your children Yes, affected me a lot
	Moderately affected me
	Mildly affected me
	No effect
	Did not happen
E39	You were emotionally cruel to your children
	Yes, affected me a lot
	Moderately affected me
	Mildly affected me
	No effect
	Did not happen
E40	Your house or car were burgled
	Yes, affected me a lot
	Moderately affected me
	Mildly affected me
	No effect
	Did not happen
E41	Your partner started a new job
	Yes, affected me a lot
	Moderately affected me
	Mildly affected me
	No effect
	Did not happen
E42	A pet died
	Yes, affected me a lot
	Moderately affected me
	Mildly affected me
	No effect
	Did not happen
E43	You had an accident
	Yes, affected me a lot
	Moderately affected me
	Mildly affected me
	No effect
	Did not happen
D44	Is there anything else which is not on the list which has concerned you or required
additio	onal effort from you to cope, since the baby was born?
a)	Yes
	No
b)	If yes, please describe
D44c)	How did this affect you?
	A lot
	Moderately
	Mildly
	Not at all
D/15	Comments

SECTION F: YOUR HOME

Cold Very cold

The questions below are about your home and are similar to those answered a year ago. We will use your answers to see how your circumstances have changed since then.

When did you move to your present address?.....Date F1 a) b) How many times have you moved since the study child was 18 months old? F2 Is your home? Being bought/mortgaged Owned, with no mortgage Rented from commissioners Rented from private landlord – furnished Rented from private landlord – unfurnished Other, please describe F3 Do you live in your own home or do you live with your parents or others? Live in own home Live with parents in their home Live with partner's parents in their home Other situation (please describe) F4 Do you currently live in? A whole detached house (or bungalow) A whole semi-detached house/bungalow) A whole terraced house A purpose built flat (self contained) A flat in a converted house or hotel Rooms in a larger house Other (please describe) F5 What is the lowest level of your living accommodation? **Basement** Ground floor 1st floor 2nd floor or above, give floor..... F6 In the coldest time of year, describe the temperature in your: a) Living room Very warm Warm About right Cold Very cold b) Room where baby sleeps Very warm Warm About right

F7	In your home do you use?
	a) Central heating or storage heaters
	b) Open coal fires
	c) Electric fires
	d) Mains gas fires
	e) Calor gas fires
	f) Paraffin heaters
	g) Wood stoves
	h) Other (please describe)
F8	a) What do you use as your main method of heating in winter? Solid fuel Oil
	Mains or bottled gas
	Electricity
	Other, describe
	b) Through what is the heat distributed?
	Warm air radiators
	Storage heaters
	Under floor ducts
	Other
	c) If there is a boiler in your house, where is it?
	In the kitchen
	In the living room
	Some other room, describe
F9	a) Do you use gas for cooking?
	Yes, rings only
	Yes, oven only
	Rings and oven
	Not at all
F10	a) Do you use the cooker for any other purpose than cooking (drying clothes, heating
the	kitchen)?
	Yes
	No
	ai) If yes describe
F10	b) How old is your cooker?
110	More than 20 years
	10 – 19 years
	5 – 9 years
	2-4 years
	Less than two years
	Don't know

F11 How often do you use a	ventaxia or air extractor system in the kitchen?
Not at all	
Less than once a v	veek
Several times a w	
Every day	
Don't know	
Don't have one	
Bon that one	
F12 Does your home have the	e following?
a) Kitchen with space to s	_
Yes with sole use	
	ith other households
No	
b) Kitchen for cooking on	lv
Yes with sole use	
	ith other households
No	
c) Indoor flushing toilet	
Yes with sole use	
	ith other households
No	
F13 Apart from the kitchen, h	now many rooms do you have for living and sleeping?
•	the following amenities or are they shared with other
households?	
a)Running hot water	
Sole use	
Shared	
No	
b) Bath	
Sole use	
Shared	
No	
c) Shower	
Sole use	
Shared	
No	
d) Garden	
Sole use	
Shared	
No	
e) Yard	
Sole use	
Shared	
No	
f) Balcony	
Sole use	
Shared	No

F15 a) Is there a working telephone in your home? Yes No F15 b) If not where is the nearest pay phone you can use? Pay phone in the building Pay phone in the street Neighbour's phone Over 5 minutes walk away Somewhere else, describe..... F16 a) Do you or your partner have the use of a car? Yes No b) If yes, how often do you yourself have use of the car? Never Less than one day a week Almost every day I do not drive Other c) Do you wish you had it more often? Yes No F17 How often do you have the windows open in your home? ai) In the summer during the day Windows always open Windows open when weather is good Windows open occasionally Windows never open aii) In the summer at night Windows always open Windows open when weather is good Windows open occasionally Windows never open bi) In winter during the day Windows always open Windows open when weather is good Windows open occasionally Windows never open bii) In winter at night Windows always open Windows open when weather is good Windows open occasionally Windows never open

None of them

All of them Some of them

c) Are any of your windows double glazed?

I don't know

F17 di) Does your house have chimneys?

Yes

No

dii) If yes, have they been blocked up?

All of them

Some of them

No

I don't know

F18 a) Is there ever any damp, condensation or mould in your house?

Yes

No

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

No problem

Not serious

Fairly serious

Very serious

c) How much of a problem is mould?

No problem

Not serious

Fairly serious

Very serious

If yes, please tick the box relating to the problem you get in each room

d) Kitchen/kitchen diner

Condensation on windows, walls or ceilings

Damp patches on walls

Mould on walls

Damp on furniture, carpets, clothes

Mould on furniture, carpets, clothes

None of these

e) Living room

Condensation on windows, walls or ceilings

Damp patches on walls

Mould on walls

Damp on furniture, carpets, clothes

Mould on furniture, carpets, clothes

None of these

f) Hall/landing

Condensation on windows, walls or ceilings

Damp patches on walls

Mould on walls

Damp on furniture, carpets, clothes

Mould on furniture, carpets, clothes

None of these

F18 g) My bedroom

Condensation on windows, walls or ceilings

Damp patches on walls

Mould on walls

Damp on furniture, carpets, clothes

Mould on furniture, carpets, clothes

None of these

h) The baby's bedroom

Condensation on windows, walls or ceilings

Damp patches on walls

Mould on walls

Damp on furniture, carpets, clothes

Mould on furniture, carpets, clothes

None of these

i) Bathroom/toilet

Damp patches on walls

Mould on walls

Damp on furniture, carpets, clothes

Mould on furniture, carpets, clothes

None of these

i) Other rooms,

Damp patches on walls

Mould on walls

Damp on furniture, carpets, clothes

Mould on furniture, carpets, clothes

None of these

F19 a) Does your roof leak? If you have another flat roof above you, tick 'does not apply'

Yes, serious leak

Slight leak

No leak

Does not apply

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

Yes, serious leak

Slight leak

No leak

Does not apply

F20 Which of the following best describes your feeling about your home?

Satisfied

Fairly satisfied

Dissatisfied

Very dissatisfied

F21 In the past year have any of the following rooms been decorated or had new furniture?

a) Your bedroom

Painted

••	
Yes	D = 1,24 1
No	Don't know
F21 a) Wall papered	
Yes	
No Don't know	
New carpet	
Yes No	
Don't know	
New furniture	
Yes	
No	
Don't know	
b) Your living room	
Painted	
Ye	
No	
Don't know	
Wall papered	
Yes	
No	
Don't know	
New carpet	
Yes	
No	
Don't know	
New furniture	
Yes	
No	
Don't know	
c) The child's bedroom	
Painted	
Yes	
No	
Don't know	
Wall papered	
Yes	
No	
Don't know	
New carpet	
Yes	
No	
Don't know	
New furniture	
Yes	
No	
Don't know	
F21d) Any other rooms, describe	

Painted

	Yes No
	Don't know
	Wall papered
	Yes
	No
	Don't know
	New carpet
	Yes
	No
	Don't know
	New furniture
	Yes
	No
	Don't know
F22	How would you rate your home in relation to that of other mothers?
	a) Much cleaner
	A bit cleaner
	About the same
	Less clean
	Much less clean
	b) Much tidier
	A bit tidier
	About the same
	Less tidy
	Much less tidy

SECTION G: YOUR HOUSEHOLD

- G1a) How many people live in your household, including yourself?
 - i) Adults over 18yrs
 - ii) Young adults, 16 18yrs
 - iii) Children
 - Please indicate who the adults are
 - i) Yourself
 - ii) Your partner
 - iii) Your parents
 - iv) Partner's parents
 - v) Other relations of yourself
 - vi) Other relations of your partner
 - vii) Friends
 - viii) Lodger
 - ix) Other
- G2 How many people living in your house, including yourself, are smokers?....number

G3a)	what is your present marital status?
	Never married
	Widowed
	Divorced
	Separated
	Married once only
	Married more than once
b)	If married, what was the date of your marriage?
G4a)	Is your current partner the natural father of the study child?
	Yes
	No
	No current partner
	I don't know
bi)	How often does the natural father see the child?
01)	Not at all
	Less than once a month
	About once a month
	Once or twice a week
	Nearly every day
	Not applicable
bii)	Does he help support you financially?
	On a regular basis
	Occasionally
	No
	Not applicable
c)	Are you the natural mother of the child?
-/	Yes
	No
G5	Please indicate how many of the children living with you have;
a)	You and your partner as their natural parentsnumber
b)	You as their natural mother
c)	Your partner as the natural fathernumber
d)	Neither you nor your partner as natural parentsnumber
	Please describe whether you have adopted, fostered etc
G6	Are there any other children of yourself or your partner who visit?
a)	Children of my partner but not mine
•	Yes
	No Number of children
b)	Children of myself but not my partner
	Yes
	No
	Number of children

c)	Children of mine and my partner Yes No Number of children
G7 have a	Do any of the people living in your household, including yourself and your toddler, chronic illness or disability? Yes No
	If yes, please describe Nature of condition Person involved
G8 a)	How would you describe the noise level in your home? There is usually music or TV on in our home Yes No
b)	The noises from outside our home are disturbing Yes No
c)	It is often so noisy in at home that it is difficult to hold a conversation Yes No
G9a)	Do you have any pets? Yes No
G9b)	How many of the following do you have in your home? i) Cats ii) Dogs iii) Rabbits iv) Rodents v) Birds vi) Fish vii) Other pets, describe
G10 a)	Do any of the following animals or insects inhabit or invade your home or cause dirty conditions in your garden, yard or street? Rats Frequently Occasionally Not at all
G10 b)	Mice Frequently Occasionally Not at all

c) Pigeons Frequently Occasionally Not at all d) Cats Frequently Occasionally Not at all e) Cockroaches Frequently Occasionally Not at all f) Ants Frequently Occasionally Not at all g) Dogs Frequently Occasionally Not at all h) Woodlice Frequently Occasionally Not at all **SECTION H: YOUR PARTNER** H1 a) Do you currently have a partner? Yes No Is it? A male partner ai) A female partner No partner H1 b) Does your partner live with you? Yes No If yes, for how long have you lived together?Years......Months H2 How would you describe your partner's physical health? Always fit and well Mostly well and healthy Often unwell Hardly ever well H3 Please tell us whether he has had any of these since your study child was 18 months old? a) Migraine or headaches

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

b) Indigestion

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

c) Epilepsy

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

d) Depression

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

e) Anxiety/nerves

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

f) Haemorrhoids/piles

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

g) Cough or cold

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

h) Influenza

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

i) Bronchitis

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

j) High blood pressure

Yes and consulted a doctor

Yes, but did not see doctor

H3 k) Diabetes

Yes and consulted a doctor

Yes, but did not see doctor

No

No

Don't know

1) Schizophrenia

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

m) Alcoholism

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

n) Stomach ulcer

Yes and consulted a doctor

Yes, but did not see doctor

Nο

Don't know

o) Asthma/wheezing

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

p) Eczema

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

q) Psoriasis

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

r) Arthritis

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

s) Urinary infection

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

t) Rheumatism

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

H u) Back ache, sciatica, slipped disc

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

v) Other, describe

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

H4 The following statements are about how you think your partner gets on with your toddler.

a) He really loves our toddler

This is always how I feel

This is sometimes how I feel

I never feel like this

b) He is glad I had this child when I did

This is always how I feel

This is sometimes how I feel

I never feel like this

c) I like to watch him play with the child

This is always how I feel

This is sometimes how I feel

I never feel like this

d) I am afraid to leave the child alone with him because I think he may be violent

This is always how I feel

This is sometimes how I feel

I never feel like this

e) He seems to be very close to the child

This is always how I feel

This is sometimes how I feel

I never feel like this

f) The toddler never gets on his nerve

This is always how I feel

This is sometimes how I feel

I never feel like this

g) He really cannot bear it when the child cries

This is always how I feel

This is sometimes how I feel

I never feel like this

h) I think my partner is excited as he watches the child grow

This is always how I feel

This is sometimes how I feel

I never feel like this

i) My partner gets very anxious when someone other than us looks after the child

This is always how I feel

This is sometimes how I feel

I never feel like this

j) He doesn't like the mess that surrounds a toddler

This is always how I feel

This is sometimes how I feel

I never feel like this

H4	k) The toddler makes my partner very nappy
	This is always how I feel
	This is sometimes how I feel
	I never feel like this
H5	How many cigarettes does your partner currently smoke?number
Н6	a) Is he currently employed?
	Yes
	No
	b) What is his occupation?
	c) Has he had the same job all the time since the baby was 6 months old/
	Yes
	No
	d) Does he have to work nights?
	Always
	Sometimes
	Never
	e) Does he leave home for several days as part of his work? Often
	Occasionally
	Never
H7	How would you rate him on the following characteristics?
	a) Helpful and co-operative
	Always
	Sometimes
	Hardly eve
	b) Quiet and reserved
	Always
	Sometimes
	Hardly ever
	c) Unreliable
	Always
	Sometimes
	Hardly ever
	d) Sociable and outgoing
	Always
	Sometimes Hardly ever
	e) Dominating
	Always
	Sometimes
	Hardly ever
Н7	f) Understanding
11/	Always
	Sometimes
	Hardly ever
	•

g) Quick tempered or easily upset

Always

Sometimes

Hardly ever

h) Cheerful and easy going

Always

Sometimes

Hardly ever

H8 Who does these various household tasks?

a) Shopping for groceries

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

b) Cooking

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

c) Cleaning the house

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

d) Repairs to the home

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

e) Looking after the children

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

H9 Who decides?

a) How to spend free time

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

H9 b) How much to see family or friends

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

c) When to do repairs or re-decorate

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

d) How we should spend our money

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

H10 People vary greatly in the amount they are satisfied or dissatisfied with their relationship.

How do you feel about the following aspects of your life together?

a) Handling family finances

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

b) Demonstrations of affection

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

c) Sex

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

d) The amount of time spent together

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

e) Making major decisions

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

f) Household tasks

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

H10 g) Leisure time, interests, activities

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

H11 a) How often recently have you been irritable with your partner?

Not at all

Less than once a wee

1 -2 times a week

3 - 6 times a week

Every day

b) How often has he been irritable with you?

Not at all

Less than once a wee

1 -2 times a week

3 - 6 times a week

Every day

H12 a) How many arguments or disagreements have you had in the past three months?

None

1 - 3

4 - 7

8 - 13

14 or more

- b) In the past three months have any of the following happened?
- i) Not speaking to partner for more than 1/2hr

Yes, I did this

Yes, he did this

We both did this

Not at all

ii) On of you walking out of the house

Yes, I did this

Yes, he did this

We both did this

Not at all

iii) Shouting or calling partner names

Yes, I did this

Yes, he did this

We both did this

Not at all

iv) Hitting or slapping partner

Yes, I did this

Yes, he did this

We both did this

Not at all

v) Throwing or breaking things

Yes, I did this

Yes, he did this

We both did this

Not at all

- H13 In the past three months how often have you done these things with your partner? a) Gone out for a meal
 - Never

INC VCI

Less than once a month

Less than once a week

At least once a week

- b) Gone out for a drink
 - Never

Less than once a month

Less than once a week

At least once a week

- c) Visited friends
 - Never

Less than once a month

Less than once a week

At least once a week

- d) Visited family
 - Never

Less than once a month

Less than once a week

At least once a week

- e) Gone to the cinema or theatre
 - Never

Less than once a month

Less than once a week

At least once a week

H14a) How many evenings a month do you go out and do things on your own or with your own friends?

None

Once

2-3 times

4-7 times

Eight or more times

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

None

Once

2-3 times

4-7 times

Eight or more times

- H15 How often in one week on average, would you and your partner?
 - a) Discuss work or how the day has gone

Never

Less than once a week

1 - 3 times a week

Most days

- b) Laugh together
 - Never

Less than once a week

1 - 3 times a week

Most days

H15 c) Calmly talk over something, the news or interests or hobbies

Never

Less than once a week

1 - 3 times a week

Most days

d) Kiss or hug

Never

Less than once a week

1 - 3 times a week

Most days

e) Make future plans

Never

Less than once a week

1 - 3 times a week

Most days

f) Talk over feelings or worries

Never

Less than once a week

1 - 3 times a week

Most days

H16 a) Which statements about alcohol best apply to your partner?

Never drinks alcohol

Very occasionally, less than once a week

Occasionally, at least once a week

Drinks 1 - 2 glasses a day

Drinks 3 - 4 glasses a day

More than 10

H16 b) How many days in the past month do you think he would have drunk the equivalent of 2pints of beer, 4 glasses of wine, or 4 pub measures of spirits?

Every day

>10 days

5 - 10 days

3-5 days

1-2 days

None

SECTION J: YOUR OCCUPATION AND LIFESTYLE

J1 Compared with other women of your age, would you consider yourself to be?

Much more active

Somewhat more active

About the same

Somewhat less active

Much less active

J2a) Nowadays at least once a week do you engage in any regular activity like brisk walking, gardening, jogging, cycling, housework

Yes

	No
b)	If yes, how many days a week?days
J3a)	Since having the toddler have you started work?
	Yes, work at home
	Yes, work at home Yes, work outside
b)	If yes, how old was the baby when you started?months
c)	Are you still working? Yes
	No
If no,	i) When did you finish
	s, what jobs are you doing? Please describe the job and the type of industry or employer work for.
d)	How many hours a week do you work?hours
	i) Does this include weekends?
	Yes No
;	ii)Do you work in the evening or at night?
	Yes
	No
e) job?	How would you describe the physical effort you need for this or your most recent
3	Very little, mostly sitting
	Some physical effort
	Quite a lot of effort
	Considerable effort
J4	What are the main reasons for your working?
	Financial, I am important as a bread winner
	Financial, for family extras
	Career
	To get out of the house
	Other, describe
J5	Are you working at the same status level as you did before you had the child? I didn't work before
	No, a lower level
	At the same level
	At a higher level
J6	Do you find your job satisfying?
	Yes
	No
J7	Do you wish that you could spend more time with your child?
	Yes, often
	Sometimes

Rarely Not at all

J8a) How do you usually travel to work?

Public transport Yes/ No
Car Yes/ No
I cycle Yes/ No
I walk Yes/ No
Another way Yes/ No
I work at home Yes/ No

- b) How long does it usually take?
 - i) To travel to work

Less than 15 minutes

15 - 29 minutes

30 - 59 minutes

An hour or more

ii) To travel home from work

Less than 15 minutes

15 - 29 minutes

30 - 59 minutes

An hour or more

- J9 Below are some statements about how working affects being a parent. Please indicate how these may be true for you.
 - a) I enjoy seeing my baby after work

Almost always

Often

Not very often

Never

b) After a day at work I find it hard to cope with a baby

Almost always

Often

Not very often Never

J10a) I worry about the baby when I am at work

Almost always

Often

Not very often

Never

J10b) My baby cries when I leave him/her

Almost always

Often

Not very often

Never

J11a) Are you voluntarily unemployed to care for your toddler?

Yes No

b)	For how long have you been seeking work?months
J12	Has being unemployed made you feel?
a)	Depressed
	Yes
	No
b)	Bored
	Yes
	No
c)	Angry
	Yes
1\	No
a)	Happy
	Yes
۵)	No
e)	I don't mind Yes
	No
f)	Something else, describe
1)	Yes
	No
	110
J13	How many cigarettes a day do you smoke?
	38+
	25 - 29
	28 - 24
	15 – 19
	14 - 18
	5 – 9
	1-4 None
J14a)	How much alcohol do you drink?
	Never drink alcohol
	Very occasionally, less than once a week
	Occasionally, at least once a week
	Drinks $1-2$ glasses a day
	Drinks 3 – 4 glasses a day
	More than 10
J14 b)	How many days in the past month would you have drunk the equivalent of 2pints of
	glasses of wine, or 4 pub measures of spirits?
	Every day
	>10 days
	5-10 days
	3-5 days
	1-2 days
	None
c)	Do you or your partner make your own wine or beer?
	Yes, wine
	Yes, beer

Neither

- J15 How difficult do you find it to afford the following items?
 - a) Food

Very difficult

Fairly difficult

Slightly difficult

Not difficult

b) Clothing

Very difficult

Fairly difficult

Slightly difficult

Not difficult

c) Heating

Very difficult

Fairly difficult

Slightly difficult

Not difficult

d) Rent or mortgage

Very difficult

Fairly difficult

Slightly difficult

Not difficult

e) Things you need for the baby

Very difficult

Fairly difficult

Slightly difficult

Not difficult

- How much help would you say you have had with the following since having your baby?
 - a) Housework

Too much help

Right amount of help

Too little help

b) Looking after the children

Too much help

Right amount of help

Too little help

- J17. How many hours sleep do you get now?
 - a) During an average night

None

1 - 3 hours

4-5 hours

6-7 hours

More than 7 hours

b) During an average day

None

1 - 3 hours

4-5 hours

6-7 hour

More than 7 hours

c) Do you feel that you are getting enough sleep?

Yes

No

SECTION K: YOUR NEIGHBOURHOOD

- K1a) Do the other people in your neighbourhood?
 - i) Visit your home

Never

Rarely

Sometimes

Often

Always

ii) Argue with you

Never

Rarely

Sometimes

Often

Always

iii) Look after your children

Never

Rarely

Sometimes

Often

Always

iv) Keep to themselves

Never

Rarely

Sometimes

Often

Always

- K1b) Do you?
 - i) Visit the homes of your neighbours' home

Never

Rarely

Sometimes

Often

Always

K1b ii) Look after your neighbours children

Never

Rarely

Sometimes

Often

Always

iii) Argue with your neighbours

Never

Rarely

Sometimes

Often

Always

iv) Keep to yourselves

Never

Rarely

Sometimes

Often

Always

K2 What do you think of your neighbourhood as a place to live?

Very good

Fairly good

Not very good

Not good at all

K3 How heavy is the traffic on the street where you live?

Very heavy

Fairly heavy

Not very heavy

SECTION L: CHEMICALS IN YOUR ENVIRONMENT

In the last few months, how often have you used the following, at home or at work?

L1 a) Disinfectant

Every day

Most days

Once a week

Less than once a week

Not at all

b) Bleach

Every day

Most days

Once a week

Less than once a week

Not at all

c) Window cleaner

Every day

Most days

Once a week

Less than once a week Not at all

L1 d) Carpet cleaner

Every day

Most days

Once a week

Less than once a week

Not at all

e) Oven or drain cleaner

Every day

Most days

Once a week

Less than once a week

Not at all

f) Dry cleaning fluid

Every day

Most days

Once a week

Less than once a week

Not at all

g) Turpentine/white spirit

Every day

Most days

Once a week

Less than once a week

Not at all

h) Paint stripper

Every day

Most days

Once a week

Less than once a week

Not at all

i) Household paint or varnish

Every day

Most days

Once a week

Less than once a week

Not at all

j) Weed killers

Every day

Most days

Once a week

Less than once a week

Not at all

k) Pesticides

Most days

Once a week

Less than once a week

Not at all

L1 1) Air fresheners

Most days

Once a week

Less than once a week

Not at all

m) Hair spray

Most days

Once a week

Less than once a week

Not at all

n) Vacuum cleaner

Most days

Once a week

			Not at all
		o)	Broom or carpet sweeper
			Most days
			Once a week
			Less than once a week
			Not at all
		p)	Glue
			Most days
			Once a week
			Less than once a week
			Not at all
		q)	Nail varnish or acetone
			Most days
			Once a week
			Less than once a week
			Not at all
		r)	Metal cleaners, degreasers, polishes
			Most days
			Once a week
			Less than once a week
			Not at all
		s)	Petrol
			Most days
			Once a week
			Less than once a week
			Not at all
		t)	Any other industrial or domestic chemical
			Most days
			Once a week
			Less than once a week
			Not at all
	1.2		Is your shild to your knowledge, even evened to shemicals on fumes?
	L2		Is your child, to your knowledge, ever exposed to chemicals or fumes? Yes
			No
	If w	20 (describe
	II y	es, c	describe
	L3		Which brand of washing powder is used for your child's
cloth			
Cloth	103	•••••	
	L4		Are your dishes generally rinsed after washing up?
	~ .		Yes
			No

Less than once a week

SECTION M: HEALTH SERVICES

Yes No

M1

We

a) G.P.

b)	Health visitor
	Yes
	No
c)	Midwife
,	Yes
	No
4)	Teacher
u)	Yes
	No
a)	Social worker
C)	Yes
	No
Ð	
1)	Physiotherapist
	Yes
`	No De la lacidada de la companya de la
g)	Psychologist/psychiatrist
	Yes
	No
h)	Other support services, describe
	No
	2.10
	atements below describe the way some mothers feel about the Health Services. I be grateful if you would indicate what your own feelings are.
should	atements below describe the way some mothers feel about the Health Services. I be grateful if you would indicate what your own feelings are.
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Please say if you have had contact with any of the following services in the past year.

Sometimes how I feel

Never feel this way

e) The Health Visitor gives very helpful advice

Exactly how I feel

Often how I feel

Sometimes how I feel

Never feel this way

f) The doctor in the clinic is always helpful

Exactly how I feel

Often how I feel

Sometimes how I feel

Never feel this way

g) I don't think I would have coped well without the Health Visitor to help and advise

me

Exactly how I feel

Often how I feel

Sometimes how I feel

Never feel this way

We are interested in your opinion of the contraceptive services available to you on the Isle of Man.

The following questions ask how you learned about contraception and what you think about the quality of these services here on the Island.

M3a) Before you became pregnant for the first time, how much did you know about contraception?

i) As much as I needed to know

Yes

No

ii) Less than I would have liked to know

Yes

No

iii) Very little

Yes

No

iv) Nothing at all

Yes

No

b) From where did you first learn about contraceptive practices?

No

i) A special clinic

Yes

No

M3b ii) My family doctor

Yes

No

iii) My mother

Yes

iv) Another member of the family

Yes
No
v) Lessons at school
Yes
No
vi) Friends at school
Yes
No
vii) My boy friend
Yes
No
viii) T.V or radio
Yes
No
xi) Books or magazines
Yes
No
x) Not applicable, I know nothing
Yes
No
xi) Another source, describe
Yes
No
M3c) Where do you get your contraceptive advice from now?
i) Family planning clinic
Yes
No
ii) A female doctor
Yes
No
iii) A male doctor
Yes
No
iv) A chemist
Yes
No
v) My family
Yes
No
MO '\ O' 16' 1
M3c vi) Girl friends
Yes
No
vii) My partner
Yes
No
wiii) Comardana alaa dagariba
viii) Somewhere else, describe

	Yes
	No
d)	If you use contraception regularly, do you pay for it?
	Yes
	No
e)	If you do not use contraception regularly, is this because?
1	i) I am trying to become pregnant
	Yes
	No
i	i) It is against my religion
	Yes
	No
iii)	There are medical reasons to prevent me from doing so
	Yes
	No
vi)	The clinic is too far away
	Yes
	No
v)	The clinic/surgery times are inconvenient
	Yes
	No
vi)	I cannot afford to pay for it
	Yes
	No
vii)	I am embarrassed about seeking advice
	Yes
	No
viii)	I don't like using any contraceptive methods
V111 <i>)</i>	Yes
	No
	110
iv)	Other reasons, describe please
IA)	Yes
	No
f)	If contraception was free on the Isle of Man, would you use it regularly?
1)	Yes
	No
	110
If yes	would you prefer to go to?
-	A Family Planning Clinic
W13 1)	Yes
	No
;;)	
11)	A special woman's health clinic run by other women
	Yrs
1115	No Your over doctor
111)	Your own doctor
	Yes
	No
1V)	Another doctor

		NO
pleas	•	have any further comments to make about the Isle of Man contraceptive services, them here.
	SECT	ION N: REFERENCE
	N1	This questionnaire was completed by:
	a)	Toddler's mother Yes No
	b)	Toddler's father Yes No
	c)	Another, describe Yes No
	N2	Please give the date on which you completed this questionnaire//
		Please give the date of your toddler's birth/
cards		give us your toddler's name so that we can put it on the birthday
	© Cop Man.	yright. Institute of Child Health, University of Bristol & E.L.S.P.A.C. in the Isle of
	When	completed, please return this questionnaire to: ELSPAC Office.

M3g) If free contraception had been available before you ever became pregnant, would you

used it to postpone or prevent your first pregnancy?

Yes No

Yes

have

2.4.14. PARTNERS' EIGHTEEN MONTH QUESTIONNAIRE

Questionnaire information

Data gathered by: Mother's partner
Data gathered when: Child at 18 months

Data gathered where: Self completing questionnaires, posted with pre paid envelope

Number collected: 566

Entered data stored in file(s): 14Fi 1.csv 14Fii 1.csv 14Fi .xls 14ii .xls

Version of questionnaire 1

This questionnaire asks about your lifestyle now you have a toddler. Its purpose is to find out the role that partners play in bringing up a toddler and what problems they may have. Your answers will help us to identify those problems that may be tackled by making changes in the health care system.

Many of the questions are the same as those you have answered before. This is so we may measure any changes that have occurred.

Please answer all the questions if you can, even if they are similar. If you cannot answer a question, you do not wish to do so, or it does not apply to you, just put a line through it. There are no wrong or right answers, just tell us what you think.

All the answers you give are confidential

THANK YOU VERY MUCH FOR YOUR HELP

SECTION A: YOUR HEALTH

A1. Which statement would you say describes your health now?

Always fit and well

Mostly fit and well

Often feel unwell

Hardly ever feel really well

A2. Have you had any of the following since your toddler was 6 months old?

a) Anxiety or nerves

Yes and saw a doctor

Yes but did not see a doctor

No

b) Depression

Yes and saw a doctor

Yes but did not see a doctor

No

c) Headache or migraine

Yes and saw a doctor

Yes but did not see a doctor

No

d) Back ache

Yes and saw a doctor

Yes but did not see a doctor

No

e) Indigestion

Yes and saw a doctor

Yes but did not see a doctor

No

f) Cough or cold

Yes and saw a doctor

Yes but did not see a doctor

No

g) Influenza

Yes and saw a doctor

Yes but did not see a doctor

No

h) Haemorrhoids

Yes and saw a doctor

Yes but did not see a doctor

No

i) Wheezing

Yes and saw a doctor

Yes but did not see a doctor

No

j) Bronchitis

Yes and saw a doctor

Yes but did not see a doctor

No

A2 k) Stomach ulcer

Yes and saw a doctor

Yes but did not see a doctor

No

1) Eczema

Yes and saw a doctor

Yes but did not see a doctor

No

m) Psoriasis

Yes and saw a doctor

Yes but did not see a doctor

No

n) Arthritis

Yes and saw a doctor

Yes but did not see a doctor

No

o) Rheumatism

Yes and saw a doctor

Yes but did not see a doctor

No

p) Urinary infection

Yes and saw a doctor

Yes but did not see a doctor

Nο

q) Other, please describe.....

Yes and saw a doctor

Yes but did not see a doctor

No

A3. Since your toddler was 6months old, have you used any of the following?

a) Sleeping pills

Every day

Often

Sometimes

Never

b) Vitamins

Every day

Often

Sometimes

Never

c) Cannabis/marihuana

Every day

Often

Sometimes

Never

d) Tranquillisers

Every day

Often

Sometimes

Never

A3.	e)	Pills for depression			
		Every day			
		Often			
		Sometimes			
	_	Never			
	f)	Antibiotics			
		Every day			
		Often			
		Sometimes			
		Never			
	g) Painkillers				
		Every day			
		Often			
		Sometimes			
		Never			
	h) Amphetamines/other stimulants			
		Every day			
		Often			
		Sometimes			
		Never			
	i)	Iron			
		Every day			
		Often			
		Sometimes			
		Never			
	j)) Heroin, methadone, cocaine			
		Every day			
		Often			
		Sometimes			
		Never			
	k) Anticonvulsants			
		Every day			
		Often			
		Sometimes			
		Never			
	1)	Steroids			
	ĺ	Every day			
		Often			
		Sometimes			
		Never			
	m) Other pills, medicine, ointments			
		Every day	BNF		
		Often			
		Sometimes			
		Never			
A4.		Please list all the drugs you have used i	n the past month.		
		What did you take?			

A4. How many days was it taken for?
How often per day?
A5. a) Since your toddler was 6 months old, have you been ill or had a problem for which you had to stay in hospital? Yes No
If Yes:
b) How many times?
c) What were the reasons?ICD Codes
d) How long did you stay in hospital each time?days
In the past month have any of the following occurred?
A6 a) Backache
All the time
Sometimes
Not at all
b) Headache /migraine
All the time
Sometimes
Not at all
c) Urinary infection
All the time
Sometimes
Not at all
d) Nausea
All the time
Sometimes
Not at all
e) Vomiting
All the time
Sometimes
Not at all
f) Diarrhoea
All the time
Sometimes
Not at all
g) Haemorrhoids/piles
All the time
Sometimes
Not at all
h) Feeling weepy
All the time

Sometimes

A6 i) Feeling irritable

All the time

Sometimes

Not at all

j) Feeling exhausted

All the time

Sometimes

Not at all

k) Varicose veins

All the time

Sometimes

Not at all

1) Frequency of urine

All the time

Sometimes

Not at all

m) Indigestion

All the time

Sometimes

Not at all

n) Feeling dizzy/fainting

All the time

Sometimes

Not at all

o) Flashing lights/spots before the eyes

All the time

Sometimes

Not at all

p) Shoulder ache

All the time

Sometimes

Not at all

q) Tingling in hands or fingers

All the time

Sometimes

Not at all

r) Tingling in feet or toes

All the time

Sometimes

Not at all

s) Neck ache

All the time

Sometimes

Not at all

t) Feeling depressed

All the time

Sometimes

Not at all

A6 u) Other problems.....

All the time

Sometimes

Not at all

A7 a) How often do you have sexual intercourse now?

Not at all

Less than once a month

1 - 3 times a month

About once a week

2-4 times a week

5 or more times a week

b) Is this as often as before your partner became pregnant with your toddler?

More often

About as often

Less often

SECTION B: BEING A PARENT

Below are some opinions which some people may have about being a parent. Please indicate what your feelings are.

B1. The best way to calm a toddler is to cuddle him/her

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B2. Toddlers should be allowed to eat whenever they ask for food

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B3. There are times when a child's continuous whining can make a parent want to hit him/her

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B4. Parenthood is something a man learns naturally

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B5. Having a young child is exhausting

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B6. Toddlers are fun

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B7. A smack is the best way to discipline a child

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B8. A father can feel exasperated when he wants to calm the child and nothing works

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B9. I really love my toddler

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B10. I am glad we had this child when we did

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B11. My toddler never gets on my nerves

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B12. I really cannot bear it when my child cries

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B13. I don't mind the mess that surrounds a toddler

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B14. I am afraid to be left alone with the toddler because I think I might be violent

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B15. It is a great pleasure to watch my child grow

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B16. I feel desperate when my child goes on complaining and being difficult

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B17. I often worry whether my child is eating enough

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B18. My child's demands sometimes bring intense feelings of anger

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B19. Getting my child to eat the right foods makes me very anxious

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B20. I feel pretty sure I am doing the right thing for my child

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B21. I feel anxious if someone else is looking after my child

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

B22. My child gives me great joy

This is exactly how I feel

This is often how I feel

This is how I sometimes feel

I never feel this way

The following statements are about the help and support you have

B23 I have no one to share my feelings with

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

B24 My partner provides the emotional support I need

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

B25 There are other fathers with whom I can share my experiences

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

B26 I believe in moments of difficulty my neighbours would help me

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I fee

B27 I am worried that my partner might leave me

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

B28 There is always someone with whom I can share my happiness about the baby

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

B29 If I feel tired I can rely on my partner to take over

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

B30 If I was in financial difficulty I know my family would help

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

B31 If I was in financial difficulty I know my friends would help if they could

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

B32 If all else fails, I know the State will support and assist me

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

SECTION C: FAMILY AND FRIENDS

C1. Apart from your partner and children, how many of your relatives and your partner's relatives do you see at least twice a year?

None

One

2 to 4

More than 4

C2. How many friends do you have, people you know more than just casually?

None

One

2 to 4

More than 4

C3. touch?	Would you say you belong to a close circle of friends with whom you keep in
	Yes
	No
C4.	How many people are there with whom you can talk about personal problems? None
	One 2 to 4
	More than 4
C5.	How many people talk to you about their personal problems and feelings?
	None
	One 2 to 4
	More than 4
C6.	If you have to make an important decision, how many people are there with
whom	you can discuss it? None
	One
	2 to 4
	More than 4
C7.	How many people are there among your family and friends from whom you
could b	porrow £100?
	None
	One
	2 to 4
	More than 4
C8.	How many of your family and friends would help you in time of trouble?
	One
	2 to 4
	More than 4
C9. friends	During the last month, how many times did you get together with one or more ?
	None
	One
	2 to 4
	More than 4
C10.	During the last month, how many times did you get together with one or more or your partner's relatives?
-	None
	One
	2 to 4
	More than 4

SECTION D: YOUR FEELINGS

The questions in this section ask you about your feelings and the way you have behaved in the past few weeks.

D1 Do you feel upset for no obvious reason?

Very often

Often

Not very often

Never

D2 Do you get troubled by dizziness or shortness of breath?

Very often

Often

Not very often

Never

D3 Have you felt as though you might faint?

Very often

Often

Not very often

Never

D4 Do you feel sick or have indigestion?

Very often

Often

Not very often

Never

D5 Do you feel that life is too much effort?

Very often

Often

Not very often

Never

Do you feel uneasy or restless?

Very often

Often

Not very often

Never

D7 Do you feel tingling or pricking sensations in your body, arms or legs?

Very often

Often

Not very often

Never

D8 Do you regret much of your past behaviour?

Very often

Often

Not very often

Never

D9 Do you sometimes feel panicky?

Very often

Often

Not very often

Never

```
D10
       Do you find that you have little or no appetite?
              Very often
              Often
              Not very often
              Never
D11
       Do you wake unusually early in the mornings?
              Very often
              Often
              Not often
              Never
D12
       Do you worry a lot?
              Very often
              Often
              Not often
              Never
D13
       Do you feel tired or exhausted?
              Very often
              Often
              Not often
              Never
D14
       Do you experience long periods of sadness?
              Very often
              Often
              Not often
              Never
D15
       Do you feel strung up inside?
              Very often
              Often
              Not often
              Never
D16
       Can you get off to sleep alright?
              Very often
              Often
              Not often
              Never
D17
       Do you ever have the feeling you are going to pieces?
              Very often
              Often
              Not often
              Never
D18
       Do you often have excessive sweating or fluttering of the heart?
              Very often
              Often
              Not often
              Never
D19
       Do you find yourself needing to cry?
              Very often
              Often
              Not often
              Never
```

D20 Do you have bad dreams which upset you? Very often Often Not often Never D21 Have you lost the ability to feel sympathy for others? Very often Often Not often Never D22 Can you think as quickly as you used to? Very often Often Not often Never D23 Do you have to make a special effort to face up to a crisis? Very often Often Not often Never Your feelings in the past week D24 I have been able to laugh and see the funny side of things As much as I always could Not quite so much now Definitely not so much now Not at all D25 I have looked forward with enjoyment to things As much as I ever did Not quite so much now Definitely not so much now Not at all D26 I have blamed myself unnecessarily when things went wrong Yes, most of the time Yes, some of the time Not very often No, never D27 I have been anxious or worried for no good reason No, not at all Hardly ever Sometimes Often D28 I have felt scared or panicky for no good reason Yes, quite a lot Yes, sometimes

> Not much Not at all

D29 Things have been getting on top of me

Yes, most of the time

Yes, sometimes

Hardly ever

Not at all

D30 I have been so unhappy that I have had difficulty sleeping

Yes, most of the time

Yes, sometimes

Hardly ever

Not at all

D31 I have felt sad or miserable

Yes, most of the time

Yes, quite often

Not often

Not at all

D32 I have been so unhappy that I have been crying

Yes, most of the time

Yes, quite often

Occasionally

Never

D33 The thought of harming myself has occurred to me

Yes, quite often

Sometimes

Hardly ever

Not at all

D34 On the whole are there more good days than bad?

More good days

Half and half

More bad days

SECTION E: RECENT EVENTS

Have any of the following events happened to you since your baby was 6 months old?

E1 Your partner died

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E2 One of your children died

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

E3 A friend or relative died

> Yes, affected me a lot Moderately affected me

Mildly affected me

No effect

Did not happen

E4 One of your children was ill

> Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

Your partner was ill E5

> Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

E6 A friend or relative was ill

> Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

You were admitted to hospital E7

Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

E8 You were in trouble with the law

> Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

E9 You were divorced

> Yes, affected me a lot Moderately affected me Mildly affected me No effect

Did not happen

E10 You found that your partner didn't want your child

> Yes, affected me a lot Moderately affected me Mildly affected me No effect

E11 You were very ill

Yes, affected me a lot Moderately affected me

Mildly affected me

No effect

Did not happen

E12 Your partner lost her job

Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

E13 Your partner had problems at work

Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

E14 You had problems at work

Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

E15 You lost your job

Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

E16 Your partner went away

Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

E17 Your partner was in trouble with the law

Yes, affected me a lot Moderately affected me Mildly affected me No effect

Did not happen

E18 You and your partner separated

Yes, affected me a lot Moderately affected me Mildly affected me

No effect

E19 Your income was reduced

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E20 You argued with your partner

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E21 You argued with your family or friends

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E22 You moved house

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E23 Your partner was physically cruel to you

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E24 You became homeless

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E25 You had a major financial problem

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E26 You got married

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

E27 Your partner was physically cruel to your children Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen E28 You were physically cruel to your children Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen E29 You attempted suicide Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen E30 You were convicted of an offence Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen Your partner became pregnant E31 Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen You started a new job E32 Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen E33 You returned to work Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen E34 Your partner had a miscarriage Yes, affected me a lot

Did not happen

No effect

Moderately affected me Mildly affected me E35 Your partner had an abortion

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E36 You took an examination

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E37 Your partner was emotionally cruel to you

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E38 Your partner was emotionally cruel to your children

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E39 You were emotionally cruel to your children

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E40 Your house or car were burgled

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E41 Your partner started a new job

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E42 A pet died

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

E43	You had an accident Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen
	Is there anything else which is not on the list which has concerned you or required ional effort from you to cope, since the baby was 6 months old? a) Yes No
1	b) If yes, please describe
E44 c	e) How did this affect you? A lot Moderately Mildly Not at all
E45	Comments.
SEC'	TION F: YOUR PARTNER
F1	How would you describe your partner's physical health? Always fit and well Mostly well and healthy Often unwell Hardly ever well
F2	How would you rate her on the following characteristics? a) Helpful and co-operative Always Sometimes Hardly ever b) Quiet and reserved Always Sometimes Hardly ever c) Unreliable Always Sometimes Hardly ever d) Sociable and outgoing Always Sometimes
	Hardly ever

F2 e) Dominating

Always

Sometimes

Hardly ever

f) Understanding

Always

Sometimes

Hardly ever

g) Quick tempered or easily upset

Always

Sometimes

Hardly ever

h) Cheerful and easy going

Always

Sometimes

Hardly ever

F3 Who does these various household tasks?

a) Shopping for groceries

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

b) Cooking

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

c) Cleaning the house

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

d) Repairs to the home

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

e) Looking after the children

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

F4 Who decides?

a) How to spend free time

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

b) How much to see family or friends

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

c) When to do repairs or re-decorate

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

d) How we should spend our money

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

F5 People vary greatly in the amount they are satisfied or dissatisfied with their relationship.

How do you feel about the following aspects of your life together?

a) Handling family finances

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

b) Demonstrations of affection

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

c) Sex

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

d) The amount of time spent together

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

F5 e) Making major decisions

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

f) Household tasks

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

g) Leisure time, interests, activities

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

F6 a) How often recently have you been irritable with your partner?

Not at all

Less than once a wee

1 -2 times a week

3 - 6 times a week

Every day

b) How often has she been irritable with you?

Not at all

Less than once a wee

1 -2 times a week

3 - 6 times a week

Every day

F7 a) How many arguments or disagreements have you had in the past three months?

None

1 - 3

4 - 7

8 - 13

14 or more

- b) In the past three months have any of the following happened?
- i) Not speaking to partner for more than 1/2hr

Yes, I did this

Yes, she did this

We both did this

Not at all

ii) On of you walking out of the house

Yes, I did this

Yes, she did this

We both did this

Not at all

F7 iii) Shouting or calling partner names

Yes, I did this

Yes, she did this

We both did this

Not at all

iv) Hitting or slapping partner

Yes, I did this

Yes, she did this

We both did this

Not at all

v) Throwing or breaking things

Yes, I did this

Yes, she did this

We both did this

Not at all

F8 In the past three months how often have you done these things with your partner?

a) Gone out for a meal

Never

Less than once a month

Less than once a week

At least once a week

b) Gone out for a drink

Never

Less than once a month

Less than once a week

At least once a week

c) Visited friends

Never

Less than once a month

Less than once a week

At least once a week

d) Visited family

Never

Less than once a month

Less than once a week

At least once a week

e) Gone to the cinema or theatre

Never

Less than once a month

Less than once a week

At least once a week

F9 a) How many evenings a month do you go out and do things on your own or with your own friends?

None

Once

2- 3 times

4-7 times

Eight or more times

F9 b) How many times a month does your partner go out and do things on her own or with friends?

None

Once

2-3 times

4-7 times

Eight or more times

F10 How often in one week on average, would you and your partner?

a) Discuss work or how the day has gone

Never

Less than once a week

1 - 3 times a week

Most days

b) Laugh together

Never

Less than once a week

1 - 3 times a week

Most days

c) Calmly talk over something, the news or interests or hobbies

Never

Less than once a week

1 - 3 times a week

Most days

d) Kiss or hug

Never

Less than once a week

1 - 3 times a week

Most days

e) Make future plans

Never

Less than once a week

1 - 3 times a week

Most days

f) Talk over feelings or worries

Never

Less than once a week

1 - 3 times a week

Most days

F11 a) Which statements about alcohol best applies to your partner?

Never drinks alcohol

Very occasionally, less than once a week

Occasionally, at least once a week

Drinks 1 - 2 glasses a day

Drinks 3 – 4 glasses a day

More than 10

F11 b) How many days in the past month do you think she would have drunk the equivalent of 2 pints of beer, 4 glasses of wine, or 4 pub measures of spirits?

	1 – 2 days None
SEC	TION G: YOUR OCCUPATION AND LIFESTYLE
G1	Compared with other men of your age, would you consider yourself to be? Much more active Somewhat more active About the same Somewhat less active Much less active
G2 walk	 a) Nowadays, at least once a week do you engage in any regular activity like brisk ing, gardening, jogging, cycling. Yes No
	b) If yes, how many days a week?days
G3	As far a as you can, please describe your actual job, occupation or profession.
	a) Your present job, or last main job
	b) Please tick which of the following apply to you. Foreman Manager Supervisor Leading hand Self employed None of these
	c) Type of industry or service given
job?	d) How would you describe the physical effort you need for this or your most recent Very little, mostly sitting Some physical effort Quite a lot of effort Considerable effort
G4	Do you find your job satisfying? Yes No
G5	Do you wish that you could spend more time with your child? Yes, often

Every day >10 days 5-10 days 3-5 days

Sometimes

Rarely

Not at all

G6 a) How do you usually travel to work?

Public transport

Yes

No

Car

Yes

No

I cycle

Yes

No

I walk

Yes

No

Another way

Yes

No

I work at home

- b) How long does it usually take?
 - i) To travel to work

Less than 15 minuets

15 - 29 minutes

30 - 59 minutes

An hour or more

ii) To travel home from work

Less than 15 minutes

15 - 29 minutes

30 - 59 minutes

An hour or more

- G7 Please indicate how these statements may be true for you.
 - a) I enjoy seeing my baby after work

Almost always

Often

Not very often

Never

b) After a day at work I find it hard to cope with a baby

Almost always

Often

Not very often

Never

G8 a) I worry about the baby when I am at work Almost always

Not very often

Never

Often

b) My baby cries when I leave him/her

Almost always

Often

Not very often

Never

G9 How many cigarettes a day do you smoke?

30 +

25 - 29

24 - 20

19 - 15

14 - 10

5 - 9

1 - 4

None

Cigars only

Pipe only

G10 How much alcohol do you drink?

Never drink alcohol

Very occasionally, less than once a week

Occasionally, at least once a week

Drinks 1 - 2 glasses a day

Drinks 3 – 4 glasses a day

More than 10

G11 How many days in the past month would you have drunk the equivalent of 2 pints of beer, 4 glasses of wine, or 4 pub measures of spirits?

Every day

>10 days

5 - 10 days

3 - 5 days

1-2 days

None

G12 Do you or your partner make your own wine or beer?

Yes, wine

Yes, beer

Neither

How difficult do you find it to afford the following items? G13

a) Food

Very difficult

Fairly difficult

Slightly difficult

Not difficult

b) Clothing

Very difficult

Fairly difficult

Slightly difficult

Not difficult

c) Heating

Very difficult

Fairly difficult

Slightly difficult

Not difficult

d) Rent or mortgage

Very difficult

Fairly difficult

Slightly difficult

Not difficult

e) Things you need for the baby

Very difficult

Fairly difficult

Slightly difficult

Not difficult

G14 How many hours sleep do you get now?

a) During an average night

None

1 - 3 hours

4-5 hours

6-7 hours

More than 7 hours

b) During an average day

None

1 - 3 hours

4-5 hours

6-7 hour

More than 7 hours

c) Do you feel that you are getting enough sleep?

Yes

No

SECTION H: REFERENCE

H1	This questionnaire was completed by:
a)	Toddler's mother
	Yes
	No
b)	Toddler's father
	Yes
	No
c)	Another, describe
	Yes
	No
	ease give the date on which you completed this questionnaire/ ease give your date of birth/
© Cop Man.	byright. Institute of Child Health, University of Bristol & E.L.S.P.A.C. in the Isle of
When	completed, please return this questionnaire to The ELSPAC Office

2.5.15. CARERS' THREE YEAR QUESTIONNAIRE

Questionnaire information

Data gathered by: Child's carer

Data gathered when: Child at three years

Data gathered where: Self completing questionnaires posted with birthday card

& pre paid envelope

Number collected: 621

Entered data stored in 15i 1.csv 15ii 1.csv 15iii 1.csv 15iv 1.csv

file(s): IO15i.sav IO15ii.sav

Version of questionnaire 1

This questionnaire asks about your child now she is three years old. We are interested to know about her health and behaviour and how she gets on with other children. Your answers will help us to understand the developing child and to identify problems that children and their parents have.

This questionnaire is like the others you have received. To answer simply tick the box which best describes your child or her situation.

Again, some of the questions will seem similar, but they are not exactly the same and have been asked for a reason.

Please answer all the questions you can. If you cannot answer a question, if some do not apply to you, or if you do not wish to answer any of them, please just put a line through them. There are no right or wrong answers, just describe what happens in your situation. You may make additional comments at the end.

All the answers you give are confidential

THANK YOU VERY MUCH FOR YOUR HELP

SECTION A: YOUR CHILD'S HEALTH

A1	How would you describe the health of your child now?					
	i) In the past month					
	Very healthy, no problems Healthy, with a few minor problems					
	Sometimes quite ill					
	Almost always unwell					
	ii) In the past year					
	Very healthy, no problems					
	Healthy, with a few minor problems					
	Sometimes quite ill					
	Almost always unwell					
	Timost arways anwen					
A2	How many of the following immunisations has she had?					
a)	BCG for tuberculosis					
,	Number					
	Don't know					
b)	DTP or Triple, includes whooping cough					
- /	Number					
	Don't know					
c)	DT without whooping cough					
,	Number					
	Don't know					
d)	Polio					
	Number					
	Don't know					
e)	MMR, measles, mumps, rubella					
,	Number					
	Don't know					
f)	Hib					
ĺ	Number					
	Don't know					
g)	Other, describe					
<i>U</i> ,	Number					
	Don't know					
h)	Had she a temperature or was she unwell after any immunisation?					
	Yes					
	No					
i) Which immunisation?					
ii) How old was she?yearsmonths					
A2 111) How long after the immunisation did it start?					
	Under 3 hrs					
	3-24 hrs					
	1-2 days					
	3-6 days					
_	1 week or more Don't know					
iv	Y) How was she affected?					

A3 Has she had any fluoride supplement in the last 18 months?

If yes, for how long did she have them?

- i) Under 1 month
 - 1-2 months
 - 3 5months
 - 6 months

Over 12 months

Don't know

- ii) How old was she when she last had fluoride supplements?.....months

 She still has them
- A4a) Since your child was 18 months old has the doctor been called to your house because she was unwell?

Yes

No

b) How many times?

Once

Twice

3-4 times

5 times or more

- A5 Has she had any of the following since she was 18 months old?
 - a) Diarrhoea

Yes & saw a doctor

Yes, did not see doctor

No, not had

b) Blood in stools

Yes & saw a doctor

Yes, did not see doctor

No, not had

c) Vomiting

Yes & saw a doctor

Yes, did not see doctor

No, not had

d) Cough

Yes & saw a doctor

Yes, did not see doctor

No, not had

e) High temperature

Yes & saw a doctor

Yes, did not see doctor

No, not had

f) Snuffles/cold

Yes & saw a doctor

Yes, did not see doctor

No, not had

A5 g) Ear ache

Yes & saw a doctor

Yes, did not see doctor

No, not had

h) Ear discharge (pus, not wax)

Yes & saw a doctor

Yes, did not see doctor

No, not had

i) Convulsions

Yes & saw a doctor

Yes, did not see doctor

No, not had

j) Colic

Yes & saw a doctor

Yes, did not see doctor

No, not had

k) Rash

Yes & saw a doctor

Yes, did not see doctor

No, not had

1) Wheezing

Yes & saw a doctor

Yes, did not see doctor

No, not had

m) Breathlessness

Yes & saw a doctor

Yes, did not see doctor

No, not had

n) Stopping breathing

Yes & saw a doctor

Yes, did not see doctor

No, not had

o) An accident

Yes & saw a doctor

Yes, did not see doctor

No, not had

p) Other, please describe

Yes & saw a doctor

Yes, did not see doctor

No, not had

A6 a) Has your child been admitted to hospital since she was 18 months old?

Yes

No

b) If yes, how many times?.....

c) Please describe each admission

Age of baby

Reason for admission

No. of nights in hospital

d)	How often did	Not at Quite Every	often
A7.	Has she had an Hernia repair	ny of th	e following?
u)	Tierma repair	Yes	No
b)	Operation for s		
٠,	op crawron for s	Yes	No
c)	Grommets in e		
- /		Yes	No
d)	Other, describ		
,	- · · · · · · · · · · · · · · · · · · ·	Yes	No
	Since she was		nths old has she had any periods when there was wheezing with
vv 1115t11	ing on her enest	Yes	oreaching.
		No	
If yes		110	
•	How many tin	nes has	this occurred since she was 18 months old?
0)	110 W IIIuiiy tiii	Once	and occurred since site was 10 mondis old.
		Twice	
		3-4 t	imes
			ore times
		Don't	
A8 c)	How many da		gether would you say she had wheezed?
10 0)	110 // 1111111/ 411	One	, somer would you say one had wheeled.
		2-3ds	avs
		4-9ds	•
		10 - 19	
		20 or r	·
		Don't	
d)	Was she breat		uring any of these occurrences?
/		Yes fo	<u> </u>
			r some
		Not at	
e)	Did she have a		during any of these occurrences?
,		Yes fo	
		Yes fo	r some
		Not at	all
f)	What do you t	hings b	rings them on?
,		_	n or bronchitis
	ii) Being		
	iii) Cold w		•
	iv) No ide		
	v) Other		
	,		

g) Have any of your other children had episodes of wheezing with whistling on the chest?
Yes No
No other children
No other children
A9 a) Has she had an itchy dry skin rash in the joints and creases e.g. behind knees unde arms, since she was 18 months old?
Yes
No
b) If yes, how bad was this?
Very bad
Quite bad Mild
No problem
c) Has she this sort of rash now?
Yes
No
d) Did the rash ever become sore and oozy?
Yes
No
e) Was it made worse by irritants such as bubble bath, soap, wool or nylon?
Yes
No
A10a) Has she had an itchy dry rash on her hands? Yes
No
b) Has she had an itchy dry rash on her feet?
Yes
No
If yes, please describe.
c) Does her skin get itchy when she gets sweaty?
Yes
No
d) Has she ever had a reaction which you thought was due to food she had eaten? Yes
No
If yes, please describe
i) Foods
1) 1 0045
ii) How long after the food was eaten did the rash appear?
iii) Where was the reaction?
Mouth
Somewhere else, describe

A11a) Has she had vomiting spells since she was 18 months old? Yes No b) How many times? Once Twice 3 - 9 times 10 times or more c) Have they been associated with? i) Diarrhoea Always Frequently Sometimes Rarely Never ii) Wheezing, coughing, grunting Always Frequently Sometimes Rarely Never A12 How frequently does she have bowel motions? 4 or more times a day 2 - 3 times a day Once a day Once in 2 - 4 days Once a week Don't know How often are her stools? A13 a) Hard Usually Sometimes Never b) Soft Usually Sometimes Never c) Curdy Usually Sometimes Never d) Liquid Usually Sometimes Never e) Green Usually Sometimes Never

f)	Brown
	Usually
	Sometimes
	Never
g)	Black
5/	Usually
	Sometimes
	Never
h)	
11)	Yellow
	Usually
	Sometimes
	Never
A 1 4 \	
A14a)	Since she was 18 months has she ever had diarrhoea or gastro-enteritis?
	Yes
	No
If Yes,	
b)	How many times?
c)	How many days did the worst bout last?
4)	Did you?
u)	Did you?
	i) Call the doctor to the house
	Yes
	No
	ii) Go to your doctor
	Yes
	No
A 1 / J\	:::\ Tract it recorned if
A14a)	iii) Treat it yourself
	Yes
	No
	iv) Other
	Yes
	No
e)	Did you continue to feed as usual?
	Yes No
If No,	i) For how long was normal feeding disturbed?
	Less than a day
	One day
	Two days
	3-4 days
	5 or more days
0	
f)	Was she treated with an oral rehydration solution?
	Yes
	No

Don't know

II Yes,	1) Give type
A14f)	ii) For how long was the solution given? Less than a day One day Two days 3 – 4 days 5 or more days
g)	What other treatment was given?
A15a)	Has your child ever had a time when it has coughed for at least two days? Yes No
If Yes:	
	How many times has this happened in the past 18 months? Once Twice 3- 9 times 10 or more
c)	Did she ever have a fever at any of these times? Yes No
d)	Did she have a runny nose during any of these attacks? For all For some Not at all
	Does your child generally listen to people, or to things happening nearby? Usually Often Sometimes Rarely I don't know
b)	Does she turn her head towards sounds? Yes, but only very loud sounds Usually Sometimes Never Don't know
c)	During or after a cold, does her hearing seem worse than usual? Much worse A little worse About the same She never has a cold Don't know
d)	During a cold, what colour is the discharge from her nose? i) Clear Yes No

Don't know Has not had a cold ii) Slightly white Yes No Don't know Has not had a cold iii) Thick, heavy and yellow or green Yes No Don't know Has not had a cold vi) Very little discharge Yes No Don't know Hasn't had a cold e) Does she pull, scratch or poke her ears? Quite often Only at times when ill, fretful or in pain Hardly ever Don't know f) Do her ears go red and look sore for a long time? Quite often Only at times when ill, fretful or in pain Hardly ever Don't know g) Has pus or sticky mucus ever leaked out of her ear? Never Once More than once Don't know h) Does she breathe through her mouth rather than her nose? All the time Much of the time Rarely Never Don't know i) Does she snore for more than a few minutes at a time? Most nights Often Rarely Don't know

A16 j) When she is asleep, does she seem to hold her breath or stop breathing for several seconds at a time?

Often

Sometimes

No

Don't know

A17a) Have there been times when she seems to have had a pain in her stomach? Yes
No
b) How many times has this happened in the past 18 months? Once
Twice
3 -4 times
5 Or more times
Don't know
A18 a) Since she was 1 year old has she ever had any form of convulsion, fit or seizure is which consciousness was lost or any part of her body made an abnormal movement? Yes No
Don't know
b) Please describe the first attack since her first birthday
c) Had she a high temperature at the time?
Yes No
Don't know
Bon t know
d) How old was she at time of first attack?months
e) How many attacks has she had?
One
Two
$\frac{3}{2}-4$
5 or more
f) By whom was the child seen for the attack(s)? tick all that apply.i) GP at home
ii) GP at surgery
iii) Staff at a hospital out patients
iv) Admitted to hospital
g) What investigations, if any, where carried out?
h) How did any subsequent attacks, if any, differ?
A18h i) What were the attacks thought to be due to?
i) Febrile convulsion
Yes
No
Don't know
ii) Fainting and blackout Yes
No
Don't know
- v vv ··

111)	Epilepsy
	Yes
	No
	Don't know
iv)	Breath holding
	Yes
	No
	Don't know
jv)	Reaction to immunisation
	Yes
	No
	Don't know
vi)	Something else, describe
	Yes
	No
	Don't know
A19	Has she ever had any of the following infections?
	Measles
a)	Yes
	No
b)	Chicken pox
U)	Yes
	No
	110
A19 c)	Mumps
	Yes
	No
d)	Meningitis
/	Yes
	No
e)	Another infection, describe
,	Yes
	No
A20	Approximately how many times in the last year has?
a)	The family doctor come to your home because she was illtimes
b)	The GP has seen her in his surgery because she was unwelltimes
c)	A doctor has seen her for routine checkstimes

SECTION B: ACCIDENTS AND INJURIES

However careful a parent is, most children have accidents at some time. Please list below the times your child has had an accident whether or not he/she was injured as a result.

B1	a)	Has your child ever been burnt or scalded since she was 18 months old?
Yes		
TC X	7	No
If Y		II
_	,	How many times?
For		ch burn or scald please describe what happened
		Place accident happened?
	,	What was she burnt with?
		Date of accident (month, year)
		Injuries caused
	٠,	Who was with the child?
	h)	What did the person with the child do?
		Nothing
		Treated it themselves
		Took to doctor
		Took to hospital
		Other, describe
B1	i)	What treatment did the person with the child give?
	j)	What other treatment did the child have?
	k)	Please describe how each accident happened
B2a	a)	Has your child ever been dropped or had a fall since she was 18 months old? Yes No
If Y	700	110
B2t		How many times?
For	620	ch fall please describe what happened
	cu(c)	Place fall happened
	,	Where did she fall or was dropped from?
	a) e)	Date of accident/(month, year)
	f)	Injuries caused
	g)	Who was with the child?
ě	3)	who was with the clind:
B2	h)	What did the person with the child do?
		Nothing
		Treated it themselves
		Took to doctor
		Took to hospital
		Other, describe
	i)	What treatment did the person with the child give?

j)	What other treatment did the child have?
k)	Please describe how each accident happened
B3 a)	Has the child swallowed anything harmful since she was 18 months old? Yes No
If Yes	110
	How many times?
For eac	ch incident please describe what happened
B3 c)	Place accident happened?
,	What did she swallow?
,	Date of accident/ (month, year)
	Injuries caused
	Who was with the child?
	What did that person do?
11)	Nothing
	Treated it themselves
	Took to doctor
	Took to hospital
	Other, describe
i)	What other treatment, if any, did the person with her give?
1)	what other treatment, if any, did the person with her give:
B3 j)	What other treatment did she have?
k)	Please describe how each accident happened
B4 a)	Has she had any other accidents or injuries since she was 18 months old? Yes No
If Yes	
	How many other accidents
c)	Place accident happened
,	What happened?
	Date of accident/ (month, year)
	Injuries caused
g)	Who was with her at the time?
•	What did that person do?
ĺ	Nothing
	Treated it themselves
	Took to doctor
	Took to hospital
	Other, describe
i)	What treatment, if any did the person with her give?
j)	What other treatment did she have?
k)	Please describe how each accident happened
,	11

SECTION C: PROBLEMS AND TREATMENTS

C1.	ϵ
	indicate which of the following have been given to your baby in the past six months.
	a) Cough medicine
	Never
	One episode Two or more episodes
	Substance
	b) Antibiotics
	Never
	One episode
	Two or more episodes
	Substance
	c) Throat medicine
	Never
	One episode
	Two or more episodes
	Substance
	d) Vitamins
	Never
	One episode
	Two or more episodes
	Substance
C1	, I
	Never
	One episode
	Two or more episodes
	Substance
	f) Ointment for skin
	Never
	One episode
	Two or more episodes
	Substance
	g) Eye ointment Never
	One episode
	Two or more episodes
	Substance
	h) Diarrhoea mixture
	Never
	One episode
	Two or more episode
	Substance
	i) Dimotapp/decongestant
	Never
	One episode
	Two or more episodes

Substance....

J)	Ear drops
	Never
	One episode
	Two or more episodes
	Substance
k)	Eye drops
K)	Never
	One episode
	Two or more episodes
1\	Substance
1)	Teething gel
	Never
	One episode
	Two or more episodes
	Substance
m)	Laxative
	Never
	One episode
	Two or more episodes
	Substance
n)	Other, describe
11)	Never Never
	One episode
	Two or more episodes
	Substance
C2.	Are there any pills, ointments or medicines that your child has taken every day for
the las	et 3 months?
	Yes
	No
If yes,	please describe.
	Has your toddler been investigated because it was thought she might have something
wrong	with her hips, legs or feet?
	Yes
	No
If yes,	
) Were any problems found?
	Yes
	No
	Don't know
If was	i) Describe
II yes	I) Describe
i	i) How old was she?
1	
	Less than 1 year
	1 year old
	2 years old
	3 years old
iii)	What treatment did she have?
111)	What it cannot the sho have:

	Describe
C4	a) Has anyone thought there might be a problem with her hearing? Yes
TC	No
If y	
	b) Who first suspected the problem?
	I did My partner did
	Other relative or friend
	Health visitor
	Doctor
	Other, describe
	c) Has she been seen at a Hearing Assessment Centre?
	Yes
	No
	d) At what age?
	Less than 1 year
	1 year old
	2 years old
	3 years old
	e) What was decided?
C5	a) Has anyone thought there might be a problem with her eyesight?
	Yes
	No
If y	es
	b) Who first suspected the problem?
	I did
	My partner did
	Other relative or friend
	Health visitor
	Doctor Other describe
C5	Other, describe
C5	c) What was thought to be wrong with her eyes? Squint
	Something else
	Don't know
	d) Has your baby ever been referred to an eye specialist?
	Yes
	No
If y	es,
•	e) At what age?
	Less than 1 year
	1 year old
	2 years old
	3 years old
	f) What was decided?

g)	What treatment was given?
C6.	Other problems Have there been any other problems for which she has been referred to a specialist? Yes No
If yes, b)	For how many different problems?
Please	list for each problem
c)	What was thought to be wrong.
d)	Has she seen a specialist? Yes No
e)	How old was she?months
f)	What was decided?
g)	What treatment was given?
	Has she ever visited the dentist? Yes, for treatment Yes for inspection only No If yes, for treatment, has she had? A filling
	Yes No
	A tooth out Yes No Other treatment, describe Yes No
C7 b)	Does the child use a tooth brush? Every day Sometimes No
If yes	110
c)	Does she ever have toothpaste? Yes No How much do you put on her brush? Brush full Half brush full

Less than half brush full None ii) How many times a day do you do this?.....times iii) Does she swallow it or spit it out? Swallows it Spits it out Varies iv) What brand of tooth paste is usually used?..... d) Has she ever had a dental X-ray? Yes No **SECTION D: SLEEPING AND CRYING** D1 Does your child have a regular sleeping routine now? Yes No D2a) How many hours sleep does she have during the day time? None Under 1 hour 1-2 hours Over 2 hours Don't know D2b) At what time in the evening does she normally go to sleep?.....pm D3a) What time does she wake in the morning?.....am b) How often during the night does she usually wake?.....times c) How often during the day does she usually sleep?....times In which room does she usually sleep? D4 ai) When you put her down at night In a room of her own In a room with other children In your bedroom In a room with other adults In another place, describe aii) When she wakes in the morning In a room of her own In a room with other children In your bedroom In a room with other adults In another place, describe b) Does she sleep on her own most nights, or does she share a bed or cot?

bi) When you put her down at night

In her own bed/cot

In bed/cot with other children

In your bed with you

In bed with another adult

In another place, describe

bii) When she wakes up in the morning

In her own bed/cot

In bed/cot with other children

In your bed with you

In bed with another adult

In another place, describe

c) How does she usually sleep?

On her back

On her side

On her front

Varies

d) In the room where she sleeps most of the night

i) Is the heating on at night?

Always

Sometimes

Not at all

ii) Is there a window open at night?

Always

Sometimes

Not at all

D4 d) iii) Does she have a duvet?

Always

Sometimes

Not at all

iv) Does she have an electric blanket?

Always

Sometimes

Not at all

v) Does she have a pillow?

Always

Sometimes

Not at all

vi) Does she have a hot water bottle?

Always

Sometimes

Not at all

Do you feel her sleep pattern is?

Better than other children of the same age

The same as other children of the same age

Worse than other children of the same age

D6 In the past year, has your child regularly?

a) Refused to go to bed

Yes, did not worry me

Yes, worried me a bit

Yes, worried me a lot

No, did not happen

b) Woken very early

Yes, did not worry me

Yes, worried me a bit

Yes, worried me a lot

No, did not happen

c) Had difficulty going to sleep

Yes, did not worry me

Yes, worried me a bit

Yes, worried me a lot

No, did not happen

d) Had nightmares

Yes, did not worry me

Yes, worried me a bit

Yes, worried me a lot

No, did not happen

e) Continued to get up after being put to bed

Yes, did not worry me

Yes, worried me a bit

Yes, worried me a lot

No, did not happen

f) Woken in the night

Yes, did not worry me

Yes, worried me a bit

Yes, worried me a lot

No, did not happen

g) Got up after only a few hours sleep

Yes, did not worry me

Yes, worried me a bit

Yes, worried me a lot

No, did not happen

D7 Compared with other toddlers, do you think your toddler cries?

More than others

Same as others

Less than others

Don't know

D8 All children cry. Some also fuss and whine. How often does your child do this?

For long periods each day

For a short while each day

A number of times a week

Sometimes

Hardly ever

D9 My child cries for no apparent reason

Often

Sometimes Hardly ever Can you usually calm her down when she cries? D10 Yes, fairly easily Yes, but it takes a while Yes, after a long time D11 Do you feel that your child's crying is a problem? Yes No D12a) How often do you use sweets or other foods to stop her crying or fretting? At least once a day Several times a week Not often Never b) What do you use to stop her? Sweets Chocolate Crisps Fruit Milk Another drink **SECTION E: YOUR CHILD'S ENVIRONMENT** E1 Which animals, at home or elsewhere, does she touch at least once a week? a) Cats Yes in our home Yes elsewhere No b) Dogs Yes in our home Yes elsewhere No c) Another furry pet Yes in our home Yes elsewhere No d) Birds Yes in our home Yes elsewhere No e) Other creatures, describe..... Yes in our home Yes elsewhere No

E2 All children get dirty. How often in a normal day;

a) Is her face washed?

Not at all

3-4 times

1 -2 times

5 or more times

b) Are her hands washed or wiped?

Not at all

3-4 times

1 -2 times

5 or more times

c) Are her hands cleaned before a meal?

Always

Usually

Sometimes

Never

E3 How often does she usually?

a) Have a bath or shower

More than once a day

Once a day

Once a week

Alternate days

Hardly ever

E3b) Have her ears cleaned

More than once a day

Once a day

Once a week

Alternate days

Hardly ever

E4 Is your toddler?

a) Dry during the day

Always

Sometimes

Never

b) Dry during the night

Always

Sometimes

Never

c) Clean during the day

Always

Sometimes

Never

d) Clean during the night

Always

Sometimes

Never

E5 Does your child tell you when she wants to go to the lavatory? Usually

Sometimes

Never

Please indicate how often during the day she is in a room or enclosed place where people are smoking

a) During weekdays

All the time

More than 5 hours

3-5 hours

1-2 hours

Less than one hour

Not at all

b) At weekends

All the time

More than 5 hours

3-5 hours

1-2 hours

Less than one hour

Not at all

E7 How often in a normal week is she left at home alone or just with other young children?

i) During the day

Not at all

Only for a few minutes

Less than an hour

More than an hour

ii) At night

Not at all

Only for a few minutes

Less than an hour

More than an hour

E8 How much time on average does she spend?

i) Weekdays

a) In a car

Not at all

Less than hour

1-2 hours

3 or more hours

b) Out of doors

Not at all

Less than hour

1-2 hours

3 or more hours

c) Watching TV

Not at all

Less than hour

1-2 hours

3 or more hours

d) With other children

Not at all

Less than hour

1-2 hours

3 or more hours

ii) Weekends

a) In a car

Not at all

Less than hour

1-2 hours

3 or more hours

b) Out of doors

Not at all

Less than hour

1-2 hours

3 or more hours

c) Watching TV

Not at all

Less than hour

1-2 hours

3 or more hours

E8 d) With other children

Not at all

Less than hour

1-2 hours

3 or more hours

SECTION F: YOU AND YOUR CHILD

F1a) Do you ever have a battle of wills with your child?

Never

Rarely

Sometimes

Frequently

- b) What are they usually about?.....
- c) Who most often wins?

I do

She does

About even

Neither of us

F2 How often does she refuse to go to bed when you take her?

Most of the time

Often

Sometimes

Rarely

Never

F3a) How often does she have temper tantrums?

More than once a day

Most days

	At least once a week
	Less than once a week
	Never
b)	Do they occur because of?
i)	Failure to get what she wants
	Yes
	No
ii)	Failure to make herself understood
	Yes
	No
iii)	Reaction to being corrected
	Yes
	No
iv)	No apparent reason
	Yes
	No
v)	Some other reason, describe
	Yes
	No
F3 c)	When she has temper tantrums, how often do you?
	Ignore it, let her get it out of her system
-/	Often
	Sometimes
	Never
ii)	Send her away for' time out' or send her to her bedroom
ŕ	Often
	Sometimes
	Never
iii)	Try to hold and cuddle her
	Often
	Sometimes
	Never
iv)	Try to reason with her
	Often
	Sometimes
	Never
v)	Leave it for someone else to cope with
	Often
	Sometimes
• \	Never
V1)	Try to distract her
	Often
	Sometimes
	Never
vii) Do	o something else
,	Often
	Sometimes
	Never

F4 How often does she do the following?

a) Repeatedly rocks her head or body

Once a week or more

Less than once a week

Never

b) Show a regular twitch

Once a week or more

Less than once a week

Never

c) Show some other unusual behaviour

Once a week or more

Less than once a week

Never

F5 How often do you take her to?

a) The local shops

Nearly every day

Once a week

Once a month

A few times a year

Never

b) Strand street shops

Nearly every day

Once a week

Once a month

A few times a year

Never

c) A supermarket

Nearly every day

Once a week

Once a month

A few times a year

Never

d) A park or playground

Nearly every day

Once a week

Once a month

A few times a year

Never

e) Visit friends or family

Nearly every day

Once a week

Once a month

A few times a year

Never

f) The library

Nearly every day

Once a week

Once a month

A few times a year

Never

g) Places of interest Wildlife park etc

Nearly every day

Once a week

Once a month

A few times a year/Never

h) Places of entertainment; Villa Marina etc

Nearly every day

Once a week

Once a month

A few times a year

Never

F6 Please tick which statement is appropriate to your toddler

She wanders further than I like

She never leaves me

Neither of these

F7 How much choice do you allow her in deciding what foods she eats at meals?

She can choose from any foods available

She can choose from a few alternatives I select

I decide what she will eat

I am never in charge of preparing her meals

F8 Do you allow her to choose what clothes she will wear?

She always takes part in choosing

She has some choice

I decide what she will wear

I am never involved in dressing her

F9 Does she have?

Cuddly toys

Yes

No

Push or pull toys

Yes

Nο

Co-ordination toys, bricks, posting box etc

Yes

No

Jigsaw puzzles

Yes

No

F10 How many books does she have of her own?

None

1 - 2

3 - 9

10 or more

F11 a) Do you try to teach you toddler new tricks?

No, she is too young

No, I have no time

Sometimes

Often

- b) Which of the following do you try to teach her?
 - i) Colours

Yes

No

ii) The alphabet

Yes No

F11b iii) Numbers

es No

iv) Nursery rhymes

Yes

No

v) Songs

Yes

No

vi) Shapes and sizes

Yes

No

vii) Please and thank you'

Yes

No

viii) Others, describe.....

Yes

No

F12 Do you talk to her while you do housework or other occupation?

Never

Rarely

Sometimes

Often

Always

F13 a) When do you have the TV on?

All day

Most of the day

Mornings only

Afternoons only

Evenings only

We do not have one

Not at all

b) Does your child watch TV?

Yes, but only when playing

Yes, she concentrates and understands it

No, she ignores it

No, she is never allowed to see it

- c) If she does watch TV what does she watch?
 - i) Children's programmes

Yes

No

ii) Other programmes

Yes

No

iii) Children's video

Yes

No

F13c) vi) Other videos

Yes

No

F14 How often does she play with children other than her brothers or sisters/

Every day

2-6 times a week

Once a week

Less than once a week

Never

- F15 When you and your toddler meet again after being apart for an hour or more, does she?
 - a) Move away, avoiding looking at you

Always

Sometimes

Hardly ever

b) Push you away

Always

Sometimes

Hardly ever

c) Run to you for a hug or cuddle

Always

Sometimes

Hardly ever

F16 Many children have particular types of activities that they prefer or toys they play with. How often has your child played with the following in the past month? Plays with a)

i) Guns or used objects as guns

Never

Hardly ever

Sometimes

Often

Very often

ii) Jewellery

Never

Hardly ever

Sometimes Often Very often iii) Tool set Never Hardly ever Sometimes Often Very often iv) Dolls Never Hardly ever Sometimes Often Very often F16a v) Trains, cars, aeroplanes Never Hardly ever Sometimes Often Very often vi) Swords, or objects used as swords Never Hardly ever Sometimes Often Very often vii) Tea set Never Hardly ever Sometimes Often Very often F16b) i) Played house Never Hardly ever Sometimes Often Very often ii) Played with girls Never

Hardly ever

Sometimes

Often

Very often

iii) Pretended to be a female person (princess etc)

Never

Hardly ever

Sometimes

Often

Very often

iv) Pretended to be a male person (soldier etc)

Never

Hardly ever

Sometimes

Often

Very often

v) Played at fighting

Never

Hardly ever

Sometimes

Often

Very often

F16b vi) Played at being mother or father

Never

Hardly ever

Sometimes

Often

Very often

vii) Played ball games

Never

Hardly ever

Sometimes

Often

Very often

viii) Climbed trees, fences etc

Never

Hardly ever

Sometimes

Often

Very often

ix) Played at looking after babies

Never

Hardly ever

Sometimes

Often

Very often

x) Shown interest in real cars, aeroplanes etc

Never

Hardly ever

Sometimes

Often

Very often

xi) Dressed in girls clothes

Never

Hardly ever

Sometimes

Often

Very often

xii) Played with boys

Never

Hardly ever

Sometimes

Often

Very often

F16c) How often does she?

i) Like to explore new surroundings

Never

Hardly ever

Sometimes

Often

Very often

F16c ii) Enjoy rough and tumble play

Never

Hardly ever

Sometimes

Often

Very often

iii) Show interest in spiders, snakes, insects

Never

Hardly ever

Sometimes

Often

Very often

iv) Avoid getting dirty

Never

Hardly ever

Sometimes

Often

Very often

v) Like pretty things

Never

Hardly ever

Sometimes

Often

Very often

vi) Avoid taking risks

Never

Hardly ever

Sometimes

Often

Very often

F17 Do you feel that she dominates the household?

Usually

Sometimes

Not at all

F18 Do you start by being firm and then giving in?

Usually

Sometimes

Not at all

SECTION G: UPSETTING EVENTS

Below are some events that might upset some children, Please state whether any of these happened since your toddler was 18 months old.

G1 She was taken into care

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

G2 A pet died

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

G3 She moved home

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

G4 She had a shock or fright

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

G5 She was physically hurt by someone

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

G6 She was sexually abused

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

G7 She was separated from her mother

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

G8 She was separated from her father

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

G9 She acquired a new parent figure

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

G10 She had a new brother or sister

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

G11 She was admitted to hospital

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

G12 The person looking after her changed

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

G13 She was separated from someone else

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

G14 She started a new nursery or crèche

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

G15 Something else, describe

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset Yes, but not upset Did not happen

SECTION H: CHILDCARE

H1a) Apart from yourself, who regularly looks after your child when you are not there?

i) Partner

No

Yes

Baby's age when begun

No of hours per week

ii) A grandparent

No

Yes

Baby's age when begun

No of hours per week

H1a iii) Another relative

No

Yes

Baby's age when begun

No of hours per week

iv) A friend or neighbour

No

Yes

Baby's age when begun

No of hours per week

v) A paid person outside our home

No

Yes

Baby's age when begun

No of hours per week

vi) A paid person in our home, nanny or baby sitter

No

Yes

Baby's age when begun

No of hours per week

vii) Staff in a day nursery or crèche

No

Yes

Baby's age when begun

No of hours per week

viii) Another person, describe

No

Yes

Baby's age when begun

No of hours per week

For the person above who looks after your child for the longest periods of time, what is the main reason for your choosing this form of childcare?

H1 b) I have no choice

It is convenient

I can afford to pay for it

It is linked to my job

Other reason, describe

H1 c) How satisfied are you with the arrangements?

Very

Fairly

Not at all

H2 Since your baby was born, please list below, for each month during her life, any arrangements you have made to have her regularly looked after by other people.

Child's age

No of hours a week during the day

Person looking after her

Place where they looked after her

- H3 How many different people, other than her parents, have looked after your baby since she was born?.....
- H4 How often does your partner share the following activities with your child?
 - a) He bathes her

Often

Occasionally

Rarely

Never

b) Feeds her

Often

Occasionally

Rarely

Never

c) Sings to her

Often

Occasionally

Rarely

Never

d) Shows her picture books

Often

Occasionally

Rarely

Never

e) Plays with toys with her

Often

Occasionally

Rarely Never f) Cuddles her Often Occasionally Rarely Never g) Physical play, rough and tumble Often Occasionally Rarely Never h) Takes her for walks Often Occasionally Rarely Never i) Puts her to bed Often Occasionally Rarely Never H4 j) Other, describe Often Occasionally Rarely Never H5 How often do you share the following activities with your toddler? a) I bath her Often Occasionally Rarely Never b) Feed her Often Occasionally Rarely Never c) Sing to her Often Occasionally Rarely Never d) Show her picture books Often Occasionally Rarely Never e) Play with toys with her

Often

Occasionally

Rarely Never f) Cuddle her Often Occasionally Rarely Never g) Physical play, rough and tumble Often Occasionally Rarely Never h) Take her for walks Often Occasionally Rarely Never H₅ i) Baths her Often Occasionally Rarely Never j) Other, describe Often Occasionally Rarely Never **SECTION I: FEEDING** I1a) Some children just nibble all day while others wait for meals. How would you describe your child? Nibbles all day, no real meals Nibbles all day, and has real meals Doesn't nibble much, just has meals Other, describe...... How many meals a day does your toddler have now?.....

- I1b)
- I2 For her main meal of the day does she eat?
 - The same food as you a)

Always

Nearly always

Sometimes

Almost never

Never

Doesn't have a main meal

I2 b) A different meal that you prepare

Nearly always

Sometimes

Almost never

Never

Doesn't have a main meal

c) A ready prepared meal out of a tin or packet

Nearly always

Sometimes

Almost never

Never

Doesn't have a main meal

I3 Do you feel that you have had difficulties in feeding her during the past year?

Great difficulty

Some difficulty

Occasional difficulty

No difficulty

I4 In the past year has she at any time?

a) Not eaten enough food

Yes, worried me a lot

Yes, worried me a bit

Yes, did not worry me

Did not happen

I4 b) Refused to eat the right food

Yes, worried me a lot

Yes, worried me a bit

Yes, did not worry me

Did not happen

c) Been choosy about food

Yes, worried me a lot

Yes, worried me a bit

Yes, did not worry me

Did not happen

d) Over eaten

Yes, worried me a lot

Yes, worried me a bit

Yes, did not worry me

Did not happen

e) Been difficult to get into an eating routine

Yes, worried me a lot

Yes, worried me a bit

Yes, did not worry me

Did not happen

I5 How many times does she eat?

a) Sausages/burgers

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

b) Pies, pasties etc

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

c) Meat, beef lamb, pork etc

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

d) Poultry

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

I5 e) Liver, kidney, heart

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

f) Fish fingers

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

g) White fish, cod, haddock etc

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

h) Other fish, salmon, kippers, mackerel, sardines etc

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

i) Shellfish

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

j) Eggs, quiche

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

k) Cheese

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

1) Pizza

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

I5 m) Chips

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

n) Roast potatoes

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

o) Boiled, mashed, jacket potatoes

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

p) Rice, boiled or fried

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

q) Pot noodles, in sauces

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

r) Pasta, spaghetti etc

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

s) Crisps

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

t) Fried foods, egg, bacon chops etc

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

I6 Does she eat the fat on meat?

Yes, all of it

Yes, some of it

No

Never eats meat

I7 How many times now does she eat?

a) Baked beans

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

b) Peas, sweet corn, beans

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

c) Green vegetables, cabbage, sprouts etc

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

d) Other vegetables, cauliflower, leeks etc

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

e) Carrots

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

f) Other root vegetables, turnip, parsnips etc

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

g) Salad

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

17 h) Pulses, dried peas, lentils, tahini etc

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

i) Nuts, nut roast

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

j) Soya meat, vegeburgers

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

k) Fresh fruit

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

1) Yoghurt, fromage frais, milk puddings, mousse

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

m) Fruit pudding, crumble, pies, gateaux

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

n) Oat cereals

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

o) Bran cereals, Weetabix etc

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

I7 p) Other cereals, rice crispies, frosties

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

q) Cakes, buns, scones, cream cakes

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

r) Crispbreads

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

s) Biscuits

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

t) Chocolate biscuits

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

u) Chocolate bars, Mars, Twix etc

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

v) Chocolate

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

w) Sweets

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

- I8 On days when she has sweets, how many individual sweets does she eat that day?
 - 1 2
 - 3 5
 - 6 10

11 or more

On the day when she has chocolate or chocolate bars, how much does she eat? e,g. Mars bar, bag of buttons

Less than 1/4

About 1/4

About 1/2

About 3/4

Whole one

More than one

- I10 How many times a week does she drink?
 - a) Fruit juice from a tin

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

b) Pure fruit juice, carton or freshly squeezed

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

c) Squash or Ribena

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

d) Coca cola, pepsi etc

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

e) Other fizzy drinks

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week
- f) Water, on its own

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

I10 g) Milk, on its own

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

h) Flavoured milk drinks

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4-7 times a week

More than once a day

i) Flavoured milk drinks made by you, hot or cold

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

When she has soft drinks, how often are they low calorie, diet or reduced sugar drinks?

Usually

Sometimes

Not at all

Doesn't have soft drinks

II2 If she has cola drinks, hoe often are they decaffeinated?

Usually

Sometimes

Not at all

Doesn't have soft drinks

How many pieces of bread, rolls, chappatis does she eat on a usual day?

Less than one

1 to 2

3 to 4

5 or more

- I14 What type of bread does she usually eat?
 - a) White bread
 - b) Brown/granary bread
 - c) Wholemeal bread
 - d) Chappatis/nan bread

e) Doesn't usually eat bread I15 What sort of fat does she have? a) Butter, ghee, dripping lard, solid cooking fat Usually Sometimes Not at all b) Hard or soft margarine Usually Sometimes Not at all I15 c) Polyunsaturated margarine Usually Sometimes Not at all d) Low fat spread, St Ivel Gold etc Usually Sometimes Not at all e) Sunflower, soya, corn, olive oil Usually Sometimes Not at all f) Other vegetable oil Usually Sometimes Not at all g) Any other, describe Usually Sometimes Not at all I16 How many slices of bread or rolls spread with fat does she eat each day, include bought sandwiches?....number I17 How many times in a month does she have take-away foods for her main meal? Never/rarely 1 or 2 3 or 4 5 or 9 10 or more I18 What type of milk does she have? a) Full fat (blue carton) Usually Sometimes Not at all b) Semi skimmed (green carton0 Usually Not at all Sometimes c) Skimmed (red carton) Usually

Sometimes

	Not at all
d)	Sterilised
,	Usually
	Sometimes
	Not at all
e)	Breast milk
- /	Usually
	Sometimes
	Not at all
I18 f)	Goat/sheep milk
	Usually
	Sometimes
	Not at all
g)	Soya milk
	Usually
	Sometimes
	Not at all
h)	Other
	Usually
	Sometimes
	Not at all
I19	How often does she have milk?
a)	Tea with milk
	Every day
	At least once a week
	Less than once a week
b)	Not at all
U)	Coffee with milk
	Every day At least once a week
	Less than once a week
	Not at all
c)	Milk on breakfast cereal
C)	Every day
	At least once a week
	Less than once a week
	Not at all
I19 d)	Milk pudding, rice custard etc
,	Every day
	At least once a week
	Less than once a week
	Not at all
	How many cups of tea does she drink in a day? not herbal teascups
	How many spoons of sugar in each?spoons
c)	How many cups of tea are decaffeinated?cups
d)	How many cups of coffee in a day?cups
	How many spoons of sugar in each?spoons
f)	How many cups of coffee are decaffeinated?cups
g)	How many cups of coffee she drinks are real coffee, not instant?cups

h) l	How many of these are decaffeinated
I21a) l	Does she drink any herbal teas?
	Often
	Occasionally
	Never
b) 1	How many cups of herbal tea has she drunk in the past week?cups
c) l	Please list types of herbal tea she has drunk in the past month
I22 a) '	What would you say best describes your child's alcohol drinking?
	She often has a glass of her own
	Sometimes has a glass of her own
	Has a taste of other peoples
	Rarely has any alcohol
	Never has any alcohol
I22b) 1	How often does she have any of the following?
i) Y	Wine
	More than once a week
	Once a week
	Less than once a week
	Never
ii)]	Beer, lager
	More than once a week
	Once a week
	Less than once a week
	Never
111)	Spirits
	More than once a week
	Once a week
	Less than once a week
:)	Never
10)(Other alcohol, describe
	More than once a week
	Once a week
	Less than once a week Never
I23	Apart from herbal teas, are there any other health foods, bought from a health
	food shop or not, that she often eats or drinks?
	Yes
	No
1	If yes, describe
	What does your child drink from now?
	Ordinary cup, mug, glass
α) .	Usually
	Sometimes
	Not at all
b) 1	Feeder cup
- / -	Usually
	Sometimes

Not at all c) Bottle with teat Usually Sometimes Not at all d) Can Usually Sometimes Not at all I24 e) Carton or bottle with straw Usually Sometimes Not at all I25 How often does she have a bottle which she carries with her and drinks from throughout the day? Every day Most days Occasionally Not at all I26 Has she got definite likes and dislikes for some foods? No, she will eat almost anything She is quite choosy She is very choosy Does she drink from a cup or mug? I27 Usually Sometimes Not at all I28 How often do you put her down to sleep with a bottle? Always Sometimes Never I29 How often does she suck her thumb, finger or a dummy? a) Thumb At night only Most of the time Sometimes Never b) Dummy At night only Most of the time Sometimes Never

c) Does she have any special object she uses for comfort?

Yes

No

I29 d) If yes; what is it?

A blanket

A cuddly toy

Something else, describe

I30 Does she ever eat coal, soil, dirt or other non-nutritious substances?

Every day

At least once a week

Less than once a week

Not at all

If yes, describe what it is....

SECTION J; MILESTONES

Below is a list of things which children gradually learn to do as they get older. Some of then your child may be doing and others she won't have started yet. Please indicate which she is doing.

J1 a) She is able to drink from a cup

She can do it well

Has done it once or twice

Has not started to yet

b) She shows what she wants without crying for it

She can do it well

Has done it once or twice

Has not started to yet

c) She copies me doing my housework

She can do it well

Has done it once or twice

Has not started to yet

d) She can put on a T-shirt by herself

She can do it well

Has done it once or twice

Has not started to yet

e) She helps in the house with simple tasks

She can do it well

Has done it once or twice

Has not started to yet

f) She can take off her clothes with help

She can do it well

Has done it once or twice

Has not started to yet

g) She can put her shoes on, not doing them up

She can do it well

Has done it once or twice

Has not started to yet

h) She can wash and dry her hands

She can do it well

Has done it once or twice

Has not started to yet

i) She can brush her teeth

She can do it well

Has done it once or twice

Has not started to yet

j) She can get dressed without help

She can do it well

Has done it once or twice

Has not started to yet

k) She eats with a spoon and fork

She can do it well

Has done it once or twice

Has not started to yet

J1 1) She plays card or board games

She can do it well

Has done it once or twice

Has not started to yet

m) She prepares breakfast cereal to eat

She can do it well

Has done it once or twice

Has not started to yet

J2 a) She can hold a pencil and scribble

She can do it well

Has done it once or twice

Has not started to yet

b) She can copy a vertical line

She can do it well

Has done it once or twice

Has not started to yet

c) She can wiggle her thumb

She can do it well

Has done it once or twice

Has not started to yet

d) She can copy a circle and draw it more or less

She can do it well

Has done it once or twice

Has not started to yet

e) She can bang together two similar objects that she is holding

She can do it well

Has done it once or twice

Has not started to yet

f) She grabs objects using her whole hand

She can do it well

Has done it once or twice

Has not started to yet

g) She can pick up a small object, using finger and thumb only

She can do it well

Has done it once or twice

Has not started to yet

h) She can build a tower, putting one object on top of another

She can do it well

Has done it once or twice

Has not started to yet

i) She can build a tower of four bricks

She can do it well

Has done it once or twice

Has not started to yet

j) She can build a tower of six bricks

She can do it well

Has done it once or twice

Has not started to yet

J2 k) She can build a tower of eight bricks

She can do it well

Has done it once or twice

Has not started to yet

J3 a) She can walk

She can do it well

Has done it once or twice

Has not started to yet

b) She can walk backwards five steps

She can do it well

Has done it once or twice

Has not started to yet

c) From a standing position she can bend down and return to standing

She can do it well

Has done it once or twice

Has not started to yet

d) She runs

She can do it well

Has done it once or twice

Has not started to ye

e) She can walk up steps

She can do it well

Has done it once or twice

Has not started to yet

f) She can kick a ball

She can do it well

Has done it once or twice

Has not started to yet

g) She can throw a ball

She can do it well

Has done it once or twice

Has not started to yet

h) She can jump up and down

She can do it well

Has done it once or twice

Has not started to yet

i) She can balance on one foot for at least one second

She can do it well

Has done it once or twice

Has not started to yet

j) She can hop

She can do it well

Has done it once or twice

Has not started to yet

- J4 Are you worried about any aspect of your child's development?
 - a) Her speech

Yes, I'm worried

No, not worried

J4 b) Her weight

Yes, I'm worried

No, not worried

c) Her height

Yes, I'm worried

No, not worried

d) Her behaviour

Yes, I'm worried

No. not worried

e) Her general development

Yes, I'm worried

No, not worried

If you have answered' Yes' please describe what worries you.

.....

SECTION K: TEMPERAMENT

Please tick the box which describes how often your child's behaviour is like the behaviour given below:

K1 She tends to be shy

Not at all like her

Not much like her

Somewhat like her

Quite like her

Exactly like her

K2 She cries easily

Not at all like her

Not much like her

Somewhat like her

Quite like her

Exactly like her

K3 She likes to be with people

Not at all like her

Not much like her

Somewhat like her

Quite like her

Exactly like her

K4 She is always on the go

Not at all like her

Not much like her

Somewhat like her

Quite like her

Exactly like her

K5 She prefers playing with others rather than alone
Not at all like her
Not much like her
Somewhat like her
Quite like her
Exactly like her

K6 She tends to be somewhat emotional

Not at all like her Not much like her Somewhat like her Quite like her

K7 When she moves about she moves slowly

Exactly like her

Not at all like her Not much like her Somewhat like her Quite like her Exactly like her

K8 She makes friends easily

Not at all like her Not much like her Somewhat like her Quite like her

Exactly like her

K9 She is up and running as soon as she wakes up in the morning

Not at all like her Not much like her Somewhat like her Quite like her Exactly like her

K10 She finds people more stimulating than anything else

Not at all like her Not much like her Somewhat like her Quite like her Exactly like her

K11 She often fusses and cries

Not at all like her Not much like her Somewhat like her Quite like her Exactly like her

K12 She is very sociable

Not at all like her Not much like her Somewhat like her Quite like her Exactly like her

K13 She is very energetic

Not at all like her

Not much like her

Somewhat like her

Ouite like her

Exactly like her

K14 She takes a long time to warm to strangers

Not at all like her

Not much like her

Somewhat like her

Quite like her

Exactly like her

K15 She gets upset easily

Not at all like her

Not much like her

Somewhat like her

Quite like her

Exactly like her

K16 She is something of a loner

Not at all like her

Not much like her

Somewhat like her

Quite like her

Exactly like her

K17 She prefers quiet inactive games to more active ones

Not at all like her

Not much like her

Somewhat like her

Quite like her

Exactly like her

K18 When alone, she feels isolated

Not at all like her

Not much like her

Somewhat like her

Ouite like her

Exactly like her

K19 She reacts intensely when upset

Not at all like her

Not much like her

Somewhat like her

Quite like her

Exactly like her

K20 She is very friendly with strangers

Not at all like her

Not much like her

Somewhat like her

Quite like her

Exactly like her

SECTION L; HER GROWTH

Please list the date on which your child was weighed since she was 18 months old, and how much she weighed. Also add height and head circumference if they were measured.

L1 Date

Weight

Height

Head circumference

SECTION M; UNDERSTANDING AND TALKING

We are interested in the words your child understands and those she uses. Please mark the words you have heard your child use or know she understands. If your child uses a different or shortened version of a word 'raffe' for giraffe mark the word anyway.

This is a list of words that may be used by young children. Don't worry if your child doesn't say any of these yet. Tick both columns if she says and understands.

M1 a) Hello

Says

Understands

b) Don't

Says

Understands

c) Dinner

Says

Understands

d) Call

Says

Understands

e) Turn round

Says

Understands

M2 a) Dog/puppy

Says

Understands

b) Bear/teddy

Says

Understands

c) Chicken

Says

Understands

d) Goose

Says

Understands

e) Animal

Says

Understands

f) Crocodile

Says

Understands

g) Hen

Says

Understands

M3 a) Nose

Says

Understands

b) Hand

Says

Understands

c) Head

Says

Understands

d) Finger

Says

Understands

M4 a) Sock

Says

Understands

b) Coat

Says

Understands

c) Pyjamas

Says

Understands

d) Jumper

Says

Understands

e) Tights

Says

Understands

M5 a) Cheese

Says

Understands

b) Biscuit

Says

Understands

M5 c) Raisin

Says

Understands

d) Pizza

Says

Understand

e) Butter

Says

Understands

f) Chips

Says

Understands

g) Beefburger

Says

Understands

h) Peas

Says

Understands

i) Potato

Says

Understands

j) Strawberry

Says

Understands

k) Spaghetti

Says

Understands

1) Lemonade

Says

Understands

m) Nuts

Says

Understands

M6 a) Door

Says

Understands

b) Window

Says

Understands

c) Settee/sofa

Says

Understands

d) Sink

Says

Understands

e) Bedroom

Says

Understands

M6 f) Washing machine

Says

Understands

M7 a) Bottle

Says

Understands

b) Box

Says

Understands

c) Fork

Says

Understands

d) Money

Says

Understands

e) Glasses

Says

Understands

f) Plate

Says

Understands

g) Knife

Says

Understands

h) Camera

Says

Understands

i) Heater

Says

Understands

M8 a) Tree

Says

Understands

b) Rain

Says

Understands

c) Star

Says

Understands

d) House

Says

Understands

e) Snow

Says

Understands

f) Roof

Says

Understands

M9 a) Mummy

Says

Understands

b) Boy

Says

Understands

c) Clown

Says

Understands

d) Lady

Says

Understands

e) Princess

Says

Understands

f) Person

Says

Understands

M10 a) Park

Says

Understands

b) Farm

Says

Understands

c) Church

Says

Understands

d) Library

Says

Understand

M11 a) Down

Says

Understands

b) The

Says

Understands

c) On top of

Says

Understands

d) With

Says

Understands

e) An

Says

Understands

M12 a) Mine

Says

Understands

b) These

Says

Understands

c) Him

Says

Understands

d) Hers

Says

Understands

e) Us

Says

Understands

M13 a) Ouch

Says

Understands

b) Wet

Says

Understands

c) Happy

Says

Understands

d) Hurt

Says

Understands

e) Sleepy

Says

Understands

f) New

Says

Understands

g) Green

Says

Understands

h) Fast

Says

Understands

i) Quiet

Says

Understands

j) Awake

Says

Understands

k) White

Says

Understands

1) First

Says

Understands

m) Angry

Says

Understands

M14 a) More

Says

Understands

b) Some

Says

Understands

c) Any

Says

Understands

M15 a) What

Says

Understands

b) Which

Says

Understands

M16 a) Night

Says

Understands

b) Today

Says

Understands

M17 a) Toy

Says

Understands

b) Bubbles

Says

Understands

c) Football

Says

Understands

M18 a) Boat

Says

Understands

b) Train

Says

Understands

M19 a) Kiss

Says

Understands

b) Bite

Says

Understands

c) Help

Says

Understands

d) Comb

Says

Understands

e) Close

Says

Understands

f) Cook

Says

Understands

g) Turn/on

Says

Understands

h) Fix

Says

Understands

i) Look

Says

Understands

j) Splash Says Understands k) Shake Says Understands 1) Pull Says Understands m) Touch Says Understands n) Put Says Understands o) Cover Says Understands p) Drop Says Understands q) Taste Says Understands r) Lie down Says Understands s) Wish Says Understands t) Do M19 Says Understands u) Have to Says Understands v) Are Says Understands w) Were Says Understandss M20 a) To talk about more than one thing, we add an's' to many words; cars, shoes etc. Has your child begun to do this? Not yet

Sometimes Often b) To talk about ownership, we add 's' Daddy's key baby's bottle etc. Has your child begun to do this?

Not yet

Sometimes

Often

c) To talk about activities, we sometimes add 'ing' to verbs; looking, running etc. Has your child begun to do this?

Not yet

Sometimes

Often

d) To talk about things that happened in the past, we often add 'ed' to the verb; kissed, opened etc. Has your child begun to do this?

Not yet

Sometimes

Often

- M21 Below are some plural words. Please indicate in each column which your child uses and understands.
- a) Children

Says

Understands

b) Feet

Says

Understands

c) Men

Says

Understands

d) Mice

Says

Understands

e) Teeth

Says

Understands

f) Ate

Says

Understands

g) Blew

Says

Understands

h) Bought

Says

Understands

i) Broke

Says

Understands

j) Came

Says Understands M21 k) Drank Says Understands 1) Drove Says Understands m) Fell Says Understands n) Flew Says Understands o) Got Says Understands p) Had Says Understands q) Heard Says Understands r) Held Says Understands s) Lost Says Understands t) Made Says Understands u) Ran Says Understands v) Sat Says Understands w) Saw Says Understands x) Took Says Understands

Has your child begun to combine words together yet,

y) Went

such as 'doggy bite'?

Says

Not yet

UnderstandsM22.

Sometimes

Often

M23. Please give three examples of the longest combination of words you have heardyour child use recently.

In each of the following, please mark the one that sounds most like the way your M24 child talks now

a) Two shoe

ai) Two shoes

b) Two feet

bi) Two foots

bii) Two foot

c) Daddy car

ci) Daddy's car

d) Kitty sleep

di) Kitty sleeping

dii) Kitty is asleep

e) I make tower

ei) I making a tower eii) am making a tower

f) I feel down

fi) I fall down

g) Doggie kiss me

gi) Doggie kissed me

h) Daddy pick me up

hi) Daddy picked me up

i) John went away

ii) John go away

M24

j) Baby's blanket

ji) Baby blanket

k) Dog table

ki) Dog on table

1) That's my book

li) That my book

SECTION N: MORE ABOUT TALKING AND LISENING

N1. Can she listen to a short story from start to finish?

Not yet

Sometimes

Often

Can she understand instructions such as 'Find the jumper Granny gave to you' N2.

Not yet

Sometimes

Often

N3. Does she stumble or get stuck on words or repeat them many times?

Never

Sometimes

Often

N4. Is her voice hoarse or husky? Never

Sometimes

Often

N5. a) Can you understand what she says?

Mostly

Sometimes

Rarely

b) Can your family understand what she says?

Mostly

Sometimes

Rarely

c) Can visitors to your house, understand what she says?

Mostly

Sometimes

Rarely

N6. Does she sing songs, even if the words are not clear?

Not yet

Sometimes

Often

N7. Does she talk, but the words are in the wrong order?

Often

Sometimes

Never

N8. Does she ask questions?

Often

Sometimes

Never

- N9. Children learn to talk in different ways and at different ages. Please indicate which description best describes your child.
 - a) Makes babbling noises that sound like talking

Yes, still does

Yes, in the past, not now

Never did

b) Prefers using gestures to get what she wants

Yes, still does

Yes, in the past, not now

Never did

c) When she talks now, what are the most words she can put together?

One

Two

3 or 4

5 or more

Does not talk

N10. Some children enjoy talking, others do not. Does your child?

a) Talk a lot

Often

Sometimes

Not often

b) Stay mainly silent

	Often
	Sometimes
	Not often
c) Se	eem to avoid looking at people's faces when talking to them?
0) 2	Often
	Sometimes
	Not often
4) E.	
u) E	cho what has just been said
	Often
	Sometimes Not often
	Not often
N11. H	as anyone thought that there may be a problem with her talking?
	Yes
	No
If ves wh	no was it, tick all that apply
•	ou or your partner
a) 1	Yes
	No
ь) ц	
υ) Π	ealth Visitor
	Yes
\ ~	No
c) G	
	Yes
	No
N11 d) G	randparents
MII u) O	Yes
	No
a) O	
e) O	
	Yes
0. 4	No
f) A	re there still worries about her talking?
	Yes
	No
If yes, ple	ease describe
N12. H	as she ever seen a speech therapist?
	Yes
	No
If yes,	
-	ow old was she?months
,	That was decided?
N112 4	
N13. A	re there any other languages apart from English, spoken in your household? Yes
	No
If *** == 1	
	nich languages?
inis ques	stionnaire was completed by:

UI.	a) Mother	
	Yes	
	No	
	b) Father	
	Yes	
	No	
	c) Other	
	Yes	
	No	
O2.	Please give date on which you completed the	is questionnaire
O3.	Please give date of birth of your child	
	3	
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	Institute of Child Health, University of Bri	stol & E.L.S.P.A.C. in the Isle of Man.

When completed, please return this questionnaire to the ELSPAC Office

2.5.16. CARERS' QUESTIONNAIRE AT THREE YEARS

Data gathered by:	Child's carer
Data gathered when:	Child at three years
Data gathered where:	Self completing questionnaires posted with birthday
	Card & pre paid envelope
Number collected:	612
Entered data stored in file(s):	1-16Mi.csv 1-16Mii.csv
	16Mi.xls 16Mii.xls 16Miii.xls 16M comments.xls
Version of questionnaire	1

Questionnaire information

This questionnaire is for the person who is most involved with the day-to-day care of your child. Its purpose is to find out what problems children and their parents have. Your answers will help us to identify those problems that may be tackled by changes in the health care system.

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

Many of the questions are the same as those you answered a year ago. This is so that we can measure any changes which may have occurred

Please answer all the questions you can. If you cannot answer a question, if some do not apply to you, or if you do not wish to answer any of them, please just put a line through them. There are no right or wrong answers, just describe what happens in your situation. You may make additional comments at the end.

All the answers you give are confidential

THANK YOU VERY MUCH FOR YOUR HELP

SECTION A: YOUR HEALTH

A1 How would you describe your health?

Always fit and well

Mostly feel well and healthy

Often feel unwell

Hardly ever feel really well

A2 Have you had any of the following since your baby was 18 months old?

a) Anxiety or nerves

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

b) Depression

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

c) Headaches or migraine

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

d) Back ache

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

e) Indigestion

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

f) Cough or cold

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

g) Haemorrhoids/piles

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

h) Influenza

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

i) Wheezing

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

j) Bronchitis

Yes, and I consulted my doctor

Yes, but did not consult my doctor

No

A2k) Stomach ulcer Yes, and Yes, but

Yes, and I consulted my doctor Yes, but did not consult my doctor

No

1) Eczema

Yes, and I consulted my doctor Yes, but did not consult my doctor

m) Psoriasis

Yes, and I consulted my doctor Yes, but did not consult my doctor No

n) Arthritis

Yes, and I consulted my doctor Yes, but did not consult my doctor No

o) Rheumatism

Yes, and I consulted my doctor Yes, but did not consult my doctor No

p) Urinary infection

Yes, and I consulted my doctor Yes, but did not consult my doctor No

q) Problems with periods

Yes, and I consulted my doctor Yes, but did not consult my doctor No

r) Problems with pregnancy

Yes, and I consulted my doctor Yes, but did not consult my doctor No

s) Other problems

Yes, and I consulted my doctor Yes, but did not consult my doctor No

D1	1 '1						
Pleace	decerth	Α					
1 ICasc	ucsciii		 	 	 	 	

- A3 Since your toddler was 18 months old, how often have you used the following?
 - a) Sleeping pills

Every day

Often

Sometimes

Not at all

b) Vitamins

Every day

Often

Sometimes

Not at all

A3 c) Cannabis/marihuana

Every day

Often

Sometimes

Not at all

d) Tranquillisers

Every day

Often

Sometimes

Not at all

e) Pills for depression

Every day

Often

Sometimes

Not at all

f) Hormone tablets

Every day

Often

Sometimes

Not at all

g) Antibiotics

Every day

Often

Sometimes

Not at all

h) Painkillers

Every day

Often

Sometimes

Not at all

i) Amphetamines, other stimulants

Every day

Often

Sometimes

Not at all

j) Contraceptive pill

Every day

Often

Sometimes

Not at all

k) Iron

Every day

Often

Sometimes

Not at all

1) Heroin, methadone, crack, cocaine

Every day

Often

Sometimes

Not at all

A3 n	1)	Anticonvulsants
		Every day
		Often
		Sometimes
		Not at all
n)	Steroids
	• •	Every day
		Often
		Sometimes
		Not at all
0		Others
U	')	
		Every day Often
		Sometimes
		Not at all
A 1		Discos list all the description of the description of
A4.		Please list all the drugs you have used in the past month x 8
		What taken?
		How many days used?
		How often per day?
۸	`	C'a
A5 a)	Since your toddler was 18 months old have you had to stay in hospital?
		Yes
		No
b)	If Yes, how many times?
c)	How old was the study child?months
· ·	,	110 w old was the study emidinolitis
d)	What was the reason for admission?
e)	How long did you stay?days
f)	Did any child stay in hospital with you?
		Yes
		No
g	()	Was this your study child?
C	,	Yes
		No
A6.		In the past month have any of the following occurred?
		Backache
·	~)	Almost all the time
		Sometimes
		Not at all
1	2)	Headaches/migraine
ι	נט	Almost all the time
		Sometimes Not at all
		INCH AL ALL

A6 c) Urinary infection

Almost all the time

Sometimes

Not at all

d) Nausea

Almost all the time

Sometimes

Not at all

e) Vomiting

Almost all the time

Sometimes

Not at all

f) Diarrhoea

Almost all the time

Sometimes

Not at all

g) Haemorrhoids

Almost all the time

Sometimes

Not at all

h) Feeling weepy

Almost all the time

Sometimes

Not at all

i) Feeling irritable

Almost all the time

Sometimes

Not at all

j) Feeling exhausted

Almost all the time

Sometimes

Not at all

k) Varicose veins

Almost all the time

Sometimes

Not at all

1) Passing urine frequently

Almost all the time

Sometimes

Not at all

m) Incontinent of urine

Almost all the time

Sometimes

Not at all

n) Indigestion

Almost all the time

Sometimes

Not at all

A6 o) Feeling dizzy/fainting

Almost all the time

Sometimes

Not at all

p) Flashing lights before the eyes

Almost all the time

Sometimes

Not at all

q) Shoulder ache

Almost all the time

Sometimes

Not at all

r) Tingling in hands or fingers

Almost all the time

Sometimes

Not at all

s) Tingling in feet or toes

Almost all the time

Sometimes

Not at all

t) Neck ache

Almost all the time

Sometimes

Not at all

u) Feeling depressed

Almost all the time

Sometimes

Not at all

v) Other, describe

Almost all the time

Sometimes

Not at all

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

Not at all

Less than once a month

1-3- times a month

About once a week

2-4 times a week

5 or more times a week

b) Is this as often as before you were pregnant with your toddler?

More often

About as often

Less often

A8a) Are you currently trying to get pregnant?

No

No, but intend to later

Yes

I am pregnant again

A8 b)	What forms of month.	f contraception are you using now. Tick all you have used in the past
		Withdrawal
	1)	Yes
		No
	ii)	The pill
	11)	Yes
		No
	iii)	IUCD/coil
	111)	Yes
		No
	iv)	Condom
	11)	Yes
		No
	v)	Rhythm method
	.,	Yes
		No
	vi)	Diaphram/cap
	,	Yes
		No
	vii)	Spermicide
	,	Yes
		No
	viii)	None
	,	Yes
		No
	ix)	Other, describe
	,	Yes
		No
A9a)	Since having	your study baby have you been pregnant again?
	Yes	
	No	
b)	If yes, how ma	any times have you been pregnant since the birth of your study
	child?	times
		nancies please give:
	rst pregnancy	
	Date of LMP	
ii)	What happene	
	Miscar	<u> </u>
		nation for unwanted pregnancy
	Termii	nation for a problem
iii)	Give date of d	elivery, or end of pregnancy. If still pregnant put 77 77 77
iv)	Do/did you ha	ve any problems?
	No	
Sa	cond pregnan	cv etc
50	- January Programme	-,,

A10.	How would you describe your most recent periods?
a)	Heavy
	Very
	Moderately
	Mildly
	Not at all
	No periods
b)	Painful
	Very
	Moderately
	Mildly
	Not at all
	No periods
c)	Irregular
	Very
	Moderately
	Mildly
	Not at all
	No periods
d)	How many days does the bleeding last?days
A11.	Have you ever had a D&C?
	Yes
	No
	Don't know
If yes,	was this because of
i) Heavy periods
	Yes
	No
ii	Painful periods
	Yes
	No
111) Fibroids
	Yes
	No
1V) Termination
	Yes
	No Lufantilitu
V,) Infertility Yes
	No
1 /1) Miscarriage
VI,	Yes
	No
3/11) Don't know
V 11	Yes
	No

Yes No

SECTION B: MORE ABOUT YOURSELF

B1. **Handedness:** Read each of the questions below. Decide which hand you use for each activity. If you are unsure, try it out.

Which hand?

a) Do you use to write?

Left

Right

Either

b) Do you use to draw?

Left

Right

Either

c) Do you use to throw a ball?

Left

Right

Either

d) Do you use to hold a bat or racket?

Left

Right

Either

e) Do you use to hold your toothbrush to clean your teeth?

Left

Right

Either

f) Do you use to hold a knife to cut things?

Left

Right

Either

g) Do you use to hold a hammer when driving in a nail?

Left

Right

Either

h) Do you use to strike a match?

Left

Right

Either

i) Do you use to hold an eraser to rub out a mark on paper?

Left

Right

Either

j) Do you use to deal from a pack of cards?

Left

Right

Either

B1 k) Do you use to hold the thread when threading a needle?

```
Left
              Right
              Either
B2.
       Footedness
              Which foot
    a) Would you use to kick a ball to someone?
              Left
              Right
              Either
    b) Would you use to pick up a pebble with your toes?
              Left
              Right
              Either
    c) Would you use to step on an insect or something similar?
              Left
              Right
              Either
    d) Would you put on a chair first if you had to step onto the chair?
              Left
              Right
              Either
B3.
       Eyedness
              Which eye
    a) Would you use to look through a telescope?
              Left
              Right
              Either
    b) Would you use to look into a dark bottle to see how full it was?
              Left
              Right
              Either
B4.
       Which hands do various members of your family use?
    a) Study child's father
              Left
              Right
              Either
              Don't know
    b) Your own mother
              Left
              Right
              Either
              Don't know
    c) Your own father
              Left
```

Right Either Don't know

B5.	Thinking back to your own childhood, up to the age of 16, please answer the
	following questions:
	a) What sort of home where you brought up in?
	i) House
	Flat
	Caravan
	Other
	ii) Was this?
	Rented
	Being bought
	Owned
	Other
	b) Did you have any household pets?
	Always
	For part of the time
	Not at all
	c) Would you say that as a family you did things together?
	Often
	Sometimes
	Not at all
	Not in a family
	d) Did you feel neglected emotionally during your childhood?
	Yes, severely neglected
	Somewhat neglected
	Not at all
	e) Were you physically neglected as a child?
	Yes, severely neglected
	Somewhat neglected
	Not at all
	f) Were you physically abused as a child?
	Yes, severely abused
	Somewhat abused
	Not at all
If ve	es, who abused you, tick all who apply
II y	i) Mother
	Yes
	No
	ii) Father
	Yes
	No
	iii) Someone else, describe
	Yes
	No
	iv) How old were you when this happened?years

B5 g) How would you describe the relationship between your mother and father when you were growing up?

i) Violent

Always

Frequently

Sometimes

Not at all

Single parent family

ii) Affectionate

Always

Frequently

Sometimes

Not at all

Single parent family

iii) Quarrelsome

Always

Frequently

Sometimes

Not at all

Single parent family

iv) Happy

Always

Frequently

Sometimes

Not at all

Single parent family

v) Frightening

Always

Frequently

Sometimes

Not at all

Single parent family

vi) Friendly

Always

Frequently

Sometimes

Not at all

Single parent family

vii) Respectful of one another

Always

Frequently

Sometimes

Not at all

Single parent family

viii) Remote or distance from one another

Always

Frequently

Sometimes

Not at all

h) Space for comments on any of these questions

SECTION C: YOUR OPINION OF YOURSELF

C1. I feel that I am a person of worth, at least equal to others

Always true

Often true

Sometimes true

Seldom true

Never true

C2. I feel I have a number of good qualities

Always true

Often true

Sometimes true

Seldom true

Never true

C3. I am able to do things as well as most other people

Always true

Often true

Sometimes true

Seldom true

Never true

C4. I feel I do not have much to be proud of

Always true

Often true

Sometimes true

Seldom true

Never true

C5. I take a positive attitude towards myself

Always true

Often true

Sometimes true

Seldom true

Never true

C6. Sometimes I think I am no good at all

Always true

Often true

Sometimes true

Seldom true

Never true

C7. I am a useful person to have around

Always true

Often true

Sometimes true

Seldom true

Never true

C8. I feel I cannot get anything right

Always true

Often true

Sometimes true

Seldom true

Never true

C9. When I do a job I do it well

Always true

Often true

Sometimes true

Seldom true

Never true

C10. I feel that my life is not very useful

Always true

Often true

Sometimes true

Seldom true

Never true

C11. I am unlucky

Always true

Often true

Sometimes true

Seldom true

Never true

SECTION D: YOUR FEELINGS

The questions in this section ask you about your feelings and the way you have behaved in the past few weeks. You have answered thee questions before, but you may be feeling differently now.

D1 Do you feel upset for no obvious reason?

Very often

Often

Not very often

Never

Do you get troubled by dizziness or shortness of breath

Very often

Often

Not very often

Never

D3 Have you felt as though you might faint?

Very often

Often

Not very often

Never

D4 Do you feel sick or have indigestion/

Very often

Often

Not very often

Never

D5 Do you feel that life is too much effort?

Very often

Often

Not very often

Never

D6 Do you feel uneasy or restless? Very often Often Not very often Never D7 Do you feel tingling or pricking sensations in your body, arms or legs? Very often Often Not very often Never D8 Do you regret much of your past behaviour? Very often Often Not very often Never D9 Do you sometimes feel panicky? Very often Often Not very often Never D10 Do you find that you have little or no appetite? Very often Often Not very often Never D11 Do you wake unusually early in the mornings? Very often Often Not often Never D12 Do you worry a lot? Very often Often Not often Never D13 Do you feel tired or exhausted? Very often Often Not often Never D14 Do you experience long periods of sadness? Very often Often Not often NeveR Do you feel strung up inside? D15 Very often Often Not often Never

D16 Can you get off to sleep alright? Very often Often Not often Never D17 Do you ever have the feeling you are going to pieces? Very often Often Not often Never D18 Do you often have excessive sweating or fluttering of the heart? Very often Often Not often Never D19 Do you find yourself needing to cry? Very often Often Not often Never D20 Do you have bad dreams which upset you? Very often Often Not often Never D21 Do you lose the ability to feel sympathy for others? Very often Often Not often Never D22 Can you think as quickly as you used to? Very often Often Not often Never D23 Do you have to make a special effort to face up to a crisis? Very often Often Not often Never Your feelings in the past week D24 I have been able to laugh and see the funny side of things As much as I always could Not quite so much now Definitely not so much now Not at all D25 I have looked forward with enjoyment to things As much as I ever did Not quite so much now Definitely not so much now Not at all

D26 I have blamed myself unnecessarily when things went wrong Yes, most of the time Yes, some of the time Not very often No, never I have been anxious or worried for no good reason D27 No, not at all Hardly ever Sometimes Often D28 I have felt scared or panicky for no good reason Yes, quite a lot Yes, sometimes Not much Not at all D29 Things have been getting on top of me Yes, most of the time Yes, sometimes Hardly ever Not at all D30 I have been so unhappy that I have had difficulty sleeping Yes, most of the time Yes, sometimes Hardly ever Not at all D31 I have felt sad or miserable Yes, most of the time Yes, quite often Not often Not at all D32 I have been so unhappy that I have been crying Yes, most of the time Yes, quite often Occasionally Never The thought of harming myself has occurred to me D33 Yes, quite often Sometimes Hardly ever Not at all D34 On the whole are there more good days than bad? More good days Half and half

More bad days

SECTION E: RECENT EVENTS

Have any of the following events happened to you in the last 18 months?

E1 Your partner died

Yes, affected me a lot Moderately affected me

Mildly affected me

No effect

Did not happen

E2 One of your children died

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E3 A friend or relative died

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E4 One of your children was ill

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E5 Your partner was ill

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E6 A friend or relative was ill

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E7 You were admitted to hospital

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E8 You were in trouble with the law

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

E9 You were divorced

Yes, affected me a lot

Moderately affected me

Mildly affected me No effect

Did not happen

E10 You found that your partner didn't want your child

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E11 You were very ill

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E12 Your partner lost his job

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E13 Your partner had problems at work

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E14 You had problems at work

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E15 You lost your job

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E16 Your partner went away

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

E17 Your partner was in trouble with the law

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E18 You and your partner separated

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E19 Your income was reduced

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E20 You argued with your partner

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E21 You argued with your family or friends

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E22 You moved house

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E23 Your partner was physically cruel to you

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E24 You became homeless

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

E25 You had a major financial problem

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E26 You got married

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E27 Your partner was physically cruel to your children

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E28 You were physically cruel to your children

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E29 You attempted suicide

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E30 You were convicted of an offence

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E31 You became pregnant

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E32 You started a new job

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

E33 You returned to work

Yes, affected me a lot Moderately affected me

Mildly affected me

No effect

Did not happen

E34 You had a miscarriage

Yes, affected me a lot Moderately affected me

Mildly affected me

No effect

Did not happen

E35 You had an abortion

Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

E36 You took an examination

Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

E37 Your partner was emotionally cruel to you

Yes, affected me a lot Moderately affected me Mildly affected me No effect

NO Effect

Did not happen

E38 Your partner was emotionally cruel to your children

Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

E39 You were emotionally cruel to your children

Yes, affected me a lot Moderately affected me Mildly affected me

Nindry directed in

No effect

Did not happen

E40 Your house or car were burgled

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

E41	Your partner started a new job Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen
E42	A pet died Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen
E43	You had an accident Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen
E44	Is there anything else which is not on the list which has concerned you or required additional effort from you to cope, since the baby was born? a) Yes No
	b) If yes, please describe.
E44	c) How did this affect you? A lot Moderately Mildly Not at all
E45	Comments.
SEC	TION F: YOUR HOME
	questions below are about your home and are similar to those answered a year ago. We use your answers to see how your circumstances have changed since then.
F1	a) When did you move to your present address? Date
	b) How many times have you moved since the study child was 18 months old?
F2	Is your home? Being bought/mortgaged Owned, with no mortgage Rented from commissioners

		Rented from private landlord – furnished Rented from private landlord – unfurnished Other, please describe
F3	Do	you live in your own home or do you live with your parents or others? Live in own home Live with parents in their home Live with partner's parents in their home Other situation, please describe
F4	Do	you currently live in? A whole detached house /or bungalow) A whole semi-detached house/bungalow A whole terraced house A purpose built flat, self contained Rooms in someone else's house Other, please describe
F5	Wha	at is the lowest level of your living accommodation? Basement Ground floor 1st floor 2nd floor or above, give floor
F6	In the a)	coldest time of year, describe the temperature in your; Living room Very warm Warm About right Cold Very cold
	b)	Room where baby sleeps Very warm Warm About right Cold Very cold
F7	In y	our home do you use?
	a) b)	Central heating or storage heaters Wood stoves
	c)	Coal fires
	d) e)	Paraffin heaters Gas fires (mains)
	f)	Gas fire (bottled)
	-/	Other (please describe)
F8	a)Wha	at do you use as your main method of heating in winter Solid fuel Oil Mains or bottled gas

	Electricity Other, describe	
	b) Through what is the heat distributed? Radiators Warm air Storage heaters Under floor ducts Other	
F8	c) If there is a boiler in your house, where is it? In the kitchen In the living room Some other room, describe	
F9	Do you use gas for cooking? Yes, rings only Yes, oven only Rings and oven Not at all	
F10	a) Do you use the cooker for any other purpose than cooking(drying clothes, heating the kitchen)? Yes No ai) If yes describe	
	b) How old is your cooker? More than 20 years 10 – 19 years 5 – 9 years 2 – 4 years Less than two years Don't know	
F11	When you are cooking, how often do you get rid of the smells and steam using the a) Open windows Usually Sometimes Not at all b) Ventaxia, air extractor Usually Sometimes Not at all	following?
	c) Extractor hood which vents outside Usually Sometimes Not at all d) Extractor hood which does not vent outside	

```
Sometimes
           Not at all
F12 Does your home have the following?
    a) Kitchen with space to sit and eat
           Yes with sole use
           Yes, but shared with other households
           No
    b) Kitchen for cooking only
           Yes with sole use
           Yes, but shared with other households
           No
    c) Indoor flushing toilet
           Yes with sole use
           Yes, but shared with other households
           No
F13 Apart from the kitchen, how many rooms do you have for living and sleeping? .......
F14 Do you have sole use of the following amenities or are they shared with others?
     a) Running hot water
           Sole use
           Shared
           No
    b) Bath
           Sole use
           Shared
           No
    c) Shower
           Sole use
           Shared
           No
F14 d) Garden
           Sole use
           Shared
           No
     e) Yard
           Sole use
           Shared
           No
    f) Balcony
           Sole use
           Shared
           No
F15 a) Is there a working telephone in your home?
           Yes
           No
```

Usually

b) If not where is the nearest pay phone you can use? Pay phone in the building Pay phone in the street Neighbour's phone Over 5 minutes walk away Somewhere else, describe..... F16 a) Do you or your partner have the use of a car? Yes, we own a car Yes, we can borrow a car b) If yes, how often do you yourself have use of the car? Never Sometimes Often Every day I do not drive F16 c) Do you wish you had it more often? Yes No F17 How often do you have the windows open in your home? ai) In the summer during the day Windows always open Windows open when weather is good Windows open occasionally Windows never open aii) In the summer at night Windows always open Windows open when weather is good Windows open occasionally Windows never open bi) In winter during the day F17 Windows always open Windows open when weather is good Windows open occasionally Windows never open bii) In winter at night Windows always open Windows open when weather is good Windows open occasionally Windows never open c) Are any of your windows double glazed? All of them Some of them None of them I don't know d) Does your house have chimneys? Yes No

di) If yes, have they been blocked up?

All of them

Some of them

No

I don't know

F18a) Is there ever any damp, condensation or mould in your house?

Yes

No

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

No problem

Not serious

Fairly serious

Very serious

c) How much of a problem is mould?

No problem

Not serious

Fairly serious

Very serious

If yes, please tick the box relating to the problem you get in each room

d) Kitchen/kitchen diner

Condensation on windows, walls or ceilings

Damp patches on walls

Mould on walls

Damp on furniture, carpets, clothes.

Mould on furniture, carpets, clothes

None of these

F18 e) Living room

Condensation on windows, walls or ceilings

Damp patches on walls

Mould on walls

Damp on furniture, carpets, clothes

Mould on furniture, carpets, clothes

None of these

f) Hall/landing

Condensation on windows, walls or ceilings

Damp patches on walls

Mould on walls

Damp on furniture, carpets, clothes

Mould on furniture, carpets, clothes

None of these

g) My bedroom

Condensation on windows, walls or ceilings

Damp patches on walls

Mould on walls

Damp on furniture, carpets, clothes

Mould on furniture, carpets, clothes

None of these

h) The baby's bedroom

Condensation on windows, walls or ceilings

Damp patches on walls

Mould on walls

Damp on furniture, carpets, clothes

Mould on furniture, carpets, clothes

None of these

i) Bathroom/toilet

Damp patches on walls

Mould on walls

Damp on furniture, carpets, clothes

Mould on furniture, carpets, clothes

None of these

i) Other rooms,

Damp patches on walls

Mould on walls

Damp on furniture, carpets, clothes

Mould on furniture, carpets, clothes

None of these

F19 a) Does your roof leak? If you have another flat roof above you, tick 'does not apply'

Yes, serious leak

Slight leak

No leak

Does not apply

F19 b) In wet weather, does water get in from anywhere else; eg badly fitting doors or

Yes, serious leak

Slight leak

No leak

Does not apply

F20 Taking everything into account, which of the following best describes your feeling about

your home?

Satisfied

Fairly satisfied

Dissatisfied

Very dissatisfied

F21 In the past year have any of the following rooms been decorated or had new furniture?

a) Your bedroom

Painted

Yes

No

Don't know

Wall papered

Yes

No

Don't know

New carpet

Yes

No

Don't know

New furniture

Yes

No

Don't know

b) Your living room

Painted

Yes

No

Don't know

Wall papered

Yes

No

Don't know

New carpet

Yes

No

Don't know

F21 b) New furniture

Yes

No

Don't know

c) The child's bedroom

Painted

Yes

No

Don't know

Wall papered

Yes

No

Don't know

New carpet

Yes

No

Don't know

New furniture

Yes

No

Don't know

d) Any other rooms

Painted

Yes

No

Don't know

	Wall papered
	Yes
	No
	Don't know
	New carpet
	Yes
	No
	Don't know
	New furniture
	Yes
	No
	Don't know
Which	rooms?
F22 How	would you rate your home in relation to that of other mothers?
a)	Much cleaner
a)	A bit cleaner
	About the same
	Less clean
	Much less clean
	Much less clean
F22 b) M	Auch tidier
,	A bit tidier
	About the same
	Less tidy
	Much less tidy
F23. D	o you use a thermometer or thermostat to help keep the temperature at the required
	evel in the winter?
a) Ir	n main living room
	Thermostat on radiators
	Room thermostat
	Room thermometer
	None of these
	Other
b) Ir	study child's bedroom
,	Thermostat on radiators
	Room thermostat
	Room thermometer
	None of these
	Other
c) What	temperature do you try to keep in winter?
	Living room DayNight
-/	— "j

ii) Study child's bedroom Day.....Night......

If you don't keep any particular temperature put 87

F24. Here is a list of things that can be a problem in people's homes or in the neighbour hood.

How much of a problem are the following for you and your family?

a) Badly fitted doors and windows

Serious problem

Minor problem

Not a problem

No opinion

b) Poor ventilation

Serious problem

Minor problem

Not a problem

No opinion

c) Noise between rooms in your house

Serious problem

Minor problem

Not a problem

No opinion

d) Noise from other homes

Serious problem

Minor problem

Not a problem

No opinion

F24e) Noise from outside in the street

Serious problem

Minor problem

Not a problem

No opinion

f) Rubbish or litter around your neighbourhood

Serious problem

Minor problem

Not a problem

No opinion

g) Dog dirt

Serious problem

Minor problem

Not a problem

No opinion

h) Worry about vandalism

Serious problem

Minor problem

Not a problem

No opinion

i) Worry about burglaries

Serious problem Minor problem Not a problem No opinion j) Worry bout being mugged or attacked Serious problem Minor problem Not a problem No opinion k) Disturbance from youths or teenagers Serious problem Minor problem Not a problem No opinion 1) Other, describe...... Serious problem Minor problem Not a problem No opinion m) Do you manage to save any money? Yes No Sometimes n) Do you receive any financial help from your parents or other relatives? Yes No **SECTION G: YOUR HOUSEHOLD** How many people live in your household, including yourself? G1a) i) Adults over 18yrs ii) Young adults, 16 – 18yrs iii) Children G1b) Please indicate who the adults are. i) Yourself ii) Your partner iii) Your parents iv) Partner's parents v) Other relations of yourself vi) Other relations of your partner vii) Friends viii) Lodger ix) Other How many people living in your house, including yourself, are smokers?.....

G2

G3a)

What is your present marital status?

Not applicable

G5 a)	Please indicate how many of the children living with you have; You and your partner as their natural parents
b)	You as their natural mothernumber
c)	Your partner as the natural father number
d)	Neither you nor your partner as natural parents number
	Please describe whether you have adopted, fostered etc.
G6 a)	Are there any other children of yourself or your partner who visit? Children of my partner but not mine Yes No Number of children
b)	Children of myself but not my partner Yes No Number of children
c)	Children of mine and my partner Yes No Number of children
G7 have	Do any of the people living in your household, including yourself and your toddler, a chronic illness or disability? Yes No
G7	If yes, please describe Nature of condition Person involved
G8a)	Do you have any pets? Yes No
b)	How many of the following do you have in your home? i) Cats ii) Dogs iii) Rabbits iv) Rodents v) Birds vi) Fish vii) Turtles viii) Other pets, describe
G9	Do any of the following animals or insects inhabit or invade your home or cause dirty

conditions in your garden, yard or street?

a) Rats

Frequently

Occasionally

Not at all

b) Mice

Frequently

Occasionally

Not at all

c) Pigeons

Frequently

Occasionally

Not at all

d) Cats

Frequently

Occasionally

Not at all

e) Cockroaches

Frequently

Occasionally

Not at all

f) Ants

Frequently

Occasionally

Not at all

g) Dogs

Frequently

Occasionally

Not at all

G9 h) Woodlice

Frequently

Occasionally

Not at all

i) Other, describe.....

Frequently

Occasionally

Not at all

SECTION H: YOUR PARTNER

H1a) Do you currently have a partner?

Yes

No

If Yes, is it;

ai) A male partner

A female partner

No partner

H1 b) Does your partner live with you?

Yes

No

c) If yes, for how long have you lived together?.....Years......Months

H2 How would you describe your partner's physical health?

Always fit and well

Mostly well and healthy

Often unwell

Hardly ever well

H3 Please tell us whether he has had any of these since your study child was 18 months old?

a) Migraine or headaches

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

b) Indigestion

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

c) Epilepsy

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

H₃ d) Depression

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

e) Anxiety/nerves

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

f) Haemorrhoids/piles

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

g) Cough or cold

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

h) Influenza

Yes and consulted a doctor Yes, but did not see doctor

No

Don't know

i) Bronchitis

Yes and consulted a doctor Yes, but did not see doctor

No

Don't know

j) High blood pressure

Yes and consulted a doctor Yes, but did not see doctor No

Don't know

k) Diabetes

Yes and consulted a doctor Yes, but did not see doctor No

Don't know

1) Schizophrenia

Yes and consulted a doctor Yes, but did not see doctor No

Don't know

m) Alcoholism

Yes and consulted a doctor Yes, but did not see doctor No

Don't know

H3 n) Stomach ulcer

Yes and consulted a doctor Yes, but did not see doctor No

2, 1

Don't know o) Asthma/wheezing

Yes and consulted a doctor Yes, but did not see doctor

Don't know

p) Eczema

Yes and consulted a doctor Yes, but did not see doctor No

Don't know

q) Psoriasis

Yes and consulted a doctor Yes, but did not see doctor No Don't know

r) Arthritis

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

s) Urinary infection

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

t) Rheumatism

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

u) Back ache, sciatica, slipped disc

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

v) Other, describe

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

- H4 The following statements are about how you think your partner gets on with your study child.
 - a) My partner really loves this child

This is always how I feel

This is sometimes how I feel

I never feel like this

b) My partner is glad I had this child when I did

This is always how I feel

This is sometimes how I feel

I never feel like this

c) I like to watch him play with the child

This is always how I feel

This is sometimes how I feel

I never feel like this

d) I am afraid to leave the child alone with him because I think he may be violent

This is always how I feel

This is sometimes how I feel

I never feel like this

e) He seems to be very close to the child

This is always how I feel

	I never feel like this
f)	The child never gets on his nerve
	This is always how I feel
	This is sometimes how I feel
	I never feel like this
g)	He really cannot bear it when the child cries
<i>U</i> ,	This is always how I feel
	This is sometimes how I feel
	I never feel like this
h)	I think my partner is excited as he watches the child grow
11)	This is always how I feel
	This is sometimes how I feel
	I never feel like this
;)	My partner gets very anxious when someone other than us looks after the child
1)	This is always how I feel
	This is sometimes how I feel This is sometimes how I feel
	I never feel like this
:)	
J)	He doesn't mind the mess that surrounds a young child
	This is always how I feel
	This is sometimes how I feel
1 \	I never feel like this
K)	This child makes my partner very happy
	This is always how I feel
	This is sometimes how I feel
	I never feel like this
H5	How many cigarettes does your partner currently smoke?
H6 a)	Is he currently employed?
,	Yes
	No
b)	What is his occupation?
- /	
c)	Has he had the same job all the time since the baby was 6 months old?
,	Yes
	No
d)	Does he have to work nights?
/	Always
	Sometimes
	Never
e)	Does he leave home for several days as part of his work?
σ,	Often
	Occasionally
	Never
117	How would not not him on the fellowing the section of
H7	How would you rate him on the following characteristics?
a)	Helpful and co-operative
	Always

This is sometimes how I feel

Sometimes

Hardly ever

b) Quiet and reserved

Always

Sometimes

Hardly ever

c) Unreliable

Always

Sometimes

Hardly ever

d) Sociable and outgoing

Always

Sometimes

Hardly ever

e) Dominating

Always

Sometimes

Hardly ever

f) Understanding

Always

Sometimes

Hardly ever

g) Quick tempered or easily upset

Always

Sometimes

Hardly ever

h) Cheerful and easy going

Always

Sometimes

Hardly ever

H8 Who does these various household tasks?

a) Shopping for groceries

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

b) Cooking

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

c) Cleaning the house

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

d) Repairs to the home

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

e) Looking after the children

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

f) Washing clothes

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

g) Ironing

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

H9 Who decides?

a) How to spend free time

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

H9 b) How much to see family or friends

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

c) When to do repairs or re-decorate

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

d) How we should spend our money

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

H10 People vary greatly in the amount they are satisfied or dissatisfied with their relationship.

How do you feel about the following aspects of your life together?

a) Handling family finances

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

b) Demonstrations of affection

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

c) Sex

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

d) The amount of time spent together

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

e) Making major decisions

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

f) Household tasks

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

g) Leisure time, interests, activities

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

H11a) How often recently have you been irritable with your partner?

Not at all

Less than once a wee

1 -2 times a week

3 - 6 times a week

Every day

b) How often has he been irritable with you?

Not at all

Less than once a wee

1 -2 times a week

3 - 6 times a week

Every day

H12a) How many arguments or disagreements have you had in the past three months?

None

1 - 3

4 - 7

8 - 13

14 or more

- b) In the past three months have any of the following happened?
 - i) Not speaking to partner for more than 1/2hr

Yes, I did this

Yes, he did this

We both did this

Not at all

ii) On of you walking out of the house

Yes, I did this

Yes, he did this

We both did this

Not at all

iii) Shouting or calling partner names

Yes, I did this

Yes, he did this

We both did this

Not at all

iv) Hitting or slapping partner

Yes, I did this

Yes, he did this

We both did this

Not at all

v) Throwing or breaking things

Yes, I did this

Yes, he did this

We both did this

Not at all

H13 In the past three months how often have you done these things with your partner?

a) Gone out for a meal

Never

Less than once a month

Less than once a week

At least once a week

b) Gone out for a drink

Never

Less than once a month

Less than once a week

At least once a week

c) Visited friends

Never

Less than once a month

Less than once a week

At least once a week

d) Visited family

Never

Less than once a month

Less than once a week

At least once a week

e) Gone to the cinema or theatre

Never

Less than once a month

Less than once a week

At least once a week

H14 a) How many evenings a month do you go out and do things on your own or with your own friends?

None

Once

2- 3 times

4-7 times

Eight or more times

H14 b) How many times a month does your partner go out and do things on his own or with friends?

None

Once

2- 3 times

4-7 times

Eight or more times

H15 How often in one week on average, would you and your partner?

a) Discuss work or how the day has gone

Never

Less than once a week

1 - 3 times a week

Most days

b) Laugh together

Never

Less than once a week

1 - 3 times a week

Most days

c) Calmly talk over something, the news or interests or hobbies

Never

Less than once a week

1 - 3 times a week

Most days

d) Kiss or hug

Never

Less than once a week

1 - 3 times a week

Most days

e) Make future plans

Never

Less than once a week

1 - 3 times a week

Most days

f) Talk over feelings or worries

Never

Less than once a week

1 - 3 times a week

Most days

H16 a) Which statements about alcohol best applies to your partner?

Never drinks alcohol

Very occasionally, less than once a week

Occasionally, at least once a week

Drinks 1 - 2 glasses a day

Drinks 3 - 4 glasses a day

More than 10

H16 b) How many days in the past month do you think he would have drunk the equivalent of 2pints of beer, 4 glasses of wine, or 4 pub measures of spirits?

Every day

>10 days

5 - 10 days

3-5 days

1-2 days

None

H17. Below are attitudes and behaviour which people reveal in their close relationships. Please rate your partner's attitudes and behaviour towards you in recent times and tick the most appropriate box for each item.

My partner:

a) Is very considerate of me

Very true

Moderately true

Sometimes true

Not at all true

b) Wants me to take his side in an argument

Very true

Moderately true

Sometimes true

Not at all true

c) Wants to know exactly what I am doing and where I am

Very true

Moderately true

Sometimes true

Not at all true

d) Is a good companion

Very true

Moderately true

Sometimes true

Not at all true

e) Is affectionate towards me

Very true

Moderately true

Sometimes true

Not at all true

f) Is clearly hurt if I don't accept his views

Very true

Moderately true

Sometimes true

Not at all true

g) Tends to try to change me

Very true

Moderately true

Sometimes true

Not at all true

H17 h) Confides closely in me

Very true

Moderately true

Sometimes true

Not at all true

i) Tends to criticize me over small issues

Very true

Moderately true

Sometimes true

Not at all true

j) Understands my worries and problems

Very true

Moderately true

Sometimes true

Not at all true

k) Tends to order me about

Very true

Moderately true

Sometimes true

Not at all true

1) Insists I do exactly as I am told

Very true

Moderately true

Sometimes true

Not at all true

m) Is physically gentle and considerate

Very true

Moderately true

Sometimes true

Not at all true

n) Makes me feel needed

Very true

Moderately true

Sometimes true

Not at all true

o) Wants me to change in small ways

Very true

Moderately true

Sometimes true

Not at all true

p) Is very loving towards me

Very true

Moderately true

Sometimes true

Not at all true

q) Seeks to dominate me

Very true

Moderately true

Sometimes true

Not at all true

H17 r) Is fun to be with

Very true

Moderately true

Sometimes true

Not at all true

s) Wants to change me in big ways

Very true

Moderately true

Sometimes true

Not at all true

t) Tends to control everything I do

Very true

Moderately true

Sometimes true

Not at all true

u) Shows his appreciation of me

Very true

Moderately true

Sometimes true

Not at all true

v) Is critical of me in private

Very true

Moderately true

Sometimes true

Not at all true

w) Is gentle and kind to me

Very true

Moderately true

Sometimes true

Not at all true

x) Speaks to me in a warm and friendly voice

Very true

Moderately true

Sometimes true Not at all true

SECTION I: SAFETY EQUIPMENT

Yes No

<u>SE</u>	CHON I: SAFETT EQUIPMENT			
I1.	How many of the following do you have and do you use them?			
	a) Safety gate			
	Number			
	Yes			
	No			
b) Fire guards				
Number				
	Yes			
No				
	c) Smoke alarms			
	Number			
	Yes			
	No			
I1	d) Electric socket covers*			
	Number			
	Yes			
	No			
e) Windows with locks/bars*				
	Number			
	Yes			
	No			
	f) Door slam protectors*			
	Number			
	Yes			
	No			
	g) Child car seats			
	Number			
	Yes			
	No			
	*If all sockets, windows, doors in the home are protected, put 66			
I2.	a) Do you have a pool or pond in your garden?			
	Yes			
	No			
	Don't have a garden			
	b) If yes, is there a fence round it			

SECTION J: YOUR OCCUPATION AND LIFESTYLE

J1	Compared with other mothers of your age, would you consider yourself to b Much more active Somewhat more active About the same Somewhat less active Much less active		
	At least once a week do you engage in any regular activity like brisk walking, ening, jogging, cycling, housework Yes		
J2 b	No) If yes, how many days a week?days		
J3 a)	No Yes, work at home Yes, work outside		
ĺ			
c)	Are you still working? Yes No		
J3c)	If no i) When did you finishdate		
If ye	es, ii) what jobs are you doing? Please describe the job and the type of industry or loyer you work for		
d)	How many hours a week do you work?hours		
	 i) Does this include weekends? Yes No ii) Do you work in the evening or at night? Yes No 		
e			
J4	What are the main reasons for your working? a) Financial, I am important as a bread winner Yes No		

	b) Financial, for family extras
	Yes
	No
	c) Career
	Yes
	No
	d) Enjoyment
	Yes
	No
	e) To get out of the house
	Yes
	No
	f) Other, describe
	Yes
	No
J5	Are you working at the same status level as you did before you had the child?
	I didn't work before
	No, a lower level
	At the same level
	At a higher level
J6	Do you find your job satisfying?
	Yes
	No
J7	Do you wish that you could spend more time with your child?
0 /	Yes, often
	Sometimes
	Rarely
	Not at all
J8a)	How do you usually travel to work?
,	i) Public transport
	Yes
	No
	ii) Car
	Yes
	iii) I cycle
	Yes
	No
	iv) I walk
	Yes
	No
	v) Another way
	Yes
	No
	vi) I work at home
b)	How long does it usually take?

i) To travel to work

	15 – 29 minutes	
	30 – 59 minutes	
	An hour or more	
	ii) To travel home from work	
	Less than 15 minutes	
	15 – 29 minutes	
	30 – 59 minutes	
	An hour or more	
J9	Below are some statements about how working affects being a parent. Please indicate	
37	how these may be true for you.	
a)	I enjoy seeing my child after work	
u)	Almost always	
	Often	
	Not very often	
	Never	
b)	After a day at work I find it hard to cope with a young child	
,	Almost always	
	Often	
	Not very often	
	Never	
T10)		
J10a)	Do you worry about your study child when you are at work	
	Yes No	
b)		
U)	Does your child cry when you leave him/her Yes	
	No	
	140	
J11a)	Are you voluntarily unemployed to care for your child?	
	Yes	
	No	
If no;		
b)) Have you been looking for work?	
	Yes	
	No	
c)	For how long have you been seeking work?months	
112	Has being unamplayed made you feel?	
J12	Has being unemployed made you feel?	
a)	Depressed	
	Yes No	
b)	Bored	
U)	Yes	
	No	
c)		
C)	Angry Yes	
	No	
d)	Happy Yes No	
ω,	TIV	

Less than 15 minutes

e)	I don't mind		
	Yes		
	No		
f)	Something else, describe		
	Yes		
	No		
J13	How many cigarettes a day do you smoke?		
	30+		
	25 – 29		
	28 – 24		
	15 - 19		
	14 - 18		
	5 – 9		
	1-4		
	None		
I14a)	How much alcohol do you drink?		
or iu,	Never drink alcohol		
	Very occasionally, less than once a week		
	Occasionally, at least once a week		
	Drinks 1 – 2 glasses a day		
	Drinks 3 – 4 glasses a day		
	More than 10		
b)	How many days in the past month would you have drunk the equivalent of 2 pints of		
,	beer, 4 glasses of wine, or 4 pub measures of spirits?		
	Every day		
	>10 days		
	5-10 days		
	3-5 days		
	1-2 days		
	None		
c)	Do you or your partner make your own wine or beer?		
	Wine		
	Yes		
	No		
	Beer		
	Yes		
	No		
	Spirits		
	Yes		
	No		
J15	How difficult do you find it to afford the following items?		
	Food		
/	Very difficult		
	Fairly difficult		
	Slightly difficult		
	Not difficult		

b) Clothing

Very difficult Fairly difficult Slightly difficult Not difficult

c) Heating

Very difficult Fairly difficult Slightly difficult Not difficult

d) Rent or mortgage

Very difficult Fairly difficult Slightly difficult Not difficult

J15 e) Things you need for the child

Very difficult Fairly difficult Slightly difficult Not difficult

- J16 How much help would you say you have now?
 - a) Housework

Too much help

Right amount of help

Too little help

b) Looking after the children

Too much help

Right amount of help

Too little help

- J17. How many hours sleep do you get now?
 - a) During an average night

None

1 - 3 hours

4-5 hours

6-7 hours

More than 7 hours

b) During an average day

None

1 - 3 hours

4-5 hours

6-7 hour

More than 7 hours

c) Do you feel that you are getting enough sleep?

Yes

No

SECTION K: YOUR NEIGHBOURHOOD

- K1 a) Do the other people in your neighbourhood?
 - i) Visit your home

Never

Rarely

Sometimes

Often

Always

- ii) Argue with you
 - Never

Rarely

Sometimes

Often

Always

iii) Look after your children

Never

Rarely

Sometimes

Often

Always

iv) Keep to themselves

Never

Rarely

Sometimes

Often

Always

- K2 b) Do you?
 - i) Visit the homes of your neighbours

Never

Rarely

Sometimes

Often

Always

ii) Look after your neighbours children

Never

Rarely

Sometimes

Often

Always

iii) Argue with your neighbours

Never

Rarely

Sometimes

Often

Always

iv) Keep to yourselves

Never

Rarely

Often Always **K**3 What do you think of your neighbourhood as a place to live? Very good Fairly good Not very good Not good at all K4 How heavy is the traffic on the street where you live? Very heavy Fairly heavy Not very heavy Hardly any traffic SECTION L: MORE ABOUT YOUR STUDY PREGNANCY It is now three years since your baby was born and as a result of our research so far there are a few more questions we would like to ask about that time. L1. During your study pregnancy, did you ever go to the dentist? Yes No Unsure If yes; a) Did you have any teeth out? Yes No b) Did you have any new amalgam fillings put in? Yes No c) Did you have any old amalgam fillings taken out? Yes No d) Did you have a dental X-ray? Yes di) If yes, how many X-rays during the pregnancy?.....number L2. a) During the first months of the study pregnancy, did you have any episodes of bleeding? Yes No Don't know b) If yes, please describe them Spotting only One bleed, a bit like a period Quite heavy bleeding

Sometimes

Other, describe.....

L3. Are you and the study child's father blood relations? No First cousins Yes other, describe..... **SECTION L: CHEMICALS IN YOUR ENVIRONMENT** In the last few months, how often have you used the following, at home or at work? M1a) Disinfectant Every day Most days Once a week Less than once a week Not at all M1b) Bleach Every day Most days Once a week Less than once a week Not at all c) Window cleaner Every day Most days Once a week Less than once a week Not at all d) Carpet cleaner Every day Most days Once a week Less than once a week Not at all e) Oven or drain cleaner Every day Most days Once a week Less than once a week Not at all f) Dry cleaning fluid Every day Most days Once a week Less than once a week Not at all g) Turpentine/white spirit Every day Most days

Once a week

Not at all

Less than once a week

h) Paint stripper

Every day

Most days

Once a week

Less than once a week

Not at all

i) Household paint or varnish

Every day

Most days

Once a week

Less than once a week

Not at all

M1 j) Weed killers

Every day

Most days

Once a week

Less than once a week

Not at all

k) Pesticides

Most days

Once a week

Less than once a week

Not at all

1) Air fresheners

Most days

Once a week

Less than once a week

Not at all

m) Hair spray

Most days

Once a week

Less than once a week

Not at all

n) Vacuum cleaner

Most days

Once a week

Less than once a week

Not at all

o) Broom or carpet sweeper

Most days

Once a week

Less than once a week

Not at all

p) Glue

Most days

Once a week

Less than once a week

Not at all

,	Most days Once a week Less than once a week Not at all al cleaners, degreasers, polishes Most days Once a week Less than once a week Not at all
M1 s) Petr	ol Most days
	Once a week
	Less than once a week
t) Any	Not at all other industrial or domestic chemical
v) 1 211 j	Most days
	Once a week
	Less than once a week Not at all
M2 Is y	our child, to your knowledge, ever exposed to chemicals or fumes?
	Yes No
If yes, desc	ribe
,	
	brand of washing powder is used for your child's
ciotnes?	
M4. How	v often during the day are you in a room or enclosed place where people are
smoking?	
i) Wee	ekdays
	All the time More than 5 hours
	3 – 5 hours
	1-2 hours
	Less than one hour
**\ \$\$7	Not at all
ii) <u>We</u> e	All the time
	More than 5 hours
	3 – 5 hours
	1-2 hours
	Less than one hour
	Not at all

SECTION N: HEALTH SERVICES

the	N1		Please indicate whether you have had contact with any of the following services in past year.
ше		a)	G.P.
		α)	Yes
			No
		h)	Health visitor
		U)	Yes
			No
		<i>a</i>)	Midwife
		C)	Yes
			No
		٦/	
		a)	Teacher
			Yes
	NT1	\	No
	NI	e)	Social worker
			Yes
		~	No
		1)	Physiotherapist
			Yes
			No
		g)	Psychologist/psychiatrist
			Yes
			No
		h)	Other support services, describe
			Yes
			No
	N2.		The statement below describes how some mothers feel about the Health Services. V
			would be grateful if you could indicate what <u>your</u> feelings are.
		a)	The Health Visitor never seems to have time to talk and explain things to me
		,	This is exactly how I feel
			This is often how I feel
			This is sometimes how I feel
			I never feel this way
		h)	Immunisations are very important for the child
		0)	This is exactly how I feel
			This is often how I feel
			This is sometimes how I feel
			I never feel this way
		c)	I don't have any confidence in the doctors or nurses in the clinic
		υ)	This is exactly how I feel
			This is exactly now I feel This is often how I feel
			This is often flow I feel This is sometimes how I feel
			I never feel this way
		٩)	I know that if my toddler was very ill my doctor would come immediately
		u)	This is exactly how I feel
			This is exactly now I feel This is often how I feel
			THIS IS OTTOM TION TION

This is sometimes how I feel

I never feel this way

e) The Health Visitor gives very helpful advice

This is exactly how I feel

This is often how I feel

This is sometimes how I feel

I never feel this way

f) The doctor in the clinic is always helpful

This is exactly how I feel

This is often how I feel

This is sometimes how I feel

I never feel this way

N2 g) I don't think I would have coped well without the Health Visitor to help and advise me

This is exactly how I feel

This is often how I feel

This is sometimes how I feel

I never feel this way

No

SECTION O: ACCIDENTS AND INJURIES

- O1 Have you had any of the following accidents in the last seven years?
 - a) Road traffic accident

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

b) Playing sports/games

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

c) At work

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

d) Inside the home

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

e) Outside your home

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

f) At another building

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

g) In a fight or argument

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

h) You were attacked

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

O1 i) Other, describe

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

O2 Have you had any of the following injuries in the last seven years?

a) Burns

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

b) Scalds

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

c) Badly cut

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

d) Stabbed

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

e) Shot

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

f) Nearly drowned

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

g) Dislocated a hip. Knee, shoulder

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

h) Broken hand or arm

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

i) Broken foot or leg

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

j) Sexual assault

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

k) Overdose of pill

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

1) Overdose of something else, describe

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

m) Concussion

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

n) Other injury

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

O3 If you had any of these accidents, what problems did you have as a result of any of them? Tick all that apply

a) Pain

Yes, still present

Yes, but no longer present

No problem

b) Reduction in movement

Yes, still present

Yes, but no longer present

No problem

c) A facial scar or defect

Yes, still present

Yes, but no longer present

No problem

d) Less able to see or hear

Yes, still present

Yes, but no longer present

No problem

O3 e) Inability to work

Yes, still present

Yes, but no longer present

No problem

f) Other physical result, describe

Yes, still present

Yes, but no longer present

No problem

O4 What emotional problems did you have as a result of any of these accidents? Tick all that apply.

a) Loss of confidence

Yes, still present

Yes, but no longer present

No problem

b) Feeling depressed

Yes, still present

Yes, but no longer present

No problem

c) Very tense

Yes, still present

Yes, but no longer present

No problem

d) Unable to sleep well

Yes, still present

Yes, but no longer present

No problem

e) Loss of appetite

Yes, still present

Yes, but no longer present

No problem

f) Something else, describe

Yes, still present

Yes, but no longer present

No problem

O5		What other consequences were there occurring after any of these accidents?
	a)	Cost money
		Yes, still present
		Yes, but no longer present
		No problem
	b)	Lost job
		Yes, still present
		Yes, but no longer present
		No problem
	c)	Less earnings
		Yes, still present
		Yes, but no longer present
	•	No problem
	d)	Problems at work
		Yes, still present
		Yes, but no longer present
		No problem
	e)	Problems with the family
		Yes, still present
		Yes, but no longer present
		No problem
	f)	Problems with friends
		Yes, still present
		Yes, but no longer present
		No problem
	g)	Other problems, describe
		Yes, still present
		Yes, but no longer present
		No problem
		Not at all
a a	~~~	YOM B
	ľľ	ON P:
P1	,	This questionnaire was completed by:
	a)	Child's mother
		Yes
		No
	b)	Child's father
		Yes
		No
(c)	Someone else
		Yes
		No
P2		Please give the date on which you completed this questionnaire
Р3		Please give your date of birth
P4		
r 4		Please give the date of your study child's birth
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O5

2.5.17. PARTNERS' THREE YEAR QUESTIONNAIRE

Questionnaire information

Data gathered by:	Mother's partner
Data gathered when :	Child at three years
Data gathered where:	Self completing questionnaire, posted with birthday
	card & pre paid envelope
Number collected:	482
Entered data stored in file(s):	17i.csv 17ii.csv 17Fi.xls 17Fii.xls
Version of questionnaire	1

This questionnaire asks about your lifestyle and the role you have in bringing up a child. Its purpose is to find out what problems you may have.

As before, tick the box which best fits your opinion.

Many of the questions are the same as those you answered last year.

This is so we can measure any changes that have occurred.

Please answer all the questions if you can, even if they are similar to others you have previously answered. If you cannot answer a question you do not wish to do so, or it is not applicable, just put a line through it.

There are no right or wrong answers, please just tell us what you think.

All the answers you give are confidential

THANK YOU VERY MUCH FOR YOUR HELP

SECTION A: YOUR HEALTH

A1. Which statement would you say describes your health now?

Always fit and well

Mostly fit and well

Often feel unwell

Hardly ever feel really well

A2. Have you had any of the following since your child was 18 months old?

a) Anxiety or nerves

Yes and saw a doctor

Yes but did not see a doctor

No

b) Depression

Yes and saw a doctor

Yes but did not see a doctor

No

c) Headache or migraine

Yes and saw a doctor

Yes but did not see a doctor

No

d) Back ache

Yes and saw a doctor

Yes but did not see a doctor

No

e) Indigestion

Yes and saw a doctor

Yes but did not see a doctor

No

f) Cough or cold

Yes and saw a doctor

Yes but did not see a doctor

No

g) Influenza

Yes and saw a doctor

Yes but did not see a doctor

No

h) Haemorrhoids

Yes and saw a doctor

Yes but did not see a doctor

No

i) Wheezing

Yes and saw a doctor

Yes but did not see a doctor

No

j) Bronchitis

Yes and saw a doctor

Yes but did not see a doctor

No

A2 k) Stomach ulcer

Yes and saw a doctor

Yes but did not see a doctor

No

1) Eczema

Yes and saw a doctor

Yes but did not see a doctor

No

m) Psoriasis

Yes and saw a doctor

Yes but did not see a doctor

No

n) Arthritis

Yes and saw a doctor

Yes but did not see a doctor

No

o) Rheumatism

Yes and saw a doctor

Yes but did not see a doctor

No

p) Urinary infection

Yes and saw a doctor

Yes but did not see a doctor

Nο

q) Other, please describe.....

Yes and saw a doctor

Yes but did not see a doctor

No

A3. Since your child was 18 months old, have you used any of the following?

a) Sleeping pills

Every day

Often

Sometimes

Never

b) Vitamins

Every day

Often

Sometimes

Never

c) Cannabis/marihuana

Every day

Often

Sometimes

Never

d) Tranquillisers

Every day

Often

Sometimes

Never

A3. e) Pills for depression

Every day

Often

Sometimes

Never

f) Antibiotics

Every day

Often

Sometimes

Never

g) Painkillers

Every day

Often

Sometimes

Never

h) Amphetamines/other stimulants

Every day

Often

Sometimes

Never

i) Iron

Every day

Often

Sometimes

Never

j) Heroin, methadone, cocaine

Every day

Often

Sometimes

Never

k) Anticonvulsants

Every day

Often

Sometimes

Never

1) Steroids

Every day

Often

Sometimes

Never

m) Other pills, medicine, ointments

Every day

Often

Sometimes

Never

A4. Please list all the drugs you have used in the past month.		
	What did you take?	
	How many days was it taken for?	
	How often per day?	
A5. you	a) Since your child was 18 months old, have you been ill or had a problem for which had to stay in hospital? Yes No	
If Yes:	b) How many times?	
•	c) What were the reasons?	
	d) How long did you stay in hospital each time? days	
A6	ast month have any of the following occurred? a) Backache All the time Sometimes Not at all b) Headache /migraine All the time Sometimes Not at all c) Urinary infection All the time Sometimes Not at all d) Nausea All the time Sometimes Not at all e) Vomiting All the time Sometimes Not at all f) Diarrhoea All the time Sometimes Not at all g) Haemorrhoids/piles All the time Sometimes Not at all g) Haemorrhoids/piles All the time Sometimes Not at all	

A6 h) Feeling weepy

All the time

Sometimes

Not at all

i) Feeling irritable

All the time

Sometimes

Not at all

j) Feeling exhausted

All the time

Sometimes

Not at all

k) Varicose veins

All the time

Sometimes

Not at all

1) Frequency of urine

All the time

Sometimes

Not at all

m) Problem holding urine when you sneeze, jump etc

All the time

Sometimes

Not at all

n) Indigestion

All the time

Sometimes

Not at all

o) Feeling dizzy/fainting

All the time

Sometimes

Not at all

p) Flashing lights/spots before the eyes

All the time

Sometimes

Not at all

r) Shoulder ache

All the time

Sometimes

Not at all

s) Tingling in hands or fingers

All the time

Sometimes

Not at all

t) Tingling in feet or toes

All the time

Sometimes

Not at all

A6 u) Feeling depressed All the time Sometimes Not at all w) Other problems..... All the time Sometimes Not at all A7 a) How often do you have sexual intercourse now? Not at all Less than once a month 1 - 3 times a month About once a week 2-4 times a week 5 or more times a week b) In general, do you enjoy it? Very much Somewhat Not a lot Not at all No sex at the moment **SECTION B: MORE ABOUT YOURSELF** B1. Read each of the questions below. Decide which hand you use for each activity. If you are unsure, try it out. Handedness. Which hand? a) Do you use to write? Left Right Either b) Do you use to draw? Left Right Either c) Do you use to throw a ball? Left Right Either d) Do you use to hold a bat or racket? Left Right Either e) Do you use to hold your toothbrush to clean your teeth?

Left Right Either B1 f) Do you use to hold a knife to cut things? Left Right Either g) Do you use to hold a hammer when driving in a nail? Left Right Either h) Do you use to strike a match? Left Right Either i) Do you use to hold an eraser to rub out a mark on paper? Right Either j) Do you use to deal from a pack of cards/ Left Right Either k) Do you use to hold the thread when threading a needle? Left Right Either **B2. Footedness** Which foot? a) Would you use to kick a ball to someone? Left Right Either b) Would you use to pick up a pebble with your toes? Left Right Either c) Would you use to step on an insect or something similar? Left Right Either d) Would you put on a chair first if you had to step onto the chair? Left Right Either **B3.** Eyedness Which eye? a) Would you use to look through a telescope? Left Right Either

B3 b) Would you use to look into a dark bottle to see how full it was? Left Right Either B4. Which hands do various members of your family use? a) Study child's father Left Right Either Don't know b) Your own mother Left Right Either Don't know c) Your own father Left Right Either Don't know B5. Thinking back to your own childhood, up to the age of 16, please answer the following questions: ai) What sort of home where you brought up in? House Flat Caravan Other ii) Was this? Rented Being bought Owned Other b) Did you have any household pets? Always For part of the time Not at all c) Would you say that as a family you did things together? Often Sometimes Not at all Not in a family d) Did you feel neglected emotionally during your childhood? Yes, severely neglected Somewhat neglected Not at all

B2. 6) were you pny	sically neglected as a child?
	Yes, se	everely neglected
	Somey	what neglected
	Not at	
f) Were you phy	vsically abused as a child?
ĺ		everely abused
		what abused
	Not at	
If ves.		ou, tick all who apply
<i>J</i> ,	i) Mother	
	-, -:	Yes
		No
	ii) Father	
	11) 1 441141	Yes
		No
	iii) Someone	e else, describe
	m, someone	Yes
		No
iv	How old were	e you when this happened?years
σ) How would v	ou describe the relationship between your mother and father when you
were	growing up?	su deserroe die relationship between your modier and radier when you
,,,,,,	i) Violent	
	1) 1010111	Always
		Frequently
		Sometimes
		Not at all
		Single parent family
	ii) Affection	· · · · · · · · · · · · · · · · · · ·
	ii) i iiiootioi	Always
		Frequently
		Sometimes
		Not at all
		Single parent family
	iii) Quarrels	9 1
	iii) Quariers	Always
		Frequently
		Sometimes
		Not at all
		Single parent family
	iv) Happy	Single parent family
	iv) imppy	Always
		Frequently
		Sometimes
		Not at all
		Single parent family
		onigio paroni ranniy

B5g v) Frightening

Always

Frequently

Sometimes

Not at all

Single parent family

vi) Friendly

Always

Frequently

Sometimes

Not at all

Single parent family

vii) Respectful of one another

Always

Frequently

Sometimes

Not at all

Single parent family

viii) Remote or distance from one another

Always

Frequently

Sometimes

Not at all

h) Space for comments on any of these questions

SECTION C: YOUR OPINION OF YOURSELF

C1. I feel that I am a person of worth, at least equal to others

Always true

Often true

Sometimes true

Seldom true

Never true

C2. I feel I have a number of good qualities

Always true

Often true

Sometimes true

Seldom true

Never true

C3. I am able to do things as well as most other people

Always true

Often true

Sometimes true

Seldom true

Never true

C4. I feel I do not have much to be proud of

Always true

Often true

Sometimes true

Seldom true

Never true

C5. I take a positive attitude towards myself

Always true

Often true

Sometimes true

Seldom true

Never true

C6. Sometimes I think I am no good at all

Always true

Often true

Sometimes true

Seldom true

Never true

C7. I am a useful person to have around

Always true

Often true

Sometimes true

Seldom true

Never true

C8. I feel I cannot get anything right

Always true

Often true

Sometimes true

Seldom true

Never true

C9. When I do a job I do it well

Always true

Often true

Sometimes true

Seldom true

Never true

C10. I feel that my life is not very useful

Always true

Often true

Sometimes true

Seldom true

Never true

C11. I am unlucky

Always true

Often true

Sometimes true

Seldom true

Never true

SECTION D: YOUR FEELINGS

Often

The questions in this section ask you about your feelings and the way you have behaved in the past few weeks. You have answered thee questions before, but you may be feeling differently now.

```
Do you feel upset for no obvious reason?
D1
              Very often
              Often
              Not very often
              Never
D2
       Do you get troubled by dizziness or shortness of breath?
              Very often
              Often
              Not very often
              Never
D3
       Have you felt as though you might faint?
              Very often
              Often
              Not very often
              Never
D4
       Do you feel sick or have indigestion?
              Very often
              Often
              Not very often
              Never
       Do you feel that life is too much effort?
D5
              Very often
              Often
              Not very often
              Never
D6
       Do you feel uneasy or restless?
              Very often
              Often
              Not very often
              Never
D7
       Do you feel tingling or pricking sensations in your body, arms or legs?
              Very often
              Often
              Not very often
              Never
D8
       Do you regret much of your past behaviour?
              Very often
              Often
              Not very often
              Never
D9
       Do you sometimes feel panicky?
              Very often
```

```
Not very often
              Never
D10
       Do you find that you have little or no appetite?
              Very often
              Often
              Not very often
              Never
D11
       Do you wake unusually early in the mornings?
              Very often
              Often
              Not often
              Never
D12
       Do you worry a lot?
              Very often
              Often
              Not often
              Never
D13
       Do you feel tired or exhausted?
              Very often
              Often
              Not often
              Never
D14
       Do you experience long periods of sadness?
              Very often
              Often
              Not often
              Never
D15
       Do you feel strung up inside?
              Very often
              Often
              Not often
              Never
D16
       Can you get off to sleep alright?
              Very often
              Often
              Not often
              Never
D17
       Do you ever have the feeling you are going to pieces?
              Very often
              Often
              Not often
              Never
D18
       Do you often have excessive sweating or fluttering of the heart?
              Very often
              Often
              Not often
              Never
       Do you find yourself needing to cry?
D19
              Very often
```

Often

Not often

Never

D20 Do you have bad dreams which upset you?

Very often

Often

Not often

Never

D21 Do you lose the ability to feel sympathy for others?

Very often

Often

Not often

Never

D22 Can you think as quickly as you used to?

Very often

Often

Not often

Never

D23 Do you have to make a special effort to face up to a crisis?

Very often

Often

Not often

Never

Your feelings in the past week

D24 I have been able to laugh and see the funny side of things

As much as I always could

Not quite so much now

Definitely not so much now

Not at all

D25 I have looked forward with enjoyment to things

As much as I ever did

Not quite so much now

Definitely not so much now

Not at all

D26 I have blamed myself unnecessarily when things went wrong

Yes, most of the time

Yes, some of the time

Not very often

No, never

D27 I have been anxious or worried for no good reason

No, not at all

Hardly ever

Sometimes

Often

D28 I have felt scared or panicky for no good reason

Yes, quite a lot

Yes, sometimes

Not much

Not at all

D29 Things have been getting on top of me

Yes, most of the time

Yes, sometimes

Hardly ever

Not at all

D30 I have been so unhappy that I have had difficulty sleeping

Yes, most of the time

Yes, sometimes

Hardly ever

Not at all

D31 I have felt sad or miserable

Yes, most of the time

Yes, quite often

Not often

Not at all

D32 I have been so unhappy that I have been crying

Yes, most of the time

Yes, quite often

Occasionally

Never

D33 The thought of harming myself has occurred to me

Yes, quite often

Sometimes

Hardly ever

Not at all

D34 On the whole are there more good days than bad?

More good days

Half and half

More bad days

SECTION E: RECENT EVENTS

Have any of the following events happened to you in the last 18 months?

E1 Your partner died

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E2 One of your children died

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E3 A friend or relative died

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

E4 One of your children was ill

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E5 Your partner was ill

Yes, affected me a lot Moderately affected me

Mildly affected me

No effect

Did not happen

E6 A friend or relative was ill

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E7 You were admitted to hospital

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E8 You were in trouble with the law

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E9 You were divorced

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E10 You found that your partner didn't want your child

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E11 You were very ill

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

E12 Your partner lost her job

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E13 Your partner had problems at work

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E14 You had problems at work

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E15 You lost your job

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E16 Your partner went away

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E17 Your partner was in trouble with the law

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E18 You and your partner separated

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E19 Your income was reduced

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

E20 You argued with your partner

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E21 You argued with your family or friends

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E22 You moved house

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E23 Your partner was physically cruel to you

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E24 You became homeless

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E25 You had a major financial problem

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E26 You got married

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E27 Your partner was physically cruel to your children

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

E28 You were physically cruel to your children Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen E29 You attempted suicide Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen E30 You were convicted of an offence Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen E31 Your partner became pregnant Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen You started a new job E32 Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen E33 You returned to work Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen E34 Your partner had a miscarriage Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen E35 Your partner had an abortion Yes, affected me a lot Moderately affected me Mildly affected me

> No effect Did not happen

E36 You took an examination

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E37 Your partner was emotionally cruel to you

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E38 Your partner was emotionally cruel to your children

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E39 You were emotionally cruel to your children

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E40 Your house or car were burgled

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E41 Your partner started a new job

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E42 A pet died

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

E43 You had an accident

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

E44	Is there anything else which is not on the list which has concerned you or required additional effort from you to cope, since the study child was born? a) Yes No				
	b) If yes, please describe.				
	c) How did this affect you? A lot Moderately Mildly Not at all				
E45	Comments				
SEC	CTION F: YOUR PARTNER				
F1	How would you describe your partner's physical health? Always fit and well Mostly well and healthy Often unwell Hardly ever well				
F2	How would you rate her on the following characteristics? a) Helpful and co-operative Always Sometimes Hardly ever b) Quiet and reserved Always Sometimes Hardly ever				
	Hardly ever c) Unreliable Always Sometimes Hardly ever d) Sociable and outgoing Always Sometimes Hardly ever e) Dominating Always Sometimes Hardly ever f) Understanding Always Sometimes Sometimes Sometimes Hardly ever				
F2	Hardly ever g) Quick tempered or easily upset Always				

Sometimes

Hardly ever

h) Cheerful and easy going

Always

Sometimes

Hardly ever

F3 Who does these various household tasks?

a) Shopping for groceries

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

b) Cooking

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

c) Cleaning the house

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

d) Repairs to the home

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

e) Looking after the children

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

f) Washing clothes

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

g) Ironing

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

F4 Who decides?

a) How to spend free time

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

b) How much to see family or friends

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

c) When to do repairs or re-decorate

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

d) How we should spend our money

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

F5 People vary greatly in the amount they are satisfied or dissatisfied with their relationship. How do you feel about the following aspects of your life together?

a) Handling family finances

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

b) Demonstrations of affection

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

c) Sex

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

F5 d) The amount of time spent together

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

e) Making major decisions

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

f) Household tasks

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

g) Leisure time, interests, activities

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

F6 a) How often recently have you been irritable with your partner?

Not at all

Less than once a wee

1 -2 times a week

3 - 6 times a week

Every day

b) How often has she been irritable with you?

Not at all

Less than once a wee

1 -2 times a week

3 - 6 times a week

Every day

F7 a) How many arguments or disagreements have you had in the past three months?

None

1 - 3

4 - 7

8 - 13

14 or more

- b) In the past three months have any of the following happened?
 - i) Not speaking to partner for more than 1/2hr

Yes, I did this

Yes, she did this

We both did this

Not at all

ii) On of you walking out of the house

Yes, I did this

Yes, she did this

We both did this

Not at all

F7b) iii) Shouting or calling partner names

Yes, I did this

Yes, she did this

We both did this

Not at all

iv) Hitting or slapping partner

Yes, I did this

Yes, she did this

We both did this

Not at all

v) Throwing or breaking things

Yes, I did this

Yes, she did this

We both did this

Not at all

- F8 In the past three months how often have you done these things with your partner?
 - a) Gone out for a meal

Never

Less than once a month

Less than once a week

At least once a week

b) Gone out for a drink

Never

Less than once a month

Less than once a week

At least once a week

c) Visited friends

Never

Less than once a month

Less than once a week

At least once a week

d) Visited family

Never

Less than once a month

Less than once a week

At least once a week

e) Gone to the cinema or theatre

Never

Less than once a month

Less than once a week

At least once a week

F9 a) How many evenings a month do you go out and do things on your own or with your own friends?

None

Once

2- 3 times

4-7 times

Eight or more times

F9 b) How many times a month does your partner go out and do things on her own or with friends?

None

Once

2-3 times

4-7 times

Eight or more times

- F10 How often in one week on average, would you and your partner?
 - a) Discuss work or how the day has gone

Never

Less than once a week

1 - 3 times a week

Most days

b) Laugh together

Never

Less than once a week

1 - 3 times a week

Most days

c) Calmly talk over something, the news or interests or hobbies

Never

Less than once a week

1 - 3 times a week

Most days

d) Kiss or hug

Never

Less than once a week

1 - 3 times a week

Most days

e) Make future plans

Never

Less than once a week

1 - 3 times a week

Most days

f) Talk over feelings or worries

Never

Less than once a week

1 - 3 times a week

Most days

F11 a) Which statements about alcohol best applies to your partner?

Never drinks alcohol

Very occasionally, less than once a week

Occasionally, at least once a week

Drinks 1 - 2 glasses a day

Drinks 3 - 4 glasses a day

More than 10

F11 b) How many days in the past month do you think she would have drunk the equivalent of 2pints of beer, 4 glasses of wine, or 4 pub measures of spirits?

Every day

>10 days

5-10 days

3-5 days

1-2 days

None

F12. Below are attitudes and behaviour which people reveal in their close relationships. Please rate your partner's attitudes and behaviour towards you in recent times and tick the most appropriate box for each item.

My partner:

a) Is very considerate of me

Very true

Moderately true

Sometimes true

Not at all true

b) Wants me to take her side in an argument

Very true

Moderately true

Sometimes true

Not at all true

c) Wants to know exactly what I am doing and where I am

Very true

Moderately true

Sometimes true

Not at all true

d) Is a good companion

Very true

Moderately true

Sometimes true

Not at all true

e) Is affectionate towards me

Very true

Moderately true

Sometimes true

Not at all true

f) Is clearly hurt if I don't accept her views

Very true

Moderately true

Sometimes true

Not at all true

g) Tends to try to change me

Very true

Moderately true

Sometimes true

Not at all true

F12 h) Confides closely in me

Very true

Moderately true

Sometimes true

Not at all true

i) Tends to criticize me over small issues

Very true

Moderately true

Sometimes true

Not at all true

j) Understands my worries and problems

Very true

Moderately true

Sometimes true

Not at all true

k) Tends to order me about

Very true

Moderately true

Sometimes true

Not at all true

1) Insists I do exactly as I am told

Very true

Moderately true

Sometimes true

Not at all true

m) Is physically gentle and considerate

Very true

Moderately true

Sometimes true

Not at all true

n) Makes me feel needed

Very true

Moderately true

Sometimes true

Not at all true

o) Wants me to change in small ways

Very true

Moderately true

Sometimes true

Not at all true

p) Is very loving towards me

Very true

Moderately true

Sometimes true

Not at all true

q) Seeks to dominate me

Very true

Moderately true

Sometimes true

Not at all true

F12 r) Is fun to be with

Very true

Moderately true

Sometimes true

Not at all true

s) Wants to change me in big ways

Very true

Moderately true

Sometimes true

Not at all true

t) Tends to control everything I do

Very true

Moderately true

	u) Shows her appreciation of me
	Very true
	Moderately true
	Sometimes true
	Not at all true
	v) Is critical of me in private
	Very true
	Moderately true
	Sometimes true
	Not at all true
W	y) Is gentle and kind to me
	Very true
	Moderately true
	Sometimes true
	Not at all true
У	x) Speaks to me in a warm and friendly voice
	Very true
	Moderately true
	Sometimes true
	Not at all true
SECT	TION G: YOUR OCCUPATION AND LIFESTYLE
G1	Compared with other men of your age, would you consider yourself to be?
01	Much more active
	Somewhat more active
	About the same
	Somewhat less active
	Much less active
G2a)	Do you engage in any regular activity like brisk walking, gardening, jogging, cycling
at	least once a week?
	Yes
	No
b)	If yes, how many days a week?days
G3	As for a as you can placed describe your estual job accupation or profession
a)	As far a as you can, please describe your actual job, occupation or profession. Your present job, or last main job
a)	Tour present job, or last main job
b)	Please tick which of the following apply to you.
ŕ	Foreman
	Manager
	Supervisor
	Leading hand
	Self employed
	None of these
	Tions of mose
c)	Type of industry or service given

Sometimes true Not at all true

d) How would you describe the physical effort you need for this or your most recent job? Very little, mostly sitting Some physical effort Quite a lot of effort Considerable effort G4 Do you find your job satisfying? Yes No G5 Do you wish that you could spend more time with your child? Yes, often Sometimes Rarely Not at all G6 a) How do you usually travel to work? Public transport Yes No Car Yes No I cycle Yes No I walk Yes No Another way Yes No I work at home G6 b) How long does it usually take? i) To travel to work Less than 15 minuets 15 - 29 minutes 30 - 59 minutes An hour or more ii) To travel home from work Less than 15 minutes

- G7 Below are some statements about how working affects being a parent. Please indicate how these may be true for you.
 - a) I enjoy seeing my baby after work

15 - 29 minutes 30 - 59 minutes An hour or more

Almost always Often Not very often Never b) After a day at work I find it hard to cope with a baby Almost always Often Not very often Never G8a) I worry about the baby when I am at work Almost always Often Not very often Never b) My baby cries when I leave him/her Almost always Often Not very often Never How many cigarettes a day do you smoke? 30 +25 - 2924 - 2019 - 1514 - 105 - 91 - 4None Cigars only/pipe only G10a) How much alcohol do you drink? Never drink alcohol Very occasionally, less than once a week Occasionally, at least once a week Drinks 1 - 2 glasses a day Drinks 3 – 4 glasses a day More than 10

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

Every day

>10 days

G9

5 - 10 days

3-5 days

1 - 2 days

None

c) Do you or your partner make your own wine or beer?

Yes, wine

Yes, beer

Neither

- G11 How difficult do you find it to afford the following items?
 - a) Food

Very difficult

Fairly difficult

Slightly difficult

Not difficult

b) Clothing

Very difficult

Fairly difficult

Slightly difficult

Not difficult

c) Heating

Very difficult

Fairly difficult

Slightly difficult

Not difficult

d) Rent or mortgage

Very difficult

Fairly difficult

Slightly difficult

Not difficult

e) Things you need for the baby

Very difficult

Fairly difficult

Slightly difficult

Not difficult

- G12 How many hours sleep do you get now?
 - a) During an average night

None

1 - 3 hours

4-5 hours

6-7 hours

More than 7 hours

b) During an average day

None

1 - 3 hours

4-5 hours

6-7 hour

More than 7 hours

c) Do you feel that you are getting enough sleep?

Yes

No

SECTION H: YOUR HOME AND NEIGHBOURHOOD

H1. Here is a list of things that can be a problem in people's homes or in the neighbour hood. How much of a problem are the following for you and your family?

a) Badly fitted doors and windows

Serious problem

Minor problem

Not a problem

No opinion

b) Poor ventilation

Serious problem

Minor problem

Not a problem

No opinion

c) Noise between rooms in your house

Serious problem

Minor problem

Not a problem

No opinion

d) Noise from other homes

Serious problem

Minor problem

Not a problem

No opinion

e) Noise from outside in the street

Serious problem

Minor problem

Not a problem

No opinion

H1 f) Rubbish or litter around your neighbourhood

Serious problem

Minor problem

Not a problem

No opinion

g) Dog dirt

Serious problem

Minor problem

Not a problem

No opinion

h) Worry about vandalism

Serious problem

Minor problem

Not a problem

No opinion

i) Worry about burglaries

Serious problem

Minor problem

Not a problem

No opinion

j) W	Vorry bout being mugged or attacked
•	Serious problem
	Minor problem
	Not a problem
	No opinion
k) D	risturbance from youths or teenagers
,	Serious problem
	Minor problem
	Not a problem
	No opinion
1) O	ther, describe
-, -	Serious problem
	Minor problem
	Not a problem
	1
H2 H	ow would you rate your home in relation to that of other families?
a)	Much cleaner
	A bit cleaner
	About the same
	Less clean
	Much less clean
b)	Much tidier
	A bit tidier
	About the same
	Less tidy
	Much less tidy
	How many people living in your household, including yourself, are
smokers?)
H40) V	Vhat is your present marital status?
п4а) у	
	Never married
	Widowed Divorced
	Separated Married and only
	Married, once only
1-1	Married second or third time
b)	If married, what was the date of your most recent marriage?
H5 V	What do you think of your neighbourhood as a place to live?
115	A very good place to live
	A fairly good place to live
	· ·
	Not a very good place to live
	Not at all a good place to live

SECTION I: CHEMICALS IN YOUR ENVIRONMENT

In the last few months, how often have you used the following, at home or at work?

I1 a) Disinfectant

Every day

Most days

Once a week

Less than once a week

Not at all

b) Bleach

Every day

Most days

Once a week

Less than once a week

Not at all

c) Window cleaner

Every day

Most days

Once a week

Less than once a week

Not at all

d) Carpet cleaner

Every day

Most days

Once a week

Less than once a week

Not at all

e) Oven or drain cleaner

Every day

Most days

Once a week

Less than once a week

Not at all

f) Dry cleaning fluid

Every day

Most days

Once a week

Less than once a week

Not at all

g) Turpentine/white spirit

Every day

Most days

Once a week

Less than once a week

Not at all

h) Paint stripper

Every day

Most days

Once a week

Less than once a week

Not at all

i) Household paint or varnish

Every day

Most days

Once a week

Less than once a week

Not at all

j) Weed killers

Every day

Most days

Once a week

Less than once a week

Not at all

k) Pesticides

Most days

Once a week

Less than once a week

Not at all

1) Air fresheners

Most days

Once a week

Less than once a week

Not at all

m) Hair spray

Most days

Once a week

Less than once a week

Not at all

n) Vacuum cleaner

Most days

Once a week

Less than once a week

Not at all

I1 o) Broom or carpet sweeper

Most days

Once a week

Less than once a week

Not at all

p) Glue

Most days

Once a week

Less than once a week

Not at all

q) Nail varnish or acetone

Most days

Once a week

Less than once a week

Not at all

r) !	Metal cleaners, degreasers, polishes
	Most days
	Once a week
	Less than once a week
-\ T	Not at all
S) F	Petrol Most days
	Most days Once a week
	Less than once a week
	Not at all
t)	Any other industrial or domestic chemical
()	Most days
	Once a week
	Less than once a week
	Not at all
I2.	How often during the day are you in a room or enclosed place where people are
smoking	g?
	i) Weekdays
	All the time
	More than 5 hours
	3-5 hours
	1 – 2 hours
	Less than one hour
	Not at all
	ii) Weekends
	All the time
	More than 5 hours
	3 – 5 hours
	1 – 2 hours
	Less than one hour
	Not at all
J1 '	This questionnaire was completed by:
	Child's mother
α)	Yes
	No
b)	Child's father
0)	Yes
	No
c)	Another, describe
- /	Yes
	No
J2	Please give the date on which you completed this questionnaire
	Please give the date of your toddler's birth
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2.6.18. CARERS' FIVE YEAR QUESTIONNAIRE

Questionnaire information

Data gathered by:	Child's carer
Data gathered when:	Child at five years
Data gathered where:	Self completing questionnaires, posted with birthday
	card and pre paid envelope
Number collected:	651
Entered data stored in file(s):	18Mi 1.csv 18Mii 1.csv 18Miii 1.csv
	18Mi.xls 18Mii.xls 18Miii.xls 18M & comments.xls
Version of questionnaire	1

This questionnaire is for the mother or regular carer of the study child. Its purpose is to find out what problems you have. Your answers will help us to identify those problems that may be helped by changes in the health care system.

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

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

Please answer all the questions if you can, even if they appear similar. If you do not wish to answer a question or if it does not apply to you, put a line through it. There are no right or wrong answers, just tell us what you really think.

All answers are confidential

THANK YOU VERY MUCH FOR YOUR HELP

SECTION A: YOUR HEALTH

A1. Which statement would you say describes your health now?

Always fit and well

Mostly fit and well

Often feel unwell

Hardly ever feel really well

A2. Have you had any of the following in the last two years?

a) Anxiety or nerves

Yes and saw a doctor

Yes but did not see a doctor

No

b) Depression

Yes and saw a doctor

Yes but did not see a doctor

No

c) Headache or migraine

Yes and saw a doctor

Yes but did not see a doctor

No

d) Epilepsy

Yes and saw a doctor

Yes but did not see a doctor

No

e) Back pain/sciatica

Yes and saw a doctor

Yes but did not see a doctor

No

f) Indigestion

Yes and saw a doctor

Yes but did not see a doctor

No

g) High blood pressure

Yes and saw a doctor

Yes but did not see a doctor

No

h) Cough or cold

Yes and saw a doctor

Yes but did not see a doctor

No

i) Diabetes

Yes and saw a doctor

Yes but did not see a doctor

No

j) Haemorrhoids

Yes and saw a doctor

Yes but did not see a doctor

No

A2 k) Schizophrenia

Yes and saw a doctor

Yes but did not see a doctor

No

1) Influenza

Yes and saw a doctor

Yes but did not see a doctor

No

m) Alcohol problem

Yes and saw a doctor

Yes but did not see a doctor

No

n) Wheezing

Yes and saw a doctor

Yes but did not see a doctor

No

o) Bronchitis

Yes and saw a doctor

Yes but did not see a doctor

No

p) Stomach ulcer

Yes and saw a doctor

Yes but did not see a doctor

Nο

q) Eczema

Yes and saw a doctor

Yes but did not see a doctor

No

r) Psoriasis

Yes and saw a doctor

Yes but did not see a doctor

No

s) Arthritis

Yes and saw a doctor

Yes but did not see a doctor

No

t) Rheumatism

Yes and saw a doctor

Yes but did not see a doctor

No

u) Urinary infection

Yes and saw a doctor

Yes but did not see a doctor

No

v) Problems with your periods

Yes and saw a doctor

Yes but did not see a doctor

No

w) Problems with a pregnancy

Yes and saw a doctor

Yes but did not see a doctor

No

A2 x) Syphilis

Yes and saw a doctor

Yes but did not see a doctor

No

y) Gonorrhoea

Yes and saw a doctor

Yes but did not see a doctor

No

z) Other problem, describe

Yes and saw a doctor

Yes but did not see a doctor

No

A3. In the last two years, how often have you used any of the following?

a) Sleeping pills

Every day

Often

Sometimes

Never

b) Vitamins

Every day

Often

Sometimes

Never

c) Cannabis/marihuana

Every day

Often

Sometimes

Never

d) Tranquillisers

Every day

Often

Sometimes

Never

e) Pills for depression

Every day

Often

Sometimes

Never

f) Hormone tablets

Every day

Often

Sometimes

Never

g) Antibiotics

Every day

Often

Sometimes

Never

A3 h) Aspirin

Every day

Often

Sometimes

Never

i) Paracetamol

Every day

Often

Sometimes

Never

j) Other painkillers

Every day

Often

Sometimes

Never

k) Amphetamines/other stimulants

Every day

Often

Sometimes

Never

1) Contraceptive pill

Every day

Often

Sometimes

Never

m) Iron

Every day

Often

Sometimes

Never

n) Heroin, methadone, cocaine

Every day

Often

Sometimes

Never

o) Anticonvulsants

Every day

Often

Sometimes

Never

p) Steroids

Every day

Often

Sometimes

Never

A3 q) (Other pills, medicine, drug or treatme Yes and saw a doctor Yes but did not see a doctor No	nt
A4	Please list all the drugs you have use	d in the past month.
	What did you take?	
	How many days was it taken f	or?
	How often per day?	
	Since your child was 3 years old, have tay in hospital? Yes No	ve you been ill or had a problem for which you
If Yes:	140	
b)	How many times?	
c)	What were the reasons?	
d)	How long did you stay in hospital ea	ch time?
In the pa	ast month have any of the following o	ccurred?
b) c) d)	All the time Sometimes Not at all Headache /migraine All the time Sometimes Not at all Urinary infection All the time Sometimes Not at all Nausea All the time Sometimes Not at all Vomiting All the time	
f)	Sometimes Not at all Diarrhoea All the time Sometimes	
	Not at all	

A6 g) Haemorrhoids/piles

All the time

Sometimes

Not at all

h) Feeling weepy

All the time

Sometimes

Not at all

i) Feeling irritable

All the time

Sometimes

Not at all

j) Feeling exhausted

All the time

Sometimes

Not at all

k) Varicose veins

All the time

Sometimes

Not at all

1) Frequency of urine

All the time

Sometimes

Not at all

m) Problem holding urine when you sneeze, jump etc

All the time

Sometimes

Not at all

n) Indigestion

All the time

Sometimes

Not at all

o) Feeling dizzy/fainting

All the time

Sometimes

Not at all

p) Flashing lights/spots before the eyes

All the time

Sometimes

Not at all

r) Shoulder ache

All the time

Sometimes

Not at all

s) Tingling in hands or fingers

All the time

Sometimes

Not at all

A6	t) Tir	ngling in feet o All the time	r toes	
		Sometimes		
		Not at all		
	u) Nec	ck ache		
		All the time		
		Sometimes		
		Not at all		
	v) Feel	ling depressed		
		All the time		
		Sometimes		
		Not at all		
	w) Oth	er problems		
		All the time		
		Sometimes		
		Not at all		
A7	a) How	often do you h Not at all	nave sex	xual intercourse now?
		Less than onc	o o mor	nth
		1 - 3 times a 1		IIIII
		About once a		
		2-4 times a		
		5 or more time		eek
	b) In ge	neral, do you e		
	-, 8	Very much	5 - 5	
		Somewhat		
		Not a lot		
		Not at all		
		It doesn't hap	pen	
A8	a) Are y	you currently to	ying to	get pregnant?
		No		
		No, but intend	l to late	er
		Yes		
				have you been trying?months
		I am pregnant		
		If yes, how lo	ng befo	ore you became pregnant again?months
1	b) What	forms of contr	aceptic	on are you using now? Tick all you have used in the past
three	months.			
	i)	Withdrawal		
			Yes	No
	ii)	The pill		
			Yes	No
	iii)	IUCD/coil	T 7	
		C 1	Yes	No
	iv)	Condom	Vac	No
			Yes	No

A8 b)	v)	Rhythm method
		Yes No
	vi)	Diaphram/cap
		Yes No
	vii)	Spermicide
		Yes No
	viii)	I have been sterilised
		Yes No
	ix)	My partner has been sterilised
		Yes No
	x)	Other, describe
		Yes nO
A9a)	Have y	ou been pregnant again in the last two years? Yes
		No
A9 b)	How n	nany times?
c)	For the	se pregnancies, please give
	i) Date (of LMP before the pregnancy/
	i) Date (TENT before the pregnancy
i	i) What	happened
	,	Miscarriage
		Abortion/termination for unwanted pregnancy
		Termination for problem, describe
		Still pregnant
		Baby born
		Other, describe
ii	i) Please	e give actual date of delivery, or end of pregnancy/
iv	z) Do/di	id you have any problems?
1,	<i>b</i> 0/ a	Yes
		No
If ves.	please o	lescribe.
,	1	
A10	Номи	ould you describe your most recent periods?
	Heavy	outd you describe your most recent periods:
u)	Heavy	Very
		Moderately
		Mildly
		Not at all
b)	Painful	
-/	37-	Very
		Moderately
		Mildly
		Not at all

c)	Irregular
	Very
	Moderately
	Mildly
	Not at all
d)	How many days does bleeding usually last?days
A11	Have you had a D&C in the last two years?
	Yes
	No
	Don't know
If yes,	was this because of?
i)	Heavy periods
	Yes
	No
ii)	Painful periods
ŕ	Yes
	No
iii)	Fibroids
,	Yes
	No
iv)	Termination
	Yes
	No
v)	Infertility
	Yes
	No
vi)	Miscarriage
,	Yes
	No
vii)	Don't know
ĺ	Yes
	No
	ION B: YOUR OPINION OF YOURSELF
	say which of the following statements are true of you.
B1.	I feel that I am a person of worth, at least equal to others
	Always true
	Often true
	Sometimes true
	Seldom true
Da	Never true
В2.	I feel I have a number of good qualities
	Always true
	Often true
	Sometimes true
	Seldom true

Never true

B3. I am able to do things as well as most other people

Always true

Often true

Sometimes true

Seldom true

Never true

B4. I feel I do not have much to be proud of

Always true

Often true

Sometimes true

Seldom true

Never true

B5. I take a positive attitude towards myself

Always true

Often true

Sometimes true

Seldom true

Never true

B6. Sometimes I think I am no good at all

Always true

Often true

Sometimes true

Seldom true

Never true

B7. I am a useful person to have around

Always true

Often true

Sometimes true

Seldom true

Never true

B8. I feel I cannot get anything right

Always true

Often true

Sometimes true

Seldom true

Never true

B9. When I do a job I do it well

Always true

Often true

Sometimes true

Seldom true

Never true

B10. I feel that my life is not very useful

Always true

Often true

Sometimes true

Seldom true

Never true

B11. I am unlucky

Always true

Often true

Sometimes true

Seldom true

Never true

SECTION D: YOUR FEELINGS

You have answered these questions before, but you may be feeling differently now.

C1 Do you feel upset for no obvious reason?

Very often

Often

Not very often

Never

C2 Do you get troubled by dizziness or shortness of breath

Very often

Often

Not very often

Never

C3 Have you felt as though you might faint?

Very often

Often

Not very often

Never

C4 Do you feel sick or have indigestion/

Very often

Often

Not very often

Never

C5 Do you feel that life is too much effort?

Very often

Often

Not very often

Never

C6 Do you feel uneasy or restless?

Very often

Often

Not very often

Never

C7 Do you feel tingling or pricking sensations in your body, arms or legs?

Very often

Often

Not very often

Never

C8 Do you regret much of your past behaviour?

Very often

Often

Not very often

Never

C9 Do you sometimes feel panicky? Very often Often Not very often Never C10 Do you find that you have little or no appetite? Very often Often Not very often Never C11 Do you wake unusually early in the mornings? Very often Often Not often Never C12 Do you worry a lot? Very often Often Not often Never C13 Do you feel tired or exhausted? Very often Often Not often Never C14 Do you experience long periods of sadness? Very often Often Not often Never C15 Do you feel strung up inside? Very often Often Not often Never C16 Can you get off to sleep alright? Very often Often Not often Never C17 Do you ever have the feeling you are going to pieces? Very often Often Not often Never C18 Do you often have excessive sweating or fluttering of the heart? Very often Often Not often

Never

C19 Do you find yourself needing to cry? Very often Often Not often Never C20 Do you have bad dreams which upset you? Very often Often Not often Never C21 Do you lose the ability to feel sympathy for others? Very often Often Not often Never C22 Can you think as quickly as you used to? Very often Often Not often Never C23 Do you have to make a special effort to face up to a crisis? Very often Often Not often Never Your feelings in the past week C24 I have been able to laugh and see the funny side of things As much as I always could Not quite so much now Definitely not so much now Not at all C25 I have looked forward with enjoyment to things As much as I ever did Not quite so much now Definitely not so much now C26 I have blamed myself unnecessarily when things went wrong Yes, most of the time Yes, some of the time Not very often No, never C27 I have been anxious or worried for no good reason No, not at all Hardly ever

Yes, sometimes

Yes, quite a lot

I have felt scared or panicky for no good reason

Sometimes Often

C28

Not much

Not at all

C29 Things have been getting on top of me

Yes, most of the time

Yes, sometimes

Hardly ever

Not at all

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

Yes, most of the time

Yes, sometimes

Hardly ever

Not at all

C31 I have felt sad or miserable

Yes, most of the time

Yes, quite often

Not often

Not at all

C32 I have been so unhappy that I have been crying

Yes, most of the time

Yes, quite often

Occasionally

Never

C33 The thought of harming myself has occurred to me

Yes, quite often

Sometimes

Hardly ever

Not at all

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

More good days

Half and half

More bad days

SECTION D: RECENT EVENTS

Have any of the following events happened to you in the last 2 years?

D1 Your partner died

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D2 One of your children died

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D3 A friend or relative died

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D4 One of your children was ill

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D5 Your partner was ill

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D6 A friend or relative was ill

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D7 You were admitted to hospital

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D8 You were in trouble with the law

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D9 You were divorced

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D10 You found that your partner didn't want your child

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D11 You were very ill

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D12 Your partner lost his job

Yes, affected me a lot Moderately affected me

Mildly affected me

No effect

Did not happen

D13 Your partner had problems at work

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D14 You had problems at work

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D15 You lost your job

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D16 Your partner went away

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D17 Your partner was in trouble with the law

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D18 You and your partner separated

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D19 Your income was reduced

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D20 You argued with your partner

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D21 You argued with your family or friends

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D22 You moved house

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D23 Your partner was physically cruel to you

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D24 You became homeless

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D25 You had a major financial problem

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D26 You got married

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D27 Your partner was physically cruel to your children

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D28 You were physically cruel to your children

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D29 You attempted suicide

> Yes, affected me a lot Moderately affected me

Mildly affected me

No effect

Did not happen

D30 You were convicted of an offence

> Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

D31 You became pregnant

> Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

D32 You started a new job

> Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

D33 You returned to work

> Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

D34 You had a miscarriage

> Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

D35 You had an abortion

> Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

D36 You took an examination

> Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen D37 Your partner was emotionally cruel to you Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen D38 Your partner was emotionally cruel to your children Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen You were emotionally cruel to your children D39 Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen D40 Your house or car were burgled Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen D41 Your partner started a new job Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen D42 A pet died Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen You had an accident D43 Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen D44 Is there anything else which is not on the list which has concerned you or required additional effort from you to cope, since the study child was born? Yes a) No b) If yes, please describe.....

A lot Moderately Mildly Not at all **SECTION E: YOUR HOME** E1 a) When did you move to your present address? b) How many times have you moved since the study child was 3 yrs old?....... E2 Is your home? Being bought/mortgaged Owned, with no mortgage Rented from commissioners Rented from private landlord – furnished Rented from private landlord – unfurnished Rented from housing association Other, please describe E3 Do you live in your own home or do you live with your parents or others? Live in own home Live with parents in their home Live with grandparents in their home Other situation (please describe) E4 Do you currently live in? A whole detached house (or bungalow) A whole semi-detached house/bungalow) A whole terraced house A purpose built flat (self contained) Rooms in someone else's house Other (please describe) E5 What is the lowest level of your living accommodation? **Basement** Ground floor 1st floor 2nd floor or above, give floor E6 In the coldest time of year, describe the temperature in your; a) Living rooms Very warm Warm About right Cold Very cold b) The room where the study child sleeps Very warm Warm About right Cold Very cold

D44c) How did this affect you?

E7Does your home have the following?

a) Kitchen where there is space to sit and eat

Yes, sole use

Yes, shared with others

No

b) Kitchen for cooking only

Yes, sole use

Yes, shared with others

No

c) Indoor flushing toilet

Yes, sole use

Yes, shared with others

No

- E8 Apart from the kitchen or kitchen/dining room, how many living rooms & bedrooms do you have?.....
- E9 Do you have sole use of the following amenities or are they shared with others?
 - a) Running hot water

Yes, sole use

Yes, shared with others

No

E9 b) Bath

Yes, sole use

Yes, shared with others

No

c) Shower

Yes, sole use

Yes, shared with others

No

d) Garden

Yes, sole use

Yes, shared with others

No

e) Balcony

Yes, sole use

Yes, shared with others

No

E10 a) Is there a telephone in your home?

Yes

No

If no,

b) Where is the nearest working telephone you can use?

Pay phone in the building

Pay phone in the street

Neighbour's phone

None within 5 minutes walk

Other

E11 a) Do you or your partner have the use of a car?

Yes, we own a car

Yes, we can borrow a car

No

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

Never

Sometimes

Often

Every day

Not applicable/do not drive

E12 a) Is there ever any damp, condensation or mould in your home?

Yes

No

E12 b) How much of a problem is damp or condensation?

No problem

Not serious

Fairly serious

Very serious

c) How much of a problem is mould?

No problem

Not serious

Fairly serious

Very serious

If you have damp or mould, please tick the box relating to the problem you get in each room.

E12 d) Kitchen (or kitchen/diner)

Condensation on windows, walls, ceilings

Damp patches on walls

Mould on walls

Damp damage to carpets, furniture, clothes

Mould damage to carpets, furniture, clothes

None of these

e) Living room (or lounge/diner)

Condensation on windows, walls, ceilings

Damp patches on walls

Mould on walls

Damp damage to carpets, furniture, clothes

Mould damage to carpets, furniture, clothes

None of these

f) Hall/landing

Condensation on windows, walls, ceilings

Damp patches on walls

Mould on walls

Damp damage to carpets, furniture, clothes

Mould damage to carpets, furniture, clothes

None of these

g) My bedroom

Condensation on windows, walls, ceilings

Damp patches on walls

Mould on walls

Damp damage to carpets, furniture, clothes

Mould damage to carpets, furniture, clothes

None of these

h) Other bedrooms

Condensation on windows, walls, ceilings

Damp patches on walls

Mould on walls

Damp damage to carpets, furniture, clothes

Mould damage to carpets, furniture, clothes

None of these

i) Bathroom/toilet

Condensation on windows, walls, ceilings

Damp patches on walls

Mould on walls

Damp damage to carpets, furniture, clothes

Mould damage to carpets, furniture, clothes

None of these

j) Other rooms

Condensation on windows, walls, ceilings

Damp patches on walls

Mould on walls

Damp damage to carpets, furniture, clothes

Mould damage to carpets, furniture, clothes

None of these

E13 a) Does your roof leak at all?

(If you have another flat above yours, please tick 'does not apply')

Yes, serious leak

Yes, slight leak

No leak

Does not apply

b)Do you have water leaking through fitting windows or doors in wet weather?

Yes, serious leak

Yes, slight leak

No leak

E14 Which of the following best describe your feelings about your street/estate as a place

Satisfied

Fairly satisfied

Dissatisfied

E15 In the past year have any of the following rooms been decorated or had new furniture?

a) Your bedroom

Painted

Yes

No

Don't know

Wall papered

Yes

No

Don't know

New carpet

Yes

No

Don't know

New furniture

Yes

No

Don't know

b) Your living room

Painted

Yes

No

Don't know

Wall papered

Yes

No

Don't know

New carpet

Yes

No

Don't know

E15b) New furniture

Ye

No

Don't know

c) The study child's bedroom

Painted

Yes

No

Don't know

Wall papered

Yes

No

Don't know

New carpet

Yes

No

Don't know

New furniture

Yes

No

Don't know

d) Any other rooms

Painted

Yes

No

Don't know

Wall papered

Yes

No

Don't know

New carpet

Yes

No

Don't know

New furniture

Yes

No

Don't know

Which rooms?....

- E16 How would you rate your home in relation to that of other families?
 - a) Much cleaner

A bit cleaner

About the same

Less clean

Much less clean

b) Much tidier

A bit tidier

About the same

Less tidy

- E17. Here is a list of things that can be a problem in people's homes or in the neighbour hood. How much of a problem are the following for you and your family?
- a) Badly fitted doors and windows

Serious problem

Minor problem

Not a problem

No opinion

b) Poor ventilation

Serious problem

Minor problem

Not a problem

No opinion

c) Noise between rooms in your house

Serious problem

Minor problem

Not a problem

No opinion

d) Noise from other homes

Serious problem

Minor problem

Not a problem

No opinion

e) Noise from outside in the street

Serious problem

Minor problem

Not a problem

No opinion

f) Rubbish or litter around your neighbourhood

Serious problem

Minor problem

Not a problem

No opinion

g) Dog dirt

Serious problem

Minor problem

Not a problem

No opinion

h) Worry about vandalism

Serious problem

Minor problem

Not a problem

No opinion

i) Worry about burglaries

Serious problem

Minor problem

Not a problem

No opinion

E17 j) Worry bout being mugged or attacked

Serious problem

Minor problem

Not a problem

No opinion

k) Disturbance from youths or teenagers

Serious problem

Minor problem

Not a problem

No opinion

1) Other, describe......

Serious problem

Minor problem

Not a problem

No opinion

E18 Do you have a rule that smoking never happens in particular rooms?

No smoking in the house at all

Smoking in some rooms only

Smoking allowed anywhere

SECTION F: YOUR HOUSEHOLD

F1a)	How many people live in your household, including yourself?
	i) Adults over 18yrs
	ii) Young adults, 16 – 18yrs iii) Children
b)	Please indicate who the adults are
0)	i) Yourself
	ii) Your partner
	iii) Your parents
	iv) Partner's parents
	v) Other relations of yourself
	vi) Other relations of your partner
	vii) Friends
	viii) Lodger
	ix) Other
F2	How many people living in your household, including yourself, smoke?
F3 a)	What is your present marital status?
	Never married
	Widowed
	Divorced
	Separated
	Married once only
1- \	Married more than once
b)	If married, what was the date of your marriage?
F4a)	Is the present live - in father figure the natural father of the study child?
	Yes
	No
	No live – in father figure
	Don't know
i)	If no , how old was the study child when father left?Years
ii)	• · · · · · · · · · · · · · · · · · · ·
	Never
	Less than once a month
	Once a month
	Once a fortnight
	Once or twice a week
	Nearly every day
•••	Child's father is dead
iii)	1 11
	Yes, on a regular basis
	Sometimes
	No Child's father is dead
E41-)	Child's father is dead Is the live in mother the study shild's natural mother?
F4b)	Is the live in mother the study child's natural mother?

No

Yes

i) If no, how old was the study child when she left?,
ii) How often does the study child have contact with his/her natural mother? Never Less than once a month Once a month Once a fortnight Once or twice a week
Nearly every day iii) Does she provide financial support for the study child? Yes, on a regular basis Sometimes No
F5 Please indicate how many of the children living with you have:
a) You and your partner as their natural parents
b) You as their natural mother but natural father not present
c) Your partner as the natural father (but you are not their natural mother)
d) Neither you nor your partner as natural parents (please describe whether you have adopted, fostered etc)
F6 Are there other children of yourself or your partner who do not live with you?
a) Children of my partner No Yes Number
b) Children of myself
No Yes
Number c) Children of partner & self No Yes Number
F7 Do any of the people living in your household, including yourself and your children have a chronic illness or disabling condition? Yes No
If yes, please describe:
F7 a) Nature of illness/condition:

	b) P	erson involved:
F8	a) D	o you have any pets? Yes No
	b)	How many of the following pets do you have in your home?
		i) Cats
		ii) Dogs
		iii) Rabbits
		iv) Rodents (mice, gerbils etc)
		v) Birds (budgerigar, parrot, etc)
		vi) Fish
	,	vii)Turtles
	•	viii) Other pets (fish, stick insects etc.)
F9		ny of the following animals or insects inhabit or invade your home or cause gienic conditions in your garden, yard or street?
	a)	Rats Frequently Occasionally Not at all
	b)	Mice Frequently Occasionally Not at all
	c)	Pigeons Frequently Occasionally Not at all
	d)	Cats Frequently Occasionally Not at all
	e)	Cockroaches Frequently Occasionally Not at all
	f)	Ants Frequently Occasionally Not at all

g)	Frequently Occasionally
h)	Not at all Woodlice Frequently
i)	Occasionally Not at all Other (please describe
,	Frequently Occasionally Not at all
F10 a)	On average, how much is the family income each month, include any benefits?
	£per month
b)	Out of this, how much do you repay for loans or mortgage?
	£per month
c)	How much do you pay for rent, electric, gas, water, telephone?
	£per month
F10 d)	How much do you spend on food for the whole family?
	£per month
e)	How much do you spend on clothing, leisure, hobbies?
	£per month
f)	Do you manage to save? Yes No
g)	Do you receive financial help from parents or other relatives or friends? Yes No
h)	Do you help your parents or other relatives or friends? Yes No

SECTION G: YOUR PARTNER

G1	Do you currently have a partner? Yes
	No
a)	A male partner
u)	Yes
	No
	A female partner
	Yes
	No
	No partner
	Yes
	No
b)	Does your partner live with you?
0)	Yes
	No
c)	If yes, for how long have you lived together? Years Months
C)	if yes, for now long have you need together.
G2	How would you describe your partner's physical health?
	Always fit and well
	Mostly well and healthy
	Often unwell
	Hardly ever well
G2 Dla	ease tell us whether he has had any of these since your study child was 3 years old?
	Migraine or headaches
a)	Yes and consulted a doctor
	Yes, but did not see doctor No
	Don't know
b)	
U)	Indigestion Yes and consulted a doctor
	Yes, but did not see doctor
	No Don't know
2)	Don't know
()	Epilepsy Yes and consulted a doctor
	Yes, but did not see doctor
	No Don't know
47	
u)	Depression Yes and consulted a doctor
	Yes, but did not see doctor
	No Don't know
-1	Don't know
e)	Anxiety/nerves
	Yes and consulted a doctor
	Yes, but did not see doctor
	No

Don't know

f) Haemorrhoids/piles

Yes and consulted a doctor Yes, but did not see doctor

No

Don't know

g) Cough or cold

Yes and consulted a doctor Yes, but did not see doctor

No

Don't know

h) Influenza

Yes and consulted a doctor Yes, but did not see doctor

No

Don't know

i) Bronchitis

Yes and consulted a doctor Yes, but did not see doctor No

Don't know

j) High blood pressure

Yes and consulted a doctor Yes, but did not see doctor No

G3 k) Diabetes

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

1) Schizophrenia

Yes and consulted a doctor Yes, but did not see doctor No

NO

Don't know

m) Alcoholism

Yes and consulted a doctor Yes, but did not see doctor

No

Don't know

n) Stomach ulcer

Yes and consulted a doctor Yes, but did not see doctor No

Don't know

o) Asthma/wheezing

Yes and consulted a doctor Yes, but did not see doctor

No

Don't know

p) Eczema

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

q) Psoriasis

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

r) Arthritis

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

s) Urinary infection

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

t) Rheumatism

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

G3 u) Back ache, sciatica, slipped disc

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

v) Syphilis

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

w) Gonorrhoea

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

x) Other, describe

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

G4 The following statements are about how you think your partner gets on with young children. Please indicate how you feel in your situation.

a) He really loves our child

This is always how I feel

This is sometimes how I feel

I never feel like this

b) He is glad I had this child when I did

This is always how I feel

This is sometimes how I feel

I never feel like this

c) I like to watch him play with the child

This is always how I feel

This is sometimes how I feel

I never feel like this

d) I am afraid to leave the child alone with him because I think he may be violent

This is always how I feel

This is sometimes how I feel

I never feel like this

e) He seems to be very close to the child

This is always how I feel

This is sometimes how I feel

I never feel like this

f) This child gets on his nerves

This is always how I feel

This is sometimes how I feel

I never feel like this

G4 g) He really cannot bear it when the child cries

This is always how I feel

This is sometimes how I feel

I never feel like this

h) I think my partner is excited as he watches the child develope

This is always how I feel

This is sometimes how I feel

I never feel like this

i) My partner gets very anxious when someone other than us looks after the child

This is always how I feel

This is sometimes how I feel

I never feel like this

j) He doesn't like the mess that surrounds a young child

This is always how I feel

This is sometimes how I feel

I never feel like this

k) This child makes my partner very happy

This is always how I feel

This is sometimes how I feel

I never feel like this

G5	How many cigarettes does your partner usually smoke?number
G6	a) Is he currently employed? Yes
	No
	b) What is his occupation?
	c) Has he had the same job all the time since the child was 3 years old? Yes
	No
	d) Does he have to work nights?
	Always
	Sometimes
	Never
	e) Does he leave home for several days as part of his work? Often
	Occasionally
	Never
G7	How would you rate him on the following characteristics?
	a) Helpful and co-operative
	Always
	Sometimes
	Hardly ever
	b) Quiet and reserved
	Always
	Sometimes
	Hardly ever
G7	c) Unreliable
	Always
	Sometimes
	Hardly ever
	d) Sociable and outgoing
	Always
	Sometimes
	Hardly ever
	e) Dominating
	Always
	Sometimes
	Hardly ever
	f) Understanding
	Always Sometimes
	Hardly ever
	g) Quick tempered or easily upset
	Always
	Sometimes
	Hardly ever
	h) Cheerful and easy going
	Always
	•

Sometimes

Hardly ever

G8 Who does these various household tasks?

a) Shopping for groceries

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

b) Cooking

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

c) Cleaning the house

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

d) Repairs to the home

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

G8 e) Looking after the children

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

f) Washing clothes

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

g) Ironing

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

G9 Who decides?

a) How to spend free time

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

b) How much to see family or friends

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

c) When to do repairs or re-decorate

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

d) How we should spend our money

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

G10 People vary greatly in the amount they are satisfied or dissatisfied with their relationship. How do you feel about the following aspects of your life together?

a) Handling family finances

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

b) Demonstrations of affection

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

c) Sex

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

d) The amount of time spent together

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

e) Making major decisions

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

f) Household tasks

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

g) Leisure time, interests, activities

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

G11 a) How often recently have you been irritable with your partner?

Not at all

Less than once a week

1 -2 times a week

3 - 6 times a week

Every day

G11 b) How often has he been irritable with you?

Not at all

Less than once a wee

1 -2 times a week

3 - 6 times a week

Every day

G12 a) How many arguments or disagreements have you had in the past three months?

None

1 - 3

4 - 7

8 - 13

14 or more

- b) In the past three months have any of the following happened?
 - i) Not speaking to partner for more than 1/2hr

Yes, I did this

Yes, he did this

We both did this

Not at all

ii) On of you walking out of the house

Yes, I did this

Yes, he did this

We both did this

Not at all

iii) Shouting or calling partner names

Yes, I did this

Yes, he did this

We both did this

Not at all

iv) Hitting or slapping partner

Yes, I did this

Yes, he did this

We both did this

Not at all

v) Throwing or breaking things

Yes, I did this

Yes, he did this

We both did this

Not at all

- G13 In the past three months how often have you done these things with your partner?
 - a) Gone out for a meal

Never

Less than once a month

Less than once a week

At least once a week

b) Gone out for a drink

Never

Less than once a month

Less than once a week

At least once a week

c) Visited friends

Never

Less than once a month

Less than once a week

At least once a week

G13d) Visited family

Never

Less than once a month

Less than once a week

At least once a week

e) Gone to the cinema or theatre

Never

Less than once a month

Less than once a week

At least once a week

G14a) How many evenings a month do you go out and do things on your own or with your own friends?

None

Once

2-3 times

4-7 times

Eight or more times

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

None

Once

2-3 times

4-7 times

Eight or more times

G15 How often in one week on average, would you and your partner?

a) Discuss work or how the day has gone

Never

Less than once a week

1 - 3 times a week

Most days

b) Laugh together

Never

Less than once a week

1 - 3 times a week

Most days

c) Calmly talk over something, the news or interests or hobbies

Never

Less than once a week

1 - 3 times a week

Most days

d) Kiss or hug

Never

Less than once a week

1 - 3 times a week

Most days

G15 e) Make future plans

Never

Less than once a week

1 - 3 times a week

Most days

f) Talk over feelings or worries

Never

Less than once a week

1 - 3 times a week

Most days

G16 a) Which statements about alcohol best applies to your partner?

Never drinks alcohol

Very occasionally, less than once a week

Occasionally, at least once a week

Drinks 1 - 2 glasses a day

Drinks 3 – 4 glasses a day

More than 10

b) How many days in the past month do you think he would have drunk the equivalent of 2pints of beer, 4 glasses of wine, or 4 pub measures of spirits?

Every day

>10 days

5 - 10 days

3-5 days

1-2 days

G17. Below are attitudes and behaviour which people reveal in their close relationships. Please rate your partner's attitudes and behaviour towards you in recent times and tick the most appropriate box for each item.

My partner:

a) Is very considerate of me

Very true

Moderately true

Sometimes true

Not at all true

b) Wants me to take his side in an argument

Very true

Moderately true

Sometimes true

Not at all true

c) Wants to know exactly what I am doing and where I am

Very true

Moderately true

Sometimes true

Not at all true

d) Is a good companion

Very true

Moderately true

Sometimes true

Not at all true

G17 e) Is affectionate towards me

Very true

Moderately true

Sometimes true

Not at all true

f) Is clearly hurt if I don't accept his views

Very true

Moderately true

Sometimes true

Not at all true

g) Tends to try to change me

Very true

Moderately true

Sometimes true

Not at all true

h) Confides closely in me

Very true

Moderately true

Sometimes true

Not at all true

i) Tends to criticize me over small issues

Very true

Moderately true

Sometimes true

Not at all true

j) Understands my worries and problems

Very true

Moderately true

Sometimes true

Not at all true

k) Tends to order me about

Very true

Moderately true

Sometimes true

Not at all true

1) Insists I do exactly as I am told

Very true

Moderately true

Sometimes true

Not at all true

m) Is physically gentle and considerate

Very true

Moderately true

Sometimes true

Not at all true

n) Makes me feel needed

Very true

Moderately true

Sometimes true

Not at all true

G17 o) Wants me to change in small ways

Very true

Moderately true

Sometimes true

Not at all true

p) Is very loving towards me

Very true

Moderately true

Sometimes true

Not at all true

q) Seeks to dominate me

Very true

Moderately true

Sometimes true

Not at all true

r) Is fun to be with

Very true

Moderately true

Sometimes true

Not at all true

s) Wants to change me in big ways

Very true

Moderately true

Sometimes true

Not at all true

t) Ter	nds to control everything I do
	Very true
	Moderately true
	Sometimes true
	Not at all true
u) Sho	ows his appreciation of me
,	Very true
	Moderately true
	Sometimes true
	Not at all true
v) Is o	critical of me in private
,	Very true
	Moderately true
	Sometimes true
	Not at all true
w) Is g	gentle and kind to me
,	Very true
	Moderately true
	Sometimes true
	Not at all true
x) Sp	eaks to me in a warm and friendly voice
	Very true
	Moderately true
	Sometimes true
	Not at all true
SECTION	H: YOUR OCCUPATION AND LIFESTYLE
H1 a) Hav	ve you worked in the last two years?
	No
	Yes, paid work at home
	Yes, paid work outside home
	Yes, paid work inside and outside home
b) Hov	w old was the study child when you started paid workyears
c) Are	you still working?
	Yes
TC :\ XX	No
II no, 1) W	hen did you finish?/Date
If yes, ii) He	ow many jobs are you doing now?
iii) D	escribe the type of job you do and the type of industry you work for.
d) How	many hours a week do you work?Hours
;) D	oes this include weekends?
11 11	Ves this include weekends:

Yes No ii) Do you work evenings or at night? Yes No iii) How would you describe the physical effort you need for this or your current job's? Very little, mostly sitting Some physical effort Quite a lot of effort Considerable effort What are the main reasons for you working? a) Financial, I am important as a bread winner Yes No b) Financial, for family extras Yes No c) Career Yes No d) Enjoyment Yes No H2 e) To get out of the home Yes No f) Other, describe Yes No Are you working at the same status as you did before you had your study child? Didn't work before No, lower level Yes, same level No, higher level Do you find your job satisfying? Yes No Do you wish you could spend more time with your study child?

H2

H3

H4

H5

Yes, often Sometimes Yes, but rarely Not at all

H6 a)	How do you usually travel to work? i) Public transport
	Yes
	No
	ii) Car
	Yes
	No
	iii) I cycle
	Yes
	No
	iv) I walk
	Yes
	No
	v) Another way Yes
	No
	vi) I work at home
	,
Н6	b) How long does it usually take?
	i) To travel to work
	Less than 15 minuets
	15 – 29 minutes
	30 – 59 minutes
	An hour or more
Н6	ii) To travel home from work
	Less than 15 minutes
	15 – 29 minutes
	30-59 minutes
	An hour or more
H7	Below are some statements about how working affects being a parent. Please
	indicate how these may be true for you.
a)	I enjoy seeing my child after work
	Almost always
	Often
	Not very often
1. \	Never
b)	After a day at work I find it hard to cope with a young child Almost always
	Often
	Not very often
	Never
H8 a)	Do you worry about your child when you are at work?
	Yes
h)	No Does your child cry when you leave him/her
U)	Yes
	No

H9 a)	Have you chosen not to work so that you can stay at home with your child? Yes
	No
b)	Have you been looking for work?
	Yes
	No
c)	For how long have you been seeking work?months
H10	How many cigarettes a day do you smoke?
	30+
	25 - 29
	24 - 20
	19 - 15
	14 - 10
	5 - 9
	1-4
	None
	Cigars only/ Pipe only
H11 a)	How much alcohol do you drink?
	Never drink alcohol
	Very occasionally, less than once a week
	Occasionally, at least once a week
	Drinks $1-2$ glasses a day
	Drinks 3 – 4 glasses a day
b)	How many days in the past month would you have drunk the equivalent of 2 pints
	of beer, 4 glasses of wine, or 4 pub measures of spirits?
	Every day
	>10 days
	5-10 days
	3-5 days
	1-2 days
	None
H11 c)	Do you or your partner, make your own wine, beer or spirits
	Yes, beer
	Yes spirits
	Neither
H12	How difficult do you find it to afford the following items?
a)	Food
,	Very difficult
	Fairly difficult
	Slightly difficult
	Not difficult
b)	Clothing
٠,	Very difficult
	Fairly difficult
	Slightly difficult
	Not difficult
c)	Heating
~)	···· G

Very difficult

Fairly difficult

Slightly difficult

Not difficult

d) Rent or mortgage

Very difficult

Fairly difficult

Slightly difficult

Not difficult

e) Things you need for the baby

Very difficult

Fairly difficult

Slightly difficult

Not difficult

f) Education

Very difficult

Fairly difficult

Slightly difficult

Not difficult

g) Medical care

Very difficult

Fairly difficult

Slightly difficult

Not difficult

H12h) Spare time activities

Very difficult

Fairly difficult

Slightly difficult

Not difficult

i) Something else

Very difficult

Fairly difficult

Slightly difficult

Not difficult

H13 How much help would you say you had now?

a) With house work

Too much help

Right amount of help

Too little help

b) With looking after children

Too much help

Right amount of help

Too little help

H14 How many hours sleep do you get now?

a) During an average night

None

1 - 3 hours

	4 – 5 nours	
	6-7 hours	
	More than 7 hours	
b)	During an average day	
	None	
	1-3 hours	
	4-5 hours	
	6 – 7 hour	
	More than 7 hours	
c)	Do you feel that you are getting enoug	h sleep?
• ,	Yes	
	No	
	110	
H15a)	Do you believe in God or in some divi	ne nower?
11154)	Yes	ne power.
	I am not sure	
	No, not at all	
b)	Do you feel that God (or some divine	nower) has helped you at any time?
U)	Yes	power) has helped you at any time:
	Not sure	
	No	
II15 a)		ou vyana in troubla?
п15 с)	Would you appeal to God for help if y Yes	ou were in trouble?
	Not sure	
TT1 = 1\	No	1 10 (2.1
H15d)	What sort of religious faith would you	
	Church of England	Roman Catholic
	Jehovah's Witness	Christian Science
	Mormon	Methodist, Baptist
	Other Christian (ulassa describe)	
	Other Christian (please describe)	•••••
	Jewish	Buddhist
	Sikh	Hindu
	Muslim	Rastafarian
	None	
	Other (please describe)	
	Other (please describe)	•••••
	e) How long have you had this particul	ar faith?
	All my life	ar fartif:
	More than 5 years	
	-	
	3-5 years	
	1-2 years	
	Less than a year	
	f) Do you go to a place of worship?	
	Yes, at least once a week	
	Yes, at least once a month	
	Yes, at least once a year	
	No, not at all	

	•	tain help and support from leaders or others members of religious		
groups?				
	Help from:			
	i)	Leaders of your religious group (e.g. priests, rabbis, imams)		
		Yes		
		No		
	ii)	Other members of your religious group		
		Yes		
		No		
	iii)	Members of other religious group		
		Yes		
		No		
		(please describe)		
H16	In the past tw	o years have you taken any educational or training courses?		
1110	a) Training w	•		
	Yes	itimi my job		
	No			
	b) Evening c	lasses		
	Yes	145505		
	No			
(c) University			
`	Yes			
	No			
d)	Other, descri	he		
u)	Yes			
	No			
H17 a)		g to any groups or organisations, choir, sports club, charity etc?		
111 / u)	Yes	g to any groups of organisations, enon, sports erao, enanty etc.		
	No	If yes, please describe:		
b)		ny committees?		
U)	Yes	Ty committees.		
	No			
	110			
SECT	ION I: YOUR	R NEIGHBOURHOOD		
I1a)	Do the other	people in your neighbourhood?		
i)	Visit your ho	me		
	Never	•		
	Rarely	y		
Sometimes				
	Often			
	Alway	ys		
ii)	Argue with y			
<i>'</i>	Never			
	Rarely			
	Some			
	Often			
	Alway	ys		
	•			

iii) Look after your children Never Rarely Sometimes Often Always iv) Keep to themselves

Never Rarely Sometimes Often

I1b) Do you?

i) Visit the homes of your neighbours' home

Never Rarely Sometimes

Always

Often Always

I1b) ii) Look after your neighbours children

Never

Rarely

Sometimes

Often

Always

iii) Argue with your neighbours

Never

Rarely

Sometimes

Often

Always

iv) Keep to yourselves

Never

Rarely

Sometimes

Often

I3

AlwaysI2 What do you think of your neighbourhood as a place to live?

Very good Fairly good

Not very good

Not good at all

How heavy is the traffic on the street where you live?

Very heavy

Fairly heavy

Not very heavy

Hardly any traffic

SECTION J: FAMILY AND FRIENDS

	J1.	Apart from your partner and children, how many of your relatives and your partner's relatives do you see at least twice a year? None One 2 to 4
	J2.	More than 4 How many friends do you have, people you know more than just casually? None One 2 to 4 More than 4
	J3.	Would you say you belong to a close circle of friends with whom you keep in touch? Yes No
	J4.	How many people are there with whom you can talk about personal problems? None One 2 to 4 More than 4
	J5.	How many people talk to you about their personal problems and feelings? None One 2 to 4 More than 4
you	J6.	If you have to make an important decision, how many people are there with whom can discuss it? None One 2 to 4 More than 4
borro	J7.	How many people are there among your family and friends from whom you could £100? None One $2 \text{ to } 4$ More than 4
	Ј8.	How many of your family and friends would help you in time of trouble? None One 2 to 4 More than 4

J9. During the last month, how many times did you get together with one or more friends?

None

One

2 to 4

More than 4

J10. During the last month, how many times did you get together with one or more of your or your partner's relatives?

None

One

2 to 4

More than 4

The following statements are about the help and support you have

J11 I have no one to share my feelings with

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

J12 My partner provides the emotional support I need

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

J13 There are other mothers with whom I can share my experiences

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

J14 I believe in moments of difficulty my neighbours would help me

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

J15 I am worried that my partner might leave me

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

J16 There is always someone with whom I can share my happiness about my child

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

J17 If I feel tired I can rely on my partner to take over

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

J18 If I was in financial difficulty I know my family would help

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

J19 If I was in financial difficulty I know my friends would help if they could

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

J20 If all else fails, I know the State will support and assist me

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

SECTION K: CHEMICALS IN YOUR ENVIRONMENT

In the last few months, how often have you used the following, at home or at work?

K1a) Disinfectant

Every day

Most days

Once a week

Less than once a week

Not at all

b) Bleach

Every day

Most days

Once a week

Less than once a week

Not at all

c) Window cleaner

Every day

Most days

Once a week

Less than once a week

Not at all

d) Carpet cleaner

Every day

Most days

Once a week

Less than once a week

Not at all

e) Oven or drain cleaner

Every day

Most days

Once a week

Less than once a week

Not at all

f) Dry cleaning fluid

Every day

Most days

Once a week

Less than once a week

Not at all

g) Turpentine/white spirit

Every day

Most days

Once a week

Less than once a week

Not at all

h) Paint stripper

Every day

Most days

Once a week

Less than once a week

Not at all

K1 i) Household paint or varnish

Every day

Most days

Once a week

Less than once a week

Not at all

j) Weed killers

Every day

Most days

Once a week

Less than once a week

Not at all

k) Pesticides

Every day

Most days

Once a week

Less than once a week Not at all

1

1) Air fresheners

Every day

Most days

Once a week

Less than once a week

Not at all

m) Hair spray

Every day

Most days

Once a week

Less than once a week

Not at all

n) Vacuum cleaner

Every day

Most days

Once a week

Less than once a week

Not at all

o) Broom or carpet sweeper

Every day

Most days

Once a week

Less than once a week

Not at all

p) Glue

Every day

Most days

Once a week

Less than once a week

Not at all

K q) Nail varnish or acetone

Every day

Most days

Once a week

Less than once a week

Not at all

r) Metal cleaners, degreases, polishes

Every day

Most days

Once a week

Less than once a week

Not at all

s) Petrol

Every day

Most days

Once a week

Less than once a week

Not at all

t) Moth balls

Every day

Most days

Once a week

Less than once a week

Not at all

u) Other chemicals

Every day

Most days

Once a week

Less than once a week

Not at all

K2 Is your study child ever exposed to other chemicals or fumes?

	Yes
	No If yes, pleases describe
	if yes, pieases describe
К3	What type of detergent do you wash the child's clothes in? Brand Type, biological
	Type, non- biological
K4.	How often during the day are you in a room or enclosed place where people are smoking? i) Weekdays All the time More than 5 hours
	3 – 5 hours 1 – 2 hours Less than one hour
K4.	Not at all ii) Weekends All the time More than 5 hours 3 – 5 hours 1 – 2 hours
	Less than one hour Not at all
<u>SEC'</u>	TION L: HEALTH SERVICES
	Please indicate whether you have had contact with any of the following services in ar, for whatever reasons. (a) G.P.
	Yes No) Health visitor
C	Yes No Midwife Yes No
	I) Teacher Yes No Social worker
f	Yes No Physiotherapist Yes No
_	y) Psychologist/psychiatrist Yes No
ł	Yes No

The statements below describe the way some mothers feel about the Health Services. We should be grateful if you would indicate what your own feelings are.

L2 a) The Health Visitor never seems to have time to talk and explain things to me

Exactly how I feel

Often how I feel

Sometimes how I feel

Never feel this way

b) Immunisations are very important for children

Exactly how I feel

Often how I feel

Sometimes how I feel

Never feel this way

c) I don't have any confidence in the doctors and nurses in the clinic

Exactly how I feel

Often how I feel

Sometimes how I feel

Never feel this way

d) I know that if my toddler was very ill, my doctor would come quickly

Exactly how I feel

Often how I feel

Sometimes how I feel

Never feel this way

e) The Health Visitor gives very helpful advice

Exactly how I feel

Often how I feel

Sometimes how I feel

Never feel this way

f) The doctor in the clinic is always helpful

Exactly how I feel

Often how I feel

Sometimes how I feel

Never feel this way

g) I don't think I would have coped well without the Health Visitor to help and advise

me

Exactly how I feel

Often how I feel

Sometimes how I feel

Never feel this way

M1 This questionnaire was completed by:

a) Child's mother

Yes No

b) Child's father

Yes No

c) Someone else, describe

Yes No

M2 Please give the date on which you completed this questionnaire

Please give your date of birth

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2.6.19. CARERS' QUESTIONNAIRE AT FIVE YEARS

Questionnaire information

Data gathered by:	Child's carer
Data gathered when :	Child at five years
Data gathered where:	Self completing questionnaires posted with birthday
	Card & pre paid envelope
Number collected:	684
Entered data stored in file(s):	19i 1.csv 19ii 1.csv 19iii 1.csv 19iv 1.csv 19v 1.csv
	19Ci.xls 19Cii.xls 19Ciii.xls 19Civ.xls 19Cv.xls
Version of questionnaire	1

This questionnaire asks about your daughter now that she is five years old.

We are interested to know about her health and behaviour and how she gets on with other children. Some questions may seem similar, but they are not the same. Other will be the same as you have answered in previous questionnaires. Your answers will help us to understand the developing child and identify problems that children and parents may have.

As before, if you would rather not answer or think about some of the questions, just put as line through them.

There are no right or wrong answers, just tell us what you think and make as many comments as you wish.

All your answers are confidential

THANK YOU VERY MUCH FOR YOUR HELP

SECTION A: YOUR CHILD'S HEALTH

A1 How would you describe the health of your child now? i) In the past month Very healthy, no problems Healthy, with a few minor problems Sometimes quite ill Almost always unwell ii) In the past year Very healthy, no problems Healthy, with a few minor problems Sometimes quite ill Almost always unwell A2 Has she had any fluoride supplement in the last 2 years? Yes No If yes, for how long did she have them? Under 1 month 1-2 months 3 - 5months 6 months Over 12 months Don't know ii) How old was she when she last had fluoride supplements? Months..... She still has them A3 a) Since your child was 3 years old has the doctor been called to your house because was unwell? she Yes No b) How many times? Once Twice 3-4 times 5 times or more A4 Has she had any of the following since she was three years old? a) Diarrhoea Yes & saw a doctor Yes, did not see doctor No b) Blood in stools

Yes & saw a doctor Yes, did not see doctor

No, not had

A4 c) Vomiting

Yes & saw a doctor Yes, did not see doctor No, not had

d) Cough

Yes & saw a doctor Yes, did not see doctor No, not had

e) High temperature

Yes & saw a doctor Yes, did not see doctor No, not had

f) Snuffles/cold

Yes & saw a doctor Yes, did not see doctor No, not had

g) Ear ache

Yes & saw a doctor Yes, did not see doctor No, not had

h) Ear discharge (pus, not wax)

Yes & saw a doctor Yes, did not see doctor No, not had

i) Convulsions

Yes & saw a doctor Yes, did not see doctor No, not had

j) Colic

Yes & saw a doctor Yes, did not see doctor No, not had

k) Rash

Yes & saw a doctor Yes, did not see doctor No, not had

1) Wheezing

Yes & saw a doctor Yes, did not see doctor No, not had

m) Breathlessness

Yes & saw a doctor Yes, did not see doctor No, not had

n) Stopping breathing

Yes & saw a doctor Yes, did not see doctor No, not had

A4 o) An accident

Yes & saw a doctor

Yes, did not see doctor

No, not had

p) Urinary infection

Yes & saw a doctor

Yes, did not see doctor

No, not had

q) Headaches

Yes & saw a doctor

Yes, did not see doctor

No, not had

r) Constipation

Yes & saw a doctor

Yes, did not see doctor

No, not had

s) Worm infections

Yes & saw a doctor

Yes, did not see doctor

No, not had

t) Lice or scabies

Yes & saw a doctor

Yes, did not see doctor

No, not had

u) Other, please describe

Yes & saw a doctor

Yes, did not see doctor

No, not had

A5 a) Has your child been admitted to hospital since she was three years old?

Yes

No

- b) If yes, how many times?.....
- c) Please describe each admission

Age of child

Reason for admission

No. of nights in hospital

d) How often did you see her when she was in hospital?

Not at all

Quite often

Every day

Stayed in hospital with her

A6 Has she had any of the following?

a) Hernia repair

Yes

No

b) Tonsils out

Yes

No

A6	6 c) Adenoids out	
	Yes	
	No	
	d) Appendix out	
	Yes	
	No	
	e) Grommets in ears	
	Yes	
	No	
	f) Operation for squint	
	Yes	
	No	
	g) Teeth pulled out	
	Yes	
	No	
	h) Other, describe	
	Yes	
	No	
A7	a) Since she was three years old has she had any new	ode when there were
	a) Since she was three years old has she had any periezing with whistling on her chest when breathing?	ous when there was
WIICCZ	Yes	
	No	
If yes		
II yes	b) How many times has this occurred since she was	three years old?
	Once	unce jeurs ora.
	Twice	
	3-4 times	
	5 or more times	
	Don't know	
	c) How many days altogether would you say she had	wheezed since she was
three y	e years old?	
	One	
	2-3days	
	4 – 9days	
	10 – 19days	
	20 or more	
	Don't know	
	d) Was she breathless during any of these occurrence	es?
	Yes for all	
	Yes for some	
	Not at all	
	e) Did she have a fever during any of these occurrence	ces?
	Yes for all	
	Yes for some	
	Not at all	
	f) What do you things brings them on? i) Chest infaction or bronchitis	
	i) Chest infection or bronchitis Yes	
	n es No	
	1317	

A 7	f) ii) Being in a smoky room
	Yes
	No
	iii) Cold weather
	Yes
	No
	iv) No idea
	Yes
	No
	v) Other
	Yes
	No
	g) Have any of your other children had episodes of wheezing with whistling on the
	chest?
	Yes
	No
	No other children
A8	a) Has she had an itchy dry skin rash in the joints and creases e.g. behind
	knees under arms, since she was three years old?
	Yes
	No
	b) If yes, how bad was this?
	Very bad
	Quite bad
	Mild
	No problem
	c) Has she this sort of rash now?
	Yes
	No
	d) Did the rash ever become sore and oozy?
	Yes
	No
	e) Was it made worse by irritants such as bubble bath, soap, wool or nylon?
	Yes
	No
	140
A9	a) Has she had an itchy dry rash on her hands since she was three years
Aj	old?
	Yes
	No
	b) Has she had an itchy dry rash on her feet since she was three years old?
	Yes
	No
	1'\ 10
	bi) If yes, please describe
	a) Doog har akin got itahu whan aha gota awaatu?
	c) Does her skin get itchy when she gets sweaty?
	Yes No
	INCA

A10	Has she ever had a reaction which you thought was due to food she had eaten?	
	Yes	
	No	
If ves	please describe	
11 500,	i) Food's'	
	ii) How long after the food was eaten did the rash appear?	
	iii) Where was the reaction? Mouth	
	Somewhere else, describe	
A11	a) Has she had vomiting spells since she was three years old? Yes	
	No	
	b) How many times?	
	Once	
	Twice	
	3 – 9 times	
	10 times or more	
	c) Have they been associated with?	
	i) Diarrhoea	
	Always	
	Frequently	
	Sometimes	
	Rarely	
	Never	
	ii) Wheezing, coughing, grunting	
	Always	
	Frequently	
	Sometimes	
	Rarely	
A12	a) Since she was three years old, has she ever had diarrhoea or gastro-enteritis?	
	Yes	
	No	
If Yes,	110	
11 105,	b) How many times?	
	c) How many days did the worst bout last?	
	d) Did you?	
	i) Call the doctor to the house	
	Yes	
	No	
	ii) Go to your doctor	
	Yes	
	No	

A12d)	iii) Treat it yourself
	Yes
	No
	iv) Other
	Yes
	No
	e) Did she continue to eat as usual?
	Yes
	No
If No,	i) For how long was normal feeding disturbed?
11 110,	Less than a day
	•
	One day
	Two days
	3-4 days
	5 or more days
	f) Was she treated with an oral rehydration solution?
	Yes
	No
	Don't know
If Yes,	i) Give type
	ii) For how long was the solution given?
	Less than a day
	One day
	Two days
	3-4 days
	5 or more days
	g) What other treatment was given?
۸12	a) Since the was three years old has your shild over had a time when it has
A13	a) Since she was three years old, has your child ever had a time when it has
	coughed for at least two days?
	Yes
If Vac.	No
If Yes:	
	b) How many times has this happened in the past two years?
	Once
	Twice
	3- 9 times
	10 or more
	c) Did she ever have a fever at any of these times?
	Yes
	No
	d) Did she have a runny nose during any of these attacks?
	For all
	For some
	Not at all

A14 a) Does your child generally listen to people or to things happening nearby? Always Often Sometimes Usually not Never Child unable to hear at all b) Does she turn her head towards sounds? Yes, usually Sometimes Only to very loud sounds Never turns towards sounds Don't know c) During or after a cold, does her hearing seem worse than usual? Much worse A little worse About the same She never has a cold Don't know d) During a cold, what colour is the discharge from her nose? i) Clear Yes No Don't know Has not had a cold ii) Slightly white Yes No Don't know Has not had a cold iii) Thick, heavy and yellow or green Yes No Don't know Has not had a cold vi) Very little discharge Yes No Don't know Hasn't had a cold e) Has pus or sticky mucus ever leaked out of her ear? Never Once More than once Don't know

A14 f) Does she breathe through her mouth rather than her nose? When asleep: i) All the time Much of the time Sometimes Rarely Never When awake: All the time ii) Much of the time Sometimes Rarely Never g) Does she snore for more than a few minutes at a time? Most nights Often Sometimes Rarely Never Don't know h) When she is asleep, does she seem to hold her breath or stop breathing for several seconds at a time? Often Sometimes No A15 a) Have there been times, since she was three years old, when she seems to have had a pain in her stomach? Yes No b) How many times has this happened in the past two years? Once Twice 3 - 4 times 5 Or more times Don't know c) Did she have vomiting or diarrhoea at the same time as the pain? Yes, every time For some of the time Not at all

d) What do you think are the causes of her stomach pains? Tick all that apply.

- ii) An infection
- iii) Constipation
- iv) Other, describe
- v) Don't know

Yes, arms	
Yes, legs	
Yes, both	
No, not often	
b) i) Does this happen especially when he is tired?	
Yes	
No	
ii) What do you think is the cause?	
iii) Do you find any particular treatment helps?	
Yes	
No	
If yes, describe	
A17 a) Since she was 3 years old has she ever had any form of convulsion, fit or seizure in which consciousness was lost or any part of her body made an abnormovement?	mal
Yes	
No	
Don't know	
b) Please describe the first attack since her third birthday	
b) I lease describe the first attack since her time birthday	
c) Had she a high temperature at the time? Yes	
No	
Don't know	
d) How old was she at the time?	
Three years	
Four years	
Five years	
e) How many attacks has she had since her third birthday?	
One	
Two	
3-4	
5 or more	
f) By whom was the child seen for the attack(s)? tick all that apply.	
i) GP at home	
ii) GP at surgery	
iii) Staff at a hospital out patients	
iv) Admitted to hospital	
g) What investigations, if any, where carried out?	
h) Did later attacks differ from the first one?	
Yes	
No	
If yes, pleases describe	

A17	j) What were the attacks thought to be due to?	
i) Febrile convulsion		
	Yes	
	No Don't know	
	ii) Fainting and blackout	
	Yes	
	No	
	Don't know	
	iii) Epilepsy	
	Yes	
	No	
	Don't know	
	iv) Breath holding	
	Yes	
	No	
	Don't know	
	v) Reaction to immunisation	
	Yes No	
	Don't know	
	vi) Something else, describe Yes	
	No	
	Don't know	
	vii) Don't know	
	Yes	
	No	
	Don't know	
	Don't Mio W	
A18	Has she ever had any of the following infections?	
	a) Measles	
	Yes	
	No	
	b) Chicken pox	
	Yes	
	No	
	c) Mumps	
	Yes	
	No	
	d) Meningitis	
	Yes	
	No	
	e) Cold sores	
	Yes	
	No	
	f) Whooping cough	
	Yes	
	No	

A18 g) Urinary infection	
Yes	
No	
h) Eye infection	
Yes	
No	
i) Ear infection	
Yes	
No	
j) Chest infection	
Yes	
No	
k) Other infection	
Yes	
No	
A19 Are there any foods or drinks that	your shild is allowed to 9
A19 Are there any foods or drinks that Yes, definitely	your clind is allergic to?
Yes, possibly	
No	
Don't know	
If yes, please describe:	
a) Which foods or drinks	
.,	
b) Was the reaction caused by eating	g or touching the food or drink?
Eating/drinking	
Touching	
Both	
c) What happens when she does have	e the reaction? Tick all that apply
i) Bright red rash	
Yes	
Over what part of the bod	y
ii) Hives, white raised bumps on	the skin
Yes	the skill
Over what part of the bod	V
Over what part of the bod	y
iii) Wheezing or whistling in the o	ehest
iv) Vomiting	
v) Diarrhoea	
vi) Difficulty in breathing	
vii) Stops breathing	
vii) Headache	
ix) Swelling	If yes, describe where
x) Other reaction	

A19	,	than 1 hour
		2 hours
		5 hours
		more hours
		inore nours 't know
	e) How old wa	s she when this first happened?yearsmonths
	f) How many t	times has she had a reaction?times
	g) How old wa	s she the last time a reaction happened?yearsmonths
	h) What have	you done about these reactions? Tick all that apply
	· ·	Avoided the foods that caused them
	· · · · · · · · · · · · · · · · · · ·	Γook to GP to investigate
		Investigated in hospital
		Other, pleases describe
	.,	,,,
	j) What advice	have you been given? If none, write NONE
A19	k) What treatm	ment has your child been given for the problem?
	If none, wri	te NONE
A20	a) Apart from t	food, is there anything else she is allergic to? Tick all that apply
		Yes
		No
If ve	s, what is it?	
•	b) i)	Pollen
	ii)	Cat
	iii)	Dog
	iv)	Bee sting
	v)	House dust
	vi)	Other, describe
	,	the react to these? Tick all that apply
		=
	i)	Wheezing
	ii)	Breathless
	iii)	Sneezing
	iv)	Rash
	v)	Other, describe
A21	Approximat	ely how many times in the last year has?
	a) The family of	doctor came to your home because she was illtimes
	b) The GP has	seen her in his surgery because she was unwelltimes
	c) A doctor has	s seen her for routine checkstimes

SECTION B: ACCIDENTS AND INJURIES

However careful a parent is, most children have accidents at some time. Please list below the times your child has had an accident whether or not he/she was injured as a result.

B1a)	Has your child ever been burnt or scalded since she was 3 years old? Yes
If Yes	No
b)	How many times?
For eac	ch burn or scald please describe what happened
c)	Place accident happened
d)	What was she burnt with?
e)	Date of accident month year
f)	Injuries caused
g)	Who was with the child?
B1 h)	What did the person with the child do? Nothing Treated it themselves Took to doctor Took to hospital Other, describe
i)	What treatment did the person with the child give?
j)	What other treatment did the child have?
k)	Please describe how each accident happened
B2 a)	Has your child had a bad fall since she was 3 years old? Yes No
If Yes b)	How many times?
Foe ea	ch fall please describe what happened
c)	Place fall happened
d)	Where did she fall or was dropped from?
e)	Date of accident month year
f)	Injuries caused

B2 g)	Who was with the child?
h)	What did the person with the child do? Nothing Treated it themselves Took to doctor Took to hospital Other, describe
i)	What treatment did the person with the child give?
j)	What other treatment did the child have?
k)	Please describe how each accident happened
B3 a)	Has the child swallowed anything harmful since she was 3 years old? Yes No
If Yes	How many times?
ŕ	
For ea	ch incident please describe what happened
c)	Place accident happened?
d)	What did she swallow?
e)	Date of accident monthyear
f)	Injuries caused
g)	Who was with the child?
h)	What did that person do? Nothing Treated it themselves Took to doctor Took to hospital Other, describe
i)	What other treatment, if any, did the person with her give?
j)	What other treatment did she have?
k)	Please describe how each accident happened
B4 a)	Has she had any other accidents or injuries since she was 3 years old? Yes No
If Yes	
h)	How many other accidents?

B4 c)	Place accident happened
d)	What happened?
e)	Date of accident month year
f)	Injuries caused
g)	Who was with her at the time?
h)	What did that person do? Nothing Treated it themselves Took to doctor Took to hospital Other, describe
i)	What treatment, if any did the person with her give?
j)	What other treatment did she have?
k)	Please describe how each accident happened
B5 a)	Has she had any of the following happen since she was born? Broken arm/hand Yes, aged 0 – 2 Yes, since aged 3
b)	No Broken leg/foot Yes, aged 0 – 2 Yes, since aged 3 No
c)	Broken/fractured skull Yes, aged 0 – 2 Yes, since aged 3 No
d)	Other broken bone, describe Yes, aged 0 – 2 Yes, since aged 3 No
e)	Unconscious because of head injury Yes, aged 0 – 2 Yes, since aged 3 No
f)	Cuts requiring stitches Yes, aged 0 – 2 Yes, since aged 3 No

B5 g) Burn or scald needing skin graft

Yes, aged 0-2

Yes, since aged 3

No

h) A road traffic accident

Yes, aged 0-2

Yes, since aged 3

No

i) An accident in the playground

Yes, aged 0-2

Yes, since aged 3

No

j) An accident at school/crèche/nursery

Yes, aged 0-2

Yes, since aged 3

Νo

k) Stung by wasp or bee

Yes, aged 0-2

Yes, since aged 3

No

1) Bitten by animal or human, describe

Yes, aged 0-2

Yes, since aged 3

No

m) Badly sunburned

Yes, aged 0-2

Yes, since aged 3

No

n) Nearly drowned

Yes, aged 0-2

Yes, since aged 3

No

o) Front tooth/teeth knocked out

Yes, aged 0-2

Yes, since aged 3

No

p) Front tooth/teeth chipped

Yes, aged 0-2

Yes, since aged 3

No

q) Other teeth knocked out or chipped

Yes, aged 0-2

Yes, since aged 3

No

SECTION C: PROBLEMS AND TREATMENTS

_	illnesses that need treatment. Which of the
following have been given to your	child, since she was three.
a) Cough medicine	
Never	
One episode	
Two or more episodes	
Substance	
b) Antibiotics	
Never	
One episode	
Two or more episodes Substance	
c) Throat medicine	
Never	
One episode	
Two or more episodes	
Substance	
d) Vitamins	
Never	
One episode	
Two or more episodes	
Substance	
e) Calpol	
Never	
One episode	
Two or more episodes	
Substance	
f) Ointment for skin	
Never	
One episode	
Two or more episodes	
Substance	
g) Eye ointment	
Never	
One episode	
Two or more episodes	
Substance	
h) Diarrhoea mixture	
Never	
One episode	
Two or more episode	
Substance	
i) Dimotapp/decongestant	
Never	
One episodes	
Two or more episodes Substance	
Substance	

C1	j) Ear drops	
	Neve	r
	One	episode
	Two	or more episodes
	Subs	tance
	k) Eye drops	
	Neve	r
	One	episode
		or more episodes
		tance
	l) Iron	
	Neve	r
	One o	episode
		or more episodes
		tance
	m) Laxative	
	Neve	r
		episode
		or more episodes
		tance
		c medicine, describe
	Neve	
		episode
		or more episodes
		tance
	o) Herbal medi	
	Neve	
		episode
		or more episodes
		tance
	p) Other, descri	
	Neve	
		episode
		or more episodes
		tance
C2.		y pills, ointments or medicines that your child has taken every day for the
C2.	last 3 months	•
	Yes	, .
	No	
If v		pe
11 у	cs, prease deserm	<i></i>
C3	a) Has your chi	ld been investigated since she was 3 years old because it was thought
CJ		ve something wrong with her hips, legs or feet?
	Yes	ve something wrong with her mps, legs of feet:
	No	
If v		
If y	b) Were any pro	phlems found?
	Yes	JOICHIS TOURG!
	No	
		t know
	ווטע	LINIO W

C3 If yes i) Describe
ii) How old was she?
3 years old
4 years old
5 years old
iii) What treatment did she have?
C4 a) Has anyone thought there might be a problem with her hearing, since she was 3 year old?
Yes
No
If yes
b) Has she been seen at a Hearing Assessment Centre?
Yes
No
c) At what age?
3 yeas old
4 years old
5 years old
d) What was decided?
C5 a) Has anyone thought there might be a problem with her eyesight?
Yes
No
If yes
b) What was thought to be wrong with her eyes?
Squint
Something else
Don't know
c) Has your chid been referred to an eye specialist, since she was 3 years old?
Yes
No
If yes,
d) At what age?
3 years old
4 years old
5 years old
e) What was decided?
f) What treatment was given?
C6 a) Has anyone thought there might be a problem with her talking? Yes
No
If yes
Who first suspected the problem?
b) You or your partner
· · · · · · · · · · · · · · · · · · ·

C6	c)	Health visitor
	d)	Doctor
	e)	Grandparents
	f)	Other, describe
	g)	Has she ever been referred to a speech therapist? Yes
		No
		110
	If y	es.
	•	At what age?years
		What was decided?
	11)	what was decided:
•	h) Are	e there still any worries about her talking?
		Yes No
If w	es desc	eribe
11 y	cs, acse	
C7	a) Ha	s anyone thought there might be a problem with her growth? Yes
		No
If y	es	110
		o first suspected the problem?
		b) You or your partner
		c) Health visitor
		d) Doctor
		e) Grandparents
		f) Other, describe
	g) Ha	s she ever been referred to a specialist about her growth?
		Yes
T.C		No
If y		what are?
	II) At	what age?years
	i) Wh	nat was decided?
•	i) Are	e there still any worries about her growth?
	J) 1110	Yes
		No
If v	es. desc	eribe
11)	• • • • • • • • • • • • • • • • • • • •	
C8	a) Ha	s anyone thought there might be a problem with her movement or co-
		ination?
		Yes
		No
If y		
	Wh	o first suspected the problem?
		b) You or your partner
		c) Health visitor

C8	e) Grandparents
	f) Other, describe
g)]	Has she ever been referred to a specialist about her this?
	Yes No
If yes,	
h) A	At what age?years
C8 i) V	What was decided?
j) .	Are there still any worries about this? Yes
IC J	No
ii yes, a	escribe
C9 a)	Has anyone thought there might be a problem other aspects of her development? Yes No
If yes:	110
-	Who first suspected the problem?
b) `	You or your partner
,	Health visitor
	Doctor
	Grandparents
f)	Other, describe
g)]	Has she ever been referred to a specialist about her this? Yes No
If yes,	110
	At what age?years
i) V	Vhat was decided?
j) A	Are there still any worries about this? Yes
If yes, d	No escribe
C10a) H	Iave there been any other problems for which she has been referred to a specialist? Yes No
If yes, b) F	For how many different problems?
I	Please list for each problem:
c) W	That was thought to be wrong

C10d) Have she seen a specialist?
Yes
No
e) How old was she?yearsmonths
f) What was decided?
g) What treatment was given?
C14 a) Has she visited the dentist in the last two years?
Yes, for treatment
Yes for inspection only
No
If yes, for treatment, has she had?
b) i) A filling
Yes
No
ii) A tooth out
Yes
No a) How many teeth?
b) Did she have a general anaesthetic?
Yes
No
iii) A brace fitted
Yes
No
iv) Other treatment, describe
Yes
No
c) How often does she brush her teeth?
More than once a day
Once a day
Less than once a day
Not at all
d) Who brushes her teeth?
Always herself
Usually herself
Always an adult
Usually an adult Varies
Other, describe
e) Does she ever have toothpaste?
Yes
No
i) How much do you put on her brush?
Brush full
Half brush full
Less than half brush full
None

C14	le ii) How many times a day do you do this?times
	iii) Does she swallow it or spit it out? Swallows it Spits it out Varies
	iv) What brand of tooth paste is usually used?
	f) Has she ever had a dental X-ray? Yes No
	g) Have any of her milk teeth fallen out yet? Yes
If y	No ves, i) How many?
SE	CTION D: SLEEPING AND CRYING
D1	Does your child have a regular sleeping routine now? Yes No
D2	a) How many hours sleep does she have during the day time? None Under 1 hour 1 - 2 hours Over 2 hours Don't know b) At what time in the evening does she normally go to sleep?pm
D3	a) What time does she wake in the morning?am
	b) How often during the night does she usually wake?timesc) How often during the day does she usually sleep?times
D4	In which room does she usually sleep? ai) When you put her down at night In a room of her own In a room with other children In your bedroom In a room with other adults In another place, describe
	aii) When she wakes in the morning In a room of her own In a room with other children In your bedroom In a room with other adults In another place, describe

D4 Does she sleep on her own most nights, or does she share a bed or cot?

bi) When you put her down at night

In her own bed/cot

In bed/cot with other children

In your bed with you

In bed with another adult

In another place, describe

bii) When she wakes up in the morning

In her own bed/cot

In bed/cot with other children

In your bed with you

In bed with another adult

In another place, describe

c) How does she usually sleep?

On her back

On her side

On her front

Varies

- d) In the room where she sleeps most of the night
 - i) Is the heating on at night?

Always

Sometimes

Not at all

ii) Is the heating on part of the night?

Always

Sometimes

Not at all

iii) Is there a window open at night?

Always

Sometimes

Not at all

iv) Does she have a duvet?

Always

Sometimes

Not at all

v) Does she have an electric blanket?

Always

Sometimes

Not at all

vi) Does she have a pillow?

Always

Sometimes

Not at all

D5 Do you feel her sleep pattern is?

Better than other children of the same age

The same as other children of the same age

Worse than other children of the same age

D6 In the past year, has your child regularly?

a) Refused to go to bed

Yes, did not worry me

Yes, worried me a bit

Yes, worried me a lot

No, did not happen

b) Woken very early

Yes, did not worry me

Yes, worried me a bit

Yes, worried me a lot

No, did not happen

c) Had difficulty going to sleep

Yes, did not worry me

Yes, worried me a bit

Yes, worried me a lot

No, did not happen

d) Had nightmares

Yes, did not worry me

Yes, worried me a bit

Yes, worried me a lot

No, did not happen

e) Continued to get up after being put to bed

Yes, did not worry me

Yes, worried me a bit

Yes, worried me a lot

No, did not happen

f) Woken in the night

Yes, did not worry me

Yes, worried me a bit

Yes, worried me a lot

No, did not happen

g) Got up after only a few hours sleep

Yes, did not worry me

Yes, worried me a bit

Yes, worried me a lot

No, did not happen

SECTION E: YOUR CHILD'S ENVIRONMENT

E1 Which animals, at home or elsewhere, does she touch at least once a week?

a) Cats

Yes in our home

Yes elsewhere

No

b) Dogs

Yes in our home

Yes elsewhere

No

E1 c) Another furry pet

Yes in our home

Yes elsewhere

No

d) Birds

Yes in our home

Yes elsewhere

No

e) Other creatures, describe.....

Yes in our home

Yes elsewhere

No

E2 All children get dirty. How often in a normal day;

a) Is her face washed?

Not at all

3-4 times

1 -2 times

5 or more times

b) Are her hands washed or wiped?

Not at all

3-4 times

1 -2 times

5 or more times

c) Are her hands cleaned before a meal?

Always

Usually

Sometimes

Never

E3 How often does she usually?

a) Have a bath or shower

More than once a day

Once a day

More than once a week

Once a week

Hardly ever

b) Have her ears cleaned

More than once a day

Once a day

More than once a week

Once a week

Hardly ever

E4 Please indicate how often during the day she is in a room or enclosed place where people are smoking

a) During weekdays

All the time

More than 5 hours

3-5 hours

1 - 2 hours

Less than one hour

Not at all

b) At weekends

All the time

More than 5 hours

3-5 hours

1-2 hours

Less than one hour

Not at all

E5 How often in a normal week does your child?

a) Wet herself during the day

Never

Occasional accident

About once a week

More than once a week

Every day

b) Wet the bed at night

Never

Occasional accident

About once a week

More than once a week

Every day

c) Dirty her pants during the day

Never

Occasional accident

About once a week

More than once a week

Every day

d) Dirty herself at night

Never

Occasional accident

About once a week

More than once a week

Every day

E6 How often in a normal week is she left at home alone or just with other young children, aged less than 12?

i) During the day

Not at all

Only for a few minutes

Less than an hour

More than an hour

E6 ii) At night

Not at all

Only for a few minutes

Less than an hour

More than an hour

E7 How much time on average does she spend each day?

- i) Weekdays
- a) In a car, bus or other transport

Not at all

Less than hour

1-2 hours

3 or more hour

b) Out of doors in summer

Not at all

Less than hour

1-2 hours

3 or more hours

c) Out of doors in winter

Not at all

Less than hour

1-2 hours

3 or more hours

d) Watching TV

Not at all

Less than hour

1-2 hours

3 or more hours

e) With other children

Not at all

Less than hour

1-2 hours

3 or more hours

f) Drawing, making things

Not at all

Less than hour

1-2 hours

3 or more hours

g) Playing by herself

Not at all

Less than hour

1-2 hours

3 or more hours

h) Looking at books

Not at all

Less than hour

1-2 hours

3 or more hours

3 or more hours b) Out of doors in summer Not at all Less than hour 1-2 hours 3 or more hours c) Out of doors in winter Not at all Less than hour 1-2 hours 3 or more hours d) Watching TV Not at all Less than hour 1-2 hours 3 or more hours e) With other children Not at all Less than hour 1-2 hours 3 or more hours f) Drawing, making things Not at all Less than hour 1-2 hours 3 or more hours g) Playing by herself Not at all Less than hour 1-2 hours 3 or more hours h) Looking at books Not at all Less than hour 1-2 hours 3 or more hours **SECTION F: YOU AND YOUR CHILD** F1 a) Do you ever have a battle of wills with your child? Never Rarely Sometimes Frequently b) What are they usually about?....

E7 ii)Weekends a) In a car

Not at all Less than hour 1-2 hours

F1	c)	Who most often wins?
		I do
		She does
		About even
		Neither of us
F2		How often does she refuse to go to bed when you take her?
		Most of the time
		Often
		Sometimes
		Rarely
		Never
F3	a)	How often does she have temper tantrums?
	α,	More than once a day
		Most days
		At least once a week
		Less than once a week
		Never
	h)	Do they occur because of?
	0)	i) Failure to get what she wants
		Yes
		No
		ii) Failure to make herself understood
		Yes
		No
		iii) Reaction to being corrected
		Yes
		No
		iv) No apparent reason Yes
		No
		v) Some other reason, describe
		Yes
	\	No No 1 Co 1 Co 1
	c)	When she has temper tantrums, how often do you?
		i) Ignore it, let her get it out of her system
		Often
		Sometimes
		Never
		ii) Send her away for' time out' or send her to her bedroom
		Often
		Sometimes
		Never
	j	iii) Try to hold and cuddle her
		Often
		Sometimes
		Never

F3c iv) Try to reason with her

Often

Sometimes

Never

v) Leave it for someone else to cope with

Often

Sometimes

Never

vi) Slap or hit her

Often

Sometimes

Never

vii) Try to distract her

Often

Sometimes

Never

viii) Shout at her

Often

Sometimes

Never

ix) Do something else

Often

Sometimes

Never

F4 How often does she do the following?

a) Repeatedly rocks her head or body

Once a week or more

Less than once a week

Never

b) Show a regular twitch

Once a week or more

Less than once a week

Never

c) Show some other unusual behaviour

Once a week or more

Less than once a week

Never

F5 How often do you take her to?

a) The local shops

Nearly every day

Once a week

Once a month

A few times a year

F5 b) Strand street shops

Nearly every day

Once a week

Once a month

A few times a year

Never

c) A supermarket

Nearly every day

Once a week

Once a month

A few times a year

Never

d) A park or playground

Nearly every day

Once a week

Once a month

A few times a year

Never

e) Visit friends

Nearly every day

Once a week

Once a month

A few times a year

Never

f) Visit relatives

Nearly every day

Once a week

Once a month

A few times a year

Never

g) The library

Nearly every day

Once a week

Once a month

A few times a year

Never

h) Places of interest Wildlife park etc

Nearly every day

Once a week

Once a month

A few times a year

Never

i) Places of entertainment; Villa Marina etc

Nearly every day

Once a week

Once a month

A few times a year

F5 j) Swimming pool, or other spots facility Nearly every day Once a week Once a month A few times a year Never F6 How much choice do you allow her in deciding what foods she eats at meals? Main meal i) She can choose from any foods available She can choose from a few alternatives I select I decide what she will eat Snacks ii) She can choose from any foods available She can choose from a few alternatives I select I decide what she will eat F7 Do you allow her to choose what clothes she will wear? She always takes part in choosing She has some choice She has no choice in what she will wear F8 Does your child have? a) Cuddly toys Yes No b) Construction toys, lego etc Yes No c) Co-ordination toys, bricks, posting box etc Yes No d) Jigsaw puzzles Yes No e) Action dolls Yes No F9 How many books does she have of her own? None 1 - 23 - 910 or more

> Never Rarely

Sometimes

Often

F10

Always

How often do you talk to her while you do housework or cooking?

F11 a) Do you have a television? Yes No b) How often is your child allowed to watch television or a video? Whenever she wants When I decide Hardly ever Other c) When do you normally have the TV on? All day Most of the day Half the day Less than half the day Not at all d) Does your child watch TV or a video when it is on? Yes, but only when playing Yes, and pays attention No, she ignores it e) If she does watch TV what does she watch? i) Children's programmes Yes No ii) Other programmes Yes No iii) Children's video Yes No vi) Other videos Yes No f) About how close to the TV does she usually sit? Less than 1 metre About 1 metre More than one metre Varies F12 How often does she play with other children? (other than brothers and sisters) Every day 2-6 times a week Once a week Less than once a week Never When you and your toddler meet again after being apart for an hour or more, does she tell you what she has been doing? Yes, always Yes, sometimes Hardly ever

F14 a) Many children have particular types of activities that they prefer or toys they play with. How often has your child played with the following in the past month? Plays with

i) Guns or used objects as guns

Never

Hardly ever

Sometimes

Often

Very often

ii) Jewellery

Never

Hardly ever

Sometimes

Often

Very often

iii) Tool set

Never

Hardly ever

Sometimes

Often

Very often

iv) Dolls

Never

Hardly ever

Sometimes

Often

Very often

v) Trains, cars, aeroplanes

Never

Hardly ever

Sometimes

Often

Very often

vi) Swords, or objects used as swords

Never

Hardly ever

Sometimes

Often

Very often

vii) Tea set

Never

Hardly ever

Sometimes

Often

Very often

F14b)

i) Played house

Never

Hardly ever

Sometimes

Often

Very often

ii) Played with girls

Never

Hardly ever

Sometimes

Often

Very often

iii) Pretended to be a female person (princess etc)

Never

Hardly ever

Sometimes

Often

Very often

iv) Pretended to be a male person(soldier etc)

Never

Hardly ever

Sometimes

Often

Very often

v) Played at fighting

Never

Hardly ever

Sometimes

Often

Very often

vi) Played at being mother or father

Never

Hardly ever

Sometimes

Often

Very often

vii) Played ball games

Never

Hardly ever

Sometimes

Often

Very often

viii) Climbed trees, fences etc

Never

Hardly ever

Sometimes

Often

Very often

F14b) ix) Played at looking after babies Never Hardly ever Sometimes Often Very often x) Shown interest in real cars, aeroplanes etc Never Hardly ever Sometimes Often Very often xi) Dressed in girls clothes Never Hardly ever Sometimes Often Very often xii) Played with boys Never Hardly ever Sometimes Often Very often F14c) How often does she? i) Like to explore new surroundings Never Hardly ever Sometimes Often Very often ii) Enjoy rough and tumble play Never Hardly ever Sometimes Often Very often iii) Show interest in spiders, snakes, insects Never Hardly ever Sometimes Often Very often iv) Avoid getting dirty Never Hardly ever Sometimes Often

Very often

F14c) v) Like pretty things

Never

Hardly ever

Sometimes

Often

Very often

vi) Avoid taking risks

Never

Hardly ever

Sometimes

Often

Very often

F15 Do you feel that she dominates the household?

Usually

Sometimes

Not at all

F16 Do you start by being firm and then giving in?

Usually

Sometimes

Not at all

SECTION G: UPSETTING EVENTS

Below are some events that might upset some children, Please state whether any of these happened since your toddler was 6 months old.

G1 She was taken into care

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

G2 A pet died

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

G3 She moved home

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

G4 She had a shock or fright

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

G5 She was physically hurt by someone Yes, and she was very upset Yes, and she was quite upset Yes, and a bit upset Yes, but not upset Did not happen **G**6 She was sexually abused Yes, and she was very upset Yes, and she was quite upset Yes, and a bit upset Yes, but not upset Did not happen G7 She was separated from her mother Yes, and she was very upset Yes, and she was quite upset Yes, and a bit upset Yes, but not upset Did not happen G8 She was separated from her father Yes, and she was very upset Yes, and she was quite upset Yes, and a bit upset Yes, but not upset Did not happen G9 She acquired a new parent figure Yes, and she was very upset Yes, and she was quite upset Yes, and a bit upset Yes, but not upset Did not happen G10 She had a new brother or sister Yes, and she was very upset Yes, and she was quite upset Yes, and a bit upset Yes, but not upset Did not happen She was admitted to hospital G11 Yes, and she was very upset Yes, and she was quite upset Yes, and a bit upset Yes, but not upset Did not happen The person looking after her changed G12 Yes, and she was very upset Yes, and she was quite upset Yes, and a bit upset Yes, but not upset

Did not happen

G13 She was separated from someone else

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

G14 She started a new nursery or crèche

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

G15 Started school

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

G16 Something else, describe

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

SECTION H: CHILDCARE

H1 During the time since your daughter was 3 years old, have you and your partner been employed? Please answer for each age

Mother

a) Three to three and a half

No partner

Full time

Part time

Not employed

b) Three and a half to four

Full time

Part time

Not employed

c) Four till now

Full time

Part time

Not employed

Father

a) Three to three and a half

No partner

Full time

Part time

Not employed

b) Three and a half to four

Full time

Part time

Not employed

H1 c)	Four ti	ll now Full time Part time Not employed
Please neighb	answer our, sch	n yourself who has regularly looked after your child when you are not with her? for each person or place including nursery, play group, child minder, nool etc. care on weekdays Age of childyearsmonths
		Person or place
		Number of hours per weekhours
		Age of child when stoppedyearsmonths
b)	Child o	(Put 777 if still happening) care at weekends Age of childyearsmonths
		Person or place
		Number of hours per weekhours
		Age of child when stoppedyearsmonths
c)	Child o	(Put 777 if still happening) care during holidays of normal carers Age of childyearsmonths
		Person or place
		Number of hours per weekhours
		Age of child when stoppedyearsmonths
НЗ	Does y	our child attend?
	a)	Infant school full time

- b) Infant school part time
- c) Kindergarten
- d) Nursery/crèche
- e) None of the above
- f) Other, describe

H4 Who takes her to and from school, nursery etc? Tick all that apply.

(i) Going

a) I take her

Every day

Some days

b) My partner takes her

Every day

Some days

c) Grandparent or adult relative

Every day

Some days

d) An older child

Every day

Some days

e) Childminder

Every day

Some days

f) Other person

Every day

Some days

g) Goes on her own

Every day

Some days

(ii) Coming home

a) I take her

Every day

Some days

b) My partner takes her

Every day

Some days

c) Grandparent or adult relative

Every day

Some days

d) An older child

Every day

Some days

e) Childminder

Every day

Some days

f) Other person

Every day

Some days

g) Goes on her own

Every day

Some days

H5 How does she get there?

(i) Going

a) She walks

Every day

Some days

b) She goes in a push chair/pram

Every day

Some days

c) By public transport

Every day

Some days

d) School bus

Every day

Some days

e) By car

Every day

Some days

f) Rides a bike

Every day

Some days

g) Other, describe

Every day

Some days

(ii) Coming home

a) She walks

Every day

Some days

b) She goes in a push chair/pram

Every day

Some days

c) By public transport

Every day

Some days

d) School bus

Every day

Some days

e) By car

Every day

Some days

f) Rides a bike

Every day

Some days

g) Other, describe

Every day

Some days

H6 a) How far away is the nursery/school?

Less than ½ a mile away

½ - 1 mile away

1 - 5 miles away

More than 5 miles

Н6	b) How long does it take to get there in the morning?minutes
Н7	We would like to know what happens after school/nursery a) Does she usually go straight home? Yes No
	b) If no, where does she go?i) To a relative's home
	Every day
	Some days
	Never
	ii) To a friend's home
	Every day
	Some days
	Never
	iii) To a child minder
	Every day
	Some days
	Never
	iv) Other, describe
	Every day Some days
	Never
	c) If she comes straight home, are you usually there?
	Always
	Usually
	Sometimes
	Hardly ever
Н8	When she first arrives home does she have?
	a) A meal
	Yes
	No
	b) A snack
	Every day
	Some days
	Never
	c) A drink
	Every day Some days
	Never
Н9	How does she feel about nursery/school?
11)	a) She looks forward to going
	Always
	Usually
	Sometimes
	Never

H9 b) She enjoys it

Always

Usually

Sometimes

Hardly ever

c) She is stimulated by it

Always

Usually

Sometimes

Hardly ever

d) She is frightened by it

Always

Usually

Sometimes

Hardly ever

e) She talks about new friends

Always

Usually

Sometimes

Hardly ever

f) She seems bored by school

Always

Usually

Sometimes

Hardly ever

g) She likes her teacher

Always

Usually

Sometimes

Hardly ever

H10 When she finishes school and comes home, does she:

a) Talk about the events of the day

Always

Usually

Sometimes

Hardly ever

b) Ask about what has happened in your day

Always

Usually

Sometimes

Hardly ever

c) Read draw or play quietly by herself

Always

Usually

Sometimes

Hardly ever

d) Watch TV H10 Always Usually Sometimes Hardly ever e) Play with other children Always Usually Sometimes Hardly ever f) Fall asleep Always Usually Sometimes Hardly ever H11 How many children in her class did she know before she went? None One child 2-3 children More than three children H12 Had she visited the school/nursery before her first day? Yes No H13 a) Does she bring home things that she has done at school? Yes No b) If yes, how often are they put up so everyone can see them? Always Usually Sometimes Never H14 When she gets home from school/ nursery, is she? a) Exited Always Usually Sometimes Never b) Talkative Always Usually Sometimes Never c) Withdrawn Always Usually Sometimes

H14 d) Calm

Always

Usually

Sometimes

Never

e) Very active

Always

Usually

Sometimes

Never

f) Sleepy

Always

Usually

Sometimes

Never

g) Angry

Always

Usually

Sometimes

Never

h) Hungry

Always

Usually

Sometimes

Never

i) Tearful

Always

Usually

Sometimes

Never

j) Anxious

Always

Usually

Sometimes

Never

k) Affectionate

Always

Usually

Sometimes

Never

1) Tired

Always

Usually

Sometimes

Never

m) Other, describe

Always

Usually

Sometimes

H15	How often does your partner share the following activities with your child?
	a) He bathes her
	Often
	Sometimes
	Rarely
	Never
	No partner
	b) Makes things with her
	Often
	Sometimes
	Rarely
	Never
	No partner
	c) Sings to her
	Often
	Sometimes
	Rarely
	Never
	No partner
	d) Reads to her
	Often
	Sometimes
	Rarely
	Never
	No partner
	e) Plays with toys with her
	Often
	Sometimes
	Rarely
	Never
	No partner
	f) Cuddles her
	Often
	Sometimes
	Rarely
	Never
	No partner
	g) Active games, hide and seek, ball games
	Often
	Sometimes
	Rarely
	Never
	No partner
	h) Takes her to park or playground
	Often
	Sometimes
	Rarely
	Never
	No partner

H15 i) Puts her to bed Often Sometimes Rarely Never No partner j) Takes her swimming Often Sometimes Rarely Never No partner k) Draws or paints with her Often Sometimes Rarely Never No partner 1) Prepares food for her Often Sometimes Rarely Never

m) Other, describe Often

Sometimes

No partner

Rarely

Never

No partner

H16 How often do you share the following activities with your toddler?

a) Bath her

Often

Sometimes

Rarely

Never

b) Make things with her

Often

Sometimes

Rarely

Never

c) Sing to her

Often

Sometimes

Rarely

H16 d) Read to her Often Sometimes Rarely Never e) Play with toys with her Often Sometimes Rarely Never f) Cuddle her Often Sometimes Rarely Never g) Active games, hide and seek, ball games Often Sometimes Rarely Never h) Take her to park or playground Often Sometimes Rarely Never i) Put her to bed Often Sometimes Rarely Never j) Take her swimming Often Sometimes Rarely Never k) Draw or paints with her Often Sometimes Rarely Never 1) Prepare food for her Often Sometimes Rarely Never

m) Other, describe Often Sometimes Rarely Never

H17	Hov	v often does your child de	o the following?
		Go to a park or playgro	
	,	Every day	
		2 – 6 times a week	
		Once a week	
		Once a month	
		Never	
	b`) Go swimming	
	0,	Every day	
		2 – 6 times a week	
		Once a week	
		Once a month	
		Never	
	c)	Play a musical instrum	ent
	•	Every day	
		2 – 6 times a week	
		Once a week	
		Once a month	
		Never	
	ď) Go to the library	
	u ,	Every day	
		2-6 times a week	
		Once a week	
		Once a month	
		Never	
	e)	Go to Beavers Rainboy	vs etc
	•	Every day	
		2 – 6 times a week	
		Once a week	
		Once a month	
		Never	Tick and describe
	f)	Go to Sunday school	
	,	Every day	
		2 – 6 times a week	
		Once a week	
		Once a month	
		Never	
	g)	Go to special classes, ju	ido, dancing other sport
	<i>U</i>	Every day	
		2 – 6 times a week	
		Once a week	
		Once a month	
		Never	Tick and describe
	h)	Goes to special classes	because of learning difficulties
	ĺ	Every day	Ç
		2 – 6 times a week	
		Once a week	
		Once a month	
		Never	Tick and describe

H17	 i) Have physiotherapy Every day 2 – 6 times a week Once a week Once a month
	Never
	j) See her grandparents
	Every day 2 – 6 times a week Once a week Once a month
	Never
H18	k) Play computer games Every day 2 - 6 times a week Once a week Once a month Never 1) Help in the house Every day 2 - 6 times a week Once a week Once a month Never Has she had her ears pierced? Yes No
SECT	TION I: EATING
I1 So your c	ome children just snack all day while others wait for meals. How would you describe child? a) Snacks all day, no real meals Snacks all day, and has real meals Doesn't snack much, just has meals Other, describe
	b) How many meals a day does your toddler have now?

- I2 a) Which meal do you consider is her main meal of the day?
 - i) Weekdays

Breakfast

Mid morning

Midday

Mid afternoon

Early evening

Late evening No main meal

I2a ii) Saturdays

Breakfast

Mid morning

Midday

Mid afternoon

Early evening

Late evening

No main meal

iii) Sundays

Breakfast

Mid morning

Midday

Mid afternoon

Early evening

Late evening

No main meal

- b) On a typical week how often does she eat her main meal in these places?
 - i) At home

Never

- 1 2 days a week
- 3 5 days a week
- 67 days a week
- ii) At school

Never

- 1 2 days a week
- 3 5 days a week
- 6 7 days a week
- ii) At nursery/kindergarten

Never

- 1 2 days a week
- 3 5 days a week
- 67 days a week
- iv) At the childminder's

Never

- 1 2 days a week
- 3 5 days a week
- 67 days a week
- v) Other, describe

Never

- 1 2 days a week
- 3 5 days a week
- 67 days a week
- I3 Do you feel that you have had difficulties in feeding her during the past year?

Great difficulty

Some difficulty

Occasional difficulty

No difficulty

- In the past year has she at any time?
 - a) Deliberately not eaten enough food

Yes, worried me a lot

Yes, worried me a bit

Yes, did not worry me

Did not happen

b) Refused to eat the right food

Yes, worried me a lot

Yes, worried me a bit

Yes, did not worry me

Did not happen

c) Been choosy about food

Yes, worried me a lot

Yes, worried me a bit

Yes, did not worry me

Did not happen

d) Over eaten

Yes, worried me a lot

Yes, worried me a bit

Yes, did not worry me

Did not happen

e) Been difficult to get into an eating routine

Yes, worried me a lot

Yes, worried me a bit

Yes, did not worry me

Did not happen

We are interested in your child's diet. We would like to know how often she eats the following foods

I5 a) Sausages/burgers

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

b) Pies, pasties etc

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

c) Vegetarian pies or pasties

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

I5 d) Ham bacon cold meats, pate

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

e) Meat, beef lamb, pork etc

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

f) Liver, kidney, heart

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

g) Chicken/turkey nuggets etc

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

h) Poultry

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

i) Shellfish

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

j) Fish fingers

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

k) White fish, cod, haddock etc

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

I5 1) Tuna

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

m) Other fish, salmon, kippers, mackerel, sardines etc

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

n) Eggs, quiche

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

o) Cheese

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

p) Pizza

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

q) Oven chips

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

r) Fried chips, potato waffles, Alphabites etc.

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

s) Roast potatoes

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

I5 t) Boiled, mashed, jacket potatoes

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

u) Rice, boiled or fried

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

v) Pot noodles, canned pasta in sauces

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

w) Boiled pasta, spaghetti etc

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

a) Does she eat fat on meat?

Yes, all of it

Yes, some of it

No

Never eats meat

b) How often does she have fried food?

Egg, bacon chops etc

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

I7 How many times now does she eat?

a) Baked beans

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

b) Peas, broad beans

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

17 c) Sweetcorn

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

d) Green vegetables, cabbage, sprouts etc

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

e) Other vegetables, cauliflower, leeks etc

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

f) Carrots

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

g) Other root vegetables, turnip, parsnips etc

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

h) Tomatoes, cooked or raw

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

i) Salad

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

j) Pulses, dried peas, lentils, tahini etc

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

I7 k) Soya meat, vegeburgers

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

1) Peanuts, peanut butter

Never/rarely

Once in 2 weeks

1 - 3 times a week

4-7 times a week

More than once a d

m) Other nuts, nut roast

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

n) Fresh citrus fruits

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

o) Other fresh fruit, apple, banana, peach, grapes etc

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

p) Canned fruit

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

q) Yoghurt, fromage frais,

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

r) Milk puddings, mousse

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

I7 s) Ice cream, choc ice etc

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

t) Ice lollies

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

u) Fruit pudding, crumble, pies, gateaux

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

v) Custard, cream, Elmlea, evaporated milk

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

w) Cakes or buns

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

x) Crispbreads

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

I8 a) Does she eat breakfast cereals?

Yes

Nο

If yes, what are they?

b) Oat cereals

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

I8 c) Bran cereals, Weetabix etc Never/rarely Once in 2 weeks 1 - 3 times a week 4 - 7 times a week More than once a day d) Other cereals, rice crispies, frosties Never/rarely Once in 2 weeks 1 - 3 times a week 4 - 7 times a week More than once a day <u>19</u> When she has breakfast cereals: a) How often are they sugar/honey coated? Always Sometimes Never b) How many spoonsful of sugar does she have on coated cereals? None Half a teaspoon One teaspoon Two teaspoons More than two c) How many spoonsful does she have on other cereals? None Half a teaspoon One teaspoon Two teaspoons More than two d) How many times a week does she have milk on her cereal?.....times I10 How often does she eat? a) Crisps, wotsists, Quavers etc Never/rarely Once in 2 weeks 1 - 3 times a week 4 - 7 times a week More than once a day b) Full coated chocolate biscuits Never/rarely Once in 2 weeks 1 - 3 times a week 4 - 7 times a week More than once a day

> 4-7 times a week More than once a day

Never/rarely Once in 2 weeks 1 – 3 times a week

c) Other biscuits

I10 d) Chocolate bars, Mars, Twix etc

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

e) Sweets

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

III On days when she has sweets, how many individual sweets does she eat that day?

1 - 2

3 - 5

6 - 10

11 - 20

More than 20

Never has sweets

I12 On the day when she has chocolate or chocolate bars, how much does she eat?

Mars bar, bag of button, etc

a) What size packet does she eat?

Fun size

Adult size

Never has chocolate

b) How many bars or packets this size in a day?

Half or less

One a day

Two a day

Three or more

I13 How many times a week does she drink?

a) Fruit juice from a tin

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

b) Pure fruit juice, carton or freshly squeezed

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

c) Squash or Ribena

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

I13 d) Coca cola, pepsi etc

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

e) Other fizzy drinks

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

f) Water, on its own

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

g) Milk on its own

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

h) Flavoured milk drinks

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

When she has soft drinks, how often are they low calorie, diet or reduced sugar drinks?

Usually

Sometimes

Not at all

Doesn't have soft drinks

If she has cola drinks, how often are they decaffeinated?

Usually

Sometimes

Not at all

Doesn't have soft drinks

I16 What type of bread does she eat?

a) White bread

Usually

Sometimes

I16 b) Soft grain white Usually Sometimes Never c) Brown/granary bread Usually Sometimes Never d) Wholemeal bread Usually Sometimes Never e) Chappatis, pitta bread Usually Sometimes Never f) Nan bread Usually Sometimes Never I17 How many pieces of bread, rolls, chappatis does she eat on a usual day? Less than one 1 to 2 3 to 4 5 or more I18 How many slices of bread or rolls with butter or margarine does she eat in a day?....... I19 i) What sort of fat does she have on bread or vegetables a) Butter, ghee, dripping lard, solid cooking fat Yes No b) Polyunsaturated margarine Yes No c) Hard or soft margarine Yes No d) Low fat spread, St Ivel Gold etc Yes No e) Sunflower, soya, corn, olive oil Yes No f) Olive oil, corn oil Yes No

g) Other vegetable oil

I19

Yes

No

h) Any other, describe

Yes

No

ii) For frying

a) Butter, ghee, dripping lard, solid cooking fat

Yes

No

b) Polyunsaturated margarine

Yes

No

c) Hard or soft margarine

Yes

No

d) Low fat spread, St Ivel Gold etc

Yes

No

e) Sunflower, soya, corn, olive oil

Yes

No

f) Olive oil, corn oil

Yes

No

g) Other vegetable oil

Yes

No

h) Any other, describe

Yes

No

I20 What type of milk does she usually have?

a) Full fat (blue carton)

Usually

Sometimes

Not at all

b) Semi skimmed (green carton)

Usually

Sometimes

Not at all

c) Skimmed (red carton)

Usually

Sometimes

Not at all

d) Dried milk

Usually

Sometimes

Not at all

I20 e) Goat/sheep's milk

	Usually Sometimes
	Not at all
	f) Soya milk
	Usually
	Sometimes
	Not at all
	g) Breast milk
	Usually
	Sometimes
	Not at all
	h) Other
	Usually
	Sometimes
	Not at all
I21	Is this milk usually?
	Pasteurised
	Longlife
	Sterilised
	Other
	Don't know
I22	a) Does she drink tea?
	Yes
T£	No
If yes	b) How many cups of tea does she drink in a day?cups
	c) How many spoons of sugar in each cup?spoons
	d) How many cups of tea are decaffeinated?cups
	e) Which description best fits the amount of milk she has in her tea No milk
	A little milk
	About ¼ milk
	About ½ milk
	About ¾ milk
	Almost all milk
I23	a) Does she drink coffee?
	Yes
	No
If yes	
	b) How many cups of coffee does she drink in a day?cups
	c) How many spoons of sugar in each cup?spoons
	d) How many cups of coffee are decaffeinated?cups

I22	e) How many cups are made with real coffeecups
	f) How many cups of real coffee are decaffeinated?cups
123	g) Which description best fits the amount of milk she has in her coffee No milk A little milk About ½ milk About ½ milk About ¾ milk Almost all milk
I24	a) Does she drink herbal teas? Yes, often Occasionally No
If yes	b) How many cups/mugs of herbal tea has she drunk in the past week?
	c) List types of herbal teas drunk in past three months
I25	Apart from herbal teas are there any other health foods that she often eats or drinks? Yes
If yes,	No please describe
I26	a) What would you say best describes your child's alcohol drinking?
	She has a glass of her own containing a normal adult portion Has a glass of her own, less than an adult portion Has a taste of other peoples Rarely has any alcohol Never has any alcohol b) How often does she have any of the following? i) Wine More than once a week Once a week Less than once a week Never ii) Beer, lager More than once a week Once a week Less than once a week Never iii) Spirits More than once a week Once a week Less than once a week Never
I26	Never iv) Other alcohol, describe

	Once a week Less than once a week Never
127	Is your child a vegetarian? Yes No
I28	Is your child a vegan? Yes No
I29	Is your child on any sort of diet? Yes No
If yes,	please describe.
I30	Has she got definite likes and dislikes for some foods? No, she will eat almost anything She is quite choosy She is very choosy
I31	 a) How often does she suck a dummy or her finger or thumb? i) Dummy Most of the time Sometimes Never ii) Thumb of right hand Most of the time Sometimes Never
	iii) Thumb of left hand Most of the time Sometimes Never iv) Fingers Most of the time Sometimes
	Never b) Does she have a special object other than fingers or thumb, that she uses for comfort? Yes No c) If yes, what is it? Blanket
	Cuddly toy Other, describe
I32	Does she ever eat coal, soil, dirt or other non-nutritious substances?

SECTION J; ABILITIES AND DISABILITIES

Children have a range of skills and abilities and some have disabilities. These questions will enable us to get a picture of your child. Please answer each question: If you don't know the answer, ask your child to perform the task.

J1 a) Is she able to walk?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

b) Is she able to stoop down and pick up something from the floor?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

c) Is she able to run?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

d) Can she jump forward with both feet together?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

e) Can she walk on tiptoe?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

f) Can she run on tiptoe?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

g) Can she hop on one foot for three steps?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

J1 h) Can she walk backwards for four steps?

Yes, but not very well

Has not done it yet

Is unable to try

i) Can she stand on one foot for at least 8 seconds?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

j) Can she walk upstairs putting both feet on each step?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

k) Can she walk upstairs putting one foot on each step?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

1) Can she walk downstairs putting both feet on each step?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

m) Can she walk downstairs putting one foot on each step?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

n) Can she run upstairs?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

o) Can she ride a tricycle?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

p) Can she ride a bicycle?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

q) Can she swim with water wings

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

J1 r) Can she swim without water wings

Yes, but not very well

Has not done it yet

Is unable to try

s) Can she do a handstand against the wall?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

t) Can she skip with a skipping rope?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

u) Can she stand on her head?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

J2 a) Can she hold a pencil and scribble?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

b) Can she copy a vertical line with a pencil?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

c) Can she wiggle her thumb?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

d) Can she draw a circle?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

e) Can she bang together two objects she is holding?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

f) Can she draw or copy a cross?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

J2 g) Can she draw or copy a square?

Yes, but not very well

Has not done it yet

Is unable to try

h) Can she write her name?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

i) Can she write any numbers?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

j) If you ask her to draw a man, what is likely to be the result?

Just a scribble

A head and not much else

A head and a body

A head body and legs

Head, body arms and legs

Other, describe

a) Can she pick up a small object, using finger and thumb only?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

b) Can she turn the pages of a book?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

c) Can she build a tower, putting one object on top of another?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

d) Can she build a tower of four bricks?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

e) Can she build a tower of six bricks?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

J3 f) Can she build a tower of eight bricks?

Yes, but not very well

Has not done it yet

Is unable to try

g) Can she put bricks together to make a bridge?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

J4 a) Does she show an interest in picture books?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

b) Does she notice details in pictures and photographs?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

c) Can she recognise the colours red, blue and yellow?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

d) Can she recognise orange brown and purple?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

e) Can she recognise her name when it is written?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

f) Does she know at least three letters of the alphabet?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

g) Does she know at least ten letters of the alphabet?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

h) Can she read simple words?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

i) Can she read a story with at least ten words a page?

Yes, but not very well

Has not done it yet

Is unable to try

j) Can she read a story with more than ten words a page?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

k) Does she understand numbers one and two?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

1) Does she understand numbers three and four?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

m) Does she understand numbers five to ten?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

n) Can she count up to twenty?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

o) Can she count up to one hundred?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

J5 a) Does she share her toys with other children?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

b) Does she share the toys of other children, understanding they are not his?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

c) Does she feel sympathy for someone if they are hurt?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

J5 d) Does she think of things to do to please you?

Yes, but not very well

Has not done it yet

Is unable to try

e) Can she kick a large ball?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

f) Can she throw a small ball under arm?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

g) Can she throw a small ball over arm?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

h) Can she throw a ball against the wall and catch it?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

i) Does she take turns in a game without fuss?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

j) Can she play card game like 'snap'?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

k) Can she play any board games?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

J6 a) Can she drink from a cup or a mug?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

b) Can she eat skilfully with a spoon?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

J6 c) Can she eat with a fork and a spoon in each hand?

Yes, but not very well

Has not done it yet

Is unable to try

d) Can she cut her food with a knife?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

e) Can she sit at table and cope with a whole meal without help?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

f) Can she wash and dry her hands on her own?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

g) Can she brush her teeth on her own?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

h) Can she get dressed without help?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

i) Can she get undressed without help?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

j) Cans he do up buttons?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

k) Can she tie a bow?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

1) Can she brush and comb her hair?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

J7 a) Can she listen to a short story from start to finish?

Yes, but not very well

Has not done it yet

Is unable to try

b) Can she understand instructions such as 'Find the jumper Granny gave to you

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

c) Does she sing songs, even if the words are not clear?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

d) Does she talk clearly?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

e) Does she ask sensible questions?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

f) Can she carry on a conversation?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

g) Can she say at least three nursery rhymes?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

h) Can she sing at least three songs?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

i) Can she hum a tune?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

j) Can she clap a rhythm with her hands in time to the music?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

J8 a) Does she get stuck or stumble on words, or repeat them many times?

Never

Sometimes

Often

Always

b) Is her voice hoarse or husky?

Never

Sometimes

Often

Always

c) Can you understand what she says?

Never

Sometimes

Often

Always

d) Can your family understand what she says?

Never

Sometimes

Often

Always

e) Can visitors understand what she says?

Never

Sometimes

Often

Always

J9 a) Does she prefer to use gestures to get what she wants, instead of asking?

Yes, still does

Did in the past not now

No never

b) When she talks to you, what are the greatest number of words she can put together?

One word

Two words

3-4 words

5 - 8 words

9 or more words

Does not talk

J10 Some children enjoy talking, others do not.

Does your daughter:

a) Talk a lot

Always

Sometimes

Never

b) Stay mainly silent

Always

Sometimes

Never

J10 c) Seem to avoid looking at people's faces when she talks

Always

Sometimes Never d) Echo what has just been said to her,' we are going out now' she says, 'going now' out Always Sometimes Never J11 a) Does your daughter have difficulty pronouncing certain sounds? Yes No b) If yes, describe..... J12 a) Are there any other languages apart from English spoken in your home? No If yes, describe..... b) Is English the main language spoken? By mother English is the main language Both English and another language used equally Other is main language No such person By study child English is the main language Both English and another language used equally Other is main language By partner b) English is the main language Both English and another language used equally Other is main language No such person By other children English is the main language Both English and another language used equally Other is main language No such person J13 Are you worried about any aspect of your child's growth or development? a) Her speech Yes, I'm worried No. not worried b) Her weight Yes, I'm worried No, not worried c) Her height Yes, I'm worried No, not worried

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J13

d) Her behaviour

Yes, I'm worried

No, not worried

e) Her general development

Yes, I'm worried

No, not worried

If you have answered' Yes' please describe what worries you.

.....

SECTION K: TEMPERAMENT

Please tick the box which describes how often your child's behaviour is like the behaviour given below:

K1 She tends to be shy

Never

Rarely

Sometimes

Often

Always

K2 She cries easily

Never

Rarely

Sometimes

Often

Always

K3 She likes to be with people

Never

Rarely

Sometimes

Often

Always

K4 She is always on the go

Never

Rarely

Sometimes

Often

Always

K5 She prefers playing with others rather than alone

Never

Rarely

Sometimes

Often

Always

K6 She tends to be somewhat emotional

Never

Rarely

Sometimes

Often

Always

K7 When she moves about she moves slowly

Rarely Sometimes Often Always K8 She makes friends easily Never Rarely Sometimes Often Always K9 She is up and running as soon as she wakes up in the morning Never Rarely Sometimes Often Always K10 She finds people more stimulating than anything else Never Rarely Sometimes Often Always K11 She often fusses and cries Never Rarely Sometimes Often Always K12 She is very sociable Never Rarely Sometimes Often Always K13 She is very energetic Never Rarely Sometimes Often Always K14 She takes a long time to warm to strangers Never Rarely Sometimes Often Always

K15 She gets upset easily

Rarely

Sometimes

Often

Always

K16 She is something of a loner

Never

Rarely

Sometimes

Often

Always

K17 She prefers quiet inactive games to more active ones

Never

Rarely

Sometimes

Often

Always

K18 When alone, she feels isolated

Never

Rarely

Sometimes

Often

Always

K19 She reacts intensely when upset

Never

Rarely

Sometimes

Often

Always

K20 She is very friendly with strangers

Never

Rarely

Sometimes

Often

Always

K21 She bullies other children

Never

Rarely

Sometimes

Often

Always

K22 She is very restless, hardly ever still

Never

Rarely

Sometimes

Often

Always

K23 She is fidgety or squirmy

Rarely Sometimes Often Always K24 She destroys her own things and those belonging to others Never Rarely Sometimes Often Always K25 She fights with other children Never Rarely Sometimes Often Always K26 She is not much liked by other children Never Rarely Sometimes Often Always K27 She worries about many things Never Rarely Sometimes Often Always K28 She does things on her own and is rather solitary Never Rarely Sometimes Often Always K29 She is irritable and is quick to fly off the handle Never Rarely Sometimes Often Always K30 She appears miserable, unhappy, tearful or distressed Never Rarely Sometimes Often

K31 She takes things belonging to other people Never

Always

Rarely Sometimes Often Always K32 She bites her nails or fingers Never Rarely Sometimes Often Always K33 She is disobedient Never Rarely Sometimes Often Always K34 She cannot settle to do anything for more than a few moments Never Rarely Sometimes Often Always She is afraid of new things or new situations K35 Never Rarely Sometimes Often Always K36 She is fussy or over particular Never Rarely Sometimes Often Always K37 She tells lies Never Rarely Sometimes Often Always K38 She likes to sit and watch TV rather than play active games Never Rarely Sometimes Often Always

K39 She laughs a lot

Rarely Sometimes Often Always K40 She smiles when she sees her parents Never Rarely Sometimes Often Always K41 She likes a cuddle Never Rarely Sometimes Often Always K42 She really enjoys life Never Rarely Sometimes Often Always **SECTION L; HER GROWTH** Please list the date on which your child was weighed since she was 3 years old, and how much she weighed. Also add height and head circumference if they were measured. L1 Date Weight Height Head circumference L5 What size shoe does she take?.... L6 How often does she wear the following footwear? (a) Out of doors i) Sandals Usually Sometimes Never ii) Trainers Usually Sometimes Never iii) Slippers

Usually Sometimes Never

Usually

L6iv) Shoes

v) Other,	Sometimes Never describe Usually Sometimes Never
(b) Indoors	
i) Sandals	S
	Usually Sometimes Never
ii) Trainer	
ii) Trainei	Usually Sometimes Never
iii) Slipper	'S
, 11	Usually Sometimes Never
iv) Shoes	
	Usually
	Sometimes
	Never
v) Other, describe	
	Usually
	Sometimes
	Never
L7 What	colour are her eyes?
	Blue
	Brown
	Grey
	Green
	Other
L8 What	colour is her hair?
	Black
	Dark brown
	Mid – brown
	Light brown
	Golden
	Almost white
	Other, describe

This questionnaire was completed by: M1. a)Mother

	Yes
	No
b) Fat	ther
	Yes
	No
c) Ot	her
M2. Ple	ease give date on which you completed this questionnaire
M3. Ple	ease give date of birth of your child
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	npleted, please return this questionnaire to: Office, Douglas. Tel 662636

2.6.20. PARTNERS' FIVE YEAR QUESTIONNAIRE

Questionnaire information

Data gathered by:	Mother's partner
Data gathered when:	Child at five years
Data gathered where:	Self completing questionnaire, posted with birthday
	Card & pre paid envelope
Number collected:	494
Entered data stored in file(s):	1-20i.csv 1-20ii.csv 20Fi.xls 20Fii.xls
Version of questionnaire	1

This questionnaire asks about your lifestyle and attitudes, now your child is five years old. Some questions may seem similar, but they are not the same. Others will be the same as you have answered in earlier questionnaires. This is so we can see how things may have changed for you.

We have included an additional section, not previously asked in the Isle of Man study, which asks about your religion. This makes the questionnaire slightly longer. As before, if you would rather not answer or think about some of the questions, just put a line through them.

There are no right or wrong answers. Just tell us what you think and make as many comments as you like.

All answers are confidential

THANK YOU VERY MUCH FOR YOUR HEL

SECTION A: YOUR HEALTH

A1. Which statement would you say describes your health now?

Always fit and well

Mostly fit and well

Often feel unwell

Hardly ever feel really well

A2. Have you had any of the following since your child was 18 months old?

a) Anxiety or nerves

Yes and saw a doctor

Yes but did not see a doctor

No

b) Depression

Yes and saw a doctor

Yes but did not see a doctor

No

c) Headache or migraine

Yes and saw a doctor

Yes but did not see a doctor

No

d) Epilepsy

Yes and saw a doctor

Yes but did not see a doctor

No

e) Back pain/sciatica

Yes and saw a doctor

Yes but did not see a doctor

No

f) Indigestion

Yes and saw a doctor

Yes but did not see a doctor

No

g) High blood pressure

Yes and saw a doctor

Yes but did not see a doctor

No

h) Cough or cold

Yes and saw a doctor

Yes but did not see a doctor

No

i) Diabetes

Yes and saw a doctor

Yes but did not see a doctor

No

A2 j) Haemorrhoids

Yes and saw a doctor

Yes but did not see a doctor

No

k) Schizophrenia

Yes and saw a doctor

Yes but did not see a doctor

No

1) Influenza

Yes and saw a doctor

Yes but did not see a doctor

No

m) Alcohol problem

Yes and saw a doctor

Yes but did not see a doctor

No

n) Wheezing

Yes and saw a doctor

Yes but did not see a doctor

No

o) Bronchitis

Yes and saw a doctor

Yes but did not see a doctor

No

p) Stomach ulcer

Yes and saw a doctor

Yes but did not see a doctor

No

q) Eczema

Yes and saw a doctor

Yes but did not see a doctor

No

r) Psoriasis

Yes and saw a doctor

Yes but did not see a doctor

No

s) Arthritis

Yes and saw a doctor

Yes but did not see a doctor

No

t) Rheumatism

Yes and saw a doctor

Yes but did not see a doctor

Nο

u) Urinary infection

Yes and saw a doctor

Yes but did not see a doctor

No

v) Syphilis

Yes and saw a doctor

Yes but did not see a doctor

No

A2 w) Gonorrhoea

Yes and saw a doctor

Yes but did not see a doctor

No

x) Other, describe

Yes and saw a doctor

Yes but did not see a doctor

No

A3 In the last two years, have you used any of the following?

a) Sleeping pills

Every day

Often

Sometimes

Never

b) Vitamins

Every day

Often

Sometimes

Never

c) Cannabis/marihuana

Every day

Often

Sometimes

Never

d) Tranquillisers

Every day

Often

Sometimes

Never

e) Pills for depression

Every day

Often

Sometimes

Never

f) Hormone tablets

Every day

Often

Sometimes

Never

g) Antibiotics

Every day

Often

Sometimes

Never

h) Aspirin

Every day

Often

Sometimes

A3	i) Paracetamol
	Every day
	Often
	Sometimes
	Never
	j) Other painkillers
	Every day
	Often
	Sometimes
	Never
	k) Amphetamines/other stimulants
	Every day
	Often
	Sometimes
	Never
	l) Iron
	Every day
	Often
	Sometimes
	Never
	m) Heroin, methadone, cocaine
	Every day
	Often
	Sometimes
	Never
	n) Anticonvulsants
	Every day
	Often
	Sometimes
	Never
	o) Steroids
	Every day
	Often
	Sometimes
	Never
	110101
A4	Please list all the drugs you have used in the past month.
	What did you take?
	How many days was it taken for?
	How often per day?
	Tion often per day.
A5.	a) Since your child was 3 years old, have you been ill or had a problem for
	which you had to stay in hospital?
	Yes No
A5 If	
	b) How many times?
	,
	c) What were the reasons?
	d) How long did you stay in hospital each time?

In the past month have any of the following occurred?

A6 a) Backache

All the time

Sometimes

Not at all

b) Headache /migraine

All the time

Sometimes

Not at all

c) Urinary infection

All the time

Sometimes

Not at all

d) Nausea

All the time

Sometimes

Not at all

e) Vomiting

All the time

Sometimes

Not at all

f) Diarrhoea

All the time

Sometimes

Not at all

g) Haemorrhoids/piles

All the time

Sometimes

Not at all

h) Feeling weepy

All the time

Sometimes

Not at all

i) Feeling irritable

All the time

Sometimes

Not at all

j) Feeling exhausted

All the time

Sometimes

Not at all

k) Varicose veins

All the time

Sometimes

Not at all

1) Frequency of urine

All the time

Sometimes

Not at all

A6	m) Problem holding urine when you sneeze, jump etc
	All the time
	Sometimes
	Not at all
	n) Indigestion
	All the time
	Sometimes
	Not at all
	o) Feeling dizzy/fainting
	All the time
	Sometimes
	Not at all
	p) Flashing lights/spots before the eyes
	All the time
	Sometimes
	Not at all
	r) Shoulder ache
	All the time
	Sometimes
	Not at all
	s) Tingling in hands or fingers
	All the time
	Sometimes
	Not at all
	t) Tingling in feet or toes
	All the time
	Sometimes
	Not at all
	u) Neck ache
	All the time
	Sometimes
	Not at all
	v) Feeling depressed
	All the time
	Sometimes
	Not at all
	w) Other problems
	All the time
	Sometimes
	Not at all
A7	a) How often do you have sayyel intercourse now?
Λ/	 a) How often do you have sexual intercourse now? Not at all
	Less than once a month
	1 – 3 times a month
	About once a week 2 – 4 times a week
	5 or more times a week
	3 of more times a week

A7 b) In general, do you enjoy it?

Very much

Somewhat

Not a lot

Not at all

No sex at the moment

SECTION B: YOUR OPINION OF YOURSELF

Please say which of the following statements are true of you.

B1. I feel that I am a person of worth, at least equal to others

Always true

Often true

Sometimes true

Seldom true

Never true

B2. I feel I have a number of good qualities

Always true

Often true

Sometimes true

Seldom true

Never true

B3. I am able to do things as well as most other people

Always true

Often true

Sometimes true

Seldom true

Never true

B4. I feel I do not have much to be proud of

Always true

Often true

Sometimes true

Seldom true

Never true

B5. I take a positive attitude towards myself

Always true

Often true

Sometimes true

Seldom true

Never true

B6. Sometimes I think I am no good at all

Always true

Often true

Sometimes true

Seldom true

Never true

B7. I am a useful person to have around

Always true

Often true

Sometimes true

Seldom true

Never true

B8. I feel I cannot get anything right

Always true

Often true

Sometimes true

Seldom true

Never true

B9. When I do a job I do it well

Always true

Often true

Sometimes true

Seldom true

Never true

B10. I feel that my life is not very useful

Always true

Often true

Sometimes true

Seldom true

Never true

B11. I am unlucky

Always true

Often true

Sometimes true

Seldom true

Never true

SECTION D: YOUR FEELINGS

You have answered these questions before, but you may be feeling differently now.

C1 Do you feel upset for no obvious reason?

Very often

Often

Not very often

Never

C2 Do you get troubled by dizziness or shortness of breath

Very often

Often

Not very often

Never

C3 Have you felt as though you might faint?

Very often

Often

Not very often

Never

C4 Do you feel sick or have indigestion/

Very often

Often

Not very often Never

C5 Do you feel that life is too much effort? Very often Often Not very often Never C6 Do you feel uneasy or restless? Very often Often Not very often Never C7 Do you feel tingling or pricking sensations in your body, arms or legs? Very often Often Not very often Never **C**8 Do you regret much of your past behaviour? Very often Often Not very often Never C9 Do you sometimes feel panicky? Very often Often Not very often Never C10 Do you find that you have little or no appetite? Very often Often Not very often Never C11 Do you wake unusually early in the mornings? Very often Often Not often Never C12 Do you worry a lot? Very often Often Not often Never C13 Do you feel tired or exhausted? Very often Often Not often Neve C14 Do you experience long periods of sadness? Very often Often Not often

Never

C15 Do you feel strung up inside? Very often Often Not often Never C16 Can you get off to sleep alright? Very often Often Not often Never C17 Do you ever have the feeling you are going to pieces? Very often Often Not often Never C18 Do you often have excessive sweating or fluttering of the heart? Very often Often Not often Never C19 Do you find yourself needing to cry? Very often Often Not often Never C20 Do you have bad dreams which upset you? Very often Often Not often Never C21 Do you lose the ability to feel sympathy for others? Very often Often Not often Never C22 Can you think as quickly as you used to? Very often Often Not often Never C23 Do you have to make a special effort to face up to a crisis? Very often Often Not often Never

Your feelings in the past week

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

As much as I always could

Not quite so much now

Definitely not so much now

Not at all

C25 I have looked forward with enjoyment to things

As much as I ever did

Not quite so much now

Definitely not so much now

Not at all

C26 I have blamed myself unnecessarily when things went wrong

Yes, most of the time

Yes, some of the time

Not very often

No, never

C27 I have been anxious or worried for no good reason

No, not at all

Hardly ever

Sometimes

Often

C28 I have felt scared or panicky for no good reason

Yes, quite a lot

Yes, sometimes

Not much

Not at all

C29 Things have been getting on top of me

Yes, most of the time

Yes, sometimes

Hardly ever

Not at all

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

Yes, most of the time

Yes, sometimes

Hardly ever

Not at all

C31 I have felt sad or miserable

Yes, most of the time

Yes, quite often

Not often

Not at all

C32 I have been so unhappy that I have been crying

Yes, most of the time

Yes, quite often

Occasionally

Never

C33 The thought of harming myself has occurred to me

Yes, quite often

Sometimes

Hardly ever Not at all

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

More good days Half and half More bad days

SECTION D: RECENT EVENTS

Have any of the following events happened to you in the last 18 months?

D1 Your partner died

Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

D2 One of your children died

Yes, affected me a lot Moderately affected me Mildly affected me No effect

Did not happen

D3 A friend or relative died

Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

D4 One of your children was ill

Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

D5 Your partner was ill

Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

D6 A friend or relative was ill

Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

D7 You were admitted to hospital

Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

D8 You were in trouble with the law

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D9 You were divorced

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D10 You found that your partner didn't want your child

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D11 You were very ill

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D12 Your partner lost her job

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D13 Your partner had problems at work

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D14 You had problems at work

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D15 You lost your job

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D16 Your partner went away

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D17 Your partner was in trouble with the law

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D18 You and your partner separated

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D19 Your income was reduced

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D20 You argued with your partner

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D21 You argued with your family or friends

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D22 You moved house

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D23 Your partner was physically cruel to you

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D24 You became homeless

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D25 You had a major financial problem

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D26 You got married

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D27 Your partner was physically cruel to your children

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D28 You were physically cruel to your children

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D29 You attempted suicide

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D30 You were convicted of an offence

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D31 Your partner became pregnant

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D32 You started a new job

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D33 You returned to work Yes, affected me a lot Moderately affected me

Mildly affected me

No effect

Did not happen

D34 Your partner had a miscarriage

> Yes, affected me a lot Moderately affected me

Mildly affected me

No effect

Did not happen

D35 Your partner had an abortion

> Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

D36 You took an examination

> Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

D37 Your partner was emotionally cruel to you

> Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

D38 Your partner was emotionally cruel to your children

> Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

You were emotionally cruel to your children D39

> Yes, affected me a lot Moderately affected me Mildly affected me No effect

Did not happen

D40 Your house or car were burgled

> Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

D41 Your partner started a new job

Yes, affected me a lot

Moderately affected me Mildly affected me No effect Did not happen D42 A pet died Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen D43 You had an accident Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen D44 Is there anything else which is not on the list which has concerned you or required additional effort from you to cope, since the study child was born? a) Yes No b) If yes, please describe..... c) How did this affect you? A lot Moderately Mildly Not at all **SECTION E: YOUR PARTNER** E1 How would you describe your partner's physical health? Always fit and well Mostly well and healthy Often unwell Hardly ever well

E2 How would you rate her on the following characteristics?

a) Helpful and co-operative

Always

Sometimes

Hardly ever

b) Quiet and reserved

Always

Sometimes

Hardly ever

c) Unreliable

Always

Sometimes

Hardly ever

E2 d) Sociable and outgoing

Always

Sometimes

Hardly ever

e) Dominating

Always

Sometimes

Hardly ever

f) Understanding

Always

Sometimes

Hardly ever

g) Quick tempered or easily upset

Always

Sometimes

Hardly ever

h) Cheerful and easy going

Always

Sometimes

Hardly ever

E3 Who does these various household tasks?

a) Shopping for groceries

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

b) Cooking

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

c) Cleaning the house

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

d) Repairs to the home

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

e) Looking after the children

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

f) Washing clothes

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

g) Ironing

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

E4 Who decides?

a) How to spend free time

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

b) How much to see family or friends

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

E4 c) When to do repairs or re-decorate

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

d) How we should spend our money

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

E5 People vary greatly in the amount they are satisfied or dissatisfied with their relationship. How do you feel about the following aspects of your life together?

a) Handling family finances

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

E5 b) Demonstrations of affection

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

c) Sex

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

d) The amount of time spent together

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

e) Making major decisions

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

f) Household tasks

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

g) Leisure time, interests, activities

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

E6 a) How often recently have you been irritable with your partner?

Not at all

Less than once a wee

1 -2 times a week

3 - 6 times a week

Every day

E6 b) How often has she been irritable with you?

Not at all

Less than once a wee

1 -2 times a week

3 - 6 times a week

Every day

E7 a) How many arguments or disagreements have you had in the past three months?

None

1 - 3

4 - 7

8-13 14 or more

E7 b) In the past three months have any of the following happened?

i) Not speaking to partner for more than 1/2hr

Yes, I did this

Yes, she did this

We both did this

Not at all

ii) On of you walking out of the house

Yes, I did this

Yes, she did this

We both did this

Not at all

iii) Shouting or calling partner names

Yes, I did this

Yes, she did this

We both did this

Not at all

iv) Hitting or slapping partner

Yes, I did this

Yes, she did this

We both did this

Not at all

v) Throwing or breaking things

Yes, I did this

Yes, she did this

We both did this

Not at all

E8 In the past three months how often have you done these things with your partner?

a) Gone out for a meal

Never

Less than once a month

Less than once a week

At least once a week

b) Gone out for a drink

Never

Less than once a month

Less than once a week

At least once a week

c) Visited friends

Never

Less than once a month

Less than once a week

At least once a week

d) Visited family

Never

Less than once a month

Less than once a week

At least once a week

e) Gone to the cinema or theatre

Never

Less than once a month

Less than once a week

At least once a week

E9 a) How many evenings a month do you go out and do things on your own or with your own friends?

None

Once

2- 3 times

4-7 times

Eight or more times

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

None

Once

2- 3 times

4-7 times

Eight or more times

E10 How often in one week on average, would you and your partner?

a) Discuss work or how the day has gone

Never

Less than once a week

1 - 3 times a week

Most days

b) Laugh together

Never

Less than once a week

1 - 3 times a week

Most days

c) Calmly talk over something, the news or interests or hobbies

Never

Less than once a week

1 - 3 times a week

Most days

d) Kiss or hug

Never

Less than once a week

1 - 3 times a week

Most days

e) Make future plans

Never

Less than once a week

1 - 3 times a week

Most days

f) Talk over feelings or worries

Never

Less than once a week

1 - 3 times a week

Most days

E11 a) Which statements about alcohol best apply to your partner?

Never drinks alcohol

Very occasionally, less than once a week

Occasionally, at least once a week

Drinks 1 - 2 glasses a day

Drinks 3 – 4 glasses a day

More than 10

b) How many days in the past month do you think she would have drunk the equivalent of 2pints of beer, 4 glasses of wine, or 4 pub measures of spirits?

Every day

>10 days

5-10 days

3-5 days

1 - 2 days

None

E12. Below are attitudes and behaviour which people reveal in their close relationships. Please rate your partner's attitudes and behaviour towards you in recent times and tick the most appropriate box for each item.

My partner:

a) Is very considerate of me

Very true

Moderately true

Sometimes true

Not at all true

b) Wants me to take her side in an argument

Very true

Moderately true

Sometimes true

Not at all true

c) Wants to know exactly what I am doing and where I am

Very true

Moderately true

Sometimes true

Not at all true

d) Is a good companion

Very true

Moderately true

Sometimes true

Not at all true

e) Is affectionate towards me

Very true

Moderately true

Sometimes true

Not at all true

f) Is clearly hurt if I don't accept her views

Very true

Moderately true

Sometimes true

Not at all true

E12 g) Tends to try to change me

Very true

Moderately true

Sometimes true

Not at all true

h) Confides closely in me

Very true

Moderately true

Sometimes true

Not at all true

i) Tends to criticize me over small issues

Very true

Moderately true

Sometimes true

Not at all true

j) Understands my worries and problems

Very true

Moderately true

Sometimes true

Not at all true

k) Tends to order me about

Very true

Moderately true

Sometimes true

Not at all true

1) Insists I do exactly as I am told

Very true

Moderately true

Sometimes true

Not at all true

m) Is physically gentle and considerate

Very true

Moderately true

Sometimes true

Not at all true

n) Makes me feel needed

Very true

Moderately true

Sometimes true

Not at all true

o) Wants me to change in small ways

Very true

Moderately true

Sometimes true

Not at all true

p) Is very loving towards me

Very true

Moderately true

Sometimes true

Not at all true

q) Seeks to dominate me

Very true

Moderately true

Sometimes true

Not at all true

r) Is fun to be with

Very true

Moderately true

Sometimes true

Not at all true

s) Wants to change me in big ways

Very true

Moderately true

Sometimes true

Not at all true

E12 t) Tends to control everything I do

Very true

Moderately true

Sometimes true

Not at all true

u) Shows her appreciation of me

Very true

Moderately true

Sometimes true

Not at all true

v) Is critical of me in private

Very true

Moderately true

Sometimes true

Not at all true

w) Is gentle and kind to me

Very true

Moderately true

Sometimes true

Not at all true

x) Speaks to me in a warm and friendly voice

Very true

Moderately true

Sometimes true

Not at all true

E13. Please indicate how you feel your partner feels about your study child.

a) She really loves this child

This is always how I feel

This is sometimes how I feel

I never feel like this

b) She is glad I had this child when I did

This is always how I feel

This is sometimes how I feel

I never feel like this

E13 c) I like to watch her play with the child This is always how I feel This is sometimes how I feel I never feel like this d) I am afraid to leave the child alone with her because I think she may be violent This is always how I feel This is sometimes how I feel I never feel like this e) She seems to be very close to the child This is always how I feel This is sometimes how I feel I never feel like this f) This child gets on her nerve This is always how I feel This is sometimes how I feel I never feel like this g) She really cannot bear it when the child cries This is always how I feel This is sometimes how I feel I never feel like this h) I think my partner is excited as she watches the child grow This is always how I feel This is sometimes how I feel I never feel like this i) My partner gets very anxious when someone other than us looks after the child This is always how I feel This is sometimes how I feel I never feel like this i) She doesn't mind the mess that surrounds a young child This is always how I feel This is sometimes how I feel I never feel like this k) This child makes my partner very happy This is always how I feel This is sometimes how I feel I never feel like this **SECTION F: YOUR OCCUPATION AND LIFESTYLE** F1 a) Have you worked in the last two years? No Yes, paid work at home Yes, paid work outside home Yes, paid work inside and outside home b) How old was the study child when you started paid work..........years c) Are you still working?

Yes No

If no,	o, i) When did you finish?	Date	
If yes,	ii) How many jobs are you doing now?		
	iii) Describe the type of job you do and the type of i	ndustry you work for	
 F1	d) How many hours a week do you work?	Hours	
	i) Does this include weekends? Yes		
F1d	No Id ii) Does you work evenings or at night? Yes No		
	iii) How would you describe the physical effort you job's'?	need for this or your current	
	Very little, mostly sitting Some physical effort Quite a lot of effort Considerable effort		
F2	Do you find your job satisfying? Yes No		
F3	a) How do you usually travel to work?i) Public transport		
	Yes No ii) Car		
	Yes No iii) I cycle		
	Yes No iv) I walk Yes No		
	v) Another way Yes No		
	I work at home		
F3	b) How long does it usually take? i) To travel to work Less than 15 minuets 15 – 29 minutes 30 – 59 minutes		
	An hour or more ii) To travel home from work Less than 15 minutes 15 – 29 minutes 30 – 59 minutes		

An hour or more

F4	Below are some statements about how working affects being a parent. Please indicate how these may be true for you. a) I enjoy seeing my baby after work Almost always Often Not very often
F4	Never b) After a day at work I find it hard to cope with a baby Almost always Often Not very often Never
F5	 a) Do you worry about your child when you are at work? Yes No b) Does your child cry when you leave him/her Yes No
F6	How many cigarettes a day do you smoke? 30+ 25 - 29 24 - 20 19 - 15 14 - 10 5 - 9 1 - 4 None Cigars only Pipe only
F7	 a) How much alcohol do you drink? Never drink alcohol Very occasionally, less than once a week Occasionally, at least once a week Drinks 1 – 2 glasses a day Drinks 3 – 4 glasses a day b) How many days in the past month would you have drunk the equivalent of 2 pints of beer, 4 glasses of wine, or 4 pub measures of spirits?
	Every day >10 days 5 - 10 days 3 - 5 days 1 - 2 days None c) Do you or your partner make your own wine, beer or spirits? Yes, wine Yes, beer Yes spirits Neither

F8 How difficult do you find it to afford the following items?

a) Food

Very difficult

Fairly difficult

Slightly difficult

Not difficult

b) Clothing

Very difficult

Fairly difficult

Slightly difficult

Not difficult

c) Heating

Very difficult

Fairly difficult

Slightly difficult

Not difficult

d) Rent or mortgage

Very difficult

Fairly difficult

Slightly difficult

Not difficult

e) Things you need for the baby

Very difficult

Fairly difficult

Slightly difficult

Not difficult

f) Education

Very difficult

Fairly difficult

Slightly difficult

Not difficult

g) Medical care

Very difficult

Fairly difficult

Slightly difficult

Not difficult

h) Spare time activities

Very difficult

Fairly difficult

Slightly difficult

Not difficult

i) Something else

Very difficult

Fairly difficult

Slightly difficult

Not difficult

F9 a)	How many hours sleep do you get now? During an average night None 1 – 3 hours 4 – 5 hours 6 – 7 hours		
b)	More than 7 hours During an average day None 1 – 3 hours 4 – 5 hours 6 – 7 hour More than 7 hours		
c)	Do you feel that you are getting enough sleep Yes No	9?	
F10.	a) Do you believe in God or in some divine power? Yes I am not sure No, not at all b) Do you feel that God (or some divine power) has helped you at any time Yes Not sure No c) Would you appeal to God for help if you were in trouble? Yes Not sure No d) What sort of religious faith would you say you had? (tick one only)		e?
	Church of England	Roma	an Catholic
	Jehovah's Witness	Chris	tian Science
	Mormon	Meth	odist, Baptist
	Other Christian (please describe)		
	Jewish	Budd	hist
	Sikh	Hind	ı
	Muslim	Rasta	farian
	None		
	Other (please describe)		

F10 e) How long have you had this particular faith?

All my life

More than 5 years

3-5 years

1-2 years

Less than a year

f) Do you go to a place of worship?

Yes, at least once a week

Yes, at least once a month

Yes, at least once a year

No, not at all

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

Help from:

i) Leaders of your religious group (e.g. priests, rabbis, imams)

Yes

No

ii) Other members of your religious group

Yes

No

iii) Members of other religious group

Yes

No

(please describe)

SECTION G: YOUR HOME AND NEIGHBOURHOOD

- G1. Here is a list of things that can be a problem in people's homes or in the neighbour hood. How much of a problem are the following for you and your family?
 - a) Badly fitted doors and windows

Serious problem

Minor problem

Not a problem

No opinion

b) Poor ventilation

Serious problem

Minor problem

Not a problem

No opinion

c) Noise between rooms in your house

Serious problem

Minor problem

Not a problem

No opinion

G1 d) Noise from other homes

Serious problem

Minor problem

Not a problem

No opinion

e) Noise from outside in the street

Serious problem

Minor problem

Not a problem

No opinion

f) Rubbish or litter around your neighbourhood

Serious problem

Minor problem

Not a problem

No opinion

g) Dog dirt

Serious problem

Minor problem

Not a problem

No opinion

h) Worry about vandalism

Serious problem

Minor problem

Not a problem

No opinion

i) Worry about burglaries

Serious problem

Minor problem

Not a problem

No opinion

j) Worry bout being mugged or attacked

Serious problem

Minor problem

Not a problem

No opinion

k) Disturbance from youths or teenagers

Serious problem

Minor problem

Not a problem

No opinion

1) Other, describe......

Serious problem

Minor problem

Not a problem

G2 How would you rate your home in relation to that of other families?

a) Much cleaner

A bit cleaner

About the same

Less clean

Much less clean

G2 b) Much tidier

	About the same
	Less tidy
	Much less tidy
G3	How many people living in your household, including yourself, smoke?
G4	a) What is your present marital status? Never married Widowed Divorced Separated Married, once only Married second or third time
	b) If married, what was the date of your most recent marriage?/
G5	What do you think of your neighbourhood as a place to live? A very good place to live A fairly good place to live Not a very good place to live Not at all a good place to live
G6	Which of the following best describe your feelings about your home? Satisfied Fairly satisfied Dissatisfied Very dissatisfied
SECT	TION H: FAMILY AND FRIENDS
Н1.	Apart from your partner and children, how many of your relatives and your partner's relatives do you see at least twice a year? None One 2 to 4 More than 4
H2.	How many friends do you have, people you know more than just casually? None One 2 to 4 More than 4
Н3.	Would you say you belong to a close circle of friends with whom you keep in touch? Yes No

A bit tidier

H4.

How many people are there with whom you can talk about personal problems?

None
One
2 to 4
More than 4
H5. How many people to

H5. How many people talk to you about their personal problems and feelings?

One

2 to 4

More than 4

H6. If you have to make an important decision, how many people are there with whom you can discuss it?

None

One

2 to 4

More than 4

H7. How many people are there among your family and friends from whom you could borrow £100?

None

One

2 to 4

More than 4

H8. How many of your family and friends would help you in time of trouble?

None

One

2 to 4

More than 4

H9. During the last month, how many times did you get together with one or more friends?

None

One

2 to 4

More than 4

H10. During the last month, how many times did you get together with one or more of your or your partner's relatives?

None

One

2 to 4

More than 4

The following statements are about the help and support you have

H11 I have no one to share my feelings with

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

H12 My partner provides the emotional support I need

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

I have no partner

H13 There are other fathers with whom I can share my experiences

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

H14 I believe in moments of difficulty my neighbours would help me

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

H15 I am worried that my partner might leave me

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

I have no partner

H16 There is always someone with whom I can share my happiness about the baby

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

H17 If I feel tired I can rely on my partner to take over

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

H18 If I was in financial difficulty I know my family would help

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

H19 If I was in financial difficulty I know my friends would help if they could

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

H20 If all else fails, I know the State will support and assist me

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

SECTION I: CHEMICALS IN YOUR ENVIRONMENT

In the last few months, how often have you used the following, at home or at work?

I1 a) Disinfectant

Every day

Most days

Once a week

Less than once a week

Not at all

b) Bleach

Every day

Most days

Once a week

Less than once a week

Not at all

c) Window cleaner

Every day

Most days

Once a week

Less than once a week

Not at all

d) Carpet cleaner

Every day

Most days

Once a week

Less than once a week

Not at all

e) Oven or drain cleaner

Every day

Most days

Once a week

Less than once a week

Not at all

f) Dry cleaning fluid

Every day

Most days

Once a week

Less than once a week

Not at all

g) Turpentine/white spirit

Every day

Most days

Once a week

Less than once a week

Not at all

h) Paint stripper

Every day

Most days

Once a week

Less than once a week

Not at all

i) Household paint or varnish

Every day

Most days

Once a week

Less than once a week

Not at all

j) Weed killers

Every day

Most days

Once a week

Less than once a week

Not at all

k) Pesticides

Most days

Once a week

Less than once a week

Not at all

1) Air fresheners

Most days

Once a week

Less than once a week

Not at all

m) Hair spray

Most days

Once a week

Less than once a week

Not at all

n) Vacuum cleaner

Most days

Once a week

Less than once a week

Not at all

o) Broom or carpet sweeper

Most days

Once a week

Less than once a week

Not at all

p) Glue

Most days

Once a week

Less than once a week

Not at all

q) Nail varnish or acetone

Most days

Once a week

Less than once a week

Not at all

I1 r) Metal cleaners, degreasers, polishes Most days

Once a week

Less than once a week

Not at all

s) Petrol

Most days

Once a week

Less than once a week

Not at all

t) Moth balls

Most days

Once a week

Less than once a week

Not at all

u) Other chemicals

Most days

Once a week

Less than once a week

Not at all

I2. How often during the day are you in a room or enclosed place where people are smoking?

i) Weekdays

All the time

More than 5 hours

3-5 hours

1-2 hours

Less than one hour

Not at all

ii) Weekends

All the time

More than 5 hours

3-5 hours

1-2 hours

Less than one hour

Not at all

JI	This questionnaire was completed by:
	a) Child's mother
	Yes
	No
	b) Child's father
	Yes
	No
	c) Other person
	Yes
	No
J2	Please give the date on which you completed this questionnaire
	Please give the date of your toddler's birth
© Cop	Institute of Child Health, University of Bristol & E.L.S.P.A.C. in the IOM
When Isle of	completed, please return this questionnaire to The ELSPAC Office TMan Tel 662636

2.7. .21. CHILD QUESTIONNAIRE AT SEVEN YEARS

Questionnaire information

Data gathered by:	Child's carer
Data gathered when:	At 7 years of age
Data gathered where:	Seven year clinics, or posted with birthday cards &
	returned in prepaid envelope
Number collected:	424
Entered data stored in file(s):	21Ci 1.csv 21Cii 1.csv 21Ciii 1.csv 21Civ 1.csv
	21Ci.xls 21Cii.xls 21Ciii.xls 21Civ.xls
Version of questionnaire	1

This questionnaire asks about your child now that she is seven years old. We are interested to know about her health and behaviour and how she gets on with other children. Your answers will help us to understand the developing child and to identify problems that children and their parents have.

No one will link you with the answers you give and your name and address will not be divulged to anyone without your consent. To answer the questions simply tick the box which best describes your child and her situation, please answer all the questions that you can, even the negative ones. If there are any you cannot or do not wish to answer, that is fine, just put a line through them. There are no right or wrong answers, just describe what happens in your situation. You may make as many comments as you like.

All answers are confidential

THANK YOU VERY MUCH FOR ALL YOUR HELP

SECTION A: YOUR CHILD'S HEALTH

- A1 How would you describe the health of your child now?
 - i) In the past month

Very healthy, no problems

Healthy, with a few minor problems

Sometimes quite ill

Almost always unwell

ii) In the past year

Very healthy, no problems

Healthy, with a few minor problems

Sometimes quite ill

Almost always unwell

- A2 Has she had any of the following since she was three years old?
 - a) Diarrhoea

Yes & saw a doctor

Yes, did not see doctor

No

b) Blood in stools

Yes & saw a doctor

Yes, did not see doctor

No, not had

c) Vomiting

Yes & saw a doctor

Yes, did not see doctor

No, not had

d) Cough

Yes & saw a doctor

Yes, did not see doctor

No, not had

e) High temperature

Yes & saw a doctor

Yes, did not see doctor

No, not had

f) Snuffles/cold

Yes & saw a doctor

Yes, did not see doctor

No, not had

g) Ear ache

Yes & saw a doctor

Yes, did not see doctor

No, not had

h) Ear discharge (pus, not wax)

Yes & saw a doctor

Yes, did not see doctor

No, not had

i) Convulsions

Yes & saw a doctor

Yes, did not see doctor

No, not had

A2 j) Colic

Yes & saw a doctor Yes, did not see doctor No, not had

k) Rash

Yes & saw a doctor Yes, did not see doctor No, not had

1) Wheezing

Yes & saw a doctor Yes, did not see doctor No, not had

m) Breathlessness

Yes & saw a doctor Yes, did not see doctor No, not had

n) Stopping breathing

Yes & saw a doctor Yes, did not see doctor No, not had

o) An accident

Yes & saw a doctor Yes, did not see doctor No, not had

p) Urinary infection

Yes & saw a doctor Yes, did not see doctor No, not had

q) Headaches

Yes & saw a doctor Yes, did not see doctor No, not had

r) Constipation

Yes & saw a doctor Yes, did not see doctor No, not had

s) Worm infections

Yes & saw a doctor Yes, did not see doctor No, not had

t) Lice

Yes & saw a doctor Yes, did not see doctor No, not had

u) Scabies

Yes & saw a doctor Yes, did not see doctor No, not had

A2	v) Other, please describe Yes & saw a doctor Yes, did not see doctor No, not had
A4	 a) Does she often have aches and pains in her legs or arms? Yes arms Yes legs Yes, both Not often i) Does this happen when she is tired? Yes No ii) What do you think causes it?
A5	Since she was five has she had any of the following infections? a) Measles Yes No
	b) Chicken pox Yes
	No
	c) Mumps
	Yes
	No
	d) Meningitis
	Yes
	No
	e) Cold sores
	Yes
	No
	f) Whooping cough
	Yes
	No
	h) Eye infection
	Yes
	No
	i) Ear infection
	Yes
	No
	j) Chest infection
	Yes
	No
	k) Other infection
	Yes
16	No a describe
пуе	s, describe

A6	Approximately how many times in the last year has?
	a) The family doctor come to your home because she was ill
	b) The GP has seen her in his surgery because she was unwell
	c) A doctor has seen her for routine checks
	d) How many separate times has your study child been ill so that she has had to
	miss school?
A7	a) How many times in total has she had an immunisation for any disease? None One Two Three Four
	Five or more b) Which of the following has she had? Tick all
	i) HibNumberDon't knowNo not had
	ii) Polio Number Don't know No not had
	iii) MMR, measles, mumps, rubella Number Don't know
	No not had iv) DTP or Triple, includes whooping cough Number Don't know No not had
	v) DT without whooping cough Number Don't know No not had
	vi) BCG for tuberculosis) Number Don't know No not had
	vii) Other, describe Number Don't know No, not had

A8	a) Has your child been admitted to hospital since she was five years old? Yes			
	No			
	b) If yes, how many times?			
	c) Please describe each admission Age of childyearsmonths Reason for admission			
	No. of nights in hospital			
	d) How often did you see her when she was in hospital?			
	Not at all			
	Quite often			
	Every day			
	Stayed in hospital with her			
A9	Has she had any of the following?			
11)	a) Hernia repair			
	Yes			
	No			
	b) Tonsils out			
	Yes			
	No			
	c) Adenoids out			
	Yes			
	No			
	d) Appendix out			
	Yes			
	No			
	e) Grommets in ears			
	Yes			
	No			
	f) Operation for squint			
	Yes			
	No			
	g) Teeth pulled out			
	Yes			
	No			
	h) Other, describe			
	Yes			
	No			

ALLERGIES

A10 a) Since she was five years old has she had any periods when there was wheezing
with whistling on her chest when breathing?
Yes
No
If yes:
b) How many times has this occurred since she was three years old?
Once
Twice
3-4 times
5 or more times
Don't know
c) How many days altogether would you say she had wheezed since she was
three years old?
One
2-3days
4 – 9days
10 – 19days
20 or more
Don't know
d) Was she breathless during any of these occurrences?
Yes for all
Yes for some
Not at all
e) Did she have a fever during any of these occurrences?
Yes for all
Yes for some
Not at all
f) What do you things brings them on?
i) Chest infection or bronchitis
Yes
No
ii) Being in a smoky room
Yes
No
iii) Cold weather
Yes
No
iv) Pollen
Yes
No
v) No idea
Yes
No
vi) Other
Yes

No

A10	g) Have any of your other children had episodes of wheezing with whistling			
on the				
	Yes			
	No			
	No other children			
A11	a) Has she had an itchy dry skin rash in the joints and creases e.g. behind			
	knees under arms, since she was five years old?			
	Yes			
	No			
	b) If yes, how bad was this?			
	Very bad			
	Quite bad			
	Mild			
	No problem			
c) Ha	s she this sort of rash now?			
	Yes No			
	d) Did the rash ever become sore and oozy?			
	Yes No			
	e) Was it made worse by irritants such as bubble bath, soap, wool or nylon?			
	Yes No			
A12	a) Has she had an itchy dry rash on her hands since she was five years old?			
	Yes			
	No			
	b) Has she had an itchy dry rash on her feet since she was five years old? Yes			
	No			
	If yes, please describe.			
	c) Does her skin get itchy when she gets sweaty?			
	Yes			
	No			
	NO			
A13	Do you think there are any foods or drinks that your child is allergic to?			
	Yes, definitely			
	Yes, possibly			
	No, not at all			
	Don't know			
	a) If yes, please describe which foods or drinks			
	b) Is the reaction caused by eating or touching the food or drink?			
	Eating/drinking			
	Touching			
	Both			
	c) What happens when she has the reaction?			
	i) Bright red rash Which parts of the body?			
	ii) Hives Which parts of the body?			
	iii) Wheezing or whistling on her chest			

A13	c) iv)	Vomiting	
	v)	Diarrhoea	
,		Difficulty in breathing	
		Stops breathing	
	viii)	Headache	
	ix)	Swelling	Which part of the body?
	x)	Other reaction	- v
	d) How lon	g after drinking, eating, t	ouching, does this usually appear?
		Less than one hour	
		1-2 hours	
		3-5 hours	
		6 hours or more	
		Don't know	
	e) How old	was she when this first ha	appened?years
	f) How man	y times has it happened?	
		Once	
		2-3 times	
		4 – 9 times	
		More than ten times	
	\ TT	Don't know	10
	g) How old	was sne last time it nappo	ened?years
	h) What hav	ve you done about these re	eactions? Tick all that apply.
	i) Avoid	led the foods which cause	ed them
	ii) Took	to GP to investigate	
	iii) Invest	igated in hospital	
	iv) Other,	, describe	
	j) What adv	ice have you been given.	
	k) What trea	tment has your child been	n given for the problem?
A14	a) Apart from	n food and drink, is there Yes	anything else she is allergic to?
If yes	b) What is sl	ne allergic to? Tick all tha	at apply.
•	i)	Pollen	
	ii)	Cats	
	iii)	Dogs	
	iv)	Bee/wasp stings	
	v)	House dust	
	,	Medicine	
	vii)	Other, describe	
	c) How does	she react to these? Tick	all that apply.
	,	Wheezing	
		Breathlessness	
		Sneezing	
	,	Rash	
	v)	Other, describe	

Which animals in either your home or elsewhere, does she touch or have close contact with at least once a week?		
a) Cats		
Yes, at home		
Yes, elsewhere		
No		
b) Dogs		
Yes, at home		
Yes, elsewhere		
No		
c) Birds		
Yes, at home		
Yes, elsewhere		
No		
d) Horses		
Yes, at home		
Yes, elsewhere		
No		
e) Farm animals		
Yes, at home		
Yes, elsewhere		
No		
f) Other animals, describe		
Yes, at home		
Yes, elsewhere		
No		
SECTION B: ACCIDENTS AND INJURIES		
However careful a parent is, most children have accidents at some time. Please list below the		
times your child has had an accident whether or not he/she was injured as a result.		
B1 a) Has your child ever been burnt or scalded since she was born?		
Yes		
No		
If Yes		
b) How many times?		
, , , , , , , , , , , , , , , , , , ,		
For each burn or scald please describe what happened		
c) Place accident happened?		
, 11		
d) What was she burnt with?		
e) Date of accident month year		
f) Injuries caused?		
g) Who was with the child?		

B1 h)	What did the person with the child do?			
	Nothing Treated it the meadure			
	Treated it themselves Took to doctor			
	Took to hospital Other, describe			
;)				
i)	What treatment did the person with the child give?			
j)	What other treatment did the child have?			
k)	Please describe how each accident happened			
B2a)	Has your child had an accident while playing games or sports, since she was born? Yes			
	No			
If Yes	140			
b)	How many times?			
For each	ch fall please describe what happened			
c)	Place fall happened			
d)	What happened?			
e)	Date of accident month year			
f)	Injuries caused			
g)	Who was with her?			
h)	What did the person with the child do?			
/	Nothing			
	Treated it themselves			
	Took to doctor			
	Took to doctor Took to hospital			
	Other, describe			
i)	What treatment did the person with the child give?			
	What other treatment did the child have?			
j)				
k)	Please describe how each accident happened			
B3a)	Has she swallowed anything harmful since she was born? Yes			
	No			
If Yes				
	How many times?			
For each incident please describe what happened				
c)	Place accident happened?			
d)	What did she swallow?			
e)	Date of accident month year			
f)	Injuries caused			

B3 g)	Who was with the child?				
h)	What did that person do?				
ŕ	Nothing Treated it themselves				
	Took to doctor				
	Took to hospital				
	Other, describe				
i)	What other treatment, if any, did the person with her give?				
ŕ					
j)	What other treatment did she have?				
k)	Please describe how each accident happened				
B4 a)	Has she had any injuries involving traffic since she was born?				
	Yes				
	No				
If Yes					
	How many other accidents?				
	Where was she and what was she doing?				
	What happened?				
,	Date of accident monthyear				
	Injuries caused				
•	Who was with her at the time?				
h)	What did that person do?				
	Nothing				
	Treated it themselves				
	Took to doctor Took to hospital				
• `	Other, describe				
1)	i) What treatment, if any did the person with her give?				
j)	j) What other treatment did she have?				
k)	Please describe how each accident happened				
B5 a) not?	Has she ever been injured by the action of another person, whether intentionally or				
	Yes No				
If Yes					
	b) How many other accidents?				
	c) Person involved?				
	d) What happened?				
	e) Date of accident month year				
	f) Who else was with her?				
	g) What did that person do?				
	Nothing				
	Treated it themselves				
	Took to doctor				
	Took to hospital				
	Other, describe				

B5	h)	What treatment, if any did the person with her give?		
	i)	What other treatment did she have?		
	j)	Please describe how each accident happened		
B6 a) Has sh	he had any other accident or injuries since she was born? Yes		
		No		
If Ye	es			
	b)	How many other accidents?		
	c)	Place accident happened?		
	d)	What happened?		
	e)	Date of accident month year		
	f)	Injuries caused?		
	g)	What did that person do?		
		Nothing		
		Treated it themselves		
		Took to doctor		
		Took to hospital		
		Other, describe		
	h)	What treatment, if any did the person with her give?		
	i)	What other treatment did she have?		
	j)	Please describe how each accident happened		
B7 I	Did any o	of these accidents leave effects which are still present? Tick all that apply.		
<i>D</i> , 1	a)	Yes, a scar		
	b)	Yes, behavioural differences		
	c)	Yes, other effectdescribe		
<u>SEC</u>	TION C	: PROBLEMS AND TREATMENTS		
C1.		en are often having accidents or illnesses that need treatment. Please		
	indica	te which of the following have been given to your child, since she was		
	five.			
	a) Cough	n medicine		
		Never		
		One episode		
		Two or more episodes		
	1. \ A	Substance		
b) Antibiotics				
		Never		
		One episode		
		Two or more episodes		
		Substance		

C1. c)Throat medicine Never
One enicode
One episode Two or more episodes
Substance
d) Vitamins
Never
One episode
Two or more episodes
Substance
e) Calpol
Never
One episode
Two or more episodes
Substance
f) Ointment for skin
Never
One episode
Two or more episodes
Substance
g) Eye ointment Never
One episode
Two or more episodes
Substance
h) Diarrhoea mixture
Never
One episode
Two or more episode
Substance
i) Dimotapp/decongestant
Never
One episode
Two or more episodes
Substance
j) Ear drops Never
One episode
Two or more episodes
Substance
k) Eye drops
Never
One episode
Two or more episodes
Substance
l) Iron
Never
One episode
Two or more episodes
Substance

C 1	m) Laxat	tive			
		Never			
		One episode			
		Two or more episodes			
		Substance			
	\ II				
	п) поше	eopathic medicine, describe Never			
		One episode			
		Two or more episodes Substance			
	a) Harb	al medicine			
	o) Hero	Never			
		One episode			
		Two or more episodes			
		Substance			
	n) Asthi		ase go to C r		
	p) risun	Never	ase go to C i		
		One episode			
		Two or more episodes			
		Substance			
	a) Other	r, describe			
	4)	Never			
		One episode			
		Two or more episodes			
		Substance			
	r) i) Na	me of medication, including manufactures	name		
	::\ If .	waxa dayahtar has yaad an inhalar yyhat tym	a was it?		
		your daughter has used an inhaler, what typ	e was it?		
	a)				
	b)				
	c)	A turbohaler			
	e)	An autohaler			
	f)	A disk haler			
	g)	An accuhaler			
	h)				
	i)	A rotahaler			
C 2	A		1211 . 1	C	
C2.		here any pills, ointments or medicines that	your child has taken every day	for	
ıne	last 3 mo	Yes			
		No			
	If was				
C3	-	s, please describe			
C	а) па	we you ever been worried about your daughter Yes, always	nici s nearing!		
		Yes, often			
		Sometimes			
		Not usually			
		1.00 404411			

		Never Child unable to hear a	at all
C3	b) Duri		s her hearing seem worse than usual?
	-,	Much worse	
		A little worse	
		About the same	
		She never has a cold	
		Don't know	
			ner mouth rather than her nose?
		asleep:	
	i)	All the time	
		Much of the time	
		Sometimes	
		Rarely Never	
	When	awake:	
	ii)	All the time	
	11)	Much of the time	
		Sometimes	
		Rarely	
		Never	
C4	a) Hac	anyone else thought th	here might be a problem with her hearing, since she
	born?	anyone else mought u	since since a problem with her hearing, since
was	com.	Yes	No
If ye	es	100	
•	b) Has s	she been seen by a hear	ring specialist since she was born?
		Yes	No
c)	At what a	ige?yea	urs
	d) Wha	at was decided?	
	,		
C5	a) Has a	•	ight be a problem with her eyesight?
		Yes	
If w	20	No	
If ye		was thought to be wro	ag with har ayas?
	b) what	Squint Squint	ig with her eyes:
		Colour blind	
		Something else	
		Don't know	
	c) Has yo		to an eye specialist, since she was 5 years old?
	, ,	Yes	
		No	
If	yes,		
	d) At wh	_	
		5 years old	
		6 years old	
		7 years old	

e) What was decided?
C5 f) What treatment was given?
C6 a) Has anyone thought there might be a problem with her talking? Yes No
If yes C6 b) Has she ever been seen by a speech therapist? Yes No If yes, i At what age?years
ii What was decided?
c) Are there still any worries about her talking? Yes
No If yes, describe
C7 a) Since your child was born has she been investigated because it was thought might have something wrong with her spine, legs, or feet? Yes No
b) Were any problems found? Yes
No
If yes, i) Describe
iii) What treatment did she have?
C8 a) Has anyone thought there might be a problem with her growth? Yes No
b) Has she ever been referred to a specialist about her growth? Yes
No
If yes, c) At what age?years
d) What was decided?
e) Are there still any worries about her growth? Yes No
If yes, describe

C9	c9 a) Has anyone thought there might be a problem with her movement or co- ordination? Yes		
	No		
	b) Has she ever been referred to a specialist about her this?		
	Yes		
	No		
If ye			
	c) At what age?years		
C9	d) What was decided?		
	e) Are there still any worries about this? Yes		
T.C.	No		
If ye	es, describe		
C10	a) Has anyone thought there might be a problem other aspects of her development? Yes No		
	b) Has she ever been referred to a specialist about her this?		
	Yes		
	No		
If ye			
11) (c) At what age?years		
	d) What was decided?		
•	e) Are there still any worries about this?		
	Yes		
	No		
If ye	es, describe		
C11	 a) Has anyone thought there might be a problem with her behaviour or personality? Yes 		
	No		
	b) Has she ever been referred to a specialist about her this? Yes		
	No		
If ye	es,		
	c) At what age?years		
	d) What was decided?		
•	e) Are there still any worries about this?		
	Yes		
	No		
If we	as describe		

C12	a) Have there been any other pro	oblems for which she has been referred to a	specialist?
	No		
If ye	s,		
,		blems?	
	Please list for each problem:		
	c) What was thought to be wro d) Have she seen a specialist? Yes No	ng	
	e) How old was she?	yearsmonths	
	f) What was decided?		
	g) What treatment was given?		
C13	Has she had any fluoride sup Yes No Not known	plement in the last 2 years?	
	i) How old was she when she la Months She still has them	ast had fluoride supplements?	
C14	a) Has she visited the dentist in Yes, for treatment Yes for inspection on No	·	
I	f yes for treatment, has she had? i) A filling Yes		
	No ii) A tooth out		
	Yes No	a)How many teeth?	
		b)Did she have a general anaesthetic? Yes	
		No	
	iii) A brace fitted		
	Yes		
	No		
	iv) Other treatment, describe		
	Yes		
	No		

C14 b) How often does she brush her teeth?	
More than once a day	
Once a day	
Less than once a day	
Not at all	
c) Does she ever have toothpaste?	
Yes	
No	
i) How much do you put on her brush?	
Brush full	
Half brush full	
Less than half brush full	
None	
ii) What brand of tooth paste is usually used?	••••
d) Has she ever had a dental X-ray?	
Yes	
No	
e) Have any of her milk teeth fallen out yet?	
Yes	
No	
If yes, i) how many?	
f) Are there any other problems with her teeth?	
Yes	
No	
If yes, describe.	
J , 	
SECTION D: SLEEPING AND CRYING	
D1 Does your child have a regular sleeping routine now?	
Yes	
No	
D2a) How many hours sleep does she have during the day time?	
None	
Under 1 hour	
1-2 hours	
Over 2 hours	
Don't know	
b) At what time in the evening does she normally go to sleep?	
i) School dayspm	
ii) Weekendspm	
D3a) What time does she usually wake up in the morning?	
i) School dayspm	
ii) Weekendspm	

How often during the night does she usually wake?..... D₃c) How often during the day does she usually sleep?.... Where does she usually sleep? D4a) ai) When she goes to bed at night In a room of her own In a room with other children In your bedroom In a room with other adults In another place, describe aii) When she wakes in the morning In a room of her own In a room with other children In your bedroom In a room with other adults In another place, describe D4b) In the room where she sleeps most of the night In Winter i) Is the heating on at night? Always Sometimes Not at all ii) Is the heating on part of the night? Always Sometimes Not at all iii) Is there a window open at night? Always Sometimes Not at all iv) Does she have a duvet? Always Sometimes Not at all v) Does she have an electric blanket? Always Sometimes Not at all vi) Is there a mattress cover? Always Sometimes Not at all vii) Does she have a pillow? Always Sometimes Not at all viii) Is there a pillow cover?

Always

Sometimes

Not at all

D4b ix) Is there a carpet in the room?

Always

Sometimes

Not at all

D4b In Summer

i) Is the heating on at night?

Always

Sometimes

Not at all

ii) Is the heating on part of the night?

Always

Sometimes

Not at all

iii) Is there a window open at night?

Always

Sometimes

Not at all

iv) Does she have a duvet?

Always

Sometimes

Not at all

v) Does she have an electric blanket?

Always

Sometimes

Not at all

vi) Is there a mattress cover?

Always

Sometimes

Not at all

vii) Does she have a pillow?

Always

Sometimes

Not at all

viii) Is there a pillow cover?

Always

Sometimes

Not at all

ix) Is there a carpet in the room?

Always

Sometimes

Not at all

D5 Do you feel her sleep pattern is?

Better than other children of the same age

The same as other children of the same age

Worse than other children of the same age

D6 In the past year, has your child regularly?

a) Refused to go to bed

Yes, did not worry me

Yes, worried me a bit

Yes, worried me a lot

No, did not happen

b) Woken very early

Yes, did not worry me

Yes, worried me a bit

Yes, worried me a lot

No, did not happen

c) Had difficulty going to sleep

Yes, did not worry me

Yes, worried me a bit

Yes, worried me a lot

No, did not happen

d) Had nightmares

Yes, did not worry me

Yes, worried me a bit

Yes, worried me a lot

No, did not happen

e) Woken in the night

Yes, did not worry me

Yes, worried me a bit

Yes, worried me a lot

No, did not happen

f) Continued to get up after being put to bed

Yes, did not worry me

Yes, worried me a bit

Yes, worried me a lot

No, did not happen

g) Got up after only a few hours sleep

Yes, did not worry me

Yes, worried me a bit

Yes, worried me a lot

No, did not happen

h) Snored

Yes, did not worry me

Yes, worried me a bit

Yes, worried me a lot

No, did not happen

i) Wet the bed

Yes, did not worry me

Yes, worried me a bit

Yes, worried me a lot

No, did not happen

j) Sleep walked

Yes, did not worry me

Yes, worried me a bit

Yes, worried me a lot

No, did not happen

D6 k) Other, describe

Yes, did not worry me

Yes, worried me a bit

Yes, worried me a lot

No, did not happen

SECTION E: YOUR CHILD'S ENVIRONMENT

- E1 Where does your child play when at home?
 - a) In the house

Most days

Often

Sometimes

Never

b) In the garden

Most days

Often

Sometimes

Never

c) Around our home

Often

Most days

Sometimes

Never

d) In the road

Most days

Often

Sometimes

Never

e) In the local park/playground

Most days

Often

Sometimes

Never

f) In the countryside

Most days

Often

Sometimes

Never

g) Elsewhere, describe

Most days

Often

Sometimes Never

E2 Do you always know where she is when she is at play?

Yes always

Usually

Sometimes

Never

E3 How often do you know who she is playing with?

Usually Sometimes Never E4 Do you supervise or organise her play? Always Usually Sometimes Never E5 Do you choose who she plays with? Always Usually Sometimes Never E6 How many friends does she have? (Children she plays with twice a week or more) None One 2 - 4More than four Does she have one particular friend who she sees whenever she can? E7 Yes No E8 How often do you let her out alone? a) To call for her friends Most days Often Sometimes Never b) To visit relatives Most days Often Sometimes Never c) To go to the shops Most days Often Sometimes Never d) To visit a club or sports centre Most days Often Sometimes Never E8 e) To play alone

Always

Most days

Often

Sometimes

Never

f) Somewhere else, describe

Most days

Often

Sometimes

Never

E9 How much do you worry about her when she is out?

a) Where she is playing

Always

Often

Sometimes

Rarely/never

b) Who she is playing with

Always

Often

Sometimes

Rarely/never

E10 All children get dirty. How often in a normal day;

a) Is her face washed?

Not at all

3-4 times

1 -2 times

5 or more times

b) Are her hands washed or wiped?

Not at all

3-4 times

1 -2 times

5 or more times

c) Are her hands cleaned before a meal?

Always

Usually

Sometimes

Never

E11 How often does she usually have a bath or shower?

More than once a day

Once a day

More than once a week

Once a week

Hardly ever

E12 Please indicate how often during the day she is in a room or enclosed place where
people are smoking
a) During weekdays
All the time
More than 5 hours
3-5 hours
1-2 hours
Less than one hour
Not at all
b) At weekends
All the time
More than 5 hours
3-5 hours
1-2 hours
Less than one hour
Not at all
E13 How often in a normal week is she left at home alone or just with other young children aged less than 12?
i) During the day
Not at all
Only for a few minutes Less than an hour
More than an hour
ii) At night Not at all
Only for a few minutes
Less than an hour
More than an hour
More than an nour
E14 Comments on the safety of your child in your home or neighbourhood.
SECTION F: YOU AND YOUR CHILD
F1 Apart from yourself who has regularly looked after your child when she is not at school? Please answer for each person or place including child minder, neighbour, school
etc.
a) Schooldays in the last six months
Person or place
Number of hours per weekhours
b) Weekends and holidays in the last six months
Person or place
Number of hours per weekhours
Saturday
Sunday
Holidays

F2 How often do those caring for your daughter do the following with her?

a) Makes things with her

Nearly every day

More than once a week

Once a week

Less than once a week

Never

Person involved

b) Read to her

Nearly every day

More than once a week

Once a week

Less than once a week

Never

Person involved

c) Active games, hide and seek, ball games

Nearly every day

More than once a week

Once a week

Less than once a week

Never

Person involved

d) Put her to bed

Nearly every day

More than once a week

Once a week

Less than once a week

Never

Person involved

e) Takes her to play sports

Nearly every day

More than once a week

Once a week

Less than once a week

Never

Person involved

f) Takes her to watch sports

Nearly every day

More than once a week

Once a week

Less than once a week

Never

Person involved

g) Does homework with her

Nearly every day

More than once a week

Once a week

Less than once a week

Never Person involved

F2 h) Have conversations with her

Nearly every day

More than once a week

Once a week

Less than once a week

Never

Person involved

i) Takes her swimming

Nearly every day

More than once a week

Once a week

Less than once a week

Never

Person involved

F3 Does your daughter have any special tasks to do at home/? Please tick all that apply

i) Making her bed

Often

Occasionally

No

ii) Tidying her room

Often

Occasionally

No

iii) Helping with other children

Often

Occasionally

No

iv) Looking after a pet

Often

Occasionally

No

v) Other task, describe

Often

Occasionally

No

F4 Does she have a space in which she can do things of her own?

Yes, her own bedroom

A corner of a room

No, there is no room for this

Something else

F5 a) Do you allow her to choose what clothes she will wear?

She always takes part in choosing

She has some choice

She has no choice in what she will wear

b) How often is your child allowed to watch television or a video? Whenever she wants When I decide Hardly ever c) When do you normally have the TV on? Weekdays All day Most of the day Half the day Less than half the day Not at all d) Weekends All day Most of the day Half the day Less than half the day Not at all e) If she does watch TV what does she watch? i) Children's programmes Yes No ii) Other programmes Yes No iii) Children's video Yes No vi) Other videos Yes No f) Do you watch as a family? Often Sometimes Never g) Do you discuss what you have seen on TV with your child? Often Sometimes Never h) About how far away from the TV does she usually sit? Less than 1 metre About 1 metre More than one metre Varies i) Does she use the TV to play computer games? Yes

No

F6 a) When you and your child meet again after being apart for an hour or more, does she tell you what she has been doing? Yes, always Yes, sometimes Hardly ever Never b) Does she share with you her feelings and worries? Yes, always Yes, sometimes Hardly ever Never c) Do you think she demands too much of your attention? Yes, always Yes, sometimes Hardly ever Never F7 When she wants something you do not wish her to have, do you start by being firm and then giving in? Usually Sometimes Not at all F8 Do you feel that she dominates the household? Usually Sometimes Not at all F9 a) How often does she lose her temper? More than once a day Most days At least once a week Less than once a week Never b) Why do you feel she does so? Tick all i) Failure to get what she wants Yes No ii) Failure to make herself understood Yes No iii)Reaction to being corrected Yes No iv) Because she doesn't want to do something Yes No v) Because she wants more attention Yes No

F9b)	vi) Thinks that her bro Yes	ther/sister is getting more attention
	No	
	vii) I don't know	
	Yes	
	No	
V	viii) Other, describe	
	Yes	
	No	
c)	When she loses her ten	nper, what do you do?
	i) Ignore it, let her ge	t it out of her system
	Often	•
	Sometimes	
	Never	
	ii) Send her to her bed	room
	Often	
	Sometimes	
	Never	
j	iii) Try to calm her dow	'n
	Often	
	Sometimes	
	Never	
j	iv) Try to reason with h	er
	Often	
	Sometimes	
	Never	
,	v) Try to distract her	
	Often	
	Sometimes	
	Never	
V	i) Threaten to withdray	v a treat
	Often	
	Sometimes	
	Never	
V	ii) Say something hurtf	ul ul
	Often	
	Sometimes	
	Never	
vii	i) Shout at her	
	Often	
	Sometimes	
	Never	
ix	s) Slap or hit her	
	Often	
	Sometimes	
	Never	
\mathbf{X}) Leave it for someone	else to deal with
	Often	
	Sometimes	Never

xi) Other, describe

F10 a) Does s brothers/sister		sisters livi	ing at home? Include step or half
	No		
F10 b) If yes,	<u> </u>		
i) Old	er brothersyrs	ia)	Older sistersyrs
Please give th	inger brothers yrs e age of her est brother yrs	iia)	Younger sistersyrs
iv) Olde	est sister yrs		
v) You	ngest brotheryrs		
	ingest sisteryrs		
*	often does she do the followith town	owing wit	th them?
1) Plays	with toys Nearly every day		
	2 – 5 times a week		
	Once a week		
	Less than once a week		
	Never		
ii)Read			
,	Nearly every day		
	2 – 5 times a week		
	Once a week		
	Less than once a week		
	Never		
iii)Sing			
	Nearly every day		
	2 – 5 times a week		
	Once a week Less than once a week		
	Never		
iv) Make	thing, draw, paint		
iv) wake	Nearly every day		
	2 – 5 times a week		
	Once a week		
	Less than once a week		
	Never		
v) Go out			
	Nearly every day		
	2-5 times a week		
	Once a week		
	Less than once a week		

Never

F10c) vi) Talk together

Nearly every day

2-5 times a week

Once a week

Less than once a week

Never

vii) Eat all together

Nearly every day

2-5 times a week

Once a week

Less than once a week

Never

viii) Argue with one another

Nearly every day

2-5 times a week

Once a week

Less than once a week

Never

F10 d) Does she wear clothes or shoes handed down from other children?

i) Yes, from older brother or sister

Clothes only

Shoes only

Both

Neither

ii) Yes, from other relatives

Clothes only

Shoes only

Both

Neither

iii) Yes, from friends

Clothes only

Shoes only

Both

Neither

iv) No, always bought new

Clothes only

Shoes only

Both

SECTION G: ACTIVITIES

How often does your daughter do the following?

G1 a) Go swimming

Every day

2 - 6 times a week

Once a week

Once a month

Never

G1	b)	Play a musical instrument		
		Every day		
		2-6 times a week		
		Once a week		
		Once a month		
		Never		
	c)	Go to Beavers Rainbows etc		
		Every day		
		2-6 times a week		
		Once a week		
		Once a month		
		Never		
	d)	Go to Church/Sunday school		
Every day				
		2-6 times a week		
		Once a week		
		Once a month		
		Never		
	e)	Go to special classes, judo, d	ancing other sport	
		Every day		
		2-6 times a week		
		Once a week	Tick and describe	
		Once a month		
	_	Never		
	f)	Goes to special classes becau	se of learning difficulties	
		Every day		
		2-6 times a week		
		Once a week		
		Once a month		
		Never		
g) Go		Go to foreign language class	es	
		Every day		
		2 – 6 times a week	m: 1 1 1 11	
		Once a week	Tick and describe	
		Once a month		
	1. \	Never		
	n)	Orchestra/band/choir		
		Every day		
		2 – 6 times a week Once a week	Tick and describe	
			Tick and describe	
		Once a month		
	Never			
	1)	Other type of class or group,	describe	
		Every day 2 – 6 times a week		
		2 – 6 times a week Once a week	Tick and describe	
		Once a week Once a month	TICK AND DESCRIBE	
		Never		
		TACACI		

G2 a) How often does she play with other children, not brothers or sisters?

Every day

2-6 times a week

Once a week

Less than once a week

Never

b) Does she prefer to play?

On her own

With other children

Both

Doesn't play

- G3 a) Many children have particular types of activities that they prefer or toys they play with. How often has your child played with the following in the past month? Plays with
 - i) Guns or used objects as guns

Never

Hardly ever

Sometimes

Often

Very often

ii) Jewellery

Never

Hardly ever

Sometimes

Often

Very often

iii) Tool set

Never

Hardly ever

Sometimes

Often

Very often

iv) Dolls

Never

Hardly ever

Sometimes

Often

Very often

v) Trains, cars, aeroplanes

Never

Hardly ever

Sometimes

Often

Very often

vi) Swords, or objects used as swords

Never

Hardly ever

Sometimes

Often Very often

```
G3a) vii) Tea set
              Never
              Hardly ever
              Sometimes
              Often
              Very often
G3b)
       i) Played house
              Never
              Hardly ever
              Sometimes
              Often
              Very often
       ii) Played with girls
              Never
              Hardly ever
              Sometimes
              Often
              Very often
      iii) Pretended to be a female person (princess etc)
              Never
              Hardly ever
              Sometimes
              Often
              Very often
      iv) Pretended to be a male person(soldier etc)
              Never
              Hardly ever
              Sometimes
              Often
              Very often
       v) Played at fighting
              Never
              Hardly ever
              Sometimes
              Often
              Very often
       vi) Played at being mother or father
              Never
              Hardly ever
              Sometimes
              Often
              Very often
      vii) Played ball games
              Never
```

Hardly ever Sometimes Often Very often

```
G3b) viii) Climbed trees, fences etc
              Never
              Hardly ever
              Sometimes
              Often
              Very often
      ix) Played at looking after babies
              Never
              Hardly ever
              Sometimes
              Often
              Very often
       x) Shown interest in real cars, aeroplanes etc
              Never
              Hardly ever
              Sometimes
              Often
              Very often
      xi) Dressed in girls clothes
              Never
              Hardly ever
              Sometimes
              Often
              Very often
    xii) Played with boys
              Never
              Hardly ever
              Sometimes
              Often
              Very often
G3c) How often does she?
       i) Like to explore new surroundings
              Never
              Hardly ever
              Sometimes
              Often
              Very often
       ii) Enjoy rough and tumble play
              Never
              Hardly ever
              Sometimes
              Often
              Very often
      iii) Show interest in spiders, snakes, insects
              Never
              Hardly ever
              Sometimes
              Often
              Very often
```

G3c) iv) Avoid getting dirty

Never

Hardly ever

Sometimes

Often

Very often

v) Like pretty things

Never

Hardly ever

Sometimes

Often

Very often

vi) Avoid taking risks

Never

Hardly ever

Sometimes

Often

Very often

How often does she take part in?

G4 a) Competitive games

Never

Hardly ever

Sometimes

Often

Very often

b) Take a leading role when playing with other children

Never

Hardly ever

Sometimes

Often

Very often

c) Make up stories

Never

Hardly ever

Sometimes

Often

Very often

G5 What sort of books does she like?

- i) Books with lots of pictures
- ii) Story books
- iii) Books with horror fantasy creatures
- iv) Books with factual information
- v) Does not like books

G6 Does she read comics, children's newspapers or magazines?

- a) Yes comics
- b) Yes magazines
- c) Yes, newspapers

- G6 d) None of these
 - e) How many books does she have of her own?.....
- G7 Does she belong to a library?

Yes

No

G8 Does she make collections of things, shells, stamps etc/

Yes

No

SECTION H: UPSETTING EVENTS

Below are some events that might upset some children, Please state whether any of these happened since your toddler was 6 months old.

H1 She was taken into care

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

H2 A pet died

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

H3 She moved home

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

H4 She had a shock or fright

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

H5 She was physically hurt by someone

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

G6 She was sexually abused

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

H7 Someone in the family died

Yes, and she was very upset Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

H8 She was separated from her mother

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

H9 She was separated from her father

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

H10 She acquired a new parent figure

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

H11 She had a new brother or sister

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

H12 She was admitted to hospital

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

H13 The person looking after her changed

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

H14 She was separated from someone else

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

H15 She started a new school or kindergarten

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

H16 Started school for the first time

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

H17 She lost her best friend

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

H18 Something else, describe

Yes, and she was very upset

Yes, and she was quite upset

Yes, and a bit upset

Yes, but not upset

Did not happen

SECTION I: STRENGTHS AND DIFFICULTIES

In the last six months

I1 She has been considerate of other people's feelings

Not true

Somewhat true

Certainly true

Don't know

I2 She has been restless, overactive, cannot stay still for long

Not true

Somewhat true

Certainly true

Don't know

I3 She often complains of headaches, stomach- aches or sickness

Not true

Somewhat true

Certainly true

Don't know

I4. She shares readily with other children

Not true

Somewhat true

Certainly true

Don't know

I5 She often displays a hot temper

Not true

Somewhat true

Certainly true

Don't know

I6. She is rather solitary, tends to play alone

Not true

Somewhat true

Certainly true

Don't know

I7 She is generally obedient, usually does what adults reques

Not true

Somewhat true

Certainly true

Don't know

I8. She has many worries, often seems worried

Not true

Somewhat true

Certainly true

Don't know

I9. She is helpful if someone is hurt, upset or feeling ill

Not true

Somewhat true

Certainly true

Don't know

I10 She is constantly fidgeting or squirming

Not true

Somewhat true

Certainly true

Don't know

I11. She has at least one good friend

Not true

Somewhat true

Certainly true

Don't know

I12. Often fights with other children or bullies them

Not true

Somewhat true

Certainly true

Don't know

I13. She is often unhappy, down hearted or tearful

Not true

Somewhat true

Certainly true

Don't know

I14. She is generally liked by other children

Not true

Somewhat true

Certainly true

Don't know

I15. She has been easily distracted and her concentration wanders

Not true

Somewhat true

Certainly true

Don't know

I16. She is nervous or hesitant in new situations, easily loses confidence

Not true

Somewhat true

Certainly true

Don't know

I17. She is kind to younger children

Not true

Somewhat true

Certainly true

Don't know

I18. She often lies or cheats

Not true

Somewhat true

Certainly true

Don't know

I19. She has been picked on or bullied by other children

Not true

Somewhat true

Certainly true

Don't know

I20. She often volunteers to help others (parents, teachers, other children)

Not true

Somewhat true

Certainly true

Don't know

I21. She thinks things out before acting

Not true

Somewhat true

Certainly true

Don't know

I22. She steals from home, school or elsewhere

Not true

Somewhat true

Certainly true

Don't know

I23. She gets on better with adults than with other children

Not true

Somewhat true

Certainly true

Don't know

I24. She has many fears, easily scared

Not true

Somewhat true

Certainly true

Don't know

125. \$		to the end, good attention span	
	Not true		
	Somewhat t		
	Certainly tr		
	Don't know	7	
I26	Has she ever done	any of the following?	
	a) Repeatedly rocked	•	
	Often		
	Sometimes		
	Never		
	b) Shown a regular ty	witch or wink	
	Often		
	Sometimes		
	Never		
	c) Shown some other	unusual behaviour	
	Often		
	Sometimes		
	Never		
SEC'	CTION J; AT SCHOO	OL	
J1 a	a) Does your daughter	r attend school?	
	Yes		
1.	No	-119 W	M 41
D	b) How old was she w	when she started school? Years	Months
c)	c) How many differen	nt schools has she gone to?	
di)	i) What type of school	ol has she gone to?	
,	First school		
	e) Infant schoo	ol	
	f) Primary sch	100l	
	g) Private fee j	paying school	
	h) Boarding so	chool	
	i) Studies at h	ome	
	j) Special scho	ool	
		ble to be taught	
		lease describe	
	Second school		
dii)	· · · · · · · · · · · · · · · · · · ·		
	f) Primary sch		
		paying school	
	h) Boarding so		
	i) Studies at h		
	j) Special scho		
		ble to be taught	
	ii speciai school, pl	lease describe	

diii)	Third school			
	e) Infant school			
	f) Primary school			
	g) Private fee paying school			
	h) Boarding school			
	i) Studies at home			
	j) Special school			
	k) She is not able to be taught			
	If special school, please describe			
J1d)	1) Please describe the reasons for your daughter being at her current school			
,	i) It was the only available choice			
	ii) It was the best available			
	iii) There were medical reasonsdescribe			
	iv) Other reasonsdescribe			
	m) i) What time does school start?am			
	ii) What time does school end?pm			
J2	Does her school have a uniform?			
	Yes, all the children wear it			
	Yes, but the children don't have to wear it			
	No school uniform			
J3	Who takes her to and from school? Tick all (i) Going			
	a) I take her			
	Every day			
	Some days			
	b) My partner takes her			
	Every day			
	Some days			
	c) Grandparent or adult relative			
	Every day			
	Some days			
	d) An older child			
	Every day			
	Some days e) Childminder			
	,			
	Every day Some days			
	f) Other person			
	Every day			
	Some days			
	g) Goes on her own			
	Every day			
	Some days			

J3 (ii) Coming home

a) I take her

Every day

Some days

b) My partner takes her

Every day

Some days

c) Grandparent or adult relative

Every day

Some days

d) An older child

Every day

Some days

e) Childminder

Every day

Some days

f) Other person

Every day

Some days

g) Goes on her own

Every day

Some days

J4 How does she travel to school?

(i) Going

a) She walks

Every day

Some days

b) By public transport

Every day

Some days

c) School bus

Every day

Some days

d) By car

Every day

Some days

e) Other

Every day

Some days

(ii) Coming home

a) She walks

Every day

Some days

b) By public transport

Every day

Some days

c) School bus

Every day

Some days

J4 d) By car Every day Some days e) Other, describe Every day Some days J5 a) How far away is the school? Less than ½ a mile away $\frac{1}{2}$ - 1 mile away 1 - 5 miles away More than 5 miles b) How long does it take to get there in the morning?.....minutes c) If she goes straight home are you always there? Always Usually Sometimes Never J6 When she first arrives home, does she have? a) A meal Yes No b) A snack Yes No c) A drink Yes No J7 How do you think she feels about school? a) She looks forward to going Always Usually Sometimes Never b) She enjoys it Always Usually Sometimes Hardly ever c) She is stimulated by it Always Usually Sometimes Hardly ever d) She is frightened by it Always Usually Sometimes Hardly ever

J7 e) She talks about new friends

Always

Usually

Sometimes

Hardly ever

f) She seems bored by school

Always

Usually

Sometimes

Hardly ever

g) She likes her teacher

Always

Usually

Sometimes

Hardly ever

J8 How much do you think she likes the following subjects?

a) Reading

Likes it a lot

Quite likes it

Does not like it

b) Maths

Likes it a lot

Quite likes it

Does not like it

c) Writing

Likes it a lot

Quite likes it

Does not like it

d) Games

Likes it a lot

Quite likes it

Does not like it

e) Discussion

Likes it a lot

Quite likes it

Does not like it

f) Other, describe

Likes it a lot

Quite likes it

Does not like it

J9 When she finishes school and comes home, does she:

a) Talk about the events of the day

Always

Usually

Sometimes

Hardly ever

J9 b) Ask about what has happened in your day Always Usually Sometimes Hardly ever c) Read draw or play quietly by herself Always Usually Sometimes Hardly ever d) Watch TV Always Usually Sometimes Hardly ever e) Play with other children Always Usually Sometimes Hardly ever f) Fall asleep Always Usually Sometimes Hardly ever J10 a) Does she bring home things that she has done at school? Yes No b) If yes, how often are they put up so everyone can see them? Always Usually Sometimes Never J11 a) Are you interested on what your child does at school? Very Mostly Not really I have no time b) Are you happy with the teaching your child is getting at school? Very Mostly Not really c) Are you happy with the progress your child is making at school? Very Mostly Not really d) Do you attend parent teacher meetings to discuss her progress? Always Sometimes Never

J12 a) Has she been identified as having any particular learning problems?

Yes

No

- b) If yes, what is happening?
 - i) Special school

Started

Planned not started yet

ii) Special class in normal school

Started

Planned not started yet

iii) Special teacher

Started

Planned not started yet

- iv) There is no help available
- J13 Any comments about your daughter's school, or her progress, please writ e them here.
- J14 How often, during the last school term, was your daughter kept from school because she was unwell.

Never

1-2 times

At least three times

More than three times

If yes b) How many school days did she miss for the following reasons?

- i) Coughs and colds
- ii) Asthma
- iii) Generally unwell
- iv) Did not want to go
- v) Other, describe

SECTION K: ABILITIES AND DISABILITIES

Children have a range of skills and abilities and some have disabilities. These questions will enable us to get a picture of your child. Please answer each question: if you don't know the answer, ask your child to perform the task.

K1 a) Is she able to walk?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

b) Is she able to stoop down and pick up something from the floor?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

c) Is she able to run?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

K1 d) Can she jump forward with both feet together?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

e) Can she walk on tiptoe?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

f) Can she run on tiptoe?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

g) Can she hop on one foot for three steps?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

h) Can she walk backwards for four steps?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

i) Can she stand on one foot for at least 8 seconds?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

j) Can she walk upstairs putting both feet on each step?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

k) Can she walk upstairs putting one foot on each step?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

1) Can she walk downstairs putting both feet on each step?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

m) Can she walk downstairs putting one foot on each step?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

K1 n) Can she run upstairs?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

o) Can she run upstairs two steps at a time?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

p) Can she ride a tricycle?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

q) Can she ride a bicycle?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

r) Can she swim with water wings

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

s) Can she swim without water wings

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

t) Can she do a handstand against the wall?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

u) Can she do a hand stand without support?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

v) Can she skip with a skipping rope?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

w) Can she stand on her head?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

K2 a) Can she hold a pencil and scribble

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

b) Can she copy a vertical line with a pencil?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

c) Can she wiggle her thumb?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

d) Can she draw a circle?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

e) Can she bang together two objects she is holding?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

f) Can she draw or copy a cross?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

g) Can she draw or copy a square?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

h) Can she write her name?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

i) Can she write the numbers one to nine?

Yes, can do it well

Yes, but not very well

Has not done it yet

K2 j) If you ask her to draw a man, what is likely to be the result?

Just a scribble

A head and not much else

A head and a body

A head body and legs

Head, body arms and legs

Other, describe

Is unable to try

K3 a) Does she show an interest in picture books?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

b) Does she notice details in pictures and photographs?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

c) Can she recognise the colours red, blue and yellow?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

d) Can she recognise orange brown and purple?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

e) Can she recognise her name when it is written?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

f) Does she know at least three letters of the alphabet?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

g) Does she know at least ten letters of the alphabet?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

h) Can she read simple words?

Yes, can do it well

Yes, but not very well

Has not done it yet

K3 i) Can she read a story with at least ten words a page?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

j) Can she read a story with more than ten words a page?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

k) Does she understand numbers one and two?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

1) Does she understand numbers three and four?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

m) Does she understand numbers five to ten?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

n) Can she count up to twenty?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

o) Can she count up to one hundred?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

K4 a) Does she share her toys with other children?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

b) Does she share the toys of other children, understanding they are not his?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

c) Does she feel sympathy for someone if they are hurt?

Yes, can do it well

Yes, but not very well

Has not done it yet

K4 d) Does she think of things to do to please you?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

e) Can she kick a large ball?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

f) Can she throw a small ball under arm?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

g) Can she throw a small ball over arm?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

h) Can she throw a ball against the wall and catch it?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

i) Does she take turns in a game without fuss?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

j) Can she play card game like 'snap'?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

k) Can she play any board games?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

K5 a) Can she drink from a cup or a mug?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

b) Can she eat skilfully with a spoon?

Yes, can do it well

Yes, but not very well

Has not done it yet

K5 c) Can she eat with a fork and a spoon in each hand?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

d) Can she cut her food with a knife?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

e) Can she sit at table and cope with a whole meal without help?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

f) Can she wash and dry her hands on her own?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

g) Can she brush her teeth on her own?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

h) Can she get dressed without help?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

i) Can she get undressed without help?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

j) Cans she do up buttons?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

k) Can she tie a bow?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

1) Can she brush and comb her hair?

Yes, can do it well

Yes, but not very well

Has not done it yet

K6 a) Can she listen to a short story from start to finish?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

b) Can she understand directions eg 'Find the jumper Granny gave to you'

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

c) Does she sing songs, even if the words are not clear?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

d) Does she talk clearly?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

e) Does she ask sensible questions?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

f) Can she carry on a conversation?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

g) Can she say at least three nursery rhymes?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

h) Can she sing at least three songs?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

i) Can she hum a tune?

Yes, can do it well

Yes, but not very well

Has not done it yet

Is unable to try

j) Can she clap a rhythm with her hands in time to the music?

Yes, can do it well

Yes, but not very well

Has not done it yet

K7 a) Does she get stuck or stumble on words, or repeat them many times? Never Sometimes Often Always b) Is her voice hoarse or husky? Never Sometimes Often Always c) Can you understand what she says? Never Sometimes Often Always d) Can your family understand what she says? Never Sometimes Often Always e) Can visitors understand what she says? Never Sometimes Often Always K8 a) Does she prefer to use gestures to get what she wants, instead of asking? Yes, still does Did in the past not now No never b) When she talks to you, what are the greatest number of words she can put together? One word Two words 3-4 words 5 - 8 words 9 or more words Does not talk K9 Some children enjoy talking, others do not. Does your daughter: a) Talk a lot Always Sometimes Never b) Stay mainly silent Always Sometimes

Never

No, not worried

K12	c) Her height
	Yes, I'm worried
	No, not worried
	d) Her behaviour
	Yes, I'm worried
	No, not worried
	e) Her general development
	Yes, I'm worried
	No, not worried
	If you have answered' Yes' please describe what worries you.
sugge learni canno ELSP declar I give	re often asked if ELSPAC children will be followed up as they get older. It has been ested that we study children with specific problems, such as those with asthma or ng difficulties. We would like to do this, but because of our laws of confidentiality, we to do it without your consent. If you would be interested in helping us to continue PAC and consent to being contacted again to join a special study, please sign the ration below the Isle of Man ELSPAC team my permission to select my name or that of my child to part in a specialised study.
-	
	Signed Date
	will be sending you Newsletters and results of ELSPAC in the future, so please mber to let us know if you change your address.
L2	Please give the date on which you completed this questionnaire
L3	Please give the date of your toddler's birth
© Co	pyright. Institute of Child Health, University of Bristol & E.L.S.P.A.C. in the Isle of Man.
	n completed, please return this questionnaire to: LSPAC Office, .Postgraduate Medical Centre

Westmoreland Road Douglas Isle of Man

2.7. 22. CARERS' QUESTIONNAIRE AT SEVEN YEARS

Questionnaire information

Data gathered by:	Child's carer
Data gathered when :	Child at seven years
Data gathered where:	Seven year clinics, or posted with birthday cards &
	pre paid envelope for return
Number collected:	424
Entered data stored in file(s):	22Mi 1.csv 22Mii 1.csv 22Miii 1.csv 22Miv 1.csv
	22Mi.xls 22Mii.xls 22Miii.xls 22Miv.xls
Version of questionnaire	1

This questionnaire is for the study child's mother or carer. The answers will help us to study how the upbringing experiences of children differ from one country to another and identify any problems in our own health care system.

To answer the questions please tick the box which is closest to your opinion. Some questions are the same as those you have answered before. This is so that we can tell what changes have taken place in your life in the past few years.

Please answer all the questions if you can, even if they seem similar or irrelevant. The same questions have to be asked in many different European countries and we need to know what differences there are/

There are no right or wrong answers, we just want to know what you think. If you do not wish to answer a question or it does not apply to you, just put a line through it and move on to the next.

All your answers are confidential

THANK YOU VERY MUCH FOR YOUR HELP

SECTION A: YOUR HEALTH

A1. Which statement would you say describes your health now?

Always fit and well

Mostly fit and well

Often feel unwell

Hardly ever feel really well

- A2. Have you had any of the following in the last two years?
 - a) Anxiety or nerves

Yes and saw a doctor

Yes but did not see a doctor

No

b) Depression

Yes and saw a doctor

Yes but did not see a doctor

No

c) Headache or migraine

Yes and saw a doctor

Yes but did not see a doctor

No

d) Epilepsy

Yes and saw a doctor

Yes but did not see a doctor

No

e) Back pain/sciatica

Yes and saw a doctor

Yes but did not see a doctor

No

f) Indigestion

Yes and saw a doctor

Yes but did not see a doctor

No

g) High blood pressure

Yes and saw a doctor

Yes but did not see a doctor

No

h) Cough or cold

Yes and saw a doctor

Yes but did not see a doctor

No

i) Diabetes

Yes and saw a doctor

Yes but did not see a doctor

No

j) Haemorrhoids

Yes and saw a doctor

Yes but did not see a doctor

No

A2 k) Schizophrenia

Yes and saw a doctor

Yes but did not see a doctor

No

1) Influenza

Yes and saw a doctor

Yes but did not see a doctor

No

m) Alcohol problem

Yes and saw a doctor

Yes but did not see a doctor

No

n) Wheezing

Yes and saw a doctor

Yes but did not see a doctor

No

o) Bronchitis

Yes and saw a doctor

Yes but did not see a doctor

No

p) Stomach ulcer

Yes and saw a doctor

Yes but did not see a doctor

No

q) Eczema

Yes and saw a doctor

Yes but did not see a doctor

No

r) Psoriasis

Yes and saw a doctor

Yes but did not see a doctor

No

s) Arthritis

Yes and saw a doctor

Yes but did not see a doctor

No

t) Rheumatism

Yes and saw a doctor

Yes but did not see a doctor

Nο

u) Urinary infection

Yes and saw a doctor

Yes but did not see a doctor

No

v) Problems with your periods

Yes and saw a doctor

Yes but did not see a doctor

No

A2 w) Problems with a pregnancy

Yes and saw a doctor

Yes but did not see a doctor

No

x) A sexually transmitted disease

Yes and saw a doctor

Yes but did not see a doctor

No

z) Cancer, state type

Yes and saw a doctor

Yes but did not see a doctor

No

za) Other problem, describe

Yes and saw a doctor

Yes but did not see a doctor

No

A3. In the last two years, how often have you used any of the following?

a) Sleeping pills

Every day

Often

Sometimes

Never

b) Vitamins

Every day

Often

Sometimes

Never

c) Cannabis/marihuana

Every day

Often

Sometimes

Never

d) Tranquillisers

Every day

Often

Sometimes

Never

e) Pills for depression

Every day

Often

Sometimes

Never

f) Hormone tablets

Every day

Often

Sometimes

Never

A3 g) Antibiotics

Every day

Often

Sometimes

Never

h) Aspirin

Every day

Often

Sometimes

Never

i) Paracetamol

Every day

Often

Sometimes

Never

j) Other painkillers

Every day

Often

Sometimes

Never

k) Amphetamines/other stimulants

Every day

Often

Sometimes

Never

1) Contraceptive pill

Yes and saw a doctor

Yes but did not see a doctor

No

m) Iron

Every day

Often

Sometimes

Never

n) Heroin, methadone, cocaine

Every day

Often

Sometimes

Never

o) Anticonvulsants

Every day

Often

Sometimes

Never

p) Steroids

Every day

Often

Sometimes

Never

A3	q)	Other pills, medicine, drug or treatment
		Yes and saw a doctor
		Yes but did not see a doctor
A4	a)	Please list all the drugs you have used in the past month. What did you take?
		How many days was it taken for?
	1 \	How often per day?
		Apart from the above, have you used any alternative types of medicine, eg rromatherapy, osteopathy etc? Yes
		No
A5.	a)	Since your child was 5 years old, have you been ill or had a problem for
		ou had to stay in hospital?
******	J (Yes
		No
If Y	es:	
		How many times?
	٠,	
	c)	What were the reasons?ICD Codes
	d)	How long did you stay in hospital each time?days
In th	e pa	ast month have any of the following occurred?
A6	-	Backache
		All the time
		Sometimes
		Not at all
	b)	Headache /migraine
		All the time
		Sometimes
		Not at all
	c)	Urinary infection
		All the time
		Sometimes
		Not at all
	d)	Nausea
		All the time
		Sometimes
		Not at all
	e)	Vomiting
	-,	All the time
		Sometimes
		Not at all
	f)	Diarrhoea
	,	All the time
		Sometimes
		Not at all

A6 g) Haemorrhoids / piles

All the time

Sometimes

Not at all

h) Feeling weepy

All the time

Sometimes

Not at all

i) Feeling irritable

All the time

Sometimes

Not at all

j) Feeling exhausted

All the time

Sometimes

Not at all

k) Varicose veins

All the time

Sometimes

Not at all

1) Frequency of urine

All the time

Sometimes

Not at all

m) Problem holding urine when you sneeze, jump etc

All the time

Sometimes

Not at all

n) Indigestion

All the time

Sometimes

Not at all

o) Feeling dizzy/fainting

All the time

Sometimes

Not at all

p) Flashing lights/spots before the eyes

All the time

Sometimes

Not at all

q) Shoulder ache

All the time

Sometimes

Not at all

r) Tingling in hands or fingers

All the time

Sometimes

Not at all

A6	s) Tingling in feet or toes	
	All the time	
	Sometimes	
	Not at all	
	t) Neck ache	
	All the time	
	Sometimes	
	Not at all	
	u) Feeling depressed	
	All the time	
	Sometimes	
	Not at all	
	v) Pain in your knees	
	All the time	
	Sometimes	
	Not at all	
	w) Other problems,	
	All the time	
	Sometimes	
	Not at all	
If yes	es, please describe	
A7	a) Have you ever had pain in one or both of your knees, lasting for at le	east a
	month?	
	Yes, one	
	Yes, both	
	No	
If yes	es b) How old were you when this first happened?	
	Less than ten	
	Ten to thirteen	
	Fourteen to sixteen	
	Seventeen to nineteen	
	Twenty or more	
	c) Have you had pain in your knees in the past month?	
	Yes	
	No	
A9	What contraception are you using now? Tick all in the past three month	ns.
i)	Withdrawal	
	Yes	
	No	
ii)	<u> </u>	
	Yes	
	No	
iii)	IUCD/coil	
	Yes	
	No	
iv)	Condom	
	Yes	
	No	

A9 v)	Rhythm method		
		Yes	
		No	
vi)	Diaphragm/cap		
		Yes	
		No	
vii)	Spermicidal		
ŕ	•	Yes	
		No	
viii)			
,		Yes	
		No	
ix)	My partner has been		
/		Yes	
		No	
x)	Other, describe		
11)	o mer, deserre	Yes	
		No	
A 10	D. C 1	and the first day have been abilded it is	
A10	-	pregnant for the first time, how many children did you	
	think you would like	to nave?	
	i) None		
	ii) One		
	iii) Two		
	iv) Three		
	v) Four or more		
		ave an opinion	
	vii) Don't ren	nember what I wanted	
A11a)	After having your stu	dy child, what did you decide about having more children?	
,		ely wanted another child	
	ii) I didn't mind if I had another child		
	iii) I didn't think about it		
	iv) I definitely did not want another child		
b)	b) If you didn't want another child, why was this? Tick all that apply.		
- /	i) Could not afford another child		
	ii) I had as many children as I wanted		
	iii) I was not in good health		
	iv) I wanted to concentrate on my career		
	v) My partner did not want any more children		
	vi) I didn't have a partner		
	vii) I could not cope with another child		
	viii) I had such a bad experience with the study child, I did not wish to		
	go through it again	a out experience with the study clinic, I did not wish to	
		on, describe	
	,	~,~- 	

A12a) Since you study child was born, how many times have you been pregnant

b)	How many of these pregnancies ended as:	
	i) Miscarriage	
	ii) Abortion/termination for unwanted pregnancy	
	iii) Termination for medical reasons, describe	
	iv) Twins	
	<i>'</i>	
	v) Baby born dead	
	vi) Baby born alive, but died in first month	
	vii) Baby born alive, but died after first month	
	viii) Children still alive	
	ix) Other, describe	
Δ13a)	Have you been pregnant again in the last two years?	
A13a)	Yes	
	No	
1.		
b)	How many times?	
A14	How would you describe your most recent periods?	
a)	Heavy	
/	Very	
	Moderately	
	Mildly	
	Not at all	
1- \		
D)	Painful	
	Very	
	Moderately	
	Mildly	
	Not at all	
c)	Irregular	
	Very	
	Moderately	
	Mildly	
	Not at all	
4)	How many days does bleeding usually last?days	
u)	Tiow many days does bleeding usually last:days	
e)	Do you find that in the days before or during your periods, you have	particular
problei	ns? Tick all that apply	
	i) Very fatigued	
	Yes, before	
	Yes, during	
	ii) Irritable	
	Yes, before	
	Yes, during	
	iii) Depressed	
	Yes, before	
	Yes, during	

	Yes, before		
	Yes, during		
v)	Other, describe		
	Yes, before		
	Yes, during		
A15 H	ava you had a D&C in tha	last two wars?	
A13 11	ave you had a D&C in the Yes	iasi two years:	
	No		
	Don't know		
If you we			
	as this because of?		
1)	Heavy periods Yes		
	No		
;;)	Painful periods		
11)	Yes		
	No		
;;;)	Fibroids		
111)	Yes		
	No		
iv)	Termination		
17)	Yes		
	No		
v)	Infertility		
٧)	Yes		
	No		
vi)	Miscarriage		
V1)	Yes		
	No		
vii)	Don't know		
V11)	Yes		
	No		
	110		
A16 P	lease give your present mea	asurements if yo	ou know them
a)	Weight kgms or	stones	lbs
b)	Heightcms or	feet	ins
c)	Inside leg cms	or	ins
d)	Chestcms	or	ins
e)	Hipscms	or	ins
f)	Waistcms	or	ins

SECTION B: YOUR FEELINGS

You have answered these questions before, but you may be feeling differently now.

B1 Do you feel upset for no obvious reason?

Very often

Often

Not very often

Never

B2 Have you felt as though you might faint?

Very often

Often

Not very often

Never

B3 Do you feel uneasy or restless?

Very often

Often

Not very often

Never

B4 Do you sometimes feel panicky?

Very often

Often

Not very often

Never

B5 Do you worry a lot?

Very often

Often

Not often

Never

B6 Do you feel strung up inside?

Very often

Often

Not often

Never

B7 Do you ever have the feeling you are going to pieces?

Very often

Often

Not often

Never

B8 Do you have bad dreams which upset you?

Very often

Often

Not often

Never

Your feelings in the past week

B9 I have been able to laugh and see the funny side of things

As much as I always could

Not quite so much now

Definitely not so much now

Not at all

B10 I have looked forward with enjoyment to things

As much as I ever did

Not quite so much now

Definitely not so much now

Not at all

B11 I have blamed myself unnecessarily when things went wrong

Yes, most of the time

Yes, some of the time

Not very often

No, never

B12 I have been anxious or worried for no good reason

No, not at all

Hardly ever

Sometimes

Often

B13 I have felt scared or panicky for no good reason

Yes, quite a lot

Yes, sometimes

Not much

Not at all

B14 Things have been getting on top of me

Yes, most of the time

Yes, sometimes

Hardly ever

Not at all

B15 I have been so unhappy that I have had difficulty sleeping

Yes, most of the time

Yes, sometimes

Hardly ever

Not at all

B16 I have felt sad or miserable

Yes, most of the time

Yes, quite often

Not often

Not at all

B17 I have been so unhappy that I have been crying

Yes, most of the time

Yes, quite often

Occasionally

Never

B18 The thought of harming myself has occurred to me

Yes, quite often

Sometimes

Hardly ever

Not at all

B19 On the whole are there more good days than bad?

More good days

Half and half

More bad days

SECTION C: RECENT EVENTS

Have any of the following events happened to you in the last 18 months?

C1 Your partner died

Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

C2 One of your children died

Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

C3 A friend or relative died

Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

C4 One of your children was ill

Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

C5 Your partner was ill

Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

C6 A friend or relative was ill

Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

C7 You were admitted to hospital

Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

C8 You were in trouble with the law

Yes, affected me a lot Moderately affected me Mildly affected me

No effect

Did not happen

C9 You were divorced

Moderately affected me

Mildly affected me

No effect

Did not happen

C10 You found that your partner didn't want your child

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

C11 You were very ill

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

C12 Your partner lost her job

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

C13 Your partner had problems at work

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

C14 You had problems at work

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

C15 You lost your job

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

C16 Your partner went away

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

C17 Your partner was in trouble with the law

Moderately affected me

Mildly affected me

No effect

Did not happen

C18 You and your partner separated

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

C19 Your income was reduced

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

C20 You argued with your partner

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

C21 You argued with your family or friends

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

C22 You moved house

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

C23 Your partner was physically cruel to you

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

C24 You became homeless

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

C25 You had a major financial problem

Moderately affected me

Mildly affected me

No effect

Did not happen

C26 You got married

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

C27 Your partner was physically cruel to your children

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

C28 You were physically cruel to your children

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

C29 You attempted suicide

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

C30 You were convicted of an offence

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

C31 You became pregnant

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

C32 You started a new job

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

C33 You returned to work

Moderately affected me

Mildly affected me

No effect

Did not happen

C34 You had a miscarriage

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

C35 You had an abortion

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

C36 You took an examination

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

C37 Your partner was emotionally cruel to you

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

C38 Your partner was emotionally cruel to your children

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

C39 You were emotionally cruel to your children

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

C40 Your house or car were burgled

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

C41 You found a new partner

	Yes, affected me a lot Moderately affected me Mildly affected me No effect
	Did not happen
C42	One of your children started school
0.2	Yes, affected me a lot
	Moderately affected me
	Mildly affected me
	No effect
	Did not happen
C43	Your partner started a new job
	Yes, affected me a lot
	Moderately affected me
	Mildly affected me
	No effect
-	Did not happen
C44	A pet died
	Yes, affected me a lot
	Moderately affected me
	Mildly affected me
	No effect
C45	Did not happen You had an accident
C43	Yes, affected me a lot
	Moderately affected me
	Mildly affected me
	No effect
	Did not happen
	Did not happen
C46 addit	Is there anything else which is not on the list which has concerned you or required ional effort from you to cope, since the study child was born?
	a) Yes
	No
1	b) If yes, please describe for each event When the study child was five:
	i) What happened
	Since the study child's 6 th birthday
	ii) What happened
C47	a) Has anything occurred which made you especially happy? Yes No
C47	b) Please describe for each event

	When the study child was five
	i)What happened
	Since the study child's 6 th birthday
	ii) What happened
SE(CTION D: YOUR HOUSEHOLD
D1	a) How many people live in your household, including yourself? i) Adults over 18yrs ii) Young adults, 16 – 18yrs iii) Children b) Please indicate who the adults are i) Yourself ii) Your partner iii) Your parents iv) Partner's parents v) Other relations of yourself vi) Other relations of your partner vii) Friends viii) Lodger ix) Other
D2	How many people living in your house, including yourself, are smokers?
D3	a) What is your present marital status? Never married Widowed Divorced Separated Married once only Married more than once b) If married, what was the date of your marriage?
D4	a) Is your current partner the natural father of the study child? Yes No No current partner I don't know
	bi) How old was the child when the natural father stopped living with you?months

D4 bii) How often does the natural father see the child?

	Not at all
	Less than once a month
	About once a month
	Once or twice a week
	Nearly every day
1	Not applicable
b111 _,	Does he help support you financially?
	On a regular basis
	Occasionally
	No
c)	Are you the natural mother of the child?
- /	Yes
	No
τς	INO
If no,	TT 11 d 191 d d . 1 d . 192 94 d
1)	How old was the child when the natural mother stopped living with the
	child?months
ii)	How often does the natural mother see the study child?
ŕ	Not at all
	Less than once a month
	About once a month
	Once or twice a week
	Nearly every day
	Not applicable
iii)	Does she help support the child financially?
	On a regular basis
	Occasionally
	No
	Not applicable
	Not applicable
D.F	Diagon in diagta have many of the shildness living with your have
D5	Please indicate how many of the children living with you have;
	a) You and your partner as their natural parentsnumber
	b) You as their natural mothernumber
	c) Your partner as the natural fathernumber
	d) Neither you nor your partner as natural parents number
	e) Please describe whether you have adopted, fostered etc.
D.C	
D6	Are there any other children of yourself or your partner who visit?
a)	Children of my partner but not mine
	Yes
	No
	Number of children
b)	Children of myself but not my partner
0)	Yes
	No
	Number of children

D6 c) Children of mine and my partner

	Yes
	No Number of children
D7	Do any of the people living in your household, including yourself and your study child, have a chronic illness or disability? Yes No If yes, please describe
	Nature of condition Person involved
D8a)	Do you have any pets? Yes No
b)	How many of the following do you have in your home? i) Cats ii) Dogs iii) Rabbits iv) Rodents v) Birds vi) Fish vii) Turtles viii) Other pets, describe
D9	Do any of the following animals or insects inhabit or invade your home or cause dirty
	ons in your garden, yard or street? Rats
a)	Frequently Occasionally Not at all
b)	Mice Frequently Occasionally
	Not at all
c)	Pigeons Frequently Occasionally Not at all
d)	
e)	Cockroaches Frequently Occasionally Not at all

D9 f) Ants

Frequently Occasionally Not at all

g) Dogs

Frequently Occasionally Not at all

h) Woodlice

Frequently Occasionally Not at all

i) Other, describe.....

Frequently Occasionally Not at all

SECTION E: YOUR PARTNER

E 1 a) Do you currently have a partner?

Yes a male partner

Ye a female partner

No partner

b) Does your partner live with you?

Yes

No

c) If yes, for how long have you lived together?

Years..... Months.....

E2 How would you describe your partner's physical health?

Always fit and well Mostly well and healthy Often unwell

Hardly ever well

- E3 Please tell us whether he has had any of these since your study child was 5 years old?
 - a) Migraine or headaches

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

b) Indigestion

Yes and consulted a doctor Yes, but did not see doctor

No

Don't know

E3 c) Epilepsy

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

d) Depression

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

e) Anxiety/nerves

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

f) Haemorrhoids/piles

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

g) Cough or cold

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

h) Influenza

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

i) Bronchitis

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

j) High blood pressure

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

k) Diabetes

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

1) Schizophrenia

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

E3 m) Alcoholism

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

n) Stomach ulcer

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

o) Asthma/wheezing

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

p) Eczema

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

q) Psoriasis

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

r) Arthritis

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

s) Urinary infection

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

t) Rheumatism

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

u) Back ache, sciatica, slipped disc

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

v) Other, describe

Yes and consulted a doctor

Yes, but did not see doctor

No

Don't know

- E4 The following statements are about how you think your partner gets on with your study child.
 - a) My partner really loves this child

This is always how I feel

This is sometimes how I feel

I never feel like this

b) My partner is glad I had this child when I did

This is always how I feel

This is sometimes how I feel

I never feel like this

c) I like to watch him play with the child

This is always how I feel

This is sometimes how I feel

I never feel like this

d) I am afraid to leave the child alone with him because I think he may be violent

This is always how I feel

This is sometimes how I feel

I never feel like this

e) He seems to be very close to the child

This is always how I feel

This is sometimes how I feel

I never feel like this

f) The child never gets on his nerve

This is always how I feel

This is sometimes how I feel

I never feel like this

g) He really cannot bear it when the child cries

This is always how I feel

This is sometimes how I feel

I never feel like this

h) I think my partner is interested as he watches the child grow

This is always how I feel

This is sometimes how I feel

I never feel like this

i) My partner gets very anxious when someone other than us looks after the child

This is always how I feel

This is sometimes how I feel

I never feel like this

j) He doesn't mind the mess that surrounds a young child

This is always how I feel

This is sometimes how I feel

I never feel like this

k) This child makes my partner very happy

This is always how I feel

This is sometimes how I feel

I never feel like this

E5	a)	How many cigarettes does your partner currently smoke?
		i) Weekdaysnumber
	1 \	ii) Weekendsnumber
	b)	Does he smoke?
		i) A pipe
		Yes, every day
		Sometimes
		Never
		ii) Cigars
		Yes, every day
		Sometimes
		Never
F.6	a)	Is he currently employed?
	α,	Yes
		No
	b)	What is his occupation?
	-,	
	c)	Has he had the same job all the time since the baby was 5 years old?
		Yes
		No
	d)	Does he have to work nights?
		Always
		Sometimes
		Never
	e)	Does he leave home for several days as part of his work?
		Often
		Occasionally
		Never
	f)	Does he work shifts?
		Often
		Occasionally
		Never
	g)	How many hours a week does he normally work?
		i) If he works regular hours, state how manyhours
		ii) If his hours vary, please put minimummaximum
	h)	Does he usually work?
	/	The basic no. of hours per week
		Basic plus overtime
		Longer than basic but no overtime
		Self employed, as long as necessary
	i)	
	1)	Usually
		Sometimes
		Never

E7 How would you rate him on the following characteristics?

a) Helpful and co-operative

Always

Sometimes

Hardly ever

b) Quiet and reserved

Always

Sometimes

Hardly ever

c) Unreliable

Always

Sometimes

Hardly ever

d) Sociable and outgoing

Always

Sometimes

Hardly ever

e) Dominating

Always

Sometimes

Hardly ever

f) Understanding

Always

Sometimes

Hardly ever

g) Quick tempered or easily upset

Always

Sometimes

Hardly ever

h) Cheerful and easy going

Always

Sometimes

Hardly ever

E8 Who does these various household tasks?

a) Shopping for groceries

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

b) Cooking

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

E8 c) Cleaning the house

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

d) Repairs to the home

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

e) Looking after the children

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

f) Washing clothes

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

g) Ironing

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

E9 Who decides?

a) How to spend free time

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

b) How much to see family or friends

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

c) When to do repairs or re-decorate

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

E d) How we should spend our money

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

E10 People vary greatly in the amount they are satisfied or dissatisfied with their relationship.

How do you feel about the following aspects of your life together?

a) Handling family finances

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

b) Demonstrations of affection

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

c) Sex

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

d) The amount of time spent together

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

e) Making major decisions

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

f) Household tasks

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

g) Leisure time, interests, activities

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

E11a) How often recently have you been irritable with your partner?

Not at all

Less than once a wee

1 -2 times a week

3 - 6 times a week

Every day

b) How often has he been irritable with you?

Not at all

Less than once a wee

1 -2 times a week

3 - 6 times a week

Every day

E12a) How many arguments or disagreements have you had in the past three months?

None

1 - 3

4 - 7

8 - 13

14 or more

- b) In the past three months have any of the following happened?
- i) Not speaking to partner for more than 1/2hr

Yes, I did this

Yes, he did this

We both did this

Not at all

ii) On of you walking out of the house

Yes, I did this

Yes, he did this

We both did this

Not at all

iii) Shouting or calling partner names

Yes, I did this

Yes, he did this

We both did this

Not at all

iv) Hitting or slapping partner

Yes, I did this

Yes, he did this

We both did this

Not at all

v) Throwing or breaking things

Yes, I did this

Yes, he did this

We both did this

Not at all

E13 In the past three months how often have you done these things with your partner?

a) Gone out for a meal

Never

Less than once a month

Less than once a week

At least once a week

b) Gone out for a drink

Never

Less than once a month

Less than once a week

At least once a week

c) Visited friends

Never

Less than once a month

Less than once a week

At least once a week

d) Visited family

Never

Less than once a month

Less than once a week

At least once a week

e) Gone to the cinema or theatre

Never

Less than once a month

Less than once a week

At least once a week

E14 a) How many evenings a month do you go out and do things on your own or with your own friends?

None

Once

2- 3 times

4-7 times

Eight or more times

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

None

Once

2- 3 times

4-7 times

Eight or more times

E15 How often in one week on average, would you and your partner?

a) Discuss work or how the day has gone

Never

Less than once a week

1 - 3 times a week

Most days

E15 b) Laugh together

Never

Less than once a week

1 - 3 times a week

Most days

c) Calmly talk over something, the news or interests or hobbies

Never

Less than once a week

1 - 3 times a week

Most days

d) Kiss or hug

Never

Less than once a week

1 - 3 times a week

Most days

e) Make future plans

Never

Less than once a week

1 - 3 times a week

Most days

f) Talk over feelings or worries

Never

Less than once a week

1 - 3 times a week

Most days

E16 a) Which statements about alcohol best applies to your partner?

Never drinks alcohol

Very occasionally, less than once a week

Occasionally, at least once a week

Drinks 1 - 2 glasses a day

Drinks 3 - 4 glasses a day

More than 10

b) How many days in the past month do you think he would have drunk the equivalent of 2pints of beer, 4 glasses of wine, or 4 pub measures of spirits?

Every day

>10 days

5 - 10 days

3-5 days

1-2 days

None

E17. Below are attitudes and behaviour which people reveal in their close relationships. Please rate your partner's attitudes and behaviour towards you in recent times and tick the most appropriate box for each item.

My partner:

a) Is very considerate of me

Very true

Moderately true

Sometimes true

Not at all true

E17 b) Wants me to take his side in an argument

Very true

Moderately true

Sometimes true

Not at all true

c) Wants to know exactly what I am doing and where I am

Very true

Moderately true

Sometimes true

Not at all true

d) Is a good companion

Very true

Moderately true

Sometimes true

Not at all true

e) Is affectionate towards me

Very true

Moderately true

Sometimes true

Not at all true

f) Is clearly hurt if I don't accept his views

Very true

Moderately true

Sometimes true

Not at all true

g) Tends to try to change me

Very true

Moderately true

Sometimes true

Not at all true

h) Confides closely in me

Very true

Moderately true

Sometimes true

Not at all true

i) Tends to criticize me over small issues

Very true

Moderately true

Sometimes true

Not at all true

j) Understands my worries and problems

Very true

Moderately true

Sometimes true

Not at all true

k) Tends to order me about

Very true

Moderately true

Sometimes true

Not at all true

E17 l) Insists I do exactly as I am told

Very true

Moderately true

Sometimes true

Not at all true

m) Is physically gentle and considerate

Very true

Moderately true

Sometimes true

Not at all true

n) Makes me feel needed

Very true

Moderately true

Sometimes true

Not at all true

o) Wants me to change in small ways

Very true

Moderately true

Sometimes true

Not at all true

p) Is very loving towards me

Very true

Moderately true

Sometimes true

Not at all true

q) Seeks to dominate me

Very true

Moderately true

Sometimes true

Not at all true

r) Is fun to be with

Very true

Moderately true

Sometimes true

Not at all true

s) Wants to change me in big ways

Very true

Moderately true

Sometimes true

Not at all true

t) Tends to control everything I do

Very true

Moderately true

Sometimes true

Not at all true

u) Shows his appreciation of me

Very true

Moderately true

Sometimes true

Not at all true

E17 v) Is critical of me in private

Very true

	Moderately true
	Sometimes true
	Not at all true
	w) Is gentle and kind to me
	Very true
	Moderately true
	Sometimes true
	Not at all true
	x) Speaks to me in a warm and friendly voice
	Very true
	Moderately true
	Sometimes true
	Not at all true
	Not at all true
F1	a) Since your study child was born have you started work?
	No
	Yes, paid work at home
	Yes, paid work outside
	Yes paid work both outside and inside the home
	Yes, voluntary work
	b) Are you still working?
	Yes
	No
If no,	i) When did you finishdate
If yes,	ii) How many jobs are you doing now?
	jobs are you doing? Please describe the job and the type of industry or employer you
work i	for
	a) Harry many having a week did you would last week?
	c) How many hours a week did you work last week?hours
	i) Was this a typical week?
	i) Was this a typical week? Yes
	No, I usually work more hours
	No, I usually work less hours
	d) Does this include weekends?
	Yes, usually
	Sometimes
	Never
	e) Do you work in the evening or at night?
	Yes, often
	Sometimes
	••
	No
	No

F1 f) How would you describe the physical effort you need for this or your most recent job?

Very little, mostly sitting Some physical effort Ouite a lot of effort Considerable effort g) Do you usually work? The basic no. of hours a week Basic hours plus overtime Longer than basic hours no overtime Self employed, as long as necessary What are the main reasons for your working? a) Financial, I am important as a bread winner Yes No b) Financial, for family extras Yes No c) Career Yes No d) Enjoyment Yes No e) To get out of the house Yes No f) Other, describe Yes No Are you working at the same status level as you did before you had the child? I didn't work before No, a lower level At the same level At a higher level Do you find your job satisfying? Yes No

F4

F2

F3

F5 Do you wish that you could spend more time with your child?

Yes, often

Sometimes

Rarely

Not at all

- F6 a) How do you usually travel to work?
 - i) Public transport

		Yes
		No
	ii)	Car
	ĺ	Yes
	iii)	I cycle
		Yes
		No
	iv)	I walk
		Yes
		No
	v)	Another way
		Yes
		No
	,	I work at home
t	*	w long does it usually take?
	i)	To travel to work
		Less than 15 minutes
		15 – 29 minutes
		30 – 59 minutes
		An hour or more
	ii)	To travel home from work
		Less than 15 minutes
		15 – 29 minutes
		30 – 59 minutes
		An hour or more
F7 was bo	_	t from your present job, please list all jobs you have had since your study child
was oc	ли.	Age of child
		Job
		Hours worked in a normal week
		Hours worked in a normal week
F8	If yo	u are not working:
	Have child	e you chosen not to work so that you can stay at home with your study?
		No
		Yes
	a) Ha	ave you been looking for work?
	,	Yes
		No
	b) H	ow long have you been looking for work? Months

i) Do not want to

		iii)	Looking after the family On maternity leave Not well enough Other reason
F9 etc)?		On a	verage, how much is the family income each month(include benefits
		Out	£per month of this, how much do you spend on repaying mortgage or loans?
	c)	How	£per month much do you pay for rent, electricity, gas, telephone?
			£per month
F9	d)	How	much do you spend on food for the whole family?
	e)	How	£per month much do you spend on clothing, hobbies, entertainment?
	f)	Do y	£per month ou manage to save? Yes
	g)	Do yo	No ou receive any financial help from your parents, other relatives or Yes No
	h)	Do yo	ou help your parents, other relatives, or friends, financially? Yes No
F10		How o	lifficult do you find it to afford the following items? Very difficult Fairly difficult Slightly difficult Not difficult
	b)	Clotl	
	c)	Heat	ing Very difficult Fairly difficult Slightly difficult Not difficult
F10	d)	Rent	or mortgage Very difficult Fairly difficult

Slightly difficult

Not difficult

e) Things you need for the children

Very difficult

Fairly difficult

Slightly difficult

Not difficult

f) Extra education, music ballet etc.

Very difficult

Fairly difficult

Slightly difficult

Not difficult

g) Medical care

Very difficult

Fairly difficult

Slightly difficult

Not difficult

h) Child care

Very difficult

Fairly difficult

Slightly difficult

Not difficult

i) Something else

Very difficult

Fairly difficult

Slightly difficult

Not difficult

F11 How much help do you get with?

a) With housework

Too much help

Right amount of help

Too little help

b) With looking after children

Too much help

Right amount of help

Too little help

F12 How many hours sleep do you get now?

a) During an average night

None

1 - 3 hours

4-5 hours

6-7 hours

More than 7 hours

F12 b) During an average day

None

1 - 3 hours

4-5 hours
6 – 7 hour
More than 7 hours
c) Do you feel that you are getting enough sleep?
Yes
No
F13 In the past two years, have you taken any courses or educational training?
a) Training within my job
Yes
No
b) Evening classes
Yes
No
c) University course
Yes
No
d) Other, describe
Yes
No
fund raising etc? Yes No
i) If yes, please describe:
E14 b) Are you on any committees?
F14 b) Are you on any committees? Yes
No
INO
F15 In the past year, how often in a week did you spend time doing the following? a) Walking, including to work or with the dog Never
Once a month
Once a week
2 – 3 times a week
4 – 5 times a week
Most days
b) Jogging, slower than 10 mins a mile
Never
Once a month
Once a week
2-3 times a week
4-5 times a week
Most days
F15 c) Running, 10 mins a mile or faster
Never

Once a month

Once a week

2 - 3 times a week

4 - 5 times a week

Most days

d) Cycling

Never

Once a month

Once a week

2 - 3 times a week

4-5 times a week

Most days

e) Keep fit, aerobics, etc

Never

Once a month

Once a week

2 - 3 times a week

4-5 times a week

Most days

f) Tennis, squash, badminton

Never

Once a month

Once a week

2 - 3 times a week

4 - 5 times a week

Most days

g) Swimming

Never

Once a month

Once a week

2 - 3 times a week

4-5 times a week

Most days

h) Other energetic activities, gardening etc

Never

Once a month

Once a week

2 - 3 times a week

4 - 5 times a week

Most days

F16 What is your usual walking pace?

Slow

Casual

Average

Brisk

Unable to walk

F17 How many flights of stairs do you climb daily? If you climb the same flight over and over count each time.

No stairs

1-2 flights

	3 – 4 flights 5 – 9 flights 10 – 14 flights 5 or more
F18 a)	How many hours a day do you spend doing the following? Standing or walking
b)	Sitting, including driving
(۵	Hours
C)	Watching TVHours
F19	How much time do you spend with your child/children? Watching TV together
,) Weekdays
	None
	Less than 30 minutes
	30 – 60 minutes
	1-2 hours
	3 or more hours
ii) Weekends
	None
	Less than 30 minutes
	30-60 minutes
	1-2 hours
	3 or more hours
b)	Interacting with your children, helping with homework, reading etc?
	i) Weekdays
	None
	Less than 30 minutes
	30-60 minutes
	1-2 hours
	3 or more hours
i	i) Weekends
	None
	Less than 30 minutes
	30 – 60 minutes
	1-2 hours
	3 or more hours

F19 c) Do you think this is enough time? Yes

No

N

If no, why is this?

i)	Because of my job
ii)	Because of demands of partner
iii)	Because of studying

iv) Other, describe How many cigarettes a day do you smoke?

30+ 25-29 24-20 19-15

F20

14 - 10

5 - 9

1 - 4

None

Pipe only

Cigars only

F21 a) How much alcohol do you drink?

Never drink alcohol

Very occasionally, less than once a week

Occasionally, at least once a week

Drinks 1 - 2 glasses a day

Drinks 3 - 4 glasses a day

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

Every day

>10 days

5-10 days

3-5 days

1-2 days

None

- c) Do you or your partner make your own alcoholic drinks?
 - i) Wine

Yes

No

ii) Beer

Yes

No

iii) Spirits

Yes

No

F22 Do you ever gamble on any of the following?

The lottery

The casino

Bingo

Horses or dogs The stock market Other Never gamble

SECTION G: YOUR HOME

The questions below are about your home and are similar to those answered a year ago. We will use your answers to see how your circumstances have changed since then.

G1	a) When did you move to your present address?
	b) How many times have you moved since the study child was 18 months months old?
G2	Is your home? Being bought/mortgaged Owned, with no mortgage Rented from commissioners Rented from private landlord – furnished Rented from private landlord – unfurnished Other (please describe)e
G3	Do you live in your own home or do you live with your parents or others? Live in own home Live with parents in their home Live with partner's parents in their home Other situation (please describe)
G4	Do you currently live in? A whole detached house (or bungalow) A whole semi-detached house/bungalow) A whole terraced house A purpose built flat (self contained) Rooms in someone else's house Other (please describe)
G5	What is the lowest level of your living accommodation? Basement Ground floor 1st floor 2nd floor or above, give floor
G6	In the coldest time of year, describe the temperature in your: a) Living room

Very warm Warm

About right Cold Very cold b) Room where the study child sleeps Very warm Warm About right Cold G7 Does your home have the following? a) Kitchen with space to sit and eat Yes with sole use Yes, but shared with other households b) Kitchen for cooking only Yes with sole use Yes, but shared with other households No c) Indoor flushing toilet Yes with sole use Yes, but shared with other households No G8 Apart from the kitchen, how many rooms do you have for living and sleeping?

G9 Do you have sole use of the following amenities or are they shared with other households?

a) Running hot water

Sole use

Shared

No

b) Bath

Sole use

Shared

No

c) Shower

Sole use

Shared

No

d) Garden or yard

Sole use

Shared

No

G9 f) Balcony

Sole use

Shared

No

G10 a) Is there a working telephone in your home? Yes No b) If not where is the nearest pay phone you can use? Pay phone in the building Pay phone in the street Neighbour's phone Over 5 minutes walk away Somewhere else, describe..... G11a) Do you or your partner have the use of a car? Yes, we own a car Yes, we can borrow a car b) If yes, how often do you yourself have use of the car? Never Sometimes Often Every day I do not drive c) Do you wish you had it more often? Yes No G12a) Is there ever any damp, condensation or mould in your house? Yes No b) How much of a problem is damp or condensation? No problem Not serious Fairly serious Very serious c) How much of a problem is mould? No problem Not serious Fairly serious Very serious If yes, please tick the box relating to the problem you get in each room G12 d) Kitchen/kitchen diner Condensation on windows, walls or ceilings Damp patches on walls Mould on walls Damp on furniture, carpets, clothes Mould on furniture, carpets, clothes

G12 e) Living room

Condensation on windows, walls or ceilings

Damp patches on walls

Mould on walls

None of these

Damp on furniture, carpets, clothes

Mould on furniture, carpets, clothes

None of these

f) Hall/landing

Condensation on windows, walls or ceilings

Damp patches on walls

Mould on walls

Damp on furniture, carpets, clothes

Mould on furniture, carpets, clothes

None of these

g) My bedroom

Condensation on windows, walls or ceilings

Damp patches on walls

Mould on walls

Damp on furniture, carpets, clothes

Mould on furniture, carpets, clothes

None of these

h) The study child's bedroom

Condensation on windows, walls or ceilings

Damp patches on walls

Mould on walls

Damp on furniture, carpets, clothes

Mould on furniture, carpets, clothes

None of these

i) Bathroom/toilet

Damp patches on walls

Mould on walls

Damp on furniture, carpets, clothes

Mould on furniture, carpets, clothes

None of these

j) Other rooms,

Damp patches on walls

Mould on walls

Damp on furniture, carpets, clothes

Mould on furniture, carpets, clothes

None of these

G13a) Does your roof leak? If you have another flat roof above you, tick 'does not apply'

Does not apply

No leak

Slight leak

Yes, serious leak

G13 b) In wet weather, does water get in from anywhere else; eg badly fitting doors or windows?

No leak

Slight leak

Yes, serious leak

G14 Taking everything into account, which of the following best describes your feelings about your home?

Satisfied

Fairly satisfied

Dissatisfied

Very dissatisfied

- G15 In the past year have you been doing any of the following?
 - a) Sanded floors
 - b) Stripped wallpaper
 - c) Removed paint or varnish
- G16 In the past year have any of the following rooms been decorated or had new furniture?
 - a) Your bedroom

Painted

Yes

No

Don't know

Wall papered

Yes

No

Don't know

New carpet

Yes

No

Don't know

New furniture

Yes

No

Don't know

b) Your living room

Painted

Ye

No

Don't know

Wall papered

Yes

No

Don't know

G16b) New carpet

Yes

No

Don't know

```
Yes
                  No
                  Don't know
   c) The child's bedroom
            Painted
                  Yes
                  No
                  Don't know
            Wall papered
                  Yes
                  No
                  Don't know
            New carpet
                  Yes
                  No
                  Don't know
            New furniture
                  Yes
                  No
                  Don't know
   d) Any other rooms
            Painted
                  Yes
                  No
                  Don't know
            Wall papered
                  Yes
                  No
                  Don't know
            New carpet
                  Yes
                  No
                  Don't know
            New furniture
                  Yes
                  No
                  Don't know
  Which rooms?....
G17 How would you rate your home in relation to that of other mothers?
         Much cleaner
   a)
         A bit cleaner
         About the same
         Less clean
         Much less clean
G17 b)
         Much tidier
         A bit tidier
         About the same
         Less tidy
```

New furniture

Much less tidy

G18 Here is a list of things that can be a problem in people's homes or in the neighbour hood. How much of a problem are the following for you and your family?

a) Badly fitted doors and windows

Serious problem

Minor problem

Not a problem

No opinion

b) Poor ventilation

Serious problem

Minor problem

Not a problem

No opinion

c) Noise between rooms in your house

Serious problem

Minor problem

Not a problem

No opinion

d) Noise from other homes

Serious problem

Minor problem

Not a problem

No opinion

e) Noise from outside in the street

Serious problem

Minor problem

Not a problem

No opinion

f) Rubbish or litter around your neighbourhood

Serious problem

Minor problem

Not a problem

No opinion

g) Dog dirt

Serious problem

Minor problem

Not a problem

No opinion

h) Worry about vandalism

Serious problem

Minor problem

Not a problem

No opinion

G18 i) Worry about burglaries

Serious problem

Minor problem

Not a problem

No opinion

```
j) Worry bout being mugged or attacked
             Serious problem
             Minor problem
             Not a problem
             No opinion
    k) Disturbance from youths or teenagers
             Serious problem
             Minor problem
             Not a problem
             No opinion
     1) Other, describe......
             Serious problem
             Minor problem
             Not a problem
             No opinion
G19
      Do you have a rule that smoking never happens in particular rooms?
             No smoking in the house at all
             Smoking allowed in some rooms
             Smoking allowed anywhere
G20 a) Do the other people in your neighbourhood?
     i) Visit your home
             Never
             Rarely
             Sometimes
             Often
             Always
     ii) Argue with you
             Never
             Rarely
             Sometimes
             Often
              Always
    iii) Look after your children
             Never
             Rarely
             Sometimes
             Often
             Always
   iv) Keep to themselves
             Never
             Rarely
             Sometimes
             Often
             Always
G20 b) Do you?
     i) Visit the homes of your neighbours
             Never
             Rarely
```

Sometimes

Often

Always

ii) Look after your neighbours children

Never

Rarely

Sometimes

Often

Always

iii) Argue with your neighbours

Never

Rarely

Sometimes

Often

Always

iv) Keep to yourselves

Never

Rarely

Sometimes

Often

Always

G21 What do you think of your neighbourhood as a place to live?

Very good

Fairly good

Not very good

Not good at all

G22 How heavy is the traffic on the street where you live?

Very heavy

Fairly heavy

Not very heavy

Hardly any traffic

- G23 To heat your home in winter do you use?
 - a) Central heating or storage heaters

In the main living room

In study child's bedroom

In other rooms

b) Wood stoves

In the main living room

In study child's bedroom

In other rooms

G23 c) Coal fires

In the main living room

In study child's bedroom

In other rooms

d) Paraffin heaters

In study child's bedroom In other rooms f) Gas fires(mains) In the main living room In study child's bedroom In other rooms g) Gas fire(bottled) In the main living room In study child's bedroom In other rooms h) Other (please describe)..... In the main living room In study child's bedroom In other rooms i) No heating in this room In the main living room In study child's bedroom In other rooms G24 a) If your home is centrally heated in winter, is it? Solid fuel Oil Mains or bottled gas Electricity Other, describe..... No central heating b) Through what is the heat distributed? **Radiators** Warm air Storage heaters Under floor ducts Other c) If there is a boiler in your house, where is it? In the kitchen In the living room No boiler Some other room, describe..... G25 Do you use gas for cooking? Yes, rings only Yes, oven only Rings and oven Not at all G26 When you are cooking, how often do you get rid of the smells and steam using the following? a) Open windows Usually Sometimes Not at all

In the main living room

b) Ventaxia, air extractor

Usually

Sometimes

Not at all

c) Extractor hood which vents outside

Usually

Sometimes

Not at all

d) Extractor hood which does not vent outside

Usually

Sometimes

Not at all

G27 How often do you have the windows open in your home?

ai) In the summer during the day

Windows always open

Windows open when weather is good

Windows open occasionally

Windows never open

aii) In the summer at night

Windows always open

Windows open when weather is good

Windows open occasionally

Windows never open

bi) In winter during the day

Windows always open

Windows open when weather is good

Windows open occasionally

Windows never open

bii) In winter at night

Windows always open

Windows open when weather is good

Windows open occasionally

Windows never open

c) Are any of your windows double glazed?

All of them

Some of them

None of them

I don't know

d) i) Does your house have chimneys?

Yes

No

G27d ii) If yes, have they been blocked up?

All of them

Some of them

No

I don't know

G28	Do you use a thermometer or thermostat to help keep the temperature at the required
	in the winter?
a)	In main living room
	Thermostat on radiators
	Room thermostat
	Room thermometer
	None of these
1 \	Other
b)	In study child's bedroom
	Thermostat on radiators Room thermostat
	Room thermostat Room thermometer
	None of these
	Other
c)	What temperature do you try to keep in winter?
- /	
	i) Living roomDayNight
	ii) Study child's bedroomDayNight
	(If you don't keep any particular temperature put 87)
SEC	TION H: CHEMICALS IN YOUR ENVIRONMENT
<u>52 C</u>	
In the	e last few months, how often have you used the following, at home or at work?
H1a)	Disinfectant
	Every day
	Most days
	Once a week
	Less than once a week
1. \	Not at all
b)	
	Every day Most days
	Once a week
	Less than once a week
	Not at all
c)	
	Every day
	Most days
	Once a week
	Less than once a week
	Not at all
Н1 а) Carpet cleaner
0	Every day
	Most days
	•

Less than once a week

Once a week

Not at all

e) Oven or drain cleaner

Every day

Most days

Once a week

Less than once a week

Not at all

f) Dry cleaning fluid

Every day

Most days

Once a week

Less than once a week

Not at all

g) Turpentine/white spirit

Every day

Most days

Once a week

Less than once a week

Not at all

h) Paint stripper

Every day

Most days

Once a week

Less than once a week

Not at all

i) Household paint or varnish

Every day

Most days

Once a week

Less than once a week

Not at all

j) Weed killers

Every day

Most days

Once a week

Less than once a week

Not at all

k) Pesticides

Most days

Once a week

Less than once a week

Not at all

H1 l) Air fresheners

Most days

Once a week

Less than once a week

Not at all

m) Hair spray

Most days

Once a week

Less than once a week

Not at all

n) Vacuum cleaner

Most days

Once a week

Less than once a week

Not at all

o) Broom or carpet sweeper

Most days

Once a week

Less than once a week

Not at all

p) Glue

Most days

Once a week

Less than once a week

Not at all

q) Nail varnish or acetone

Most days

Once a week

Less than once a week

Not at all

r) Metal cleaners, degreasers, polishes

Most days

Once a week

Less than once a week

Not at all

s) Petrol

Most days

Once a week

Less than once a week

Not at all

t) Moth repellent

Most days

Once a week

Less than once a week

Not at all

u) Any other industrial or domestic chemical

Most days

Once a week

Less than once a week

Not at all

H2 a) Do you have a mobile phone?

Yes

No

If yes

b) How often do you use it?

At least once a day

4 - 6 times a week

1 - 3 times a week

Less than once a week

- H3 How often during the day are you in a room or enclosed place where people are smoking?
 - i) Weekdays

All the time

More than 5 hours

3-5 hours

1-2 hours

Less than one hour

Not at all

ii) Weekends

All the time

More than 5 hours

3-5 hours

1-2 hours

Less than one hour

Not at all

H4 Do you tend to collect static electricity and have shocks when you touch metals?

Yes, a lot

Occasionally

Not at all

SECTION I: FAMILY AND FRIENDS

I1. Apart from your partner and children, how many of your relatives and your partner's relatives do you see at least twice a year?

None

One

2 to 4

More than 4

I2. How many friends do you have, people you know more than just casually?

None

One

2 to 4

More than 4

I3. Would you say you belong to a close circle of friends with whom you keep in touch?

Yes

No

I4. How many people are there with whom you can talk about personal problems?

One

2 to 4

More than 4

I5. How many people talk to you about their personal problems and feelings?

None

One

2 to 4

More than 4

If you have to make an important decision, how many people are there with whom you can discuss it?

None

One

2 to 4

More than 4

I7. How many people are there among your family and friends from whom you could borrow £100?

None

One

2 to 4

More than 4

I8. How many of your family and friends would help you in time of trouble?

None

One

2 to 4

More than 4

I9. During the last month, how many times did you get together with one or more friends?

None

One

2 to 4

More than 4

I10. During the last month, how many times did you get together with one or more of your or your partner's relatives?

None

One

2 to 4

More than 4

The following statements are about the help and support you have

Il I have no one to share my feelings with

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

I12 My partner provides the emotional support I need

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

I have no partner

I13 There are other mothers with whom I can share my experiences

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

Il I believe in moments of difficulty my neighbours would help me

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

I am worried that my partner might leave me

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

I have no partner

There is always someone with whom I can share my happiness about the baby

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

II7 If I feel tired I can rely on my partner to take over

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

I18 If I was in financial difficulty I know my family would help

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

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

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

I20 If all else fails, I know the State will support and assist me

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

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

Yes

I am not sure

No, not at all

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

	Yes Not sure	
c) W	No ould you appeal to God for help if you were i Yes	n trouble?
	Not sure	
d) W	No hat sort of religious faith would you say you	had? (tick one only)
	Church of England	Roman Catholic
	Jehovah's Witness	Christian Science
	Mormon	Methodist, Baptist
Other	Christian (please describe)	
	Jewish	Buddhist
	Sikh	Hindu
	Muslim	Rastafarian
	None	
	Other (please describe)	
e)	How long have you had this particular faith All my life More than 5 years 3-5 years 1-2 years Less than a year	?
f)	Do you go to a place of worship? Yes, at least once a week Yes, at least once a month Yes, at least once a year No, not at all	
g) religio	Do you obtain help and support from leade ous groups?	rs or others members of

Help from:

I21

i) Leaders of your religious group(e.g. priests, rabbis, imams)
Yes

No

SECTION J: YOUR OUTLOOK ON LIFE		
J1	Did getting good marks at school mean a great deal to you?	
JI	Ye	
	No	
J2	Are you often blamed for things that are just not your fault?	
· -	Yes	
	No	
J3	Do you feel that most of the time it doesn't pay to try hard because things never turn	
out rig		
	Yes	
	No	
J4	Do you feel that if things start out well in the morning then it is going to be a	
	good day no matter what you do?	
	Yes	
	No	
J5	Do you believe that whether or not people like you depends on how you act?	
	Yes	
	No	
j6	Do you believe that when bad things happen they are going to happen no matter	
what y	ou do?	
•	Yes	
	No	
J7	Do you feel that when good things happen they happen because of hard work?	
	Yes	
	No	
J8	Do you feel that when someone does not like you there's little you can do about it?	
	Yes	
	No	
J9	Did you feel that it was almost useless to try in school because most other children	
were c	eleverer than you were?	
	Yes	
	No	
J10	Are you the kind of person who believes that planning ahead makes things	
	turn out better?	
	Yes	
	No	
J11	Most of the time do you feel that you have little to say about what your family	
	decides to do?	
	Yes	
	No	
J12	Do you think it is better to be clever than lucky?	

ii) Other members of \underline{your} religious group \underline{Yes}

iii) Members of other religious group (please describe

Yes

No

- J13 Do you think you have been treated unfairly in the last 12 months because of?
 - a) Your sex

Yes

No

b) Your skin colour

Yes

No

c) The way you dress

Yes

No

d) Your family background

Yes

No

e) The way you speak

Yes

No

f) Your religion

Yes

No

g) Other, describe

Yes

No

YOUR OPINION OF YOURSELF

J14 I feel that I am a person of worth, at least equal to others

Always true

Often true

Sometimes true

Seldom true

Never true

J15 I feel I have a number of good qualities

Always true

Often true

Sometimes true

Seldom true

Never true

J16 I am able to do things as well as most other people

Always true

Often true

Sometimes true

Seldom true

Never true

J17 I feel I do not have much to be proud of

Always true

Often true

Sometimes true

Seldom true

Never true

J18 I take a positive attitude towards myself

Always true

Often true

Sometimes true

Seldom true

Never true

J19 Sometimes I think I am no good at all

Always true

Often true

Sometimes true

Seldom true

Never true

J20 I am a useful person to have around

Always true

Often true

Sometimes true

Seldom true

Never true

J21 I feel I cannot get anything right

Always true

Often true

Sometimes true

Seldom true

Never true

J22 When I do a job I do it well

Always true

Often true

Sometimes true

Seldom true

Never true

J23 I feel that my life is not very useful

Always true

Often true

Sometimes true

Seldom true

Never true

J24 I am unlucky

Always true

Often true

Sometimes true

Seldom true

Never true

SECTION K: HEALTH SERVICES

K1 Have you had contact with any of the following in the last year? a) G.P. No, but would have liked to No, did not need to b) Health visitor Yes No, but would have liked to No, did not need to c) Midwife Yes No, but would have liked to No, did not need to d) Social services benefit worker Yes No, but would have liked to No, did not need to e) Social worker Yes No, but would have liked to No, did not need to f) Physiotherapist Yes No, but would have liked to No, did not need to g) Psychologist/psychiatrist Yes No, but would have liked to No, did not need to h) Other support services, describe..... Yes No, but would have liked to No, did not need to K2 We would like you to tell us the way you feel about your Health Services. a) I don't have any confidence in the Island's Health Service Exactly how I feel Often how I feel Sometimes how I feel Never feel this way K2 b) I know that if my child was ill my doctor would come quickly Exactly how I feel Often how I feel Sometimes how I feel Never feel this way c) My doctor is always helpful to me Exactly how I feel Often how I feel Sometimes how I feel

Never feel this way

d) I am fascinated by alternative medicine

Exactly how I feel

Often how I feel

Sometimes how I feel

Never feel this way

ACCIDENTS AND INJURIES

- K3 Have you had any of the following accidents in the last seven years?
 - a) Road traffic accident

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

b) Playing sports/games

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

c) At work

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

d) Inside the home

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

e) Outside your home

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

f) At another building

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

K3 g) In a fight or argument

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

h) You were attacked

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

i) Other, describe

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

K4 Have you had any of the following injuries in the last seven years?

a) Burns

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

b) Scalds

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

c) Badly cut

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

d) Stabbed

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

e) Shot

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

f) Nearly drowned

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

K4 g) Dislocated a hip, knee, shoulder

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

h) Broken hand or arm

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

i) Broken foot or leg

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

j) Sexual assault

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

k) Overdose of pill

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

1) Overdose of something else, describe

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

m) Concussion

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

n) Other injury

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

K5 If you had any of these accidents, what problems did you have as a result of of them? Tick all that apply

any

a) Pain

Yes, still present

Yes, but no longer present

No problem

b) Reduction in movement

Yes, still present

Yes, but no longer present

No problem

K5 c) A facial scar or defect

Yes, still present

Yes, but no longer present

No problem

d) Less able to see or hear

Yes, still present

Yes, but no longer present

No problem

e) Inability to work

Yes, still present

Yes, but no longer present

No problem

f) Other physical result, describe

Yes, still present

Yes, but no longer present

No problem

- K6 What emotional problems did you have as a result of any of these accidents? Tick all that apply.
 - a) Loss of self confidence

Yes, still present

Yes, but no longer present

No problem

b) Feeling depressed

Yes, still present

Yes, but no longer present

No problem

c) Very tense

Yes, still present

Yes, but no longer present

No problem

d) Unable to sleep well

Yes, still present

Yes, but no longer present

No problem

e) Loss of appetite

Yes, still present

Yes, but no longer present

No problem

f) Something else, describe

Yes, still present

Yes, but no longer present

No problem

- K7 What other consequences were there occurring after any of these accidents?
 - a) Cost money

Yes, still present

Yes, but no longer present

No problem

K7 b) Lost job

Yes, still present

Yes, but no longer present

No problem

c) Loss of earnings

Yes, still present

Yes, but no longer present

No problem

d) Problems at work

Yes, still present

Yes, but no longer present

No problem

e) Problems with the family

Yes, still present

Yes, but no longer present

No problem

f) Problems with friends

Yes, still present

Yes, but no longer present

No problem

g) Other problems, describe

Yes, still present

Yes, but no longer present

No problem

Not at all

2.7.22/ 23a. PARENTS' DIET QUESTIONNAIRE AT SEVEN YEARS

Questionnaire information

Data gathered by:	Both Parents or partners
Data gathered when :	When Child is seven years
Data gathered where:	Seven year clinics or posted with birthday cards &
	pre paid envelope
Number collected:	328
Entered data stored in file(s):	23Fi 1.csv 23Fii 1.csv 23Fiii 1.csv
	23Fi.xls 23Fii.xls 23Fiii xls
Version of questionnaire	1

YOUR DIET

Please tell us how often you eat the following foods Please answer every question, even if you never eat the food mentioned

A1 a) Oat cereals

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

b) Bran cereals, Weetabix etc

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

c) Other cereals, rice crispies, frosties

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

A1 d) Sausages, Burgers

Never/rarely

Once in 2weeks

1 – 4times a week

4 - 7 times a week

More than once a day

e) Pies, Pasties (pork pie, meat pie etc.)

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

f) Vegetarian pies, pasties, cheese and onion etc.

1 - 3 times a week

4 - 7 times a week

More than once a day

g) Ham, bacon, pate, cold meats

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

h) Meat (beef, lamb, pork, chops, stews)

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

i) Liver, kidney, heart

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

j) Chicken nuggets, turkey burgers etc

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

k) Poultry (chicken, turkey etc)

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

A1 l) Shellfish (prawns, crab, cockles, mussels)

Never/rarely

Once in 2weeks

1 – 4times a week

4 7 times a week

More than once a day

m) White fish in batter or bread crumbs

Never/rarely

Once in 2weeks

1 – 4times a week

47 times a week

More than once a day

n) White fish (cod, haddock, plaice, etc)

- 1 4times a week
- 4 7 times a week

More than once a day

o) Tuna

Never/rarely

Once in 2weeks

- 1 4times a week
- 4 7 times a week

More than once a day

p) Oily fish (pilchards, sardines, mackerel,

herring, kippers, trout, salmon)

Never/rarely

Once in 2weeks

- 1 4times a week
- 4 7 times a week

More than once a day

q) Eggs, quiche

Never/rarely

Once in 2weeks

- 1 4times a week
- 4 7 times a week

More than once a day

r) Cheese

Never/rarely

Once in 2weeks

- 1 4times a week
- 4 7 times a week

More than once a day

s) Pizza

Never/rarely

Once in 2weeks

- 1 4times a week
- 4 7 times a week

More than once a day

A1 t) Oven chips

Never/rarely

Once in 2weeks

- 1 4times a week
- 4 7 times a week

More than once a day

u) Fried chips, waffles etc

Never/rarely

Once in 2weeks

- 1 4times a week
- 4 7 times a week
- v) Roast potatoes (cooked in fat)

Never/rarely

Once in 2weeks

- 1 4times a week
- 4 7 times a week

More than once a day

w) Boiled, mashed, jacket potatoes

Never/rarely

Once in 2weeks

1 - 4times a week

47 times a week

More than once a day

x) Rice (boiled)

Never/rarely

Once in 2weeks

1 - 4times a week

47 times a week

More than once a day

y) Canned pasta spaghetti rings, pot noodles

Never/rarely

Once in 2weeks

1 - 4times a week

4 - 7 times a week

More than once a day

z) Boiled pasta, lasagne, etc

Never/rarely

Once in 2weeks

1 - 4times a week

4 - 7 times a week

More than once a day

A2 Do you eat the fat on meat?

Yes, all of it

Some of it

No

Never eat meat

A3 a) Baked beans

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

b) Peas, broad beans

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

c) Sweetcorn

1 - 3 times a week

4 - 7 times a week

More than once a day

d) Green vegetables, cabbage, sprouts etc

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

e) Other vegetables, cauliflower, leeks etc

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4-7 times a week

More than once a day

f) Carrots

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

g) Other root vegetables, turnip, parsnips etc

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

h) Tomatoes, cooked or raw

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

A3 i) Salad

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

j) Pulses, dried peas, lentils, tahini etc

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

k) Soya meat, vegeburgers

1 - 3 times a week

4 - 7 times a week

More than once a day

1) Peanuts, peanut butter

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

m) Fresh citrus fruits

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

n) Other fresh fruit, apple, banana, peach, grapes etc

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

o) Canned fruit

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

p) Yoghurt, fromage frais,

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

A3 q) Ice cream, choc ice etc

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

r) Puddings, crumble, fruit pie etc

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

s) Custard, cream, Elmlea, evaporated milk

1 - 3 times a week

4 - 7 times a week

More than once a day

t) Cakes or buns

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

u) Crispbreads

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

v) Full coated chocolate biscuits, Kit Kat, Club

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

w) Biscuits, digestive, shortcake, chocolate one sided

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

x) Chocolate (3-4 squares or small block) dairy

milk or plain, nut, fruit, filled etc.

Never/rarely

Once in 2weeks

1 - 4times a week

4 - 7 times a week

More than once a day

A3 y) Sweets (3-4 sweets at a time), Peppermints,

boiled sweets, toffees etc.

Never/rarely

Once in 2weeks

1 - 4times a week

4 - 7 times a week

More than once a day

z) Crisps

Never/rarely

Once in 2weeks

1 - 4times a week

4 - 7 times a week

More than once a day

A4 How many times a week do you drink?

a) Fruit juice from a tin carton or freshly squeezed

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

b) Squash or Ribena

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

c) Coca cola, pepsi etc

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

d) Other fizzy drinks

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

e) Water, from a bottle

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

f) Water from the tap

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

A4 g) Milk on its own

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

h) Flavoured milk drinks

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

A5 When you have a soft drink, how often are they low calorie, diet or reduced sugar drinks?

Always

Sometimes

Not at all

Don't have soft drinks

A6 If you have cola drinks, how often are they decaffeinated?

Always

Sometimes

Not at all

Doesn't have soft drinks

A7 How many pieces of bread, rolls, baps do you eat on a usual day?

Less than one

1 to 2

3 to 4

5 or more

A8 What type of bread do you eat?

a) White bread

Usually

Sometimes

Never

b) Soft grain white

Usually

Sometimes

Never

c) Brown/granary bread

Usually

Sometimes

Never

d) Wholemeal bread

Usually

Sometimes

Never

A9 e) Chappatis or pitta bread

Usually

Sometimes

Never

f) Naan bread

Usually

Sometimes

Never

A9 What sort of fat does she have on bread or vegetables?

i) a) Butter, ghee, dripping lard, solid cooking fat

Yes

No

b) Polyunsaturated margarine	
Yes	
No	
c) Hard or soft margarine	
Yes	
No	
d) Low fat spread, St Ivel Gold etc	
Yes	
No	
e) Sunflower, soya, corn, olive oil	
Yes	
No	
f) Olive oil, corn oil	
Yes	
No	
g) Other vegetable oil	
Yes	
No	
h) Any other, describe	
Yes	
No	
ii) For frying	
a) Butter, ghee, dripping lard, solid cooking far	t
Yes	
No	
b) Polyunsaturated margarine	
Yes	
No	
c) Hard or soft margarine	
Yes	
No	
d) Low fat spread, St Ivel Gold etc	
Yes	
No	
110	
A9ii e) Sunflower, soya, corn, olive oil	
Yes	
No	
f) Olive oil, corn oil	
Yes	
No	
g) Other vegetable oil	
Yes	
No	
h) Any other, describe	
Yes	
No	

	Usually
	Sometimes
	Not at all
	b) Semi skimmed (green carton0
	Usually
	Sometimes
	Not at all
	c) Skimmed (red carton)
	Usually
	Sometimes
	Not at all
	d) Dried milk
	Usually
	Sometimes
	Not at all
	e) Goat/sheep milk
	, · · · · · · · · · · · · · · · · · · ·
	Usually Sometimes
	Not at all
	f) Soya milk
	Usually
	Sometimes
	Not at all
	g) Other, describe
	Usually
	Sometimes
	Not at all
	Not at all
A12	•
	Pasteurised
	Longlife
	Sterilised
	Other
	Don't know
A13	a) How many cups of tea do you drink in a day?
	b) How many spoons of sugar in each cup?
	c) How many cups of tea are decaffeinated?
	• •
A14	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 of coffee are with milk?
	· · · · · · · · · · · · · · · · · · ·

How many slices of bread or rolls, spread with fat, do you eat each day?......

A10

A11

What type of milk do you use?
a) Full fat (blue carton)

	d) How many cups are decaffeinated? e) How many cups are made with real coffee
A15	 a) Do you drink herbal teas?
A16	Do you buy organic foods? a) Fruit Usually Sometimes Never b) Vegetables Usually Sometimes Never c) Meat Usually Sometimes Never d) Other Usually Sometimes Never
A17	Apart from herbal teas, are there any other health foods, whether or not from a health food shop, that you often eat or drink? Yes
If yes	No , describe
A18	Are you at present on a diet to lose weight? Yes No Once in 2weeks 1 – 4times a week 4 7 times a week More than once a day
A19	Are you a vegetarian? Yes No
A20	Are you a vegan?

Yes No A21 Are you on any sort of diet? Yes No If yes, describe..... A22 Did you drink any alcohol during the last week? Yes No A23 a) During the last week how many of each type of alcoholic drink did you have on each day? Please put the number in each box. If you drank nothing, write 0 in the box. i) Beer, larger, cider(no of pints Monday Tuesday Wednesday Thursday Friday Saturday Sunday ii) Wine (no. of glasses) Monday Tuesday Wednesday Thursday Friday Saturday Sunday A23a) iii) Spirits (no. of single measures) Monday Tuesday Wednesday Thursday Friday Saturday Sunday iv) Other alcoholic drinks. Describe and give no. of glasses Monday Tuesday Wednesday Thursday Friday Saturday Sunday v) Low alcohol drinks

Monday Tuesday

Wednesday Thursday
Friday
Saturday
Sunday
b) Is this week fairly typical of your drinking?
Yes
No
c) If no, would you normally drink?
More
Less
A24 For your main meal of the day, how often do you et takeaway food or have meals in a canteen, restaurant or cafe?
Never
1-3 times a month
1-2 times a week
3 – 4 times a week
5 – 7 times a week
A25 For your main meal of the day how often do you eat an oven/microwave ready or convenience meal?
Never
1-3 times a month
1 − 2 times a week
3 – 4 times a week
5 – 7 times a week
Please give the date on which you completed this questionnaire
Please give your date of birth
Please give the date of your study child's birth
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2.7. .23. PARTNERS' QUESTIONNAIRE AT SEVEN YEARS

Questionnaire information

Data gathered by:	Carer's partner
Data gathered when :	Child at seven years
Data gathered where:	Seven year clinics or posted with birthday cards &
	pre paid envelope
Number collected:	328
Entered data stored in file(s):	23Fi 1.csv 23Fii 1.csv 23Fiii 1.csv
	23Fi.xls 23Fii.xls 23Fiii xls
Version of questionnaire	1

This questionnaire is for the mother's partner, whether or not he is the father of the study child. It is also for the father who is bringing up the child on his own. The answers will help us to identify those problems that may be helped by changes in the health care system

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

As before, if you would rather not answer or think about some of the questions, just put a line through them.

There are no right or wrong answers. Just tell us what you think and make as many comments as you like.

All answers are confidential

THANK YOU VERY MUCH FOR YOUR HELP

SECTION A: YOUR HEALTH

A1. Which statement would you say describes your health now?

Always fit and well

Mostly fit and well

Often feel unwell

Hardly ever feel really well

A2. Have you had any of the following since your child was 18 months old?

a) Anxiety or nerves

Yes and saw a doctor

Yes but did not see a doctor

No

b) Depression

Yes and saw a doctor

Yes but did not see a doctor

No

c) Headache or migraine

Yes and saw a doctor

Yes but did not see a doctor

No

d) Epilepsy

Yes and saw a doctor

Yes but did not see a doctor

No

e) Back pain/sciatica

Yes and saw a doctor

Yes but did not see a doctor

No

f) Indigestion

Yes and saw a doctor

Yes but did not see a doctor

No

g) High blood pressure

Yes and saw a doctor

Yes but did not see a doctor

No

h) Cough or cold

Yes and saw a doctor

Yes but did not see a doctor

No

i) Diabetes

Yes and saw a doctor

Yes but did not see a doctor

No

j) Haemorrhoids

Yes and saw a doctor

Yes but did not see a doctor

No

A2 k) Schizophrenia

Yes and saw a doctor

Yes but did not see a doctor

No

1) Influenza

Yes and saw a doctor

Yes but did not see a doctor

No

m) Alcohol problem

Yes and saw a doctor

Yes but did not see a doctor

No

n) Wheezing

Yes and saw a doctor

Yes but did not see a doctor

No

o) Bronchitis

Yes and saw a doctor

Yes but did not see a doctor

No

p) Stomach ulcer

Yes and saw a doctor

Yes but did not see a doctor

No

q) Eczema

Yes and saw a doctor

Yes but did not see a doctor

No

r) Psoriasis

Yes and saw a doctor

Yes but did not see a doctor

No

s) Arthritis

Yes and saw a doctor

Yes but did not see a doctor

No

t) Rheumatism

Yes and saw a doctor

Yes but did not see a doctor

No

u) Urinary infection

Yes and saw a doctor

Yes but did not see a doctor

No

v) Syphilis

Yes and saw a doctor

Yes but did not see a doctor

No

A2 w) Gonorrhoea

Yes and saw a doctor

Yes but did not see a doctor

No

x) Cancer, state type

Yes and saw a doctor

Yes but did not see a doctor

No

y) Other, describe

Yes and saw a doctor

Yes but did not see a doctor

No

A3. In the last two years, have you used any of the following?

a) Sleeping pills

Every day

Often

Sometimes

Never

b) Vitamins

Every day

Often

Sometimes

Never

c) Cannabis/marihuana

Every day

Often

Sometimes

Never

d) Tranquillisers

Every day

Often

Sometimes

Never

e) Pills for depression

Every day

Often

Sometimes

Never

f) Antibiotics

Every day

Often

Sometimes

Never

g) Aspirin

Every day

Often

Sometimes

Never

A3 h) Paracetamol

Every day

Often

Sometimes

Never

i) Other painkillers

Every day

Often

Sometimes

Never

j) Amphetamines/other stimulants

Every day

Often

Sometimes

Never

k) Iron

Every day

Often

Sometimes

Never

1) Heroin, methadone, cocaine

Every day

Often

Sometimes

Never

m) Anticonvulsants

Every day

Often

Sometimes

Never

n) Steroids

Every day

Often

Sometimes

Never

o) Other pills, medicines, drugs or treatment

Every day

Often

Sometimes

Never

A4 Please list all the drugs you have used in the past month.

What did you take?

How many days was it taken for?

How often per day?

Yes	
No	
If Yes:	
b) How many times?	
c) What were the reasons?	
d) How long did you stay in hospital each time?	
In the past month have any of the following occurred?	
A6 a) Backache	
All the time	
Sometimes	
Not at all	
b) Headache /migraine	
All the time	
Sometimes	
Not at all	
c) Urinary infection	
All the time	
Sometimes	
Not at all	
d) Nausea	
All the time	
Sometimes	
Not at all	
e) Vomiting	
All the time	
Sometimes	
Not at all	
f) Diarrhoea	
All the time	
Sometimes	
Not at all	
g) Haemorrhoids/piles All the time	
Sometimes	
Not at all	
h) Feeling weepy All the time	
Sometimes	
Not at all	
i) Feeling irritable	
All the time	
Sometimes	
Not at all	
1101 41 411	

A5. a) Since your child was 3 years old, have you been ill or had a problem for which you had to stay in hospital?

A6 j) Feeling exhausted

All the time

Sometimes

Not at all

k) Varicose veins

All the time

Sometimes

Not at all

1) Frequency of urine

All the time

Sometimes

Not at all

m) Problem holding urine

All the time

Sometimes

Not at all

n) Indigestion

All the time

Sometimes

Not at all

o) Feeling dizzy/fainting

All the time

Sometimes

Not at all

p) Flashing lights/spots before the eyes

All the time

Sometimes

Not at all

q) Shoulder ache

All the time

Sometimes

Not at all

r) Tingling in hands or fingers

All the time

Sometimes

Not at all

s) Tingling in feet or toes

All the time

Sometimes

Not at all

t) Neck ache

All the time

Sometimes

Not at all

u) Feeling depressed

All the time

Sometimes

Not at all

A6 v)	Pain in your knees			
	All the time			
	Sometimes			
	Not at all			
w)	Other problems			
	All the time			
	Sometimes			
	Not at all			
47 a)	Have you area had not in an	h - 4h f - 1	um langes location of four of location	0 41. 9
A / a)	Have you ever had pain in on	ie or bour or yo	ur knees, fasting for at least a	month?
	Yes, one			
	Yes, both			
16 37	No			
If Yes		Cost bonness d	2	
D)	How old were you when this	first nappened	!	
	Less than ten			
	Ten to thirteen			
	Fourteen to sixteen			
	Seventeen to nineteen	n		
,	Twenty or more		4.9	
c)	Have you had pain in your kr	nees in the past	month?	
	Yes			
40.70	No			
A8 P	lease give your present measur	rements if you	know them.	
	a) Weight kgms or	stones	lbs	
	b) Heightcms or	feet	ins	
	c) Inside leg cms	or	ins	
	d) Chestcms	or	ins	
	e) Hipscms	or	ins	
	f) Waistcms	or	ins	
A9	Where was your place of bir	th?		
	Isle of Man			
	England			
	Scotland			
	Ireland			
	Wales,			
	Other, describe			
A10	How would you describe the		group of your family?	
	Manx			
	British			
	Irish			
	Other			

SECTION B: YOUR OPINION OF YOURSELF

Please say which of the following statements are true of you.

B1. I feel that I am a person of worth, at least equal to others

Always true

Often true

Sometimes true

Seldom true

Never true

B2. I feel I have a number of good qualities

Always true

Often true

Sometimes true

Seldom true

Never true

B3. I am able to do things as well as most other people

Always true

Often true

Sometimes true

Seldom true

Never true

B4. I feel I do not have much to be proud of

Always true

Often true

Sometimes true

Seldom true

Never true

B5. I take a positive attitude towards myself

Always true

Often true

Sometimes true

Seldom true

Never true

B6. Sometimes I think I am no good at all

Always true

Often true

Sometimes true

Seldom true

Never true

B7. I am a useful person to have around

Always true

Often true

Sometimes true

Seldom true

Never true

B8. I feel I cannot get anything right

Always true

Often true

Sometimes true

Seldom true

Never true

B9. When I do a job I do it well

Always true

Often true

Sometimes true

Seldom true

Never true

B10. I feel that my life is not very useful

Always true

Often true

Sometimes true

Seldom true

Never true

B11. I am unlucky

Always true

Often true

Sometimes true

Seldom true

Never true

SECTION D: YOUR FEELINGS

You have answered these questions before, but you may be feeling differently now.

C1 Do you feel upset for no obvious reason?

Very often

Often

Not very often

Never

C2 Have you felt as though you might faint?

Very often

Often

Not very often

Never

C3 Do you feel uneasy or restless?

Very often

Often

Not very often

Never

C4 Do you sometimes feel panicky?

Very often

Often

Not very often

Never

C5 Do you worry a lot?

Very often

Often

Not often

Never

C6 Do you feel strung up inside?

Very often

Often

Not often

Never

C7 Do you ever have the feeling you are going to pieces?

Very often

Often

Not often

Never

C8 Do you have bad dreams which upset you?

Very often

Often

Not often

Never

Your feelings in the past week

C9 I have been able to laugh and see the funny side of things

As much as I always could

Not quite so much now

Definitely not so much now

Not at all

C10 I have looked forward with enjoyment to things

As much as I ever did

Not quite so much now

Definitely not so much now

Not at all

C11 I have blamed myself unnecessarily when things went wrong

Yes, most of the time

Yes, some of the time

Not very often

No, never

C12 I have been anxious or worried for no good reason

No, not at all

Hardly ever

Sometimes

Often

C13 I have felt scared or panicky for no good reason

Yes, quite a lot

Yes, sometimes

Not much

Not at all

C14 Things have been getting on top of me

Yes, most of the time

Yes, sometimes

Hardly ever

Not at all

C15 I have been so unhappy that I have had difficulty sleeping

Yes, most of the time

Yes, sometimes

Hardly ever

Not at all

C16 I have felt sad or miserable

Yes, most of the time

Yes, quite often

Not often

Not at all

C17 I have been so unhappy that I have been crying

Yes, most of the time

Yes, quite often

Occasionally

Never

C18 The thought of harming myself has occurred to me

Yes, quite often

Sometimes

Hardly ever

Not at all

C19 On the whole are there more good days than bad?

More good days

Half and half

More bad days

SECTION D: RECENT EVENTS

Have any of the following events happened to you in the last 18 months?

D1 Your partner died

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D2 One of your children died

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D3 A friend or relative died

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

D4 One of your children was ill

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D5 Your partner was ill

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D6 A friend or relative was ill

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D7 You were admitted to hospital

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D8 You were in trouble with the law

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D9 You were divorced

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D10 You found that your partner didn't want your child

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D11 You were very ill

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

D12 Your partner lost her job

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D13 Your partner had problems at work

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D14 You had problems at work

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D15 You lost your job

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D16 Your partner went away

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D17 Your partner was in trouble with the law

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D18 You and your partner separated

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D19 Your income was reduced

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

D20 You argued with your partner

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D21 You argued with your family or friends

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D22 You moved house

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D23 Your partner was physically cruel to you

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D24 You became homeless

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D25 You had a major financial problem

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D26 You got married

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D27 Your partner was physically cruel to your children

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

D28 You were physically cruel to your children Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen D29 You attempted suicide Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen You were convicted of an offence D30 Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen D31 Your partner became pregnant Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen D32 You started a new job Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen D33 Your partner had a miscarriage Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen Your partner had an abortion D34 Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen D35

Yes, affected me a lot
Moderately affected me
Mildly affected me
No effect
Did not happen

You took an examination
Yes, affected me a lot
Moderately affected me
Mildly affected me
No effect
Did not happen

D36 Your partner was emotionally cruel to you

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D37 Your partner was emotionally cruel to your children

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D38 You were emotionally cruel to your children

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D39 Your house or car were burgled

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D40 You found a new partner

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D41 One of your children started school

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D42 Your partner started a new job

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

Did not happen

D43 A pet died

Yes, affected me a lot

Moderately affected me

Mildly affected me

No effect

D44	You had an accident Yes, affected me a lot Moderately affected me Mildly affected me No effect Did not happen
	Is there anything else which is not on the list which has concerned you or required ional effort from you to cope, since the study child was born? Yes No
1	b) If yes, please describe for each event
	When the study child was five:
	i)What happened
	Since the study child's 6 th birthday
	ii) What happened
D46	a) Has anything occurred which made you especially happy? Yes No
	b) Please describe for each event
	When the study child was five
	i)What happened
	Since the study child's 6 th birthday
	ii) What happened
SEC'	TION E: YOUR HOUSEHOLD
E1	a) What is your present marital status? Never married Widowed Divorced Separated Married once only Married for second or third time
	b) If married, what was the date of your most recent marriage?

E2	Before you became a father for the first time, how many children did you think you
woul	ld like to have?
	None
	One
	Two
	Three
	Four or more
	Did not have an opinion
	Don't remember what I wanted
	I have no children of my own
E3	Are you the biological father of the study child?
	Yes
	No
	Don't know
	If yes,
	a) After having your study child, what did you decide about having more children?
	I definitely wanted another child
	I didn't mind if I had another child
	I didn't think about it
	I definitely did not want another child
E3	b) If you didn't want another child, why was this? Tick all that apply.
	i) Could not afford another child
	ii) I had as many children as I wanted
	iii) I was not in good health
	iv) I wanted to concentrate on my career
	v) My partner did not want any more children
	vi) I didn't have a partner
	vii) I could not cope with another child
	viii) Other reason, describe
E4	If you are not the biological father of the child
	a) What is your relationship with the study child?
	Step father
	Live in father figure
	Other, describe
	bi) How old was the study child when the natural father stopped living with
	him/her?yearsmonths
	ii) How old was the study child when you first got to know him/her?
	yearsmonths

E4b) iii) How often does the natural father see the study child?

Not at all

Less than once a month

Once a month

Once a fortnight

Once or twice a week

Nearly every day

iv) Does the natural father help to support the child financially?

Yes, on a regular basis

Yes, occasionally

No

E5 Is the present live in mother figure, the natural mother of the study child?

Yes

No

No live in mother figure

Don't know

F1 The following statements are about your partner's relationship with young children. Please indicate how you feel your partner feels about your study child.

a) She really loves this child

This is always how I feel

This is sometimes how I feel

I never feel like this

b) My partner is glad she had this child when she did

This is always how I feel

This is sometimes how I feel

I never feel like this

c) I like to watch her play with the child

This is always how I feel

This is sometimes how I feel

I never feel like this

d) I am afraid to leave the child alone with her because I think she may be violent

This is always how I feel

This is sometimes how I feel

I never feel like this

e) She seems to be very close to the child

This is always how I feel

This is sometimes how I feel

I never feel like this

f) This child gets on her nerve

This is always how I feel

This is sometimes how I feel

I never feel like this

g) She really cannot bear it when the child cries

This is always how I feel

This is sometimes how I feel

I never feel like this

F1 h) I think my partner is interested as she watches the child grow

This is always how I feel

This is sometimes how I feel

I never feel like this

i) My partner gets very anxious when someone other than us looks after the child

This is always how I feel

This is sometimes how I feel

I never feel like this

j) She doesn't mind the mess that surrounds a young child

This is always how I feel

This is sometimes how I feel

I never feel like this

k) This child makes my partner very happy

This is always how I feel

This is sometimes how I feel

I never feel like this

- F2 How would you rate her on the following characteristics?
 - a) Helpful and co-operative

Always

Sometimes

Hardly ever

b) Quiet and reserved

Always

Sometimes

Hardly ever

c) Unreliable

Always

Sometimes

Hardly ever

d) Sociable and outgoing

Always

Sometimes

Hardly ever

e) Dominating

Always

Sometimes

Hardly ever

f) Understanding

Always

Sometimes

Hardly ever

g) Quick tempered or easily upset

Always

Sometimes

Hardly ever

h) Cheerful and easy going

Always

Sometimes

Hardly ever

F3 Who does these various household tasks?

a) Shopping for groceries

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

Someone else

b) Cooking

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

Someone else

c) Cleaning the house

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

Someone else

d) Repairs to the home

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

Someone else

e) Looking after the children

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

Someone else

f) Washing clothes

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

Someone else

g) Ironing

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

Someone else

F4 Who decides?

a) How to spend free time

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

b) How much to see family or friends

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

c) When to do repairs or re-decorate

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

d) How we should spend our money

Always me

Mostly me

Sometimes me sometimes my partner

Mostly my partner

Always my partner

People vary greatly in the amount they are satisfied or dissatisfied with their relationship. How do you feel about the following aspects of your life together?

a) Handling family finances

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

b) Demonstrations of affection

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

c) Sex

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

d) The amount of time spent together

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

F5 e) Making major decisions

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

f) Household tasks

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

g) Leisure time, interests, activities

Very satisfied

Moderately satisfied

Somewhat dissatisfied

Very dissatisfied

F6 a) How often recently have you been irritable with your partner?

Not at all

Less than once a wee

1 -2 times a week

3 - 6 times a week

Every day

b) How often has she been irritable with you?

Not at all

Less than once a wee

1 -2 times a week

3 - 6 times a week

Every day

F7 a) How many arguments or disagreements have you had in the past three months?

None

1 - 3

4 - 7

8 - 13

14 or more

- b) In the past three months have any of the following happened?
 - i) Not speaking to partner for more than 1/2hr

Yes, I did this

Yes, she did this

We both did this

Not at all

ii) On of you walking out of the house

Yes, I did this

Yes, she did this

We both did this

Not at all

F7b) iii) Shouting or calling partner names

Yes. I did this

Yes, she did this

We both did this

Not at all

iv) Hitting or slapping partner

Yes, I did this

Yes, she did this

We both did this

Not at all

v) Throwing or breaking things

Yes, I did this

Yes, she did this

We both did this

Not at all

- F8 In the past three months how often have you done these things with your partner?
 - a) Gone out for a meal

Never

Less than once a month

Less than once a week

At least once a week

b) Gone out for a drink

Never

Less than once a month

Less than once a week

At least once a week

c) Visited friends

Never

Less than once a month

Less than once a week

At least once a week

d) Visited family

Never

Less than once a month

Less than once a week

At least once a week

e) Gone to the cinema or theatre

Never

Less than once a month

Less than once a week

At least once a week

F9 a) How many evenings a month do you go out and do things on your own or with your own friends?

None

Once

2- 3 times

4-7 times

Eight or more times

F9 b) How many times a month does your partner go out, on her own, or with friends?

None

Once

2-3 times

4-7 times

Eight or more times

- F10 How often in one week on average, would you and your partner?
 - a) Discuss work or how the day has gone

Never

Less than once a week

1 - 3 times a week

Most days

b) Laugh together

Never

Less than once a week

1 - 3 times a week

Most days

c) Calmly talk over something, the news or interests or hobbies

Never

Less than once a week

1 - 3 times a week

Most days

d) Kiss or hug

Never

Less than once a week

1 - 3 times a week

Most days

e) Make future plans

Never

Less than once a week

1 - 3 times a week

Most days

f) Talk over feelings or worries

Never

Less than once a week

1 - 3 times a week

Most days

F11 a) Which statements about alcohol best applies to your partner?

Never drinks alcohol

Very occasionally, less than once a week

Occasionally, at least once a week

Drinks 1 - 2 glasses a day

Drinks 3 - 4 glasses a day

More than 10

F11 b) How many days in the past month do you think she would have drunk the equivalent of 2pints of beer, 4 glasses of wine, or 4 pub measures of spirits?

Every day

>10 days

5 - 10 days

3-5 days

1 - 2 days None

- F12 a) How many cigarettes a day does your partner smoke?
 - i) Weekdays......
 - ii) Weekends.....
 - b) For how many years has she smoked cigarettes?

Less than one

One to four

Five to nine

Ten to fourteen

Fifteen or more

F13. Below are attitudes and behaviour which people reveal in their close relationships. Please rate your partner's attitudes and behaviour towards you in recent times and tick the most appropriate box for each item.

My partner:

a) Is very considerate of me

Very true

Moderately true

Sometimes true

Not at all true

b) Wants me to take her side in an argument

Very true

Moderately true

Sometimes true

Not at all true

c) Wants to know exactly what I am doing and where I am

Very true

Moderately true

Sometimes true

Not at all true

d) Is a good companion

Very true

Moderately true

Sometimes true

Not at all true

F13 e) Is affectionate towards me

Very true

Moderately true

Sometimes true

Not at all true

f) Is clearly hurt if I don't accept her views

Very true

Moderately true

Sometimes true

Not at all true

g) Tends to try to change me

Very true

Moderately true

Sometimes true

Not at all true

h) Confides closely in me

Very true

Moderately true

Sometimes true

Not at all true

i) Tends to criticize me over small issues

Very true

Moderately true

Sometimes true

Not at all true

j) Understands my worries and problems

Very true

Moderately true

Sometimes true

Not at all true

k) Tends to order me about

Very true

Moderately true

Sometimes true

Not at all true

1) Insists I do exactly as I am told

Very true

Moderately true

Sometimes true

Not at all true

m) Is physically gentle and considerate

Very true

Moderately true

Sometimes true

Not at all true

n) Makes me feel needed

Very true

Moderately true

Sometimes true

Not at all true

F13 o) Wants me to change in small ways

Very true

Moderately true

Sometimes true

Not at all true

p) Is very loving towards me

Very true

Moderately true

Sometimes true

Not at all true

q) Seeks to dominate me

Very true

Moderately true

Sometimes true

Not at all true

r) Is fun to be with

Very true

Moderately true

Sometimes true

Not at all true

s) Wants to change me in big ways

Very true

Moderately true

Sometimes true

Not at all true

t) Tends to control everything I do

Very true

Moderately true

Sometimes true

Not at all true

u) Shows her appreciation of me

Very true

Moderately true

Sometimes true

Not at all true

v) Is critical of me in private

Very true

Moderately true

Sometimes true

Not at all true

w) Is gentle and kind to me

Very true

Moderately true

Sometimes true

Not at all true

x) Speaks to me in a warm and friendly voice

Very true

Moderately true

Sometimes true

Not at all true

SECTION G: YOUR OCCUPATION AND LIFESTYLE

G1 a) Since the study child was born, have you worked at all?

No, not at all

Yes, paid work at home

Yes, paid work outside home

Yes, paid work inside and outside home

Yes, voluntary work

b) Are you still working?

		Yes	
If no,	i) When	No n did you finish?	Date
If yes,	, ii) Hov	w many jobs are you doing	g now?
	iii) Des	cribe the type of job you	lo and the type of industry you work for
c)		nany hours a week do you nis a typical week? Yes	work?Hours
d)	Does th	No, usually work more he No, usually work less ho his include weekends? Yes, often Yes, sometimes	
e)	Do you	No work evenings or at nigh Yes, often Yes, sometimes	t?
f)	How wo)	sical effort you need for this or your current
g)	Do you	Very little, mostly sitting Some physical effort Quite a lot of effort Considerable effort usually work: The basic number of hou Basic hours plus overtim Longer than basic but no Self employed, as long a	rs per week e t paid extra
G2	Do you	a find your job satisfying? Yes No Sometimes	
G3	Do you	wish you could spend m Yes, often Yes, sometimes Yes, but rarely Not at all	ore time with your study child?
G4 a)		o you usually travel to wo lic transport Yes No	

	Yes	No
iii) I	cycle	
	Yes	No
iv) I	walk	
	Yes	No
v) An	other way	
	Yes	No
I worl	k at home	
b) How I	long does it usually take	e?
i) T	o travel to work	
	Less than 15 minuets	
	15 - 29 minutes	
	30 - 59 minutes	
	An hour or more	
ii) T	o travel home from wor	·k
	Less than 15 minutes	
	15 - 29 minutes	
	30 - 59 minutes	
	An hour or more	
G6 Apart	from your present job,	please list all jobs you have had since your study child
was born.		
	Age of child	
	Job	
	Hours worked in a no	rmal week
G7 If you	are not working:	
•	you been looking for w	vork?
,	Yes	
	No	
b) How	long have you been loo	oking for work?Months
c) If you	u have not been looking	g for work, please give reasons. Tick all that apply
i)	Do not want to	
ii)	Not well enough	
G7c) iii)	Looking after the fam	ily
iv)	I am retired	•
v)	Other reason	
G8 How	difficult do you find it to	o afford the following items?
a) Food	•	-
	Very difficult	
	Fairly difficult	
	Slightly difficult	
	Not difficult	
b) Cloth	ing	
•	Very difficult	
	Fairly difficult	
	Slightly difficult	

G8

	c)	Heating
		Very difficult
		Fairly difficult
		Slightly difficult
		Not difficult
	d)	Rent or mortgage
		Very difficult
		Fairly difficult
		Slightly difficult
		Not difficult
	e)	Things you need for the children
		Very difficult
		Fairly difficult
		Slightly difficult
		Not difficult
	f)	Extra education, music ballet etc.
		Very difficult
		Fairly difficult
		Slightly difficult
		Not difficult
	g)	Medical care
		Very difficult
		Fairly difficult
		Slightly difficult
		Not difficult
	h)	Child care
		Very difficult
		Fairly difficult
		Slightly difficult
		Not difficult
	i)	\mathcal{C}
		Very difficult
		Fairly difficult
		Slightly difficult
		Not difficult
G9	a)	On average, how much is the family income each month(include benefits etc)?
		£per month
	h)	Out of this, how much do you spend on repaying mortgage or loans?
	U)	Out of this, now inten do you spend on repaying mortgage of founds.
		£per month
	c)	How much do you pay for rent, electricity, gas, telephone?
	-,	220 W materials you pay 101 10110, electricity, gas, versprione.
		£per month
	d)	How much do you spend on food for the whole family?
	•	•
		£per month
	e)	How much do you spend on clothing, hobbies, entertainment?

Not difficult

	£per month	
f)	Do you manage to save?	
	Yes	
	No	
g)	Do you receive any financial help from your parents, other relatives or	friends?
Ο,	Yes	
	No	
h)	Do you help your parents, other relatives, or friends, financially?	
11)	Yes	
	No	
	110	
G10	How many hours sleep do you get now?	
a)	During an average night None	
	1 – 3 hours	
	4 – 5 hours	
	6 – 7 hours	
	More than 7 hours	
b)	During an average day	
	None	
	1-3 hours	
	4-5 hours	
	6 – 7 hour	
	More than 7 hours	
c)	Do you feel that you are getting enough sleep?	
	Yes No	
C11	In the most two years, have you taken any courses or educational training?	
G11	In the past two years, have you taken any courses or educational training?	
a)	Training within my job	
	Yes	
1 \	No	
b)	Evening classes	
	Yes	
	No	
G11 c)) University course	
	Yes	
	No	
ď) Other, describe	
	Yes	
	No	
G12 a)) In your spare time, do you belong to any groups or organisations, sports,	charity
fund ra	nising etc?	
	Yes	
	No	
i) If yes, please describe:	
G12h)	Are you on any committees?	
/	Yes	
	No	

G13 In the past year, how often in a week did you spend time doing the following?

a) Walking, including to work or with the dog

Never

Once a month

Once a week

2 - 3 times a week

4 - 5 times a week

Most days

b) Jogging, slower than 10 mins a mile

Never

Once a month

Once a week

2 - 3 times a week

4-5 times a week

Most days

c) Running, 10 mins a mile or faster

Never

Once a month

Once a week

2 - 3 times a week

4-5 times a week

Most days

d) Cycling

Never

Once a month

Once a week

2 - 3 times a week

4-5 times a week

Most days

G13e) Keep fit, aerobics, etc

Never

Once a month

Once a week

2-3 times a week

4 - 5 times a week

Most days

f) Tennis, squash, badminton

Never

Once a month

Once a week

2 - 3 times a week

4-5 times a week

Most days

g) Swimming

Never

Once a month

Once a week

2 - 3 times a week

h)	4 – 5 times a week Most days Other energetic activities, gard Never Once a month Once a week 2 – 3 times a week 4 – 5 times a week Most days	dening etc
G14	How many hours a day do you	spend doing the following
a)	Standing or walking	Hours
b)	Sitting, including driving	Hours
c)	Watching TV	Hours
a) i) ii) G15 b) i)	None Less than 30 minutes 30 – 60 minutes 1 – 2 hours 3 or more hours	with your child/children? n, helping with homework, reading etc?
ii)	Weekends None	
	Less than 30 minutes 30 – 60 minutes 1 – 2 hours 3 or more hours Do you think this is enough to Yes No why is this?	ime?
	i) Because of my jol)

- ii) Because of demands of partner
- iii) Because of studying
- iv) Other, describe
- G16 What is your usual walking pace?

Slow

Casual

Average

Brisk

Unable to walk

G17 How many flights of stairs do you climb daily? If you climb the same flight over and over count each time.

No stairs

- 1 2 flights
- 3 4 flights
- 5 9 flights
- 10 14 flights

5 or more

G18 How many cigarettes a day do you smoke?

30 +

25 - 29

24 - 20

19 - 15

14 - 10

5 - 9

1 - 4

None

Pipe only

Cigars only

G19 a) How much alcohol do you drink?

Never drink alcohol

Very occasionally, less than once a week

Occasionally, at least once a week

Drinks 1 - 2 glasses a day

Drinks 3 – 4 glasses a day

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

Every day

>10 days

5-10 days

3-5 days

1-2 days

None

- G20 With the lottery being so popular now, what are your attitudes towards gambling? Please tell us if you have <u>ever</u> done any of the following and how often.
 - a) Played cards for money

Once a week or more, now

Less than once a week, now

In the past only Never or hardly ever

b) Bet on horses or dogs

Once a week or more, now Less than once a week, now In the past only Never or hardly ever

c) Bet on sports or other events

Once a week or more, now
Less than once a week, now
In the past only
Never or hardly ever

d) Played dice games for money

Once a week or more, now Less than once a week, now In the past only Never or hardly ever

e) Gone to the casino

Once a week or more, now Less than once a week, now In the past only Never or hardly ever

f) Bet on the lottery

Once a week or more, now Less than once a week, now In the past only Never or hardly ever

g) Played bingo for money

Once a week or more, now Less than once a week, now In the past only Never or hardly ever

h) Played the stock market

Once a week or more, now Less than once a week, now In the past only Never or hardly ever

i) Played on slot, or other gambling machines

Once a week or more, now Less than once a week, now In the past only Never or hardly ever

j) Played other games for money, pool, golf

Once a week or more, now Less than once a week, now In the past only Never or hardly ever

k) Other, describe

Once a week or more, now Less than once a week, now

In the past only Never or hardly ever

G21 What is the largest amount of money you have gambled with in a day?

£1000 - £10,000

£1000 - £999

£25 - 99

£10 - 24

£1 - 9

Less than £1

Never gambled

SECTION C: FAMILY AND FRIENDS

H1. Apart from your partner and children, how many of your relatives and your partner's relatives do you see at least twice a year?

None

One

2 to 4

More than 4

H2. How many friends do you have, people you know more than just casually?

None

One

2 to 4

More than 4

H3. Would you say you belong to a close circle of friends with whom you keep in touch?

Yes

No

H4. How many people are there with whom you can talk about personal problems?

None

One

2 to 4

More than 4

H5. How many people talk to you about their personal problems and feelings?

None

One

2 to 4

More than 4

H6. If you have to make an important decision, how many people are there with whom you can discuss it?

None

One

2 to 4

More than 4

H7. How many people are there among your family and friends from whom you could borrow £100?

None

One

2 to 4

More than 4

H8. How many of your family and friends would help you in time of trouble?

None

One

2 to 4

More than 4

H9. During the last month, how many times did you get together with one or more friends?

None

One

2 to 4

More than 4

H10. During the last month, how many times did you get together with one or more of your or your partner's relatives?

None

One

2 to 4

More than 4

The following statements are about the help and support you have

H11 I have no one to share my feelings with

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

H12 My partner provides the emotional support I need

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

I have no partner

H13 There are other fathers with whom I can share my experiences

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

H14 I believe in moments of difficulty my neighbours would help me

Exactly how I feel

Often how I feel

Sometimes how I feel

Never how I feel

H15 I am worried that my partner might leave me Exactly how I feel Often how I feel Sometimes how I feel Never how I feel I have no partner H16 There is always someone with whom I can share my happiness about the baby Exactly how I feel Often how I feel Sometimes how I feel Never how I feel H17 If I feel tired I can rely on my partner to take over Exactly how I feel Often how I feel Sometimes how I feel Never how I feel I have no partner H18 If I was in financial difficulty I know my family would help Exactly how I feel Often how I feel Sometimes how I feel Never how I feel H19 If I was in financial difficulty I know my friends would help if they could Exactly how I feel Often how I feel Sometimes how I feel Never how I feel H20 If all else fails, I know the State will support and assist me Exactly how I feel Often how I feel Sometimes how I feel Never how I feel H21 a) Do you believe in God or in some divine power? Yes I am not sure No, not at all b) Do you feel that God (or some divine power) has helped you at any time? Yes Not sure No c) Would you appeal to God for help if you were in trouble? Yes Not sure No d) What sort of religious faith would you say you had? (tick one only) Church of England Roman Catholic Jehovah's Witness Christian Science Mormon Methodist, Baptist

Other Christian (please describe)..... **Buddhist** d) **Jewish** Sikh Hindu Muslim Rastafarian None Other (please describe)..... e) How long have you had this particular faith? All my life More than 5 years 3-5 years 1-2 years Less than a year f) Do you go to a place of worship? Yes, at least once a week Yes, at least once a month Yes, at least once a year No, not at all g) Do you obtain help and support from leaders or others members of religious groups? Help from: i) Leaders of your religious group (e.g. priests, rabbis, imams) Yes ii) Other members of your religious group Yes No Members of other religious group(please describe) iii) Yes No SECTION L: CHEMICALS IN YOUR ENVIRONMENT In the last few months, how often have you used the following, at home or at work? a) Disinfectant Every day Most days Once a week Less than once a week Not at all b) Bleach Every day Most days Once a week Less than once a week Not at all c) Window cleaner Every day

I1

Most days

Once a week

Less than once a week

Not at all

d) Carpet cleaner

Every day

Most days

Once a week

Less than once a week

Not at all

e) Oven or drain cleaner

Every day

Most days

Once a week

Less than once a week

Not at all

f) Dry cleaning fluid

Every day

Most days

Once a week

Less than once a week

Not at all

g) Turpentine/white spirit

Every day

Most days

Once a week

Less than once a week

Not at all

h) Paint stripper

Every day

Most days

Once a week

Less than once a week

Not at all

i) Household paint or varnish

Every day

Most days

Once a week

Less than once a week

Not at all

j) Weed killers

Every day

Most days

Once a week

Less than once a week

Not at all

k) Pesticides

Most days

Once a week

Less than once a week

Not at all

1) Air fresheners

Most days

Once a week

Less than once a week

Not at all

m) Hair spray

Most days

Once a week

Less than once a week

Not at all

n) Vacuum cleaner

Most days

Once a week

Less than once a week

Not at all

o) Broom or carpet sweeper

Most days

Once a week

Less than once a week

Not at all

p) Glue

Most days

Once a week

Less than once a week

Not at all

q) Metal cleaners, degreasers, polishes

Most days

Once a week

Less than once a week

Not at all

I1 r) Petrol

Most days

Once a week

Less than once a week

Not at all

s) Moth balls

Most days

Once a week

Less than once a week

Not at all

t) Other chemicals

Most days

Once a week

Less than once a week

Not at all

I2 a) Do you have a mobile phone?

Yes

No

b) How often do you use it?

At least once a day

4 - 6 times a week

1 - 3 times a week

Less than once a week

I3 Do you tend to collect static electricity and get shocks when you touch metal?

Yes, a lot

Yes, occasionally

Not at all

SECTION N: HEALTH SERVICES

- J1 Please indicate whether you have had contact with any of the following services in the past year.
 - a) G.P.

Yes

No, but would have liked to

No did not need contact

b) Health visitor

Yes

No. but would have liked to

No did not need contact

c) Social services benefit worker

Yes

No, but would have liked to

d) Social worker

Yes

No, but would have liked to

No did not need contact

J1 e) Physiotherapist

Yes

No, but would have liked to

No did not need contact

f) Psychologist/psychiatrist

Yes

No, but would have liked to

No did not need contact

g) Other support services, describe.....

Yes

No, but would have liked to

No did not need contact

- J2. The statement below describes how some mothers feel about the Health Services. We would be grateful if you could indicate what <u>your</u> feelings are.
 - a) I don't have any confidence in the National Health Service

This is exactly how I feel

This is often how I feel

This is sometimes how I feel

I never feel this way

b) I know that if my child was very ill my doctor would come immediately This is exactly how I feel This is often how I feel This is sometimes how I feel I never feel this way c) My doctor is always helpful to me This is exactly how I feel This is often how I feel This is sometimes how I feel I never feel this way d) I am fascinated by alternative medicine This is exactly how I feel This is often how I feel This is sometimes how I feel I never feel this way **SECTION K: YOUR OUTLOOK ON LIFE K**1 Did getting good marks at school mean a great deal to you? Yes No K2 Are you often blamed for things that are just not your fault? Yes No **K**3 Do you feel that most of the time it doesn't pay to try hard because things never turn out right anyway? Yes No K4 Do you feel that if things start out well in the morning then it is going to be a good day no matter what you do? Yes No K5 Do you believe that whether or not people like you depends on how you act? Yes No Do you believe that when bad things happen they are going to happen no matter K6 what you do? Yes No **K**7 Do you feel that when good things happen they happen because of hard work? Yes No K8 Do you feel that when someone does not like you there's little you can do about it?

1052

No

Did you feel that it was almost useless to try in school because most other children

Yes No

were cleverer than you were? Yes

K9

K10 Are you the kind of person who believes that planning ahead makes things turn out better? Yes No K11 Most of the time do you feel that you have little to say about what your family decides to do? Yes No K12 Do you think it is better to be clever than lucky? Yes No K13 Do you think you have been treated unfairly/unjustly in the past 12 months because of: a) Your sex Yes No b) The colour of your skin Yes No c) The way you dress Yes No d) Your family background Yes No e) The way you speak Yes No K13 f) Your religion

Yes

No

g) Other, describe

Yes

No

SECTION L: ACCIDENTS AND INJURIES

- L1 Have you had any of the following accidents in the last seven years?
 - a) Road traffic accident

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

b) Playing sports/games

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

c) At work

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

d) Inside the home

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

e) Outside your home

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

f) At another building

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

g) In a fight or argument

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

h) You were attacked

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

L1 i) Other, describe

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

L2 Have you had any of the following injuries in the last seven years?

a) Burns

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

b) Scalds

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

Nο

c) Badly cut

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

d) Stabbed

Yes, and stayed in hospital Yes, and saw a doctor Yes, did not see a doctor No

e) Shot

Yes, and stayed in hospital Yes, and saw a doctor Yes, did not see a doctor No

f) Nearly drowned

Yes, and stayed in hospital Yes, and saw a doctor Yes, did not see a doctor No

g) Dislocated a hip. Knee, shoulder

Yes, and stayed in hospital Yes, and saw a doctor Yes, did not see a doctor No

h) Broken hand or arm

Yes, and stayed in hospital Yes, and saw a doctor Yes, did not see a doctor No

i) Broken foot or leg

Yes, and stayed in hospital Yes, and saw a doctor Yes, did not see a doctor No

j) Sexual assault

Yes, and stayed in hospital Yes, and saw a doctor Yes, did not see a doctor No

k) Overdose of pill

Yes, and stayed in hospital Yes, and saw a doctor Yes, did not see a doctor No

1) Overdose of something else, describe

Yes, and stayed in hospital Yes, and saw a doctor Yes, did not see a doctor No

m) Concussion

Yes, and stayed in hospital Yes, and saw a doctor Yes, did not see a doctor No n) Other injury

Yes, and stayed in hospital

Yes, and saw a doctor

Yes, did not see a doctor

No

- L3 If you had any of these accidents, what problems did you have as a result of of them? Tick all that apply
- any

a) Pain

Yes, still present

Yes, but no longer present

No problem

b) Reduction in movement

Yes, still present

Yes, but no longer present

No problem

c) A facial scar or defect

Yes, still present

Yes, but no longer present

No problem

d) Less able to see or hear

Yes, still present

Yes, but no longer present

No problem

L3 e) Inability to work

Yes, still present

Yes, but no longer present

No problem

f) Other physical result, describe

Yes, still present

Yes, but no longer present

No problem

- L4 What emotional problems did you have as a result of any of these accidents? Tick all that apply.
 - a) Loss of confidence

Yes, still present

Yes, but no longer present

No problem

b) Feeling depressed

Yes, still present

Yes, but no longer present

No problem

c) Very tense

Yes, still present

Yes, but no longer present

No problem

d) Unable to sleep well

Yes, still present

Yes, but no longer present

No problem

e) Loss of appetite

Yes, still present

Yes, but no longer present

No problem

f) Something else, describe

Yes, still present

Yes, but no longer present

No problem

- L5 What other consequences were there occurring after any of these accidents?
 - a) Cost money

Yes, still present

Yes, but no longer present

No problem

b) Lost job

Yes, still present

Yes, but no longer present

No problem

c) Loss of earnings

Yes, still present

Yes, but no longer present

No problem

L5 d) Problems at work

Yes, still present

Yes, but no longer present

No problem

e) Problems with the family

Yes, still present

Yes, but no longer present

No problem

f) Problems with friends

Yes, still present

Yes, but no longer present

No problem

g) Other problems, describe

Yes, still present

Yes, but no longer present

No problem

Not at all

Please give the date on which you completed this questionnaire

Please give your date of birth

Please give the date of your study child's birth

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When completed, please return this questionnaire to: I.O.M.Postgraduate Medical centre Westmoreland Road, Douglas Isle of Man Tel 662636

2.9. 24. CARERS' QUESTIONNAIRE AT SIXTEEN YEARS

Questionnaire information

Questionnaire title Mothers' Questionnaire at 16 years

Data gathered by: Mother or Carer

Data gathered when: When the study child is 16 years

Data gathered where: Self completing questionnaires, sent by post and

returned in pre paid envelopes

Number collected: Not yet completed

Entered data stored in file(s): Version of questionnaire 1

This questionnaire is for the study child's mother or person taking the role of mother. All your answers are confidential and will be seen by no one but the ELSPAC Study Team

All answers are confidential

THANK YOU VERY MUCH FOR YOUR HELP

SECTION A: LOOKING BACK FOR THE LAST TWO YEARS

A1.	Compared with	n when your study ch	nild was 13 years old, v	would you say that:
	a) Your family	's living conditions		
	,	Have improved		
		Have remained the	same	
		Have got worse		
	b) Your status a	_		
	,	Has improved		
		Has remained the	same	
		Has got worse		
	c) Your health	<u> </u>		
		Has improved		
		Has remained the s	ame	
		Has got worse		
	d) Your lifestyl	le		
		Has improved		
		Has remained the s	ame	
		Has got worse		
SECT	ION B: YOUR	HEALTH		
B1.	Which of the fol	lowing best describe	es your health in the pa	ast year and now?
	a) Past y	vear		
	,	Fit and well		
		Mostly well and hea	althy	
		Often unwell	•	
		Hardly ever well		
	b) Now	·		
		Fit and well		
		Mostly well and he	ealth	
		Often unwell		
		Hardly ever well		
SECT	ION C: YOUR I	HOUSEHOLD		
	C1. a) How i	• • • •	•	w? Include yourself and
anyon	e	who is away	at school or work.	
		Adults over 18yea	ars	
		Young adults 16 t	to 18 years	
		Young children, le	ess than 16 years	
C1.	b) Please indica	te who the adults over	er 18 vears are.	
- •	,	i) Yourself	- J - · · · · · · · · · · · · · · · · ·	
		Yes	No	

11) Your partner	
Yes No	
iii) Your parent(s)	
Yes No	
iv) Your partner's parent(s)	
,	
,	
describe	
What is your present marital status?	
• •	
<u>*</u>	
· · · · · · · · · · · · · · · · · · ·	
Married for second or third time	
a) Is the present live - in father figure the natural father of the study shill	d٠
	u.
<u> </u>	
b) If no, now old was the study child when father left? Years	
c) How often do they see each other?	
•	
Varies	
d) Does the natural father provide financial support for his son/daughter?)
Yes	
No	
Sometimes	
e) Do you think this adequate for his/her needs?	
Yes No	
	iii) Your parent(s) Yes No iv) Your partner's parent(s) Yes No v) Other relation(s) of yourself Yes No vi) Other relative(s) of partner Yes No vii) Friends Yes No viii) Lodger Yes No ix) Your children 18+ Yes No describe

SECTION D: YOUR OUTLOOK ON LIFE

D1. Did gett	ing good marks	at school mean Yes	a great deal to you'? No
D2. Are you	ı often blamed f	or things that ar	re NOT your fault?
D3. Do you out right	feel that most o anyway?		es not pay to try hard, because things never turn
		Yes	No
D4. Do you matter what	feel that if thing you do?	gs start out well	in the morning it's going to be a good day no
	·	Yes	No
D5. Do you	believe that who	ether or not peo Yes	ople like you depends on how you act? No
D6. Do you you do to	believe that who	_	appen they are going to happen no matter what
•	, 1	Yes	No
D7. Do you	feel that when g	good things hap Yes	pen they happen because of hard work? No
D8. Do you	feel that when so	omeone does no Yes	ot like you there is little you can do about it?
-	i feel it was usel i you were?	ess to try in sch	nool because most of the other children were
	<i>y</i>	Yes	No
D10. Are yo better?	ou the kind of pe	erson who belie	ves that planning ahead makes things turn out
		Yes	No
D11. Most o	of the time, do y	ou feel that you	have little say about what your family decides to
		Yes	No
D12. Do you	u think it better	to be clever tha Yes	n lucky? No

SECTION E: YOUR OPINION OF YOURSELF:

Below are some statements, please say how true they are of you.

E1. I feel that I am a person of worth, at least equal to others

Almost always

Sometimes true

Seldom true

Never true.

E2. I feel I have a number of good qualities.

Almost always

Sometimes true

Seldom true

Never true

E3. I am able to do things as well as other people.

Almost always

Sometimes true

Seldom true

Never true

E4. I feel I do not have much to be proud of.

Almost always

Sometimes true

Seldom true

Never true

E5. I take a positive attitude towards myself.

Almost always

Sometimes true

Seldom true

Never true

E6. Sometimes I think I am no good at all.

Almost always

Sometimes true

Seldom true

Never true

E7. I am a useful person to have around.

Almost always

Sometimes true

Seldom true

Never true

E8. I feel I cannot do anything right.

Almost always

Sometimes true

Seldom true

Never true

E9. When I do a job I do it well.

Almost always

Sometimes true

Seldom true

Never true

E10. I feel that my life is not very useful.

Almost always Sometimes true Seldom true Never true

E11. I am unlucky

Almost always Sometimes true Seldom true Never true

SECTION F: YOUR FEELINGS

The questions in this section ask you about your feelings and the way you behave. Please tell us how you have felt in the past week

F1. I have been able to laugh and see the funny side of things

As much as I always could Not quite so much now Definitely not so much now

Not at all

F2. I have looked forward with enjoyment to things.

As much as I ever did Rather less than I used to Definitely less than I used to

Hardly at all

F3. I have blamed myself unnecessarily when things go wrong

Most of the time Some of the time Not very often

Never

F4. I have been anxious or worried for no good reason.

Not at all Hardly ever Sometime Often

F5. I have felt scared or panicky for no good reason

Quite a lot Sometimes Not very often Not at all

F6. Things have been getting on top of me.

Yes, most of the time I haven't been able to cope Sometimes I haven't been coping as well as usual

Most of the time I have coped quite well

I have been coping as well as ever

F7. I have been so unhappy I have had difficulty sleeping

Most of the time Sometimes

Not very often Not at all

F8. I have felt sad or miserabl	e.
	Most of the time
	Sometimes
	Not very often
	Not at all
F9. I have been so unhappy th	at I have been crying
	Most of the time
	Quite often
	Occasionally
	Never
F10. The thought of harming	myself has occurred to me
	Quite often
	Sometimes
	Hardly ever
	Never
F11. On the whole are there m	nore good days than bad ones?
	More good days
	About half and half
	More bad days
	,
SECTION G: WORK AND L	IFESTYLE:
G1 a) Since your study child w	vas 12 have vou ever worked?
	No
	Yes, paid work at home
	Yes paid work outside home
	Yes, paid work in & out of home
	/ 1
b) Are you still working?	
, ,	Yes
	No
c) How many jobs are you	doing now?
	6
d) What is your main job?.	
e) What are the main reason	ons for you working? Please tick all that apply
	Financial, I am important as a breadwinner
	Financial, for family extras
	Career prospects
	Enjoyment Enjoyment
	To get out of the house
	Other, please describe
G2. Do you find your job sati	istving?
52. Do you find your job sail	Yes
	Sometimes
	No
	110

SECTION H: NEIGHBOURHOOD, FAMILY AND FRIENDS

H1. What do you think of your neighbourhood? A very good place to live A fairly good place to live Not a very good place to live Not at all a good place to live How many of your and your partner's relatives do you see at least twice a year? H2. None One Two - four More than four H3. How many friends do you have? None One Two – four More than four H4. Would you say you belong to a close circle of friends? Yes No H5. How many people are there that you can talk to about personal problems? None One Two – four More than four How many people talk to you about their personal problems and private feelings? H6. None One Two-fourMore than four If you have to make an important decision, how many people are there with whom H7. discuss it? you can None One Two - four More than four H8. How many of your family and friends would help you in times of trouble? None One Two – four More than four H9. During the last month, how many times have you got together with one or more friends? None

One

Two – four More than four

	-	g the last month, how many times have you got together with one or more of
your o	r your	partner's relatives?
		None
		One
		Two – four
		More than four
H11.	a)	Do you believe in God or in some divine power?
		Yes
		I am not sure
		No, not at all
b)	Do yo	u feel that God (or some divine power) has helped you at any time?
		Yes
		Not sure
		No
	c)	Would you appeal to God for help if you were in trouble?
		Yes
		Not sure
		No
	d)	Do you 'pray' even if not in trouble?
		Yes No
	e)	What sort of religious faith would you say you had? (tick one only)
		Church of England
		Roman Catholic
		Jehovah's Witness
		Christian Science
		Mormon
		Methodist, Baptist
		Other Christian (please describe)
		Jewish
		Buddhist
		Sikh
		Hindu
		Muslim
		Rastafarian
		Other (please describe)
		. None
	f)	How long have you had this particular faith?
		All my life
		More than 5 years
		3-5 years
		1-2 years
		Less than a year
	g)	Are you bringing your child up in this faith?
		Yes No
	h)	Do you go to a place of worship?
		Yes, at least once a week
		Yes, at least once a month
		Yes, at least once a year
		No, not at all

. j) groups?	Do you obtain help and support from leaders or others members of religiou	ıs
	our religious group (e.g. priests, rabbis, imams)	
	Yes	
Other member	No	
Other membe	ers of your religious group Yes	
	No	
	Members of other religious group) (please describe)	
SECTION I:	YOU AND YOUR STUDY CHILD	
I1. Most fam	ilies argue from time to time. In your family do you argue about any of the	
following a) Go	issues with your study child?	
,	Never	
	Rarely	
	Sometimes	
	Often	
b) Fo	od he/she eats	
	Never	
	Rarely	
	Sometimes	
a) U a	Often	
C) He	lping in the home Never	
	Rarely	
	Sometimes	
	Often	
d) Ge	etting up in the mornings	
	Never	
	Rarely	
	Sometimes	
	Often	
e) Sc	hool homework	
	Never	
	Rarely Sometimes	
	Often	
f) C	lothes or hairstyle	
1) C	Never	
	Rarely	
	Sometimes	
	Often	
g) T	ne time he/she wants to come in at night	
_	Never	
	Rarely	
	Sometimes	
	Often	

h) His/her behaviour Never Rarely Sometimes Often i) How much pocket money he/she gets Never Rarely Sometimes Often **I**1 j) Permission to go out somewhere Never Rarely Sometimes Often k) School reports Never Rarely Sometimes Often 1) His/her friends Never Rarely Sometimes Often m) Fighting with brothers/sisters Never Rarely Sometimes Often n) The time he/she does get home Never Rarely Sometimes Often o) Not wanting to go to school Never Rarely Sometimes Often p) Who most often gets their own way in these arguments? Son/daughter does It varies No one q) Are there rules in your home about what he/she can or cannot do? Yes No r) Does he/she ever refuse to do what he/she does not want to do? Yes No

Myself My husband/partner Teacher Older sibling Other t) Who stands up for him/her the most? Myself My husband/partner Teacher Older sibling Other u) Who praises him/her the most? Myself My husband/partner Teacher Older sibling Other v) Who is he/she most afraid of? Myself My husband/partner Teacher Older sibling Other w) Who does he/she confide in the most? Myself My husband/partner **Teacher** Older sibling Other I2. How often do you chat to him/her? All the time Often Sometimes Rarely Never I3. Are you interested in what your son/daughter tell you about themselves or their day? Always Sometimes Never I4. When he/she is out, how often do you know where he/she is? Always Sometimes Rarely Never I5. Does he/she have a girl/boy friend? Yes No Don't know I6. How often does your son/daughter do these tasks in the home?

s) Who does he/she respect the most?

I1.

a) Make his/her bed

Often

Occasionally

Not at all

b) Tidies his/her room

Often

Occasionally

Not at all

c) Looks after, walks a pet

Often

Occasionally

Not at all

No pet

d) Looks after younger children

Often

Occasionally

Not at all

e) Looks after older relatives

Often

Occasionally

Not at all

I7. Does he/she have a room of his/her own?

Yes

No

SECTION J: YOUR CHILD'S STRENGTH AND DIFFICULTIES

Please think how your son/daughter has been in the past six months.

J1. He/she has been considerate of others' feelings

Not true

Sometimes true

Certainly true

Don't know

J2. He/she has been restless and fidgety

Not true

Sometimes true

Certainly true

Don't know

J3. He/she has complained of headaches stomach ache or sickness

Not true

Sometimes true

Certainly true

Don't know

J4. He/she readily shares with others

Not true

Sometimes true

Certainly true

Don't know

J5. He/she has had bursts of feeling very angry

Not true

Sometimes true Certainly true

Don't know

J6. He/she is solitary and tends to be on his/her own

Not true

Sometimes true Certainly true Don't know

J7. He/she worries a lot

Not true

Sometimes true Certainly true Don't know

J8. He/she is helpful if someone is hurt, upset or ill

Not true

Sometimes true Certainly true Don't know

J9. He/she often volunteers to help others

Not true

Sometimes true Certainly true Don't know

J10. He/she often fights or bullies other children

Not true

Sometimes true Certainly true Don't know

J11. He/she often seems unhappy or tearful

Not true

Sometimes true Certainly true Don't know

J12. He/she is popular with other children

Not true

Sometimes true Certainly true

Don't know

J13. He/she is forgetful & easily distracted

Not true

Sometimes true Certainly true Don't know J14. He/she is nervous and lacking in confidence

Not true

Sometimes true Certainly true

Don't know

J15. He/she is kind to younger children

Not true

Sometimes true Certainly true

Don't know

J16. He/she has often told lies

Not true

Sometimes true Certainly true Don't know

J17. He/she is picked on and bullied by other children

Not true

Sometimes true Certainly true Don't know

J18. He/she thinks carefully before doing things

Not true

Sometimes true Certainly true Don't know

J19. He/she has stolen from home school and elsewhere

Not true

Sometimes true Certainly true Don't know

J20. He/she has lots of fears and is easily scared

Not true

Sometimes true Certainly true Don't know

J21. He/she has skipped school and missed lessons

Not true

Sometimes true Certainly true Don't know

J22. He/she did wrong but was misled by friends/gang

Not true

Sometimes true Certainly true Don't know

J23. He/she has been in love

Not true

Sometimes true Certainly true Don't know

K1. What do you think your son/daughter considers are important in their lives?

a) School marks

Very important Quite important Not very important Not at all important

b) Relationship with teachers

Very important Quite important Not very important Not at all important

c) Relationships with friends

Very important Quite important Not very important Not at all important

d) Relationships with family

Very important Quite important Not very important Not at all important

e) His/her health

Very important Quite important Not very important Not at all important

f) Hobbies and interests

Very important Quite important Not very important Not at all important

K1. g) His/her clothes and appearance

Very important
Quite important
Not very important
Not at all important

h) Having enough money

Very important Quite important Not very important Not at all important

i) Material possessions computer, bike etc

Very important Quite important Not very important Not at all important

j) Playing sports

Very important Quite important

	Not very important
	Not at all important
	k) Family holidays
	Very important
	Quite important
	Not very important
	Not at all important
K2.	What friends does he/she prefer?
	His/her own sex
	Opposite sex
	No preference
	No friends
K3.	Is he/she influenced by his/her contemporaries?
	Very much
	Quite a lot
	Not much
	Not at all
K4.	What do you think your son/daughter will do when he/she leaves school?
	Get a job
	Do an apprenticeship
	Attend IOM College
	Go to University
	Take a gap year
	Do nothing
	Don't know
K5.	Do you think he/she has a special talent for something?
	Yes
	Describe
	No
SEC	CTION L: YOUR STUDY CHILD'S HEALTH
T 1	
L1.	How would you describe the health of your study son/daughter in the past month?
	Very healthy
	Healthy with a few problems
	Sometimes quite ill Almost always ill
L1a)	•
LIA,	At least ten
	Five to nine
	One to four

L2. Has your son/daughter had any of the following in the past two years?

Hardly ever Never Don't know a) Earache with discharge

Yes, saw a doctor

Yes, did not see a doctor

No

b) Acne/bad spots

Yes, saw a doctor

Yes, did not see a doctor

No

c) Headaches

Yes, saw a doctor

Yes, did not see a doctor

No

d) Asthma

Yes, saw a doctor

Yes, did not see a doctor

No

e) Eczema

Yes, saw a doctor

Yes, did not see a doctor

No

f) Hay fever

Yes, saw a doctor

Yes, did not see a doctor

No

g) Excessive thirst

Yes, saw a doctor

Yes, did not see a doctor

No

h) Rapid weight change

Yes, saw a doctor

Yes, did not see a doctor

No

L2 i) Loss of energy

Yes, saw a doctor

Yes, did not see a doctor

No

j) Blurred vision

Yes, saw a doctor

Yes, did not see a doctor

No

k) Passing urine frequently

Yes, saw a doctor

Yes, did not see a doctor

No

L3 a) Has your son/daughter been admitted to hospital in the past two years?

Yes

No If NO, go to L4

First admission	Son/daughter	_		
	Reason for a		on	
	Nights in hos	spital		
G 1 1	0 /1 14	,		
Second admission	Son/daughter	_		
	Reason for a		on	
	Nights in hos	spital		
Third admission	Son/daughter	r's age		
Tima admission	Reason for a	_	n.	
			Л	
	Nights in hos	spitai		
L4. Has your son/daughter of Please tick all that appl	-	the foll	owing o	perations?
11	a) Tonsils out	-		
	.,	Yes		No
	b) Adenoids o			
	Yes	at	No	
	103		110	
	c) Appendix re	emove	d	
	, 11	Yes		No
	d) Hernia repa	ired		If YES give type
		Yes		No
	e) Squint repa	ired		
		Yes		No
	0.04		•1	
	f) Other, pleas	e desci	ribe	
L5. Has your son/daughter l	had any of the fo	ollowin	g in the	past two years?
	a) Meningitis			
		Yes		No
	h) IInin and inf	aati a		
	b) Urinary info			NT
		Yes		No
	c) Thrush			
	c) imasii	Yes		No
		103		140
	d) Chicken po	X		
		Yes		No
	e) Cold sores/l	-		
		Yes		No

b) If yes, please describe.

	i) Otner, pleas	e describe	
L6 a) Is your son/daug	hter allergic to ar	ny of the follo	wing
	i) Pollen	Yes	No
	ii) Dog/cat fu	Yes	No
	iii) Horse hair iv) Bee/wasp	Yes	No
	v) House dust	Yes	No
	vii) Food	Yes	No
	viii) Other	Yes	No
b) How does he/she react t	o this?	Please tick A	LL which apply
	i) Wheezing	& breathless Yes	No
	ii) Sneezing	Yes	No
	iii) A rash	Yes	No
L6 c)	iv) Itchy wateri	ng eyes Yes	No
	vi) Other, plea	se describe	
L7. Please will you give yo	ur son's/daughte	r's	
a) W	eight	1	bs
b) He	eight	i	nches
c) W	aist measuremen	t	inches
c) Sh	noe size		
L7 d) Please can you give	e your daughter' Years	s age when sl	ne began her periods?
L7 e) Please can you giv	ve your son's age Years	when his voi	_

SECTION M: ACCIDENTS AND INJURIES

Please tell us if your son/daughter has had any kind of accident in the last TWO years. This includes burns, scalds, road traffic accidents, sports injuries, broken bones, or injured in a fight.

M1a)	Has he/she had an acc	cident in the last TWO years?			
		Yes No			
,	If YES, how many? describe what happened Accident 1				
	c) where did	it happen: School, home, park			
	d) What happ e) Injuries (if f) Who was w g) What did tl	none write 0 ith him/her?			
	i) Not	ning			
	· · · · · · · · · · · · · · · · · · ·	ated them themselves			
	,	ok him/her to a doctor			
	,	him/her to hospital			
	,	ok him/her home			
	VI) Ou	ner, please describe			
	h) What treat	ment did he/she get, if any?			
	i) Was any fu	rther treatment given?			
		cident 3			
		ese accidents had a lasting effect on your son/daughter?			
	i) No				
	ii) A	scar			
	iii) Lo	oss of confidence			
	iv) Pain				
		r, pleases describe			
		cine, ointments, including vitamins or herbal remedies your			
son/dau	ughter takes or uses ne	arly every day in the past month.			
		Yes			
IC VEC	ulassa dassadha	No			
M3. a)	please describe i)	Name of product			
W13. a)	1)	Reason taken			
		Days taken			
	ii)	Name of product			
	/	Reason taken			
		Days taken			
	iii)	Name of product			
	,	Reason taken			
		Days taken			
M4. D	oes your son/daughter	regularly attend any hospital clinics?			

		Yes			
	a) Why does he/she	No			
atten	nd				
	b) At what age did he	e/she first attend?Years			
	c) What treatment do	es he/she			
have					
M5.	Has your son/daughte	r been referred to an eye specialist in the last TWO years? Yes			
		No			
	a) What was found o				
	i)	Squint			
		Yes			
		No			
	ii)	Colour blind			
		Yes			
		No			
	iii)	Short sighted			
		Yes			
	• \	No			
	1V)	Long sighted			
		Yes			
	**)	No Lozy ovo			
	v)	Lazy eye Yes			
		No			
	vi)	Other, please describe			
	V1)	other, preuse desertoe			
	b) What treatment is	if any, was given?			
		operation			
	Gla	asses with or without a patch			
	No	treatment			
M5	c) Does your son/d	aughter wear glasses?			
1113	c) Does your son/u	Yes			
		No			
	ci) Does your son/d	aughter wear contact lenses?			
	,	Yes			
	No				
	d) If YES how old v	was he/she when they were first worn?			
	di) Glasses	Yrs			
	dii) Contact lenses	Yrs			

M6.	In the last TWO years has anyone ever thought there might be a problem with your son/daughter's behaviour?
	Yes
	No
	a) If YES has he/she been seen by a specialist?
	Yes
	No
	b) What was decided?
	c) Does he/she still have these problems?
	Yes
	No
	d) Have you developed a way of dealing with his/her behaviour?
	Yes
	No
	If YES, please describe
M7	a) Has your son/daughter visited the dentist in the past year?
	Yes for treatment
	Yes for a check
	No
	What treatment did he/she have?
	b) Filling(s)
	Yes
	No
	c) Teeth out ci) How many?
	Yes
	No
	d) Brace fitted
	Yes
	No
	e) Other, please describe
M8.	How often does he/she brush their teeth?
	More than once a day
	Once a day
	Less than once a day
	Never
M9.	Does he/she use toothpaste?
	Yes
	No

SECTION N: UPSETTING EVENTS

Below are listed some events which may have affected your son/daughter in the past TWO years. Please tick any which may apply.

N1. He/she moved house

Yes and was very upset Yes and was quite upset Yes and was a bit upset Yes but was not upset It did not happen

N2. He/she started a new school

Yes and was very upset Yes and was quite upset Yes and was a bit upset Yes but was not upset It did not happen

N3. He/she lost their best friend

Yes and was very upset Yes and was quite upset Yes and was a bit upset Yes but was not upset

N4. Someone in the family died

Yes and was very upset Yes and was quite upset Yes and was a bit upset Yes but was not upset It did not happen

N5. A pet died

Yes and was very upset Yes and was quite upset Yes and was a bit upset Yes but was not upset It did not happen

N6. He/she was separated from their mother

Yes and was very upset Yes and was quite upset Yes and was a bit upset Yes but was not upset It did not happen

N7. He/she was separated from their father

Yes and was very upset Yes and was quite upset Yes and was a bit upset Yes but was not upset It did not happen

N8. He/she acquired a new mother or father

Yes and was very upset Yes and was quite upset Yes and was a bit upset Yes but was not upset It did not happen

N9. His/her parents were divorced

Yes and was very upset Yes and was quite upset Yes and was a bit upset Yes but was not upset It did not happen

N10. He/she had a new brother/sister

Yes and was very upset Yes and was quite upset Yes and was a bit upset Yes but was not upset It did not happen

N11.He/she was taken into care

Yes and was very upset Yes and was quite upset Yes and was a bit upset Yes but was not upset It did not happen

N12. He/she had a severe injury

Yes and was very upset Yes and was quite upset Yes and was a bit upset Yes but was not upset It did not happen

N13. He/she was responsible for damage or an accident

Yes and was very upset Yes and was quite upset Yes and was a bit upset Yes but was not upset It did not happen

N14. He/she was severely punished

Yes and was very upset Yes and was quite upset Yes and was a bit upset Yes but was not upset It did not happen

N15. He/she got a bad school report

Yes and was very upset Yes and was quite upset Yes and was a bit upset Yes but was not upset It did not happen

N16. He/she failed an important exam

Yes and was very upset Yes and was quite upset Yes and was a bit upset Yes but was not upset It did not happen

N17. He/she was bullied

Yes and was very upset Yes and was quite upset Yes and was a bit upset Yes but was not upset It did not happen

N18. He/she was physically hurt by someone

Yes and was very upset Yes and was quite upset Yes and was a bit upset Yes but was not upset It did not happen

N19. He/she was sexually abused

Yes and was very upset Yes and was quite upset Yes and was a bit upset Yes but was not upset It did not happen

N20. He/she was excluded from school

Yes and was very upset Yes and was quite upset Yes and was a bit upset Yes but was not upset It did not happen

N21. He/she was in trouble with the law

Yes and was very upset Yes and was quite upset Yes and was a bit upset Yes but was not upset It did not happen

N22. He/she thought he had made someone pregnant /was pregnant

Yes and was very upset Yes and was quite upset Yes and was a bit upset Yes but was not upset It did not happen

N23. He/she attempted suicide

Yes and was very upset Yes and was quite upset Yes and was a bit upset Yes but was not upset It did not happen

SECTION O: SCHOOL

How do you think your son/daughter feels about school?

O 1 a) He/she is stimulated by it

Always

Usually

Sometimes

Not at all

b) He/she looks forward to lessons

Always

Usually

Sometimes

Not at all

c) He/she likes their school friends

Always

Usually

Sometimes

Not at all

d) He/she looks forward to seeing the teachers

Always

Usually

Sometimes

Not at all

f) He/she seems bored by it

Always

Usually

Sometimes

Not at all

g) He/she is frightened by the teachers

Always

Usually

Sometimes

Not at all

h) He/she is frightened by other children at school

Always

Usually

Sometimes

Not at all

O2. Are you interested in what your son/daughter does at school?

Yes, very

Yes, mostly

Not really

O3. Are you happy with the teaching your son/daughter is receiving?

Yes, very

Yes, mostly

Not really

O4. Are you happy with the		•	n/daughte	r is making at school?
	Yes, v	•		
	Yes, n	•		
	Not re	•		
O5. Are you happy with his			school?	
	Yes, ve	•		
	Yes, m	ostly		
	Not rea	ally		
O6. Do you attend parent tea	ichers m	eetings?		
	Yes, al	ways		
	Someti	mes		
	Never			
Please give the date on which	h you co	mpleted t	his questi	onnaire
	Day	1	Month	Year
Please give YOUR date of b	irth			
	Day	I	Month	Year
□ Copyright.				
Institute of Child Health, U	niversity	of Bristo	1 & E.L.S	.P.A.C. in the Isle of Man
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2.9. 25. PARTNERS' QUESTIONNAIRE AT SIXTEEN YEARS

Questionnaire information

Data gathered by: Mothers' Partner

Data gathered when: When the study child is 16 years

Data gathered where: Self completing questionnaires, sent by post and returned in pre

paid envelopes

Number collected: Not yet completed

Entered data stored in file(s): Version of questionnaire 1

Operating manual completed by: Edna Rolfe

Date: 4/12/06

This questionnaire is to be completed by the partner of the study child's mother

All answers are confidential

THANK YOU VERY MUCH FOR YOUR HELP

SECTION A:

Looking back over the last two years and compared with when your study son/daughter was 13 years old would you say that?

A1. a) Your living standard

Has improved

Remained the same

Has got worse

b) Your financial security

Has improved

Remained the same

Has got worse

c) Your self assertion at home

Has improved

Remained the same

Has got worse

d) Your status at work

Has improved

Remained the same

Has got worse

e) Your health

Has improved

Remained the same

Has got worse

f) Your lifestyle

Has improved

Remained the same

Has got worse

g) Your satisfaction with parenthood

Has improved

Remained the same

Has got worse

A2. Which of the following statements best describes your health in the past year and now?

a) Past year

Fit and well

Mostly fit and healthy

Often unwell

Hardly ever well

b) Now

Fit and well

Mostly fit and healthy

Often unwell

Hardly ever well

B1. a) How many people are parts of your household at this particular time? Include yourself and anyone who is away at school or work.

Adults over 18 years

Young adults 16 to 18 years

Young children under 16 years

B1.	b) Please indicate wh	to the adults over 18 are	2.
		i) Yourself	N
		Yes	No
		ii) Your partner	N
		Yes	No
		iii) Your parent(s)	
		Yes	No
		103	110
		iv) Your partner's pa	arent(s)
		Yes	No
		v) Other relations of	yours
		Yes	No
		vi) Other relations of	f your partner
		Yes	No
		vii) Friends	
		Yes	No
		···\ T 1	
		viii) Lodger	
		Yes	No
		ix) Your children ov	er 18 vears
		Yes	No
		x) Other, please desc	ribe
		Yes	No
B2.	What is your present n		
		Never married	
		Widowed	
		Divorced	
		Separated	
		Married once only	
		Married for second o	r third time
D2) A	164 64 41 1	1110
В3	a) Are you the natura	al father of the study ch	
		Yes	No
	b) If NO how old w	as the study child when	n you took over his/her care?Yrs
	c) Do you provide f	inancial support for the	
		Yes	No

d) How often does the study child have contact with his/her natural father?

B3

			Once	a week	
			Once	a month	
			•	6mths	
	В3	d)	Once a	year	
			Never		
					describe
		e) Is the li	ve in mother the st	•	tural mother?
				Yes	
		O ICNIO 1	11 4 4	No	1 1 00 37
		f) If NO h	ow old was the stu	dy child when	she left? Years
		a) How of	tan doos the study	ahild haya aan	to at with his/har natural mather?
		g) now on	Once a		tact with his/her natural mother?
			Once a		
			Every 6		
			Once a		
			Never Never	year	
					describe
			, alles.		
	SEC	CTION C: YO	UR OUTLOOK	ON LIFE	
	C1.	Did getting go	ood marks at schoo	_	•
				Yes	No
	C2.	Are you often	blamed for things		
				Yes	No
	C^2	Do way faal th	eat most of the time	a it dags not no	ay to try hard because things don't turn
0114 #		-	iat most of the time	e it does not pa	y to try hard because things don't turn
Out I	igiii a	anyway?		Yes	No
				168	140
	C4	Do you feel th	nat if things start on	ıt well in the n	norning that it's going to be a good day no
matte		at you do?	iat ii tiiiigs start ot	at well ill the il	forming that it is going to be a good day no
muu	O1 VV1	at you do.		Yes	No
				105	110
	C5.	Do vou believ	e that whether or r	ot people like	you depends on how you act?
		,		Yes	No
	C6.	Do you believ	e that when bad th	ings are going	to happen they happen no matter what
you		to try and stop			11 7 11
•		, ,		Yes	No
	C 7	Do you feel th	nat when good thin	gs happen, the	y happen because of hard work?
				Yes	No
	C8.	Do you feel th	nat when some one		you there is little you can do about it?
				Yes	No

1 11	-		ost useless to	try in school because m	nost of the other
child	dren were c	cleverer than you?	Yes	No	
	C10. Are you the kind of person		who believes	that planning ahead m	akes things turn out
	better?		Yes	No	
to do		the time do you fee	l that you hav	re little to say about wh	at your family decides
10 4	·		Yes	No	
	C12. Do you	think it is better to b	e clever than	lucky?	
	J		Yes	No	
	SECTION D	: YOUR OPINION	N OF YOUR	SELF	
	Below are sor	ne statements, pleas	se say how tru	ue they are of you.	
	D1 I feel tha	t I am a person of w	vorth at least	equal to others	
	D1. Tieci ila	<u>-</u>	nost always t	-	
			en true	iuc	
			netimes true		
			dom true		
			ver true		
	D2. I feel I ha	ave a number of goo			
			nost always t	rue	
			en true		
		Sor	metimes true		
			dom true		
		Ne	ver true		
	D3. I am able	e to do things as wel		pple	
		Alr	nost always t	rue	
		Oft	en true		
		Sor	metimes true		
		Sel	dom true		
		Ne	ver true		
	D4. I feel tha	t I do not have muc	h to be proud	of	
			nost always t	rue	
		Oft	en true		
		Sor	metimes true		
			dom true		
			ver true.		
	D5. I take a p	positive attitude tow	-		
			nost always t	rue	
			en true		
		Sor	netimes true		

Seldom true Never true D6. Sometimes I think I am no good at all

Almost always true

Often true

Sometimes true

Seldom true

Never true

D7. I am a useful person to have around.

Almost always true

Often true

Sometimes true

Seldom true

Never true

D8. I feel I cannot do anything right.

Almost always true

Often true

Sometimes true

Seldom true

Never true

D9. When I do a job I do it well.

Almost always true

Often true

Sometimes true

Seldom true

Never true

D10. I feel that my life is not very useful.

Almost always true

Often true

Sometimes true

Seldom true

Never true

D11. I am unlucky.

Almost always true

Often true

Sometimes true

Seldom true

Never true

SECTION E: YOUR FEELINGS

E1. I have been able to laugh and see the funny side of things

As much as I always could

Not quite so much now

Definitely not as much now

Not at all

E2. I have looked forward with enjoyment to things

As much as I ever did

Rather less than I used to

Definitely less than I used to

Hardly at all

E3. I have blamed myself f unnecessarily when things go wrong.

Most of the time

Some of the time

Not very often

Never

E4. I have been anxious and worried for no good reason.

Not at all

Hardly ever

Sometimes

Often

E5. I have felt scared or panicky for no good reason.

Quite a lot

Sometimes

Not often

Not at all

E6. Things have been getting on top of me.

Most of the time I haven't been coping well

Some of the time I haven't been coping well

Most of the time I have coped quite well

I have been coping as well as ever

E7. I have been so unhappy that I have had difficulty sleeping.

Most of the time

Sometimes

Not very often

Not at all

E8. I have felt sad or miserable.

Most of the time

Sometimes

Not very often

Not at all

E9. I have been so unhappy I have been crying.

Most of the time

Quite often

Occasionally

Never

E10. The thought of harming myself has occurred to me.

Quite often

Sometimes

Hardly ever

Never

E11. On the whole there are more good days than bad.

More good days

Half and half

More bad days

SECTION F: WORK AND LIFESTYLE

F1. What is your current employment status? Tick all that apply.

	 a) Working full time b) Working part time c) Own business, employing others d) Self employed, no employees e) Preparing for a job, or getting extra qualifications f) About to start a new job g) Unemployed h) Unfit for work i) House husband j) More than one job k) Other, please describe
F2. What are your m	nain reasons for working?
	a) Financial, I am the bread winner
	b) Financial for family extras
	c) Career prospects
	e) Enjoyment f) To get out of the house
	g) Other
F3. Do you find your	work satisfying?
	Yes
	Sometimes
	No
	HBOURHOOD AND FRIENDS nk of your neighborhood as a place to live in?
	A very good place
	A fairly good place
	Not a very good place
C2 \ \ II	Not good at all
G2. a) Have you mov	ed house in the last two years? Yes
	No
b) If YES, how r	many times?
G3. Is your home?	
	o) Being bought with a mortgage
	i) Owned, no mortgage
	ii) Rented from council/commissioners
	111) Dantad tram privata landlard
	iii) Rented from private landlord iv) Rented from housing association
	iv) Rented from private landlord iv) Rented from housing association v) Other, please describe

G4. Please describe how you feel about your home

Very satisfied Fairly satisfied Dissatisfied Very dissatisfied

G5. How many cars do your family own?.....

SECTION H: YOUR FAMILY AND FRIENDS

H1 How many of your and your partner's relatives do you see at least twice a year?

None

One

Two – four

More than four

H2. How many friends do you have?

None

One

Two – four

More than four

H3. Would you say you belong to a close circle of friends?

Yes

No

H4. How many people are there that you can talk to about personal problems?

None

One

Two – four

More than four

H5. How many people talk to you about their personal problems or their private feelings?

None

One

Two-four

More than four

H6. If you have an important decision to make, how many people are there with whom you can discuss it?

None

One

Two – four

More than four

H7. How many people is there either family or friends, from whom you could borrow £500?

None

One

Two-four

More than four

H8. How many of your family and friends would help you in times of trouble?

None

One

Two-four

More than four

H9. In the last month, how many times did you get together with one or more friends?

None

One

Two – four

More than four

H10. During the last month, how many times did you get together with one or more of your or your partner's relatives?

None

One

Two-four

More than four

SECTION I; UPSETTING EVENTS IN THE PAST TWO YEARS.

Please indicate what happened, if anything, and how it affected your son/daughter

I1.He/she moved house

Yes and very upset

Yes & quite upset

Yes & a bit upset

Yes but not upset

Did not happen

I2.He/she started a new school

Yes and very upset

Yes & quite upset

Yes & a bit upset

Yes but not upset

Did not happen

I3.He/she lost their best friend

Yes and very upset

Yes & quite upset

Yes & a bit upset

Yes but not upset

Did not happen

I4. A relative died

Yes and very upset

Yes & quite upset

Yes & a bit upset

Yes but not upset

Did not happen

I5.A pet died

Yes and very upset

Yes & quite upset

Yes & a bit upset

Yes but not upset

Did not happen

I6.He/she was separated from mother

Yes and very upset

Yes & quite upset

Yes & a bit upset

Yes but not upset

Did not happen

I7.He/she was separated from father

Yes and very upset

Yes & quite upset

Yes & a bit upset

Yes but not upset

Did not happen

I8. He/she acquired a new mother or father

Yes and very upset

Yes & quite upset

Yes & a bit upset

Yes but not upset

Did not happen

I9.His/her parents were divorced

Yes and very upset

Yes & quite upset

Yes & a bit upset

Yes but not upset

Did not happen

I10. He/she had a new brother/sister

Yes and very upset

Yes & quite upset

Yes & a bit upset

Yes but not upset

Did not happen

I11.He/she was taken into care

Yes and very upset

Yes & quite upset

Yes & a bit upset

Yes but not upset

Did not happen

I12.He/she had a severe injury

Yes and very upset

Yes & quite upset

Yes & a bit upset

Yes but not upset

Did not happen

I13.He/she was responsible for damage or an accident

Yes and very upset

Yes & quite upset

Yes & a bit upset

Yes but not upset

Did not happen

I14.H e/she was severely punished

Yes and very upset

Yes & quite upset

Yes & a bit upset

Yes but not upset

Did not happen

I15.He/she got a bad school report

Yes and very upset

Yes & quite upset

Yes & a bit upset

Yes but not upset

Did not happen

I16.He/she failed an important exam

Yes and very upset

Yes & quite upset

Yes & a bit upset

Yes but not upset

Did not happen

I17.He/she was bullied

Yes and very upset

Yes & quite upset

Yes & a bit upset

Yes but not upset

Did not happen

I18.He/she was physically hurt by someone

Yes and very upset

Yes & quite upset

Yes & a bit upset

Yes but not upset

Did not happen

I19.He/she was sexually abused

Yes and very upset

Yes & quite upset

Yes & a bit upset

Yes but not upset

Did not happen

I20.He/she was excluded from school

Yes and very upset

Yes & quite upset

Yes & a bit upset

Yes but not upset

Did not happen

I21.He/she was in trouble with the law

Yes and very upset

Yes & quite upset

Yes & a bit upset

Yes but not upset

Did not happen

I22.He thought he had made someone pregnant/she thought she was pregnant

Yes and very upset

Yes & quite upset

Yes & a bit upset

Yes but not upset

Did not happen

I23.He/she attempted suicide

Yes and very upset

Yes & quite upset

Yes & a bit upset

J1. .How often do you chat to your study son/daughter? All the time Often Sometimes Rarely Never J2. Are you interested in what your son/daughter tells you about themselves or their day? Always Sometimes Never J3. When he/she is out, how often do you know where he/she is? Always Sometimes Rarely Never J4. Are you interested in what your son/daughter does at school? Yes very Yes usually Not really J5. Are you happy with the teaching your son/daughter is receiving? Yes very Yes usually Not really J6. Are you happy with the progress your son/daughter is making at school? Yes very Yes usually Not really J7. Are you happy with you son/daughter's behaviour? Yes very Yes usually Not really J7. Do you attend parent teacher meetings at school? Always Sometimes Never J8. Do you think your son/daughter has any special talents? Yes No

Yes but not upset Did not happen

If yes, please say what they are

J9. Do you and your son/daughter share any common interests or hobbies which you do together?

Sport of any kind, model making, stamp collecting, painting, music, drama etc.

Yes and we do them often Yes and we do them sometimes No we have no common interests

are	If yes please say what they			
	Please give YOUR date of bi	rth. Day	Month	Year
	Please give the date on which	n you complete	d this questionnaire.	
		Day	Month	Year
Man	☐ Copyright. Institute of Chi	ld Health, Univ	versity of Bristol & E.I	L.S.P.A.C. in the Isle of
	ELSPAC Office			

Tel 01624 662636

Keyll Darree Nobles Hospital Strang Douglas IM4 4R T

At 16 Years

2.9. 26. CHILD HEALTH QUESTIONNAIRE AT 16 YEARS

Questionnaire information

Questionnaire title	Child's 16 year Health Questionnaire
Data gathered by:	Child
Data gathered when:	In school after His/Her 16 th birthday
Data gathered where:	Questionnaires filled in, in school under exam conditions and handed to an ELSPAC team member when completed
Number collected:	Not yet completed
Entered data stored in file(s):	Not yet completed
Version of questionnaire	1

This questionnaire is for you alone and the answers you give will be confidential. Your name will not appear anywhere on the questionnaire and no one outside the ELSPAC Study team will see them. Answer each question by putting a tick in the box next to the one that is closest to the way you feel.

All your answers are confidential

THANK YOU FOR ALL YOUR HELP

SECTION A: YOUR HEALTH

Your health is of great importance to us. We would like to know about any recent illnesses or medical treatments.

A1. How would you describe your health in the past year?

Very healthy

Healthy with a few problems

Sometimes quite ill Almost always ill

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

a) Ear ache with discharge

Yes, saw a doctor

Yes, did not see a doctor

No

b) Acne/Spots

Yes, saw a doctor

Yes, did not see a doctor

No

c) Headaches

Yes, saw a doctor

Yes, did not see a doctor

No

d) Asthma

Yes, saw a doctor

Yes, did not see a doctor

No

e) Eczema

Yes, saw a doctor

Yes, did not see a doctor

No

f) Hay fever

Yes, saw a doctor

Yes, did not see a doctor

NO

g) Excessive thirst

Yes, saw a doctor

Yes, did not see a doctor

No

h) Rapid weight change

Yes, saw a doctor

Yes, did not see a doctor

No

i) Loss of energy

Yes, saw a doctor

Yes, did not see a doctor

No

A2 j) Blurred vision

Yes, saw a doctor

Yes, did not see a doctor

No

k) Yes, saw a doctor

Yes, did not see a doctor

No

A3. a) Have you been admitted to hospital in the **past two years?**

Yes

No

If No go to A4

If Yes, please describe

- b) 1. Your age
 - 2. Reason for admission
 - 3. No. of nights in hospital

Write 00 if you did not stay overnight

Repeat for each admission

A4. Have you **ever** had any of the following operations?

Please tick all that apply

a) Tonsils out

Yes

No

b) Adenoids out

Yes

No

c) Appendix out

Yes

No

d) Hernia repaired

Yes

No

e) Squint corrected (eye put straight)

Yes

No

f) Other please describe

Yes

No

A5. a) Are you allergic to any of the following? Tick ALL that apply.

- i) Pollen
- ii) Dog or cat fur
- iii) Horses hair
- iv) Bee or wasp sting
- v) House dust

A5	b) How do you react to these? Tick ALL that apply i) Wheezing & breathless ii) Sneezing iii) A rash iv) Itchy watering eyes v) Swelling vi) Other (please describe)
A6.	Have you ever had any of these infections in the past two years? a) Meningitis Yes No b) Urinary infection Yes No c) Thrush Yes No d) Chlamydia Yes No e) Herpes/ cold sores Yes No f) Other, please describe
A7.	a) Girls, please could you tell us how old you were when you started your periods
	Years
	b) Boys, please could you tell us how old you were when your voice started to break
A8.	Please could you give us;
	a) Your weight lbs
	b) Your height inches
	c) Your waist measurement inches

vi) Medicines or drugs

ix) Something else

vii) Sunshine viii) Any foods describe

describe

describe

	d) I our snoe size
A9. How	often in the past YEAR have you visited your GP?
	More than ten Five to ten One to four Not at all
	there any pills, ointments, medicines, including vitamins or herbal remedies you have or used nearly every day in the past month?
	Yes No
If no, go	to B2
If Yes, p	lease describe
B1	a) Name of product
	b) Reason taken
	c) How often taken
B2.	a) Do you attend any hospital clinics?YesNo
If Yes	b) Why do you attend?
B2.	c) At what age did you first attend? Yrs
	d) What treatment do you have?
В3	a) Do you wear glasses? Yes No
	b) Do you wear contact lenses? Yes No
	a i) If Yes, how old were you when you first wore glasses? Yrs
	b i) If Yes, how old were you when you first wore contact lenses? Yrs
	c) Do you wear them because you? Are short sighted Are long sighted Have a squint Have a lazy eye

	Other reas	on	describe
B4	a) Have you visited the d Yes for tre Yes, for a No	eatment	ne last year?
What treat	ment did you have?		
	b) Filling Ye No		
B4.	c) Teeth out	(c i)	How many?
B4	d) Brace fitted		
	e) Other, please describ	e	
В5. Но	ow often do you brush you More than Once a da Less than Never	once a day	
B6. Do	you use tooth paste? Ye		
SECT	ION C; ACCIDENTS A	ND INJU	RIES
	•		ecident in the last two year . This includes burns, ken bones, or injured in a fight.
C1.	a) Have you had an acci-	dent in the	last two years?
	Ye No		
	b) If Yes, how many?		
Please	describe below what happ	ened	
	c) Where did the accidentd) Describe what happene) Injuries caused.f) Who was with you?		chool, home, park etc?

g) What did they do?

Nothing

Treated you themselves

Took you to a doctor Took you to hospital Took you home h) What treatment did the person with you give? i) What other treatment did you have? C2 Have any of these accidents had a lasting effect on you? a) No b) A scar c) Loss of confidence d) Pain e) Other, please describe **RELATIONSHIPS: D** You are now at the age when you may be thinking about having serious feelings for and relationships with other people. This can be a difficult time and we would like your thoughts. D1. Do you listen to and respect the wishes of your boy/girl friend? Yes No Don't have one D2. Do you feel pressured by a boy/girl friend that a close relationship should lead to intimacy? Yes No Don't have one D3. Do you put pressure on your boy/girl friend to have sexual intimacy? Yes No D4. Do you feel pressured by your friends that intimacy should lead to sexual intercourse? Yes No Do you think because some of your friends say they are having an intimate D5. you should too? relationship Yes No Does the thought of having sexual intimacy excite you? D6. Yes No D7. Do you worry about not having an intimate relationship? Yes

(i) If yes, how old were you on the first occasion?

No

Yes No

Have you ever had sexual intercourse?

D8.

D9.	Is there anyone you feel able to talk to about your intimate feelings? Yes
5 40	No
D10	Have you ever taken the 'morning after pill?
	(i) If yes, how many times?
If you	would like to talk to someone in confidence about these questions ring:
Wher	e do you go to get information about contraception and sexual health?
Tick a	all who apply
D11.	a) Your parents
	Yes
	No
	b) School teachers
	Yes
	No
	c) School nurse/youth adviser
	Yes
	No
	d) Friends
	Yes
	No
	e) Magazines/TV/Internet
	Yes
	No
	f) A drop in clinic
	Yes
	No
	g) Family doctor
	Yes
	No h) Family planning clinic
	h) Family planning clinic Yes
	No
	i) Chemist/pharmacist
	Yes
	No
	110

A 'Drop in Clinic' is a clinic where you can go, either by appointment or just 'Drop in' to seek advice and help about contraception and anything to do with sexual health.

There is only ONE Drop in Clinic and that is in Douglas. Would you find it helpful to have a clinic much nearer to your home?

j) Yes No

Don't know

D12.If there was a clinic nearer to your home what times of day would be best for you to attend?

Weekdays	Weekends
a) Mornings	ai) Mornings
Yes	Yes
No	No
b) Afternoons	bi) Afternoons
Yes	Yes
No	No
. c) Evenings	ci) Evenings
Yes	Yes
No	No
d) No preference	di) No preference
Yes	Yes
No	No
e) Lunch time	ei) Lunch time
Yes	Yes
No	No

D13 Would you go for advice about sexual health?

Yes

No

D14 Would you go for contraceptive advice?

Yes

No

D15 Would you go for contraceptives?

Yes

No

D16 Would you prefer the consultation to be?

- a) By appointment
- b) Drop in- no appointment
- c) No preference
- d) Other, please state
- D17 At the clinic would you prefer to see? Tick all that apply.
 - a) Family planning nurse
 - b) Doctor only
 - c) Nurse and doctor
 - d) Don't mind
 - e) A male doctor
 - f) A female doctor

D18 What other service would you like to use?

- a) Pregnancy testing
- b) Sexual health screening
- c) Morning after pill
- d) Other, please state

All your answers are completely confidential. Your questionnaire has only a number on the outside and NO ONE can ever know what you have said. If you need help our information about any of the points discussed here, ring......

E1.Please give your date of birth

Day Month Year

E2.Please give date on which you filled in this questionnaire Day Month Year

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Dr. Stephanie Goodfellow Director.

'E.L.S.P.A.C in the Isle of Man'.

Keyll Darree DHSS Education and Training Centre.

Noble's Hospital, Strang,

Braddan. IM4 4RH

Tel: Douglas (01624) 662636 e-mails: melspac@liv.ac.uk

Edna.Rolfe@gov.im

2.9. 27. 'ABOUT YOURSELF'

Questionnaire information

Data gathered by:	Child
Data gathered when:	As soon as possible after his/her 16 th birthday
Data gathered where:	Questionnaires given out in school under exam conditions and collected by a member of the ELSPAC Team
Number collected:	Not yet completed
Entered data stored in file(s):	
Version of questionnaire	1

CHILD QUESTIONNAIRE AT 16 YEARS

This questionnaire is for you alone and the answers you give will be confidential. Your name will not appear anywhere on the questionnaire and no one outside the ELSPAC Study team will see them. Answer each question by putting a tick in the box next to the one that is closest to the way you feel.

All answers are confidential

THANK YOU FOR ALL YOUR HELP

Please complete as much of this questionnaire as you can. If there are questions you don't want to answer please leave them blank.

SECTION A: YOU AND YOUR FAMILY

A1. I am a boy

I am a girl

A2. Which grade are you in at school?

A3. Please name **all** the people in your family group, and give their relationship to you.

a) Name

Age

Relationship

Do you live with them?

Yes

No

Sometimes

Please give their:

Name

Age

Relationship

Do you live with them?

Yes

No

Sometimes

Continued for ALL family members

A4. Look at the list you have made in A2 and use the letters a,b,c etc to answer these questions. If your answer is no-one put N

Who in your family

- (1) Makes most of the decisions
- (2) Do you respect the most?
- (3) Praises you the most
- (4) Do you go to for help most often?
- (5) Are you most afraid of?
- (6) Do you confide in the most?

A4a) What do you think about your street/estate as a place to live?

A very good place

A fairly good place

Not a very good place

Not at all a good place

A4b) Do you have a room of your own with space for your belongings?

Yes

No

A5. Most families argue from time to time. In your family, do you argue about?

a) Going to bed Never Rarely Sometimes Often b) Food you eat Never Rarely Sometimes Often c) Helping in the home Never Rarely Sometimes Often d) Getting up in the mornings Never Rarely Sometimes Often e) School home work Never Rarely Sometimes Often f) Clothes or hairstyle Never Rarely Sometimes Often g) The time you want to come home Never Rarely Sometimes Often h) Your behaviour Never Rarely Sometimes Often i) How much pocket money you get Never Rarely Sometimes Often j) Permission to go out somewhere Never Rarely Sometimes

Often

A5 k) School reports Never Rarely Sometimes Often 1) Your friends Never Rarely Sometimes Often m) Fighting with brothers/ sisters Never Rarely Sometimes Often n) The times you do come home Never Rarely Sometimes Often o) Not wanting to go to school Never Rarely Sometimes Often p) Other reason, please tick & describe q) Who most often gets their own way in these arguments? I do My parents do It varies No one I have no parents If you have no parents who care for you, please answer the following questions as if for the person/people who cares for you most of the time. A6a) How often do you chat to your mother? All the time

Often Sometimes Rarely

Never

A6b) How often do you chat to your father?

All the time

Often

Sometimes

Rarely

Never

A7. Do you think your parents are interested in what you tell them?

Always

Sometimes

Never

A8. Is there anyone who particularly stands up for you?

Yes

No

Don't know

A9. Have you ever thought of running away from home?

Yes but never done so

Yes, have done so

Never

A10. When you are out do your parents know where you are?

Always

Sometimes

Rarely

Never

SECTION B: YOU AND YOUR FEELINGS

Read the following statements carefully and then tick the box that has most suited you over the last 6 months.

B1 a) I have considered the feelings of other people

Not true

Sometimes true

Certainly true

Don't know

b) I have been restless & fidgety

Not true

Sometimes true

Certainly true

Don't know

c) I have often had a headache, stomach ache or felt sick

Not true

Sometimes true

Certainly true

Don't know

d) I have felt like sharing my things with others

Not true

Sometimes true

Certainly true

Don't know

e) I have had bursts of feeling angry

Not true

Sometimes true

Certainly true

Don't know

f) I have felt lonely

Not true

Sometimes true

Certainly true

Don't know

g) I have been worrying a lot

Not true

Sometimes true

Certainly true

Don't know

B1 h) I have tried to help when someone was hurt or ill

Not true

Sometimes true

Certainly true

Don't know

i) I have helped if someone needed me

Not true

Sometimes true

Certainly true

Don't know

j) I have had fights or been rude to other children

Not true

Sometimes true

Certainly true

Don't know

k) I have often been unhappy

Not true

Sometimes true

Certainly true

Don't know

m) I feel I am popular with other children

Not true

Sometimes true

Certainly true

Don't know

n) I have kept forgetting things & couldn't concentrate

Not true

Sometimes true

Certainly true

Don't know

o) I have been nervous & lacking in confidence

Not true

Sometimes true

Certainly true

Don't know

p) I have been kind to younger children

Not true

Sometimes true

Certainly true

Don't know

q) I have told lies

Not true

Sometimes true

Certainly true

Don't know

r) I have been picked on and bullied by other children

Not true

Sometimes true

Certainly true

Don't know

s) I have helped people

Not true

Sometimes true

Certainly true

Don't know

t) I have thought carefully before doing things

Not true

Sometimes true

Certainly true

Don't know

u) I have stolen from home or school or other places

Not true

Sometimes true

Certainly true

Don't know

v) I have been fearful 1& scared

Not true

Sometimes true

Certainly true

Don't know

w) I did not go to school

Not true

Sometimes true

Certainly true

Don't know

x) I gave in to the pressure of my friends

Not true

Sometimes true

Certainly true

Don't know

y) I have been in love

Not true

Sometimes true

Certainly true

Don't know

B2. Do you enjoy going to school?

Yes

No

B3. How do you feel about school?

a) It gives me the chance to learn & discover new things

Always

Nearly always

Sometimes

Never

b) I look forward to lessons

Always

Nearly always

Sometimes

Never

B3. c) I enjoy seeing my classmates

Always

Nearly always

Sometimes

Never

d) I like to do well in class

Always

Nearly always

Sometimes

Never

e) I enjoy seeing my teacher(s)

Always

Nearly always

Sometimes

Never

f) I am bored

Always

Nearly always

Sometimes

Never

g) I am afraid of teachers

Always

Nearly always

Sometimes

Never

h) I am afraid of other children

Always

Nearly always

Sometimes

Never

B4. How do you feel about your school subjects?

a) English language

I like it

I don't mind it

I dislike

I'm good at it

I'm not good at it

I don't do it

b) Maths

I like it

I don't mind it

I dislike

I'm good at it

I'm not good

I don't do it

c) Natural history

I like it

I don't mind it

I dislike

I'm good at it

I'm not good

I don't do it

B4 d) Geography

I like it

I don't mind it

I dislike

I'm good at it

I'm not good

I don't do it

e) Foreign languages

I like it

I don't mind it

I dislike

I'm good at it

I'm not good

I don't do it

f) Art

I like it

I don't mind it

I dislike

I'm good at it

I'm not good

I don't do it

g) Music

I like it

I don't mind it

I dislike

I'm good at it

I'm not good

I don't do it

h) P.E.

I like it

I don't mind it

I dislike

I'm good at it

I'm not good

I don't do it

i) Design/technology

I like it

I don't mind it

I dislike

I'm good at it I'm not good I don't do it

Please will you tell us some things about your friends?

- B5 a) How many close friends do you have?
 - b) Are they?

Mostly boys

Mostly girls

Both

I have no close friends

- B6 What is important for you when choosing a friend?
 - a) The way they look

Very important

Quite important

Not very important

Never choose a friend Now **Go to Section D**

b) Their age

Very important Quite important Not very important

c) Their interests/hobbies

Very important Quite important Not very important

d) Their abilities and skills

Very important Quite important Not very important

e) Their popularity

Very important Quite important Not very important

f) Their grades at school

Very important Quite important Not very important

g) Their family

Very important Quite important Not very important h) Their family's financial and social situation

Very important

Quite important

Not very important

i) Where they live

Very important

Quite important

Not very important

j) Things you have in common

Very important

Quite important

Not very important

k) What others think of them

Very important

Quite important

Not very important

1) The way you understand each other

Very important

Quite important

Not very important

m) The way they stand up to other people

Very important

Quite important

Not very important

n) The way they defend other people

Very important

Quite important

Not very important

B6 o) How reliable they are

Very important

Quite important

Not very important

p) What you can get out of being friends with them

Very important

Quite important

Not very important

q) How much fun they are

Very important

Quite important

Not very important

r) How they speak

Very important

Quite important

Not very important

s) What your parents think about them

Very important

Quite important

Not very important

t) Other (please describe)

B7. How important to you are the opinions of the following people?

a) Best friend

Very important
Quite important
Not very important
Not at all important
No such person

b) Other friends

Very important
Quite important
Not very important
Not at all important
No such person

c) Class mates

Very important
Quite important
Not very important
Not at all important
No such person

d) Your peer group

Very important
Quite important
Not very important
Not at all important
No such person

e) Favourite teacher

Very important
Quite important
Not very important
Not at all important
No such person

f) Sports teacher

Very important
Quite important
Not very important
Not at all important
No such person

g) Another adult

Very important
Quite important
Not very important
Not at all important
No such person

SECTION C.

Below are events which happen to some children. Please state if any of these have happened to you in the last TWO years, and how upset you were about it.

C1. You moved home

Yes, I was very upset

Yes I was quite upset

Yes I was a bit upset

Yes but not upset

Did not happen

C2. You started a new school

Yes, I was very upset

Yes I was quite upset

Yes I was a bit upset

Yes but not upset

Did not happen

C3. You lost your best friend

Yes, I was very upset

Yes I was quite upset

Yes I was a bit upset

Yes but not upset

Did not happen

C4. A relative died

Yes, I was very upset

Yes I was quite upset

Yes I was a bit upset

Yes but not upset

Did not happen

C5. A pet died

Yes, I was very upset

Yes I was quite upset

Yes I was a bit upset

Yes but not upset

Did not happen

C6. You were separated from your mother

Yes, I was very upset

Yes I was quite upset

Yes I was a bit upset

Yes but not upset

Did not happen

C7. You were separated from your father

Yes, I was very upset

Yes I was quite upset

Yes I was a bit upset

Yes but not upset

Did not happen

C8. You acquired a new mother or father

Yes, I was very upset

Yes I was quite upset

Yes I was a bit upset

Yes but not upset

Did not happen

C9. Your parents separated or divorced

Yes, I was very upset

Yes I was quite upset

Yes I was a bit upset

Yes but not upset

Did not happen

C10. You had a new brother /sister

Yes, I was very upset

Yes I was quite upset

Yes I was a bit upset

Yes but not upset

Did not happen

C11. You were taken into care

Yes, I was very upset

Yes I was quite upset

Yes I was a bit upset

Yes but not upset

Did not happen

C12. You had a severe injury

Yes, I was very upset

Yes I was quite upset

Yes I was a bit upset

Yes but not upset

Did not happen

C13. You caused damage or an accident

Yes, I was very upset

Yes I was quite upset

Yes I was a bit upset

Yes but not upset

Did not happen

C14. You were severely punished

Yes, I was very upset

Yes I was quite upset

Yes I was a bit upset

Yes but not upset

Did not happen

C15. You got a bad school report

Yes, I was very upset

Yes I was quite upset

Yes I was a bit upset

Yes but not upset

Did not happen

C16. You failed an important exam

Yes, I was very upset

Yes I was quite upset

Yes I was a bit upset

Yes but not upset

Did not happen

C17. You were bullied Yes, I was very upset Yes I was quite upset Yes I was a bit upset Yes but not upset Did not happen C18. You were physically hurt by someone Yes, I was very upset Yes I was quite upset Yes I was a bit upset Yes but not upset Did not happen C19. You were sexually abused Yes, I was very upset Yes I was quite upset Yes I was a bit upset Yes but not upset Did not happen C20. You were expelled from school Yes, I was very upset Yes I was quite upset Yes I was a bit upset Yes but not upset Did not happen C21. You were in trouble with the law Yes, I was very upset Yes I was quite upset Yes I was a bit upset Yes but not upset Did not happen C22. You thought you were pregnant or thought you had made someone pregnant Yes, I was very upset Yes I was quite upset Yes I was a bit upset Yes but not upset Did not happen C23. You attempted suicide Yes, I was very upset Yes I was quite upset Yes I was a bit upset Yes but not upset Did not happen C24. Something else Yes, I was very upset Yes I was quite upset Yes I was a bit upset Yes but not upset Did not happen Please describe....

C25. Do you	think you have been treate	ed unfairly or unjustly in the last year because of?
	a) Your sex	
	Yes	No
	b) Your skin colour	
	Yes	No
	c) Your appearance	
	Yes	No
	d) The way you speak	
	Yes	No
	e) Your religion	
	Yes	No
	f) Other reason,	
	Yes	No
	Please describe	
SECTION D	SOMETHING ABO	<u>UT YOU</u>
D1. How imp	ortant to you are?	
-	a) School marks	
	Very impo	ortant
	Quite imp	ortant
	Not very i	mportant
	Not impor	rtant
	b) Relationships with you	ur teachers
	Very impo	ortant
	Quite imp	ortant
	Not very i	mportant
	Not impor	rtant
	c) Relationships with you	ır friends
	Very impo	ortant
	Quite imp	ortant
	Not very i	mportant
	Not impor	rtant
	d) Relationships with you	ur family
	Very impo	ortant
	Quite imp	
	Not very i	mportant
	Not impor	rtant
	e) Your health	
	Very impo	
	Quite imp	ortant
	Not very i	-
	Not impor	rtant
D1.	f) Your hobbies	
	Very impo	
	Quite imp	
	Not very i	<u> •</u>
	Not impor	rtant

g) Your appe	earance
	Very important
	Quite important
	Not very important
	Not important
h) Having e	nough money
	Very important
	Quite important
	Not very important
	Not important
i) Your home	e and family possessions
	Very important
	Quite important
	Not very important
;	Not important
j) Going on	•
	Very important
	Quite important
	Not very important Not important
k) Your pos	-
k) Tour pos	Very important
	Quite important
	Not very important
	Not important
l) Sports	1
_	Very important
	Quite important
	Not very important
	Not important
m) Somethi	ng else, please describe
D2. a) Do you know what	you want to do when you leave school?
	Yes No
b) Please describe	
c) At the end of which	school year do you expect to leave?
d) When you leave sch	nool what do you plan to do?
i) Get	a job
	an apprenticeship
iii) At	ttend the IOM College
iv) Go	o to University
	ke a gap year
	o nothing
vii) D	on't know

D3. a)	Do yo	u think you	have a special tale Yes	ent for something? No
If yes p	olease d	escribe		
D4. Do	o you h	ave a job ou Yes	at side school?	
If YES D4	is it? a)	Mornings	Yes	No
	b)	Evenings	Yes	No
	c)	Weekends	Yes	No

Tick all that apply

SECTION E: YOUR OPINION OF YOURSELF

Below are some statements. Please say how true they are of you.

E1. I feel that I am a person of worth, at least equal to others.

Almost always true

Often true

Sometimes true

Seldom true

Never true

E2. I feel I have a number of good qualities

Almost always true

Often true

Sometimes true

Seldom true

Never true

E3. I am able to do things as well as most people

Almost always true

Often true

Sometimes true

Seldom true

Never true

E4. I feel I do not have much to be proud of

Almost always true

Often true

Sometimes true

Seldom true

Never true

E5. I take a positive attitude to myself

Almost always true

Often true

Sometimes true

Seldom true

Never true

E6. Sometimes I feel I am no good at all

Almost always true

Often true

Sometimes true

Seldom true

Never true

E7. I am a useful person to have around

Almost always true

Often true

Sometimes true

Seldom true

Never true

E8. I feel I cannot do anything right

Almost always true

Often true

Sometimes true

Seldom true

Never true

E9. When I do a job I do it well

Almost always true

Often true

Sometimes true

Seldom true

Never true

E10. I feel that my life is not very useful

Almost always true

Often true

Sometimes true

Seldom true

Never true

E11. I am unlucky

Almost always true

Often true

Sometimes true

Seldom true

Never true

SECTION F: RECENT MOODS AND FEELINGS

This section is about how you might have been feeling or acting recently. For each item, tick how much you have felt or acted this way in the past TWO WEEKS.

F1. I felt miserable or unhappy

True

Sometimes

Not true

F2. I didn't enjoy anything at all

True

Sometimes

Not true

F3. I was less hungry than usual

True

Sometimes

Not true

F4. I ate more than usual

True

Sometimes

Not true

F5. I felt so tired I just sat around and did nothing

True

Sometimes

Not true

F6. I was moving and walking more slowly than normal

True

Sometimes

Not true

F7. I was very restless

True

Sometimes

Not true

F8. I felt I was not good any more

True

Sometimes

Not true

F9. I sometimes blamed myself for things that weren't my fault

True

Sometimes

Not true

F10. It was hard for me to make up my mind.

True

Sometimes

Not true

F11. I felt grumpy and cross with my parents

True

Sometimes

Not true

True Sometimes Not true F13. I was talking more slowly than usual True Sometimes Not true F14. I cried a lot True Sometimes Not true F15. I thought there was nothing good for me in the future True Sometimes Not true F16. I thought life was not worth living True Sometimes Not true F17. I thought about death and dying. True Sometimes Not true F18. I thought my family would be better off without me. True Sometimes Not true F19. I thought about killing myself. True Sometimes Not true F20. I didn't want to see my friends. True Sometimes Not true F21. I found it hard to think properly or concentrate. True Sometimes Not true F22. I thought that bad things would happen to me. True Sometimes Not true F23. I hated myself. True Sometimes Not true

F12. I felt less like talking than usual

F24. I was a bad person.

True

Sometimes

Not true

F25. I thought I looked ugly.

True

Sometimes Not true

F26. I worried about aches and pains.

True

Sometimes

Not true

F27. I felt lonely

True

Sometimes

Not true

F28. I thought nobody really loved me.

True

Sometimes

Not true

F29. I didn't have any fun at school.

True

Sometimes

Not true

F30. I thought I could never be as good as other people.

True

Sometimes

Not true

F31. I did everything wrong.

True

Sometimes

Not true

F32. I didn't sleep as well as usual..

True

Sometimes

Not true

F33. I slept a lot more than usual.

True

Sometimes

Not true

F34. I was not as happy as usual even when praised or rewarded

True

Sometimes

Not true

SECTION G: YOUR OUTLOOK ON LIFE

Gl.	1. Does getting good marks at school mean	a great deal to you?
	Yes	
	No	
G2.	2. Are you often blamed for things that ju	st are not your fault?
	Yes	
	No	
G3.	3. Do you feel that most of the time it doe right anyway?	sn't pay to try hard because things don't go
	Yes	
	No	
	4. Do you feel that if things begin well in atter what you do?	the morning then it's going to be a good day no
	Yes	
	No	
G5.	Do you believe that whether or not peop Yes	le like you depends on how you act?
	No	
	6. Do you believe that when bad things are hat you do to try & stop them?	going to happen they are going to no matter
	Yes	
	No	
G7.	7. Do you feel that when good things happy Yes No	en they happen because of your hard work?
	140	
G8.	8. Do you feel when someone doesn't like Yes	you there is nothing you can do about it?
	No	
		because most of the other children are cleverer
	Yes	
	No	
G10		es that planning ahead makes things turn out
	Yes	
	No	
G11	 Do you feel you have little to say about Yes 	t what your family decides to do?
	No	
G12	12. Do you think it's better to be clever ra	ther than lucky?
	Yes	•
	No	

SECTION H: TAKING CARE OF YOUR OWN HEALTH

You are given a great deal of information now about healthy eating, exercise, smoking and drinking alcohol. Please will you answer the following simple questions

H1. Do you smoke?

Yes No If YES how often do you smoke?

H1a) Every day

A few days a week Weekends only

Rarely

H2. Do you drink alcohol?

Yes No

H2a) If YES how often do you drink?

Every day

A few days a week Weekends only

Rarely

H3. It is recommended that everyone should eat <u>at least</u> five portions of fresh fruit and vegetables every day. See the card on your desk for examples.

Please tell us, on a normal day, how many portions you would eat.

More than 5

Five

Three to four One – two

None

H4. Do you take part in active sport & exercise which?

a) Makes you feel out of breath?

Yes No If YES do you do it?

H4 ai) Nearly every day

3 - 5 times a week

1-2times a week

Never

H4 b) Makes you sweat?

Yes No If YES do you do it?

H4 bi) Nearly every day

3 - 5 times a week 1-2times a week

Never

H4 c) Do you belong to a Sports Club, swimming, cycling, athletics etc. either after school or outside school?

Yes No.

If YES please describe your sport(s) and say how often you attend.

H4 ci) Nearly every day

3 - 5 times a week 1-2times a week

Never

Please give us your date of birth

Day Month Year

Please fill in the date when you completed this questionnaire

Day Month Year

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Institute of Child Health, University of Bristol & E.L.S.P.A.C. in the Isle of Man.

Dr. Stephanie Goodfellow,

Director. 'E.L.S.P.A.C in the Isle of Man'.

Keyll Darree,

DHSS Education and Training Centre.

Noble's Hospital,

Strang, Braddan IM4 4RH Tel 662636

5. DELIVERY QUESTIONNAIRE

Data gathered when:	Delivery date from Jan 1991 to July 1992
Data gathered where:	Old Mat Hosp 1207 New Unit 100. Home 7 (When notes were
	available from District Midwife)
Number collected:	Deliveries 1299 Babies 1314
Entered data stored in	1 st 5HQ. CSV 2 nd 5HQ.CSV
file(s):	
Version of	Versions 2 ;5A & 5B
questionnaire	

Questionnaire information

This questionnaire is to be filled in by a nurse/midwife specialist as soon as possible after delivery. Information is taken from the general practitioner and hospital ante natal notes and from the delivery notes.

All the information is confidential

SECTION A: MOTHER'S DETAILS

A1.	IOM Study number
A2.	Mother's name
A3.	Mother's Maiden name
A4.	Mother's date of birth/
A5.	Mother's address.
A6.	Place where mother was originally intended to deliver: Jane Crookall Maternity Hospital New Jane Crookall Maternity Unit Other Don't know
A7.	Date of delivery/
A8.	Place of delivery: Jane Crookall Maternity Hospital New Jane Crookall Maternity Unit Other Don't know

SECTION C: SUMMARY OF THE PREGNANCY

C1a)	Date of the first day of her last menstrual period/
b)	What was the clinical estimate of her LMP?
c)	Was the mother certain of her dates? Yes
d)	No Did ultrasound confirm this date? Yes No
C2a)	Give mother's blood group A B O AB Not known
b)	Rhesus factor Positive Negative Not known
C3ai)	Number of ante natal B/P readings. $1-4$ $5-9$ $10-14$ $15-19$ $20+$
aii)	Number of B/P readings as an in patient before labour. $1-4$ $5-9$ $10-14$ $15-19$ $20+$
C3bi)	First B/P reading taken during pregnancy Date/
C3ci)	Highest systolic reading taken during pregnancy Date/
C3cii)	Highest diastolic reading taken during pregnancy Date/
C3e	Last B/P before the onset of labour Date/
C3fi)	Number of times systolic B/P >140
C3fii)	Number of times diastolic B/P >90
C4i)	Number of times proteinuria was recorded during pregnancy
C4ii)	What was the highest recorded level?

	Trace				
	+				
	++				
	+++ or higher				
	Not known				
C4iii)	Was this recorded as	uncontaminate	d or uni	nfected?	
	Yes				
~ -	No		2		
C5.	Was oedema recorde	d during pregna	ancy?		
	Yes				
C 50)	No What was the sites w	و مسمل مما مسملات		49	
C5a)	What were the sites v	vnere oedema v	was pres	sent?	
	Generalised				
	Ankles only				
	Hands only				
	More than on	e site			
	Wiore than on	c site			
C6.	Was hypertension dia	agnosed during	pregnar	ncv?	
	Yes	No	1 3		
C7a)	What was the highest	weight record	ed durin	g pregnancy?	ldsozs
C7b)	What was the highest	t weight gain d	uring pr	egnancy?	ldsozs
G0	XX 4 4 1 1	1.1.	1 1		0
C8.	Was the mother's had	emoglobin mea	sured di	uring pregnancy	?
	Yes				
C0:)	No	. :4		.	_
C8i)	How many times was	s it measured?			S
C8ii)	First reading		Date	//	
Conj	That reading		Date		••
C8iii)	Lowest reading		Date	//	
/	<i>S S</i>				
C8iv)	Highest reading		Date	//	••
,					
C9.	Did any of the follow	ing occur duri	ng pregr	nancy?	
	a) Vaginal bleed	ling 1 st trimeste	er		
	Yes				
	No				
	Not ki				
		ling 2 nd trimest	er		
	Yes				
	No				
	Not ki				
	c) Placenta prae	v1a			
	Yes				
	No Not by				
	Not ki				
	d) Placental abru	ıpuon			

Yes

No

Not known

e) Unspecified APH

Yes

No

Not known

f) Excessive vomiting

Yes

No

Not known

g) Gonorrhoea

Yes

No

Not known

h) Syphilis

Yes

No

Not known

C9 i) Genital herpes

Yes

No

Not known

j) Rh antibodies

Yes

No

Not known

k) Other antibodies

Yes

No

Not known

1) UTI

Yes

No

Not known

m) Glycosuria

Yes

No

Not known

n) Suspected FGR

Yes

No

Not known

o) Polyhydramnios

Yes

No

Not known

p) Olighydramnios

		Yes	
		No	
		Not known	
	q)	Threatened pre term labour	
	-	Yes	
		No	
		Not known	
	r)	Eclampsia	
	,	Yes	
		No	
		Not known	
	s)	Diabetes	
	5)	Yes	
		No	
		Not known	
	t)	Vaginal infection/discharge	
	ι)	Yes	
		No	
		Not known	
		NOT KHOWH	
C9	u)	Ultra sound scan	
	/	Yes	
		No	
		Not known	
	v)	Cervical cerclage	
	• /	Yes	
		No	
		Not known	
	w)	IVF	
	w)	Yes	
		No	
		Not known	
	**)		
	x)	Chorionic villus sampling	
		Yes	
		No	
	,	Not known	
	y)	Amniocentesis	
		Yes	
		No	
		Not known	
C10a)	If a multiple pregnancy, give date of diagnosis//		
G101\	*** .1		
C10b)	was tr	nis in the?	
		First trimester	
		Second trimester	
		Third trimester	
		In labour	
		At delivery	

C10c)	Was the mother ever made to rest in bed for more than a week? Yes
C10 1\	No No
C10a)	Was her salt ever restricted?
	Yes
	No
C10e)	Was she ever put on a special diet?
	Yes
	No
C10f)	Times mother was admitted to hospital before the onset of labour?times
C10~)	Passage for admission
Clug)	Reasons for admissionICD
SECT	ION D: LABOUR AND DELIVERY
D1.	Time of mother's admission to hospital.
	Before onset of labour
	In early labour
	In late labour
	Transferred during labour from another hospital
	Not admitted
	Not known
D2a)	How did the membranes rupture?
	Spontaneously
	Artificially
	At caesarean section
D2b)	What was the interval between rupture and delivery?
- /	<5 minutes
	5 – 59 minutes
	1 – 5 hours
	6 – 23 hours
	24 – 47 hours
	48+ hours
	Not known
D2c)	When did they rupture?
D2C)	Before onset of labour
	After onset of labour
	No labour
	Not known
	Not known
D3.	How did labour start?
D 3.	Spontaneously
	After induction
	No labour (LSCS)
	Another way
	Not known
D3i)	Reasons for induction
(וכע	1X-0.00 101 HIQUCU0H

D4.	What was the presentation at delivery? Vertex OA Vertex OP Breech Other Not known					
D5a)						
D5b)	Type of Caesarean section Elective Emergency Not known					
D5c)	Reas	sons for emergency caesarean s	ection			
D6a)	Leng	gth of first stage of labour	hoursminutes			
D6b)	Length of second stage of labour hours minute					
D7.	Was	an oxcytocic given during labo Yes No	our?			
D8	Werd a)	e any of the following used dur General anaesthetic Yes No Not known	ring the first or second stage of labour?			
	b)	Spinal anaesthetic Yes No Not known				
	c)	Lumbar epidural Yes No Not known				
	d)	Caudle epidural Yes No Not known				
	e)	Gas & air Yes No	Not known			
	f)	Pethidine	TOURIOWII			

			Yes
			No
			Not known
	g)	Pethilo	orfan
	O,		Yes
			No
			Not known
	h)	Pentaz	
	/	1 011000	Yes
			No
			Not known
	i)	Other,	describe
			Yes
			No
			Not known
D9a	i)	Was fe	etal cardiotocography used?
	,		First stage
			Second stage
			No
			Not known
	ii)	Was a	fetal scalp electrode used?
	,		First stage
			Second stage
			No
			Not known
	iii)	Was at	scultation used?
	111)	vv as ac	First stage
			Second stage
			No
			Not known
D0P)	Were	there an	y abnormalities in the fetal heart rate?
(טלט	WCIC	incic an	Yes
			No
If was	dosorib		
ii yes,	uescri		
D9c)	If a fet	tal scalp	electrode was used were abnormalities found in fetal scalp pH?
			Yes
			No
If yes,	give le	vel	
D10.	During	2 labour	and before delivery, did the mother haemorrhage?
		ر 	Yes
			No
If ves	was it	due to:	
	10	i)	Placenta praevia
		-/	r
		ii)	Placental abruption

	iii)	Unspecified APH	
	iv)	Not known	
D11.	Was mother's	s B/P taken in labour? Yes	
D11i)	What was the	No e reading with the highest diastolic?	/
D12a)	Was the urine	e tested for protein in labour? Yes	
		No	
D12b)	If yes, give re		
D120)	ii yes, give ie	Nil	
		Trace	
		+	
		++	
		+++	
D13a)	Was oedema	present in labour?	
,	.,	Yes	
		No	
		Not known	
D13b)	If yes, give si		
,	, , ,	None	
		Generalised	
		Ankles	
		Hands	
		Other	
		More than one site	
D14.	Did any of th	e following occur in labour?	
	a) Mater	nal pyrexia	
		Yes	
		No	
		Not known	
	b) Mater	rnal distress	
		Yes	
		No	
	\	Not known	
	c) Cord	prolapse	
		Yes	
		No Not Imaxin	
	d) Cond	Not known	
	d) Cord	around neck Yes	
		Yes No	
		Not known	
	e) Eclan		
	c, Leian	Poin	

Yes No Not known f) Ruptured uterus Yes No Not known Meconium in liquor g) Yes No D14 Obstructed labour h) Yes No Not known i) Failure to progress Yes No Not known Prolonged first stage j) Yes No Not known k) Prolonged second stage Yes No Not known 1) Other complications Yes No Not known D15 Did the mother have an episiotomy? a)

Yes

168

No

No labour

Not known

D15 b) i) Did the mother have a perineal tear?

Yes

No

No labour

Not known

If yes, was it?

ii) First degree Second degree Third degree Other, describe

SECTION E: MANAGEMENT OF THIRD STAGE

E1.	What was the duration of the third stage of labour?	minutes
E2.	Was an oxytocic given?	
	Yes	
	No	
	Not known	
E3.	a) What was the weight of the placenta?	grammes
	b) Where there any abnormalities of the placenta? Yes	
	No	
	Not known	
E3.	bi) If yes, describe	
E4.	Did any of the following occur postpartum?	
	a) Post partum haemorrhage	
	Yes	
	No	
	Not known	
	b) Retained placenta	
	Yes	
	No	
	Not known	
	c) Manual removal of placenta	
	Yes	
	No	
	Not known	
	d) Sterilization	
	Yes	
	No	
	Not known	
	e) Infection of caesarean wound	
	Yes	
	No	
	Not known	
	f) Infection of episiotomy/tear	
	Yes	
	No	
	Not known	
	g) Maternal pyrexia	
	Yes	
	No	
	Not known	
	h) Maternal urinary infection	
	Yes	
	No	
	Not known	
	i) Maternal genital infection	

		Yes
		No
		Not known
	j) Maternal o	-
		Yes
		No
		Not known
	k) Maternal	
		Yes
		No
		Not known
E4.	l) DVT	
		Yes
		No
		Not known
	m) Mastitis	
		Yes
		No
		Not known
	n) Pulmonar	•
		Yes
		No
		Not known
	o) Eclamptic	
		Yes
		No
		Not known
	p) Other, des	
		Yes
		No
		Not known
E5.	Date mother	left maternity hospital/
E6.	Where did sh	ne go?
		Own home
		Someone else's home
		To another hospital with the baby
		To another hospital without the baby
		Somewhere else, describe
E7.	Did the moth	er take her own discharge?
		Yes
		No
		Not known

SECTION F: OUTCOME OF DELIVERY

F1.	Time of delivery	24 hour clock
F2.	What was the outcome of the Born dead Alive at birth Alive Other, described as the outcome of the Born dead Alive Other, described as the outcome of the Born dead Alive Other, described as the outcome of the Born dead Alive Other, described as the outcome of the Born dead Alive Alive Other, described as the outcome of the Born dead Alive Alive Alive Other, described as the outcome of the Born dead Alive Alive Alive Alive Other, described as the outcome of the Born dead Alive Alive Alive Alive Alive Alive Other, described Alive Alive Other, described Alive Alive Alive Other, described Alive Alive Other, described Alive Alive Other, described Alive Alive Alive Alive Other, described Alive Alive Other, described Alive Alive Alive Other, described Alive Alive Other, described Alive Alive Other, described Alive Alive Other, described Alive	h, died later
F2.	a) If the baby died, give ca questionnaireai) Time of death	useSee Perinatal death
	ai) Date of death	/
F3.	Sex of baby/fetus Male Female Intersexes Not known	
F4.	a) Is the baby a? Singleton Twin Triplet Other, descr b) If a twin or a triplet, stat First Second Third	ibete whether it was 1 st 2 nd or 3 rd born
F5.	Birth weight of this baby	grammes
F6.	a) Crown – heel length	cms
F6.	b) Head circumference	cms
<u>SEC</u>	TION F: THE LIVEBORN	BABY
G1.	 a) Did the baby cry immed Yes No Not known b) How long until regular results 	respirations were established?minutes
	c) Apgar score at one minu	

G2.	What type of feed was the baby having at 24 hours?
	Breast
	Bottle
	Breast and bottle
	Other, describe
G3.	Did the baby have convulsions/
	Yes
	No
	Not known
G5.	Was the baby examined by a paediatrician?
	Yes
	No
	Not known
G6.	Were the baby's hips examined?
G0.	Yes
	No
0.6	Not known
G6.	a) Were any abnormalities noted?
	Yes
	No
	Not known
	b) Describe,
G7.	Have any other congenital malformations been noted?
	a) If yes, describe.
G8.	a) Was the baby transferred to a Special Care Baby Unit?
	Yes
	No
	Not known
	b) If yes, where to?
	SCUB in the Jane
	SCUB in Noble's Hospital
	Other, describe
G8.	c) Give reasons for transfer.
	d) Length of stay in SCBU
	<1 hour
	1 – 5 hours
	6 – 23 hours
	1+ days
CO	a) Has a formal modiate a second of sector be a sector of the sector of
G9.	a) Has a formal paediatric assessment of gestation been carried out?
	Yes
	No
T.C.	Not known
If yes,	b) Give gestational assessmentweeks

G10.	Were any of the	he followi	ng noted?		
a) Stie	cky eye(s)				
,		Yes	No	Not known	
	b) Umbilical	infection			
		Yes	No	Not known	
	c) Apnoeic at				
		Yes	No	Not known	
	d) Cyanotic a				
	\ m 1.11	Yes	No	Not known	
	e) Twitching	**	2.7	XX 1	
		Yes	No	Not known	
	f) High pitche		•		
		Yes	No	Not known	
	g) Jaundice				
		Yes	No	Not known	
	h) Other, desc	cribe			
		Yes	No	Not known	
	:\ IC:1:			1119	
	1) If jaundice	-		rubin level assessed?	
		Yes	No	Not known	
j) Ho	w many times?	• •		times	
	k) What was	the highes	st level?	mol	
G11.	Date of baby's	s discharg	e/transfer from	hospital/	
G12	Was the behy	disaharaa	d to?		
G12.	Was the baby	_	u io?		
		Mother			
		Another	-		
		Foster pa			
		Another	nospitai/unit, g	ive name	• • •
C12	Data this areas	tionnoiro	was filled in	1 1	
G15.	Date this ques	tionnaire	was illied ill.	/	
G14.	Filled in by:				
G15.	Mother's age	at delivery	у	yearsmonths	
	J	•		-	
0 -		0 ~	** ** ** **		
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		19	sle of Man		

3.2. NNA NEONATAL QUESTIONNAIRE

Questionnaire information

Data gathered by:	Neonatal Associate Specialist & E. M. Rolfe,
	Midwife
Data gathered when:	Discharge from neonatal unit JCMH
Data gathered where:	Specialist questionnaires
Number collected:	938
Entered data stored in file(s):	
Version of questionnaire	1

To be completed from medical records

This questionnaire should be completed on death or discharge for all babies born to Isle of Man residents admitted to the Special Care Baby Unit, or to other hospital care, in the first four weeks of life.

A new questionnaire should be filled in for each admission

All answers are confidential

SECTION A: BIRTH DETAILS

A1.	Mother's date of birth
A2.	Date of delivery
A3.	Sex of baby Male Female Intersexes
A4.	Gestation of baby: completed weeks, best obstetric estimateweeks
A5.	Place of delivery: Jane Crookall Maternity Home Nobles Hospital New Jane Crookall Unit Home Not known Other
A6.	Hospital number

A7.	Name of hospital/SCBU to which baby was admitted? Jane Crookall Maternity Home Nobles Hospital Not known Other
A8.	Was the baby? Transferred from maternity unit Admitted from home Transferred from elsewhere Other
A9.	Is this baby? Singleton First twin Second twin First triplet Second triplet Third triplet Twin order unknown Other
A10.	Current status of baby: Alive Dead
A11.	If dead, please give date of death
<u>SECT</u>	TION B: THE BABY AT ADMISSION
B1.	Date of admission
B2.	Time of admission
B3a)	Crown heel lengthcms
b)	Crown rump length cms
B4.	Birth weightgrammes
B5.	Weight on admissiongrammes
B6.	Head circumference at admissioncms
B7.	Temperature of baby on admissiondegrees centigrade
B8.	What were the reasons for admission/transfer?

B9.	What was the clinical condit Alive Dead	tion on arrival?	
B10.	Was any of the following pr	esent on admission?	
a)	Moribund		
ĺ	Yes	No	Not known
b)	Shocked		
	Yes	No	Not known
c)	Pink		
	Yes	No	Not known
d)	Cyanosis		
	Yes	No	Not known
e)	Jaundice	NT	NT . 1
6	Yes	No	Not known
1)	Active	Ma	Not known
<i>~</i>)	Yes Other describe	No	NOU KHOWH
g)	Other, describe Yes	No	Not known
B11.	On admission:		
a`) Was an IV drip put up?		
α,	Yes	No	Not known
b [°]) Was the baby incubated?		- 100
ŕ	Yes	No	Not known
B12 a)	Has the gestational age been	n estimated clinically?	
	Yes	No	Not known
b)) If yes, please give gestation	nal ageweek	S
SECT	ION C: SIGNS, SYMPTON	MS AND DIANOSES	
C1.	Was any of the following pr	esent at any time during	g the baby's stay?
a)	Tachypnoea (HR 50/min)		
• .	Yes	No	Not known
b)	Grunting	N 7	NT 1
`	Yes	No	Not known
c)	Subcostal /intercostals reces		No.4 1
/ل	Yes	No	Not known
a)	Central cyanosis in air	No	Not Imove
۵)	Yes Other evidence of respirator	No v disassa	Not known
e)	Yes	No No	Not known
		•	

C2. Were specific clinical diagnoses of respiratory distress made?		tory distress made?	
	Yes	No	Not known
C2i)	If yes, please list		
C3 a)	Were chest X-rays ca	rried out because of c	clinical distress?
	Yes	No	Not known
b)	If yes, were the clinic Yes	al diagnoses the same No	e as the radiological diagnoses? Not known
c)	If no, please describe	the difference:	
C4a)	Was oxygen therapy	given at any time duri	ing the baby's stay?
	Yes	No	Not known
b)	If yes, for how long we Less than 30 r 30 - 89 minutes to 6 - 23 hours 24 - 47 hours 2 - 4 days More than 5 d Don't know	minutes es 5 hours	
c)	Was the inspired oxyg	gen concentration eve	er measured?
	Yes	No	Not known
d)	If yes, give highest in	spired oxygen concer	ntration
e)	How was oxygen give	en?	
i)	Headbox		
ii)	Yes Facemask	No	Not known
iii)	Yes Endotracheal tube	No	Not known
	Yes	No	Not known
	Nasal prong Yes	No	Not known
V)	Other, describe Yes	No	Not known

C5a)	Was the baby ever ventilated	?	
	Yes	No	Not known
b)	If yes, how was the baby ven	tilated?	
i)	CPAP by nasal prongs		
ii)	CPAP by face mask		
iii)	CPAP by ETT		
iv)	Bag and mask, hand ventila	ted	
v)	IMV IPPV		
vi)	Other, describe		
c)	For how long was the baby v	entilated?days.	hoursminutes
C6.	Was any of the following pre Cardiac murmur	sent at any time during	the baby's stay?
b)	Yes Clinical evidence of enlarged	No heart	Not known
ŕ	Yes	No	Not known
c)	Congestive heart failure Yes	No	Not known
C7a)	Was a clinical diagnosis of he Yes	eart disease made? No	Not known
b)	If yes, please give the clinical		Not known
U)	if yes, please give the chinica	i diagnosis/diagnoses	
C7c)	Were chest X-rays carried ou	t because of suspected	haart disaasa?
C/C)	Yes	No	Not known
d)	Was echocardiography perform		
u)	Yes		
e)	Was cardiac catheterisation p	No erformed?	Not known
	Yes	No	Not known
f)	Please give final diagnosis of	cardiac disease.	

C8a)	Was t	he baby jaundiced at ar	y time during this adm	nission?
		Yes	No	Not known
b)	If yes	, what was the time of c Less than 24 hours	onset of jaundice?	
		24 – 47 hours		
		48 – 71 hours		
		72+ hours		
		Not known		
		1 (00 11110) (11		
c)	What	was the highest level o	f bilirubin measured?	
d)	What	was the diagnosed caus	se of jaundice?	
		Physiological		
		ABO incompatibility		
		Rh incompatibility		
		Sepsis		
		G-6-PD deficiency		
		Not known		
e)	Did th	ne jaundiced baby have	any of the following in	nterventions?
	i)	Sunbaths		
	1)	Yes	No	Not known
	ii)	Phototherapy	110	110t Kilowii
	11)	Yes	No	Not known
	iii)	Exchange transfusion		Not known
	111)	Yes	No	Not known
	iv)	Other, describe	110	Not known
••••	10)	Yes	No	Not known
		103	110	Not known
C9.	Were	any of the following pr	resent during this admi	ssion?
a)	Seizu	res		
,		Yes	No	Not known
b)	Jitteri	ness		
,		Yes	No	Not known
c)	High	pitched cry		
,		Yes	No	Not known
d)	Irritab	oility		
		Yes	No	Not known
e)	Letha	rgy		
		Yes	No	Not known
f)	Hypot	tonia		
•		Yes	No	Not known
g)	Hyper	rtonia		
٠,		Yes	No	Not known
h)	Bulgi	ng fontanel		
,	J	Yes	No	Not known

1)	Abnormal nead circumference	e	
	Yes	No	Not known
j)	Hyper reflexia		
	Yes	No	Not known
k)	Temperature instability		
•	Yes	No	Not known
1)	Temperature >39.9C	3.7	NT 1
	Yes	No	Not known
m)	Temperature <35C	Ma	Not lyn ovym
m)	Yes	No	Not known
11)	Apnoea Yes	No	Not known
0)	Poor feeding/ feeding intolera		NOT KHOWH
0)	Yes	No	Not known
	103	140	Not known
C10a)	Was hypoglycaemia ever sus	nected during admission	on?
<i>0101</i> ,	Yes	No	Not known
b)	Were dextrostix or similar est		
,	Yes	No	Not known
c)	If yes, were the results ever 1	.4 mol or less?	
	Yes	No	Not known
d)	Were blood glucose levels ev	er measured during thi	s admission?
	Yes	No	Not known
e)	If yes, were any levels less th	an 2.2 mol?	
	Yes	No	Not known
f)	Were there any abnormalities	•	
	Yes	No	Not known
g)	If yes, describe		
C11a)	During this admission was F	OCV laviala avvan maaavv	ma d 9
CIIa)	During this admission were F Yes	No	rea? Not known
b)	Was a dilutional exchange pe		NOU KHOWH
U)	Yes	No	Not known
	103	110	Not known
C12.	During this admission were a	ny of the following eve	er present?
	Pallor	ing of the following the	or prosont.
	Yes	No	Not known
b)	Generalised petechiae		
	Yes	No	Not known
c)	Ecchymosis		
	Yes	No	Not known
d)	Prolonged bleeding from any	organ or site	
	Yes	No	Not known
e)	If bleeding, give sites		
•	XX7 1' ' 1 1' ' ' C	11 1' 1' 1	9
f)	Was a clinical diagnosis of a	_	
<i>-</i> \	Yes	No	Not known
g)	If yes, please give diagnosis.		

h)	Did the laboratory of	confirm this diagnosis?	
		ory disagreed results not available	
C13a)	During this admission	on, were the baby's eyes	examined?
	Yes	No	Not known
b)	If yes, were any abn	normalities found?	
	Yes, catarac	athy of prematurity t ibe	
C14a)	During this admission	on was there any evidence	e of congenital infection
	Yes	No	Not known
b)	If yes, give details		
C15a)	Were cultures taken	?	
b)	Yes If yes, from which s	No sited were cultures taken?	Not known
c)	i) Bloodii) CSFiii) Urineiv) Surface swabv) Other, describe Were any cultures	positive?	•••••
·	Yes	No	Not known
d)	If yes, give site(s)		
Í			
C16.		rors of metabolism identif	
. 10.	Yes, describ		

C17.	Were any major or minor con	genital malformations	present?
a)	Cleft or hare lip		
h)	Yes Cleft palate	No	Not known
	Yes	No	Not known
c)	Dislocated hip Yes	No	Not known
d)	Extra digit, finger or toe Yes	No	Not known
e)	Nevus	No	NOT KHOWH
f)	Yes Talipes	No	Not known
,	Yes	No	Not known
g)	Spina bifida	3.7	N 1
1 \	Yes	No	Not known
h)	Abnormalities of palmar crea		NT / I
• `	Yes	No	Not known
1)	Reduction deformity of limb	Ma	NI of Irm over
:)	Yes Other describe	No	Not known
J)	Other, describe	No	Not known
	Yes	No	Not known
C18a)	Was a cranial ultrasound perf	Formed?	
	Yes	No	Not known
b)	If yes, was the scan? Normal Abnormal Not known		
c)	Were any other ultrasound sc	ans performed?	
C)	Yes, type	=	
	No	•••••	
	Not known		
d)	If yes, was/were the scan(s)?		
u)	Normal		
	Abnormal		
	Not known		
	Tiot known		
	Were there any other clinical ntioned in this questionnaire?	conditions present dur	ring this admission, which are
	Yes	No	Not known

SECTION D: TREATMENT AND NUTRITION

D1.	How long after admit <4 hours 4 - 5 hours 6 - 7 hours 8 - 23 hours 24 - 47 hours 48+ hours Not fed Not known		ed given, by whatever route?
D2.	What type of milk fer Formula Breast Breast & form Other, describ No milk feed Not known	nula oe	ly given during admission?
D3.	During this admission feeding?	n was there vomiting	necessitating change or cessation of
	Yes	No	Not known
D4	During this admission a) Containing blue b) Diarrhoeal c) Other, describe		
D5 a)	During this admission cessation of feeding?		al distension necessitating change or
	Yes	No	Not known
b)	If yes, were abdomin Yes		Not known
c)	If yes, what was the	adiological diagnosis	s?
D6.	During this admission	n:	
a)	What was the lowest weight recorded?gms/ ondate		
b)	What was the weight at discharge?gms/ondate		
D7 a)	During this admission	n did any surgeons ev	ver examine the baby?
	Yes	No	Not known
b)	If yes give reasons		

c)	Was there any surgical inte	rvention?	
	Yes	No	Not known
d)	If yes, describe		
D8.	Were any of the following	carried out during this a	dmission?
a)	Arterial vessel catheterisation	on	
• .	Yes	No	Not known
b)	Intubation Yes	No	Not known
c)	Intubation for ventilation	INO	NOT KHOWH
C)	Yes	No	Not known
d)	IV fluids administered	- 1 2	- , , , , ,
ĺ	Yes	No	Not known
e)	Parenteral feeding		
	Yes	No	Not known
f)	i) Type of fluid	eding, give:	
	ii) Duration given	days	
D9.	During admission were any	of the following drugs	prescribed?
a)	Diuretics		_
	Yes	No	Not known
b)	Digoxin	3.7	NT . 1
(د	Yes	No	Not known
C)	Xanthines Yes	No	Not known
d)	Antibiotics, describe		Not known
u)	Yes	 No	Not known
e)	Anticonvulsants, describe		
	Yes	No	Not known
f)	Opiates		
	Yes	No	Not known
D10a)	Was/were any other drugs u Yes	used during this admissi No	ion? Not known
b)	If yes, descri	ibe	
D11a)	Was blood transfused durin	ng this admission?	
	Yes	No	Not known
b)	If yes, was blood from? Blood bank Walking donor Other, describe Not known		

SECTION E: OUTCOME

E1a)	What was the outcome for this baby?
	Died Discharged to mother Discharged for adoption Discharged to another hospital, give where. Other, describe
b)	If discharged, give date
	If the baby died, give cause of death, if discharged, give final diagnoses.
E2. for thi	If the baby is alive, ask the clinicians whether they are worried about the prognosis s child. Good, no worries Probably good Possibly poor Certainly poor Not known
E3.	This questionnaire was completed on;date
E4.	Byname
	Status
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3.3. 6Month. HEALTH VISITORS QUESTIONNAIRE

Questionnaire information

Data gathered by:	IOM Health visitors
Data gathered when:	Child at 6 months
Data gathered where:	Health visitors 6 monthly clinics
Number collected:	938
Entered data stored in file(s):	IO6H.xls
Version of questionnaire	1

WHEN THE BABY IS 6 MONTHS OLD

To be completed from Health Visitors records
All answers are confidential

THANK YOU VERY MUCH FOR YOUR HELP

Child's name	
Child's date of birth	/1999
Child's address	
SECTION A: GROWTH	
Please give details of the chi from records from birth to the	ild's weight, length, and head circumference, where available ne present.
Date/	1999
Weight	
Head circum	
Length	
	Times eight

SECTION B: DEVELOPMENT

B1	a) How many times has the baby's mental and /or motor development been checked since he/she was born?			
If yes,	Referral to a specialist Wait and see			
	Not thought important Not known			
	ii) What definite abnormalities are there?			
SECT	ION C: HEARING			
C1	a) How many times has the baby's hearing been checked since birth?			
	b) Have any abnormalities/hearing loss been noted? Yes, definite abnormality/hearing loss Yes, possible abnormality/hearing loss No Not known			
C1	b) If yes, definite abnormality, describe			
<u>SECT</u>	ION D: SIGHT			
D1	a) How many times has the baby's sight been checked since birth?			
	b) Have any abnormalities been noted? Yes, definite abnormality Yes, possible abnormality No Not known			
	If yes, a definite abnormality, please describeICD codes			

SECTION E:

EI	following since birth.	child has been noted to have had any of th
	a) Gastroenteritis	
	Yes	No
	b) Lower respiratory infec	
	Yes	No
	c) Upper respiratory infect	
	Yes	No
	d) Otitis media	110
	Yes	No
	e) Failure to thrive	NO
	Yes	No
	f) Accidental injury	110
	Yes	No
		NO
	g) Suspected child abuse Yes	No
		No
	h) Feeding problems	No
	Yes	No
	i) Sleeping problems	NI -
	Yes	No
	j) Colic	NI -
	Yes	No
	k) Whooping cough	N
	Yes	No
	l) Measles	N
	Yes	No
	m) Convulsions	N
	Yes	No
	n) Congenital defect, descri	
	Yes	No
SECT	CION F	
F1	Please describe any other definite	problems this baby has had since birth.
SECT	CION G:	
BECI	TON G.	
G1	Date of filling in this questionnaire	e199
G2	a) Your name	
	b) Your status	

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3.5. HOSPITAL ADMISSIONS AND CLINIC ATTENDANCE QUESTIONNAIRE

Questionnaire information

Data gathered by:	E. M. Rolfe
Data gathered when:	Bi - annually
Data gathered where:	Hospital notes
Number collected:	On going
Entered data stored in file(s):	
Version of questionnaire	1

E.L.S.P.A.C. in the ISLE OF MAN

This questionnaire is to be completed for each admission

All answers are confidential

THANK YOU FOR YOUR HELP

SECTION A: Child's date of birth/.....199 **A**1 Date of admission/.....199 A2 A3 Hospital of admission A4 Hospital number A5 Was the admission Emergency Booked Not known A6 a) What were the reasons for admission? Own codes Give symptomsICD codes b) What was the provisional diagnosis?

SECTION B: ACCIDENTS

B1	Was the admission the result	of an accident?		
	Yes	No		Don't know
If yes	, describe what happened		ICD E codes	
SEC1	TION C: OUTCOME			
C1	What investigations were carr	ried out? .	Own c	odes
C2	What drugs were given?		BNF co	des
C3	Did the child have an operation Yes No	on?		
If yes	, specify	Own Co	odes	
C4	Please give final diagnoses ar	nd underlying co	nditions:	ICD
C5	What was the outcome for the Child went home Child went to another Child died Other	hospital c	lescribe	
C6	Date of discharge /death	//		
C7	All follow up consultations 19 Date Consultation Codes for treatment Codes for medication	991 to 2006		
C8	Name of person filling in this	questionnaire		

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3.5. TEACHER'S QUESTIONNAIRE AT 7 YEARS

Questionnaire information

Data gathered by:	All IOM Primary School Teachers
Data gathered when:	Children at seven years
Data gathered where:	Questionnaires posted to the primary schools
Number collected:	1238
Entered data stored in file(s):	
Version of questionnaire	1

TEACHER'S QUESTIONNAIRE AT 7 YEARS

This questionnaire is to be filled in by the study child's teacher when the child is seven years of age

All answers are confidential THANK YOU FOR YOUR HELP

SECTION A: STRENGTHS AND DIFFICULTIES

	hild is	- Calina			
AI.	A1. Considerate of other people's feelings				
	Not true	Sometimes true	Certainly true		
A2.	Restless, over active, cannot	sit still for long			
	Not true	Sometimes true	Certainly true		
A3.	Often complains of headache	es, stomach aches, or sickness			
	Not true	Sometimes true	Certainly true		
A4.	Shares readily with other children (books, games etc)				
	Not true	Sometimes true	Certainly true		
A5.	Often displays hot temper				
	Not true	Sometimes true	Certainly true		
A6.	. Rather solitary, prefers to play alone				
	Not true	Sometimes true	Certainly true		
A7.	Generally obedient, usually on Not true	does what adults request Sometimes true	Certainly true		

A8.	Many worries, often seems worried			
	Not true	Sometimes true	Certainly true	
A9.	Helpful if someone is hurt, up	oset or feeling ill		
	Not true	Sometimes true	Certainly true	
A10.	Constantly fidgeting or squire	ming		
	Not true	Sometimes true	Certainly true	
A11.	Has at least one good friend			
	Not true	Sometimes true	Certainly true	
A12.	Often fights with or bullies or	ther children		
	Not true	Sometimes true	Certainly true	
A13.	Often unhappy, downhearted	or tearful		
	Not true	Sometimes true	Certainly true	
A14.	Generally liked by other child	dren		
	Not true	Sometimes true	Certainly true	
A15.	Easily distracted, concentration	on wanders		
	Not true	Sometimes true	Certainly true	
A16.	Nervous or hesitant in new si	tuations, easily loses confiden	ce	
	Not true	Sometimes true	Certainly true	
A17.	Kind to younger children			
	Not true	Sometimes true	Certainly true	
A18.	Often lies or cheats			
	Not true	Sometimes true	Certainly true	
A19.	Picked on, or bullied by other	r children		
	Not true	Sometimes true	Certainly true	
A20.	Often volunteers to help othe Not true	rs (teachers, parents, other ch Sometimes true	ildren) Certainly true	

A21.	Thinks things out before active	ng	
	Not true	Sometimes true	Certainly true
A22.	Steals from home, school or	elsewhere	
	Not true	Sometimes true	Certainly true
A23.	Gets on better with adults that	nn other children	
	Not true	Sometimes true	Certainly true
A24.	Easily scared, has many fears	S	
	Not true	Sometimes true	Certainly true
A25.	Sees tasks through to the end	, good attention span	
	Not true	Sometimes true	Certainly true
A26.	Do you have any comments of	or concerns?	
A27. areas; emotio	Overall, do you think that thi	s student has difficulties in on getting on with others?	e or more of the following
	No		
	Yes, minor difficultie		
	Yes, definite difficult Yes, severe difficultie		
	a) Do these difficulties upset Not at all A little Quite a lot	t or distress the student?	
	A great deal b) Do the difficulties interfer	re with the child's every day l	ife in school?
	i) Peer relationships	io with the contract of the co	
	Not at all		
	A little Quite a lot		
	A great deal		
	ii) Classroom learnin	g	
	Not at all		
	A little		
	Quite a lot A great deal		
	A great ucar		

c) Do the difficulties put a burden on the class as a whole?

Not at all

A little

Quite a lot

A great deal

SECTION B: ABILITIES AND DISABILITIES

B1 How would you rate the child for his/her age in regard to the following?

a) Reading

Very good

Good

Not very good

Poor

Cannot do this at all

B1 b) Writing

Very good

Good

Not very good

Poor

Cannot do this at all

c) Mathematics

Very good

Good

Not very good

Poor

Cannot do this at all

d) Singing

Very good

Good

Not very good

Poor

Cannot do this at all

e) General knowledge

Very good

Good

Not very good

Poor

Cannot do this at all

f) Games/gym

Very good

Good

Not very good

Poor

Cannot do this at all

g) Spelling

Very good

Good

Not very good

	Poor Cannot do this at all h) Art Very good Good Not very good Poor Cannot do this at all
B2	 a) Has this child been recognised as having special educational needs? Yes No
If yes,	b) Please describe the problem(s)
B2	c) What is happening about this/these? Tick all that apply. i) Nothing yet ii) Child is at a special school iii) Child goes to special classes iv) Child has a special teacher v) Something else, describe
В3	Please describe the class the child is in:
	a) Number of girls
	b) Number of boys
	c) Are the children all about the same age? Yes No If no,
	d) What is the youngest age?
	e) What is the oldest age?
B4	How many days has the child had to be away from school in the last year, because of
	a) Illness
	b) Holidays
	c) Other reason, describe

SECTION C:

More about behaviour. What best describes this child's behaviour in the last six months?

C1 Fails to give close attention to details or makes careless mistakes in school work

Never

Hardly ever

Some of the time

Most of the time

C2 Has difficulty sustaining attention in tasks or play activities

Never

Hardly ever

Some of the time

Most of the time

C3 Does not seem to listen when spoken to directly

Never

Hardly ever

Some of the time

Most of the time

C4 Does not follow through instructions and fails to to finish school work

Never

Hardly ever

Some of the time

Most of the time

C5 Has difficulty organising tasks and activities

Never

Hardly ever

Some of the time

Most of the time

C6 Avoids tasks that require mental effort, homework, school work

Never

Hardly ever

Some of the time

Most of the time

C7 Loses things necessary for tasks or activities

Never

Hardly ever

Some of the time

Most of the time

C8 Is easily distracted

Never

Hardly ever

Some of the time

Most of the time

C9 Is forgetful in daily activities

Never

Hardly ever

Some of the time

Most of the time

C10 Fidgets with hands or feet or squirms in seat

Never

Hardly ever Some of the time Most of the time

C11	Leaves seat in class or in other situations in which remaining seated is expected Never
	Hardly ever
	Some of the time
	Most of the time
C12	Runs about or climbs excessively in inappropriate situations
	Never
	Hardly ever
	Some of the time
	Most of the time
C13	Has difficulty playing or engaging in leisure activities
	Never
	Hardly ever
	Some of the time
	Most of the time
C14	Is 'on the go' as if driven by a motor
	Never
	Hardly ever
	Some of the time
	Most of the time
C15	Talks excessively
	Never
	Hardly ever
	Some of the time
	Most of the time
C16	Blurts out answers before the question has been completed
	Never
	Hardly ever
	Some of the time
	Most of the time
C17	Has difficulty awaiting his/her turn
	Never
	Hardly ever
	Some of the time
G10	Most of the time
C18	Interrupts or intrudes upon others
	Never
	Hardly ever
	Some of the time
C10	Most of the time
C19	How long have you been the teacher of this child?
	<one month<="" td=""></one>
	1 – 2 months
	3 – 5 months
	6-11 months
	One year or more
Data	Don't know of completion/ Date of birth of child/
Date 0	Date of office of child/

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3.6 29 TEACHERS' QUESTIONNAIRE AT 16 YEARS

Questionnaire information

Data gathered by:	All IOM Secondary School Teachers
Data gathered when:	Children at sixteen years
Data gathered where:	Questionnaires posted to the secondary schools
Number collected:	Not yet completed
Entered data stored in file(s):	
Version of questionnaire	1

This questionnaire is to be filled in by the study child's teacher towards the end of the school year in which the child reaches 15 years of age.

All answers are confidential

THANK YOU FOR YOUR HELP

For each item, please tick one of the boxes. It would help us if you answered all of the questions as best you can, even if you are not absolutely certain. If you feel quite unable to answer a question, leave it blank. Please give your answers on the basis of the child's behaviour over the last 6 months if you can.

SECTION A: STRENGTHS AND DIFFICULTIES

This child is: A1, Considerate of other people's feelings Not true Sometimes true Certainly A2. Restless, overactive, cannot stay still for long Not true Sometimes true Certainly A3. Often complains of headaches, stomach- aches or sickness Not true Sometimes true Certainly A4. Shares readily with other children (treats, books, games etc.) Not true Sometimes true Certainly true A5. Often displays a hot temper Sometimes true Not true Certainly true A6. Rather solitary, tends to play alone Not true Sometimes true Certainly true A7. Generally obedient, usually does what adults request Not true Sometimes true Certainly true A8. Many worries, often seems worried Sometimes true Not true Certainly true

A9. Helpful if someone is hu	art, upset or feeling ill Not true	Sometimes true	Certainly
true A10. Constantly fidgeting or		Sometimes due	Certainiy
true	Not true	Sometimes true	Certainly
A11. Has at least one good f	riend		
-	Not true	Sometimes true	Certainly
true A12. Often fights with other	children or bullies the	m	
7112. Ottom ingmis with other	Not true	Sometimes true	Certainly
true			,
A13. Often unhappy, down l	hearted or tearful		
	Not true	Sometimes true	Certainly
true	on abilduon		
A14. Generally liked by other	Not true	Sometimes true	Certainly
true	1 tot true	Sometimes true	Certaining
A15. Easily distracted, conc			
	Not true	Sometimes true	Certainly
true A16. Nervous or hesitant in	new situations, easily l	oses confidence	
7110. Ivervous of hesitant in	Not true	Sometimes true	Certainly
true			J
A17. Kind to younger childr			
tano	Not true	Sometimes true	Certainly
true A18. Often lies or cheats			
1110. Otten nes of cheats	Not true	Sometimes true	Certainly
true			· ·
A19. Picked on or bullied by		C	G 1
true	Not true	Sometimes true	Certainly
A20. Often volunteers to hel	p others (parents, teacl	hers, other children)	
	Not true	Sometimes true	Certainly
true			
A21. Thinks things out before	•	G	C 1
true	Not true	Sometimes true	Certainly
A22. Steals from home, scho	ool or elsewhere		
,	Not true	Sometimes true	Certainly
true			
A23. Gets on better with adu			Contoinle
true	Not true	Sometimes true	Certainly
A24. Many fears, easily scar	ed		
, , , , , , , , , , , , , , , , , , ,	Not true	Sometimes true	Certainly
true			

A25.	Sees tasks through to	the end, good atte	Sometimes true	Certainly
true		Not true	Sometimes true	Certainiy
A26.	Do you have any oth	ner comments or co	oncerns?	
•••••				•••••
			1.00 1.1	
A21.	•		has difficulties in one or more tion, behaviour or being able to	
	r	No		
		Yes, minor diff	ficulties	
,		Yes definite di	fficulties	
		Yes, severe dif	ficulties	
If <u>yes</u>	, please answer the fo	ollowing questions	about these difficulties:	
	a) How long have	these difficulties b	een present?	
		Less than a mo	nth	
		1-5 months		
		6-12 month		
		Over a year		
	b) Do the difficulti	•	s the student?	
		Not at all		
		Only a little		
) D 41 1:00 14:	Quite a lot	A great deal	C 11 '
		es interfere with th	ne student's everyday life in the	e following
areas'		ionchina		
	i) Peer relat	Not at all		
		Only a little		
		Quite a lot		
		A great deal		
	ii) Classroo	•		
	n) Classico	Not at all		
		Only a little		
		Quite a lot		
		A great deal		
A27	d) Do the difficultie	•	you or the class as a whole?	
	,	Not at all	5	
		Only a little		
		Quite a lot		
		A great deal		
SECT	<u>ΓΙΟΝ Β:</u>			
B2.	a) Has this stu	dent been recognis	sed as having special education	nal needs?

No

Yes

If Yes		B2.	c)	What is happen	ing? (Please tick all that apply)	
		a)Full				
		i) Stud	lent is i	n Social, emotior Yes No	al & behavioural difficulties unit	
		ii) Stu	dent is i	in Special Suppo	t unit	
				Yes No		
		iii) Stu	ident is	in Special Nurtu Yes	re group	
				No		
		iv) Stu	dent is	at a special scho Yes No	ol .	
		v) Oth	er pleas	se describe		
		b) Par				
		i) Stud	dent is i	n Social, emotio Yes	nal & behavioural difficulties unit	
		a.		No		
		11) Stu	dent 1s 1	in Special Suppo Yes	tunit	
				No		
		iii) Stu	ident is	in Special Nurtu	re group	
		111) 500	10111 15	Yes	of Stoup	
				No		
		iv) Stu	dent is	at a special scho Yes	ol	
				No		
		v) Oth	er pleas	se describe		
B4.	How m	•	•	he student had to	be away from school in the last school	
			a) Illn	ness	days	
			b) Ho	•	days	
			,	er reason	days	
C10	How lo	na har	_	se describe)	49	
C19.	now 10	nig nav	<1 A t	nown this studer	it?	
			1-2 ter			
				or more		
Date of	f comple	etion	/	/	Date of birth of child//.	

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4.1. CLINIC RECORD SHEET

Questionnaire information

Data gathered by:	Clinic Staff
Data gathered when :	Child at Seven Years
Data gathered where:	ELSPAC Clinics at Seven Years
Number collected:	1003
Entered data stored in file(s):	
Version of questionnaire	1

This Questionnaire travelled round the clinic with the child and was filled in by the administrator of each test.

All answers are confidential THANK YOU FOR YOUR HELP

CLINIC RECORD SHEET

Child's Name

I)

Date of Birth	
Clinic Number	
Clinic Date	
Appointment t	ime
Arrival time	
Clinic Order	
1) Diet questionnaire	completed Yes No
1a) Dietary diaries con	mpleted Yes No
1b) Seen by Dietician	Yes

2) Audiometry

500 1000 2000 4000 8000 16000 Not done Referred

Right ear Left ear Bone

Comments

3) Parrott Test

Done Not done

Comments

4) Tympanometry

Done

Not done

Comments

5) Anthropometry

Height Weight

Head circumference Waist circumference Right arm circumference Left arm circumference Hip circumference

Shoe size

Flat feet

Left Right

Scoliosis

Nail biting

6) Skin observations

Warts Verrucas

Yes

No

Pigmentation Hair

Very fair Fair Red Medium Dark

Comments

Pigmentation Skin

Very fair Fair Red Medium Dark

Comments

Freckles Face& neck

Absent

Summer only Always present

Freckles Pelvis

Absent

Summer only Always present

Freckles Right arm

Absent

Summer only Always present

Freckles Left arm

Absent

Summer only Always present

Freckles Trunk

Absent

Summer only Always present

Freckles Right leg

Absent

Summer only Always present

Freckles Left leg

Absent

Summer only Always present

Freckles Hands & feet

Absent

Summer only Always present

Melanocytic Naevae

Congenital Acquired

Port wine stains

Yes

No

Psoriasis

Yes No

Eczema			
	Yes		
	No		
7) Ear drum observat Left	tions		
Right	a) Visibleb) Occluded		
_	a) Visibleb) Occluded		
8) EMLAR Cream	Yes No	Time S	igned
8) Blood			
	Yes No		
Parent's permis	Yes No	Signed	
Infection recent			
	Yes No	Details	
Samples obtained EDTA			
Clotted	Yes No		
	Yes No		
Citrated	Yes No		
Comments			
9) Vision a) Cover test			
a) cover test	Done Not do	ne	
b) Prism cover	test Done		
c) Eye moveme	Not do ents Done	ne	

Not done

d) Monocular Log ma	ar v/a		
,	Done		
	Not done		
e) Near vision			
	Done		
	Not done		
f) Convergence			
	Done		
	Not done		
g) Worth dot test			
	Done		
	Not done		
h) Accommodation	_		
	Done		
	Not done		
i) Stereopsis	ъ		
	Done		
	Not done		
Vision comments			
Vision comments			
10) Blood pressure			
Infection present/rece	ent		
r	Yes		
	No	Details	
1) Result			
,	Systolic		
	Diastolic		
	Pulse		
2) Result			
	Systolic		
	Diastolic		
	Pulse		
3) Result			
	Systolic		
	Diastolic		
	Pulse		
No result	Left arm/Rigi	nt arm	Cuff size
11) Body Fat			Record number
a) Immadas			
a) Impedance	Dono		
	Done Not done		
h) Padu mass inder	Not done		
b) Body mass index	Done		
	Not done		
	INCH CHAILE		

c) % Body fat

Done

Not done

12) Lung Function

Height

Weight

PEP%

Done

Not done

13) Teeth & diet questionnaire

a) Teeth

Done

Not done

b) Diet

Done

Not done

14) DANVA

a) Pictures

Done

Not done

b) Voices

Done

Not done

15) Child questionnaire

Done

Not done

16) Movement battery

Manual dexterity

Done

Not done

a) Static balance

Done

Not done

b) Dynamic Balance

Done

Not done

Motor co-ordination

a) Fine

Done

Not done

b) Gross

Done

Not done

Ball skills	
	Done
	Not done
17) WORD	
17) WORD	Done
	Not done
18) WOLD	
	Done
	Not done
10) Parants quastionnaira	
19) Parents questionnaire	Full
	Part
	Small
	Control
20) Partners Questionnaire	
	Yes
	No
Comments	
ELSPAC Physical Cl	inia Sassian Patings
	ange of maximum1 to minimum 5 for the following. Indicate
	as rudeness, inappropriate comments, avoidance of eye contact
tics or emotional reactions.	, 11 1
Session: Clinic Record Sheet	Tester Date
Child's number	Study Id numberBoy or Girl
	1 to 5
a) Co operation	
· •	
b) Activity levels (Ca	llm to over active)
c) Attention/Interest ((Active to nil)
1) D (C 1)	
d) Raport (Good to po	oor)
e) Confidence (Confi	dent to fearful)
f) Comments	
i) Comments	

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4.2. <u>SEVEN YEAR DIETARY DIARY Instructions for parents.</u>			
As well as asking you to complete the dietary questionnaire, we need to ask you to record everything			
These do not need to be three days together but two should be weekdays and one a weekend day.			
1. Try to state as accurately as possible EVERYTHING your child eats or drinks on these days			
2. If, for example, you enter, 'Half a piece of toast' please say what size loaf it came from and if you say 'One helping of shepherd's pie' please tell us what size helping.			
3. Don't forget to record such items as butter/margarine used on bread, toast, sandwiches and tell us when and how much sugar is added to drinks.			
Where possible, state the brand of food used 'Heinz spaghetti' 'Walkers crisps' etc.			
5. Where two foods are eaten together, state the individual amounts. Cottage pie 2 dessert spoons of mince + 3 dessert spoons of potato.			
6. When you have finished, please answer the questions at the end and then bring this questionnaire with you when you come to the ELSPAC clinic.			
A dietician will help you with any problems about filling this in and answer any questions you may have about diet and feeding your child.			
THANK YOU FOR YOUR HELP			
DAY 1 Day of week Date			
TIME FOOD DRINKS			
Early Morning			
Breakfast			
Mid Morning			
Lunch			
Mid Afternoon			

Teatime/Evening

Any extras	taken during the day	
DAY 2	Day of week	Date
TIME	FOOD	DRINKS
Early Morn	ing	
Breakfast		
Mid Mornii	ng	
Lunch		
Mid Aftern	oon	
Teatime/Ev	ening	
Bedtime		
Any extras	taken during the day	
DAY 3	Day of week	Date
TIME	FOOD	DRINKS
Early Morn	ing	
Breakfast		
Mid Mornii	ng	
Lunch		
Mid Afterno	oon	
Teatime/Ev	ening	
Bedtime		
Any extras	taken during the day	

Bedtime

1.	Did anyone else look after your child during any of these days? Tick all that apply.
DAY	1
	a) No
	Yes
	No
	b) Before breakfast
	Yes
	No

c) For breakfast

Yes

No

d) For mid day meal

Yes

No

e) Evening meal

Yes

No

f) At bedtime

Yes

No

DAY 2

a) No

Yes

No

b) Before breakfast

Yes

No

c) For breakfast

Yes

No

d) For mid day meal

Yes

No

e) Evening meal

Yes

No

f) At bedtime

Yes

No

DAY 3

a) No

Yes

No

b) Before breakfast

Yes

No

c) For breakfast

Yes

No

d) For mid day meal

Yes

No

e) Evening meal

Yes

No

f) At bedtime

Yes

No

If yes, who was this? Tick all that apply.

DAY 1

a) Partner

Yes

No

b) Another relation

Yes

No

c) Friend

Yes

No

d) Child minder

Yes

No

e) School

Yes

No

f) Someone else

Yes

No

DAY 2

a) Partner

Yes

No

b) Another relation

Yes

No

c) Friend

Yes

No

d) Child minder

Yes

No

- e) School Yes No
- f) Someone else

Yes

No

DAY 3

- a) Partner
 - Yes

No

b) Another relation

Yes

No

c) Friend

Yes

No

d) Child minder

Yes

No

e) School

Yes

No

f) Someone else

Yes

No

2. Was this a school day?

DAY 1

Yes

No

DAY 2

Yes

No

DAY 3

Yes

No

3. What type of lunch did your child have?

DAY 1

a) School dinner

Yes

No

b) Packed lunch

Yes

No

c) Lunch at home

Yes			
No			
DAY 2			
a) School din	ner		
Yes			
No			
b) Packed lur	nch		
Yes			
No			
c) Lunch at h	ome		
Yes			
No			
DAY 3			
a) School din	ner		
Yes			
No			
b) Packed lur	ıch		
Yes			
No			
c) Lunch at h	ome		
Yes			
No			
4. Was this weel	k a fairly typical one for y	ou and your child	
Yes			
No			
If no in what way die	d it differ from normal?		
ii iio, iii wiiat way uit	i it differ from normar:		
This questionnaire wa	as completed on:		
Day	Month	Year	
Date of birth of study	child:		
Day	Month	Year	

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CHECK SHEET FOR STAFF RECEIVING DIETARY DIARIES

General

- 1. Remember that the main aim is to determine the exact quantities in grams per day, week, etc of each nutrient
- 2. Get as much detail as you can about:
 - a) Quantity of foods eaten
 - b) Volume of drinks taken
 - c) Number of sweets eaten
- 3. Ask whether portions are all eaten, if not, how much is left over
- 4. Relate portion sizes to adult sized portions and to demonstration cups, dishes and spoons. State whether plates or spoons are heaped level, ½ full or flat.
- 5. Determine bread type, variety, number & thickness of slices used in sandwiches or toast.
- 6. Get **brand or proprietary name** of **fats**, both spreadable o for cooking; also for **drinks**, **jams & spreads & pre packed foods.**
- 7. Ask for regular intake of medicines& vitamins.

Questionnaire

- 1. Look through questionnaire & diet sheet and fill in missing answers.
- 2. Double check that date of birth & dates of completion are filled in.
- 3. Check the Study number is present & the same on both documents.

Breakfast

- 1. Cereals, specify brand & quantity.
- 2. How much milk is taken, is it whole milk or skimmed?
- 3. How much sugar?
- 4. Ask about toast, fruit, yoghurt & other drinks.

Main Meals

- 1. Distinguish between home cooking & pre packet meals.
- 2. Determine cooking methods: frying, deep frying, roasting, grilling, boiling, micro waving, particularly of vegetables
- 3. Ask about method of gravy making, granules, flour & fat from meat tin etc.
- 4. Meat, ask about number & thickness of slices, number & size of sausages.
- 5. Fish, either fish fingers, fillets, and how cooked.

Lunch

1. Is it?

a) Packet b) School c) At home

If a) check number & type of bread in sandwiches. If b) ask about variety of choice & leftovers.

Puddings

Ice Cream brand name, number & size of portion Yoghurt brand name

Size of pot or tub

Cake, size & thickness of slice

Sweets and snacks

Lollies, sweets or ice

Fun size, whole packet or tube

Corn or potato crisps

Biscuits

Brand, type & number eaten

<u>Drinks</u>

- 1. Distinguish between squashes or whole fruit juice. How much concentrate in the glass?
- 2. Brand name
- 3. Tea & coffee, how much milk is used?
- 4. Milky drinks, Horlicks, Cocoa etc, how much powder, all milk, or half milk & half water.

21D. SEVEN YEAR CHILDREN'S DIET QUESTIONNAIRE FOOD AND EATING

Questionnaire information

Data gathered by:	Child's carer
Data gathered when:	Child at Seven years
Data gathered where:	Before attending the 7 year clinic
Number collected:	
Entered data stored in file(s):	
Version of questionnaire	1

SECTION A: EATING

A1 a) Children today have very different eating habits. How would you describe your child?

She only eats at meal times

She eats at meal times and has a few snacks

She eats no meals but snacks all day

Other, describe.....

b) How many meals a day does your daughter have now?.....

A2 How much choice do you allow her in deciding what foods she eats at meals?

Main meal

a) She can choose from any foods available

She can choose from a few alternatives I select

I decide what she will eat

Snacks

b) She can choose from any foods available

She can choose from a few alternatives I select

I decide what she will eat

A3 How often do the following statements describe your daughter?

a) She likes to try different foods

Most of the time

Sometimes

Rarely

Not at all

b) She enjoys her food

Most of the time

Sometimes

Rarely

Not at all

c) She prefers sweet foods

Most of the time

Sometimes

Rarely

Not at all

	d)	She prefers savoury foods
		Most of the time
		Sometimes
		Rarely
		Not at all
	e)	She plays with her food
	C)	Most of the time
		Sometimes
		Rarely
	•	Not at all
	f)	<i>y y</i>
		Most of the time
		Sometimes
		Rarely
		Not at all
A4	a)	Does she have any favourite foods?
		Yes
		No
If ves.	nlea	ase list them here:
11) 00,	_	x5
	-)	
b) Ho	w m	uch do you think her choice is influenced by?
0) 110		Television programmes
	1)	A lot
		A little
	•• \	Not at all
	11)	Her friends
		A lot
		A little
		Not at all
	iii)	Teachers at school
		A lot
		A little
		Not at all
	iv)	You and her family
	,	A lot
		A little
		Not at all
		140t at an
45 D	2 1/0	u use any of the following in meals for your child?
AJ D	•	'Whole' or unrefined food
	a)	
		Often
		Sometimes
		Rarely
		Never
	b)	Reduced sugar or sugar free foods or drinks
		A lot
		A little
		Not at all

c) Reduced fat or fat free foods or drinks

A lot

A little

Not at all

d) Low salt foods

A lot

A little

Not at all

e) Foods or drinks with added Vitamin C

A lot

A little

Not at all

f) Organic foods or drinks

A lot

A little

Not at all

A6 How many times a week on school days does your daughter have the following?

Before going to school

a) Nothing

Never

Once in 2 weeks

Once a week

2-4 times a week

5 times a week

Don't know

b) A drink but nothing to eat

Never

Once in 2 weeks

Once a week

2-4 times a week

5 times a week

Don't know

c) Cereal

Never

Once in 2 weeks

Once a week

2 - 4 times a week

5 times a week

Don't know

d) Bread or toast

Never

Once in 2 weeks

Once a week

2-4 times a week

5 times a week

Don't know

e) Bacon, egg or sausage

Never

Once a week

2-4 times a week

5 times a week

Don't know

f) Crisps or another savoury snacks

Never

Once in 2 weeks

Once a week

2 - 4 times a week

5 times a week

Don't know

g) Sweet biscuits

Never

Once in 2 weeks

Once a week

2-4 times a week

5 times a week

A6 h) Fruit or yoghurt

Never

Once in 2 weeks

Once a week

2-4 times a week

5 times a week

Don't know

i) Something else, describe.....

Never

Once in 2 weeks

Once a week

2 - 4 times a week

5 times a week

Don't know

A7 At Mid-day

a) Cooked meal at school

Never

Once in 2 weeks

Once a week

2-4 times a week

5 times a week

Don't know

b) Packed lunch provided by school

Never

Once in 2 weeks

Once a week

2-4 times a week

5 times a week

Don't know

c) Packed lunch provided from home

Never

Once in 2 weeks

Once a week

2-4 times a week

5 times a week

Don't know

d) A snack lunch at home

Never

Once in 2 weeks

Once a week

2 - 4 times a week

5 times a week

Don't know

e) A main meal at home

Never

Once in 2 weeks

Once a week

2-4 times a week

5 times a week

Don't know

A8 In the evening

a) Cooked meal but with no vegetables or salad

Never

Once in 2 weeks

Once a week

2 - 4 times a week

5 times a week

Don't know

b) Cooked meal but with fresh vegetables or salad

Never

Once in 2 weeks

Once a week

2 - 4 times a week

5 times a week

Don't know

c) Cooked meal with frozen vegetables

Never

Once in 2 weeks

Once a week

2-4 times a week

5 times a week

Don't know

d) Cooked meal with tinned vegetables

Never

Once in 2 weeks

Once a week

2 - 4 times a week

5 times a week

Don't know

e) Sandwich or snack

Never

Once in 2 weeks

Once a week

2 - 4 times a week

5 times a week

Don't know

A9 How does she eat her evening meal?

a) Sitting up at the table

Never

Once in 2 weeks

Once a week

2 - 4 times a week

5 times a week

Don't know

b) From a tray or plate on her lap

Never

Once in 2 weeks

Once a week

2-4 times a week

5 times a week

A9 c) Using a knife and fork

Never

Once in 2 weeks

Once a week

2-4 times a week

5 times a week

Don't know

d) Using a spoon or her fingers

Never

Once in 2 weeks

Once a week

2-4 times a week

5 times a week

Don't know

e) With other adults

Never

Once in 2 weeks

Once a week

2-4 times a week

5 times a week

Don't know

f) With other children but no adult

Never

Once in 2 weeks

Once a week

2 - 4 times a week

5 times a week

Don't know

g) She eats on her own

Never

Once in 2 weeks

Once a week

2-4 times a week

5 times a week Don't know

A10 Would you describe meal times with your family in any of the following ways?

a) Mealtimes are enjoyable

Never

Occasionally

Often

Usually

b) Mealtimes are a rush

Never

Occasionally

Often

Usually

A10 c) They give us time to talk to each other

Never

Occasionally

Often

Usually

d) They include arguments amongst the children

Never

Occasionally

Often

Usually

e) They include arguments amongst the children and the adults

Never

Occasionally

Often

Usually

f) Arguments between adults

Never

Occasionally

Often

Usually

A11 How many times in an average week does your daughter have?

a) A meal in a restaurant or pub

Never

Occasionally

2 - 3 times

4 or more times

b) A home made meal

Never

Occasionally

2-3 times

4 or more times

c) A take away meal

Never

Occasionally

2-3 times

4 or more times

A12 Do you have difficulty affording food or drinks for your child?

Yes

No

A13 I food were cheaper, would you give your child more of any of the following?

a) Meat or fish

Yes

No

b) Fresh fruit

Yes

No

c) Fresh vegetables

Yes

No

A13 d) Sweets or chocolates

Yes

No

e) Canned drinks

Yes

No

f) Take away

Yes

No

g) Meals out

Yes

No

A14 How often do you go to the following places for your family's food?

a) A local shop

Never

Once a month

Once in two weeks

Once a week

Nearly every day

b) Supermarket

Never

Once a month

Once in two weeks

Once a week

Nearly every day

c) Butchers

Never

Once a month

Once in two weeks

Once a week

Nearly every day

d) Greengrocer

Never

Once a month

Once in two weeks

Once a week

Nearly every day

A14e) Fish monger

Never

Once a month

Once in two weeks

Once a week

Nearly every day

f) Health food store

Never

Once a month

Once in two weeks

Once a week

Nearly every day

g) A farm shop

Never

Once a month

Once in two weeks

Once a week

Nearly every day

h) Home grown produce

Never

Once a month

Once in two weeks

Once a week

Nearly every day

SECTION B: HER DIET IN DETAIL

B1 We would like to know about the changes in your child's diet now she has been at school for some time. Can you tell us how often she eats the following, including all food eaten at school?

a) Sausages/burgers

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

b) Meat pies, pasties etc

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

c) Vegetarian pies or pasties

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

d) Ham bacon cold meats, pate

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

B1 e) Meat, beef lamb, pork etc

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

f) Liver, kidney, heart

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

g) Chicken/turkey nuggets etc

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

h) Poultry

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

i) Shellfish

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

j) White fish with coating eg Fish fingers

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

k) White fish, cod, haddock etc

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

1) Tuna

Never/rarely

- 1 3 times a week
- 4 7 times a week

B1 m) Other fish, salmon, kippers, mackerel, sardines etc

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

n) Eggs, quiche

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4-7 times a week

More than once a day

o) Cheese

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

1 p) Pizza

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

q) Oven chips

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

r) Fried chips, potato waffles, Alphabites etc.

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a da

s) Roast potatoes

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

t) Boiled, mashed, jacket potatoes

Never/rarely

- 1 3 times a week
- 4 7 times a week

B1 u) Rice, boiled or fried

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

v) Pot noodles, canned pasta in sauces

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

w) Boiled pasta, spaghetti etc

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

B2 How many times now does she eat?

a) Baked beans

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

b) Peas, broad beans

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

c) Sweet corn

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

d) Green vegetables, cabbage, sprouts etc

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

e) Other vegetables, cauliflower, leeks etc

Never/rarely

- 1 3 times a week
- 4 7 times a week

f) Carrots

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

B2 g) Other root vegetables, turnip, parsnips etc

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

h) Tomatoes, cooked or raw

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

i) Salad

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

j) Pulses, dried peas, lentils, tahini etc

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

k) Soya meat, vegeburgers

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

1) Peanuts, peanut butter

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

m) Other nuts, nut roast

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

n) Fresh citrus fruits

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

B2 o) Other fresh fruit, apple, banana, peach, grapes etc

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

p) Canned fruit

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

q) Yoghurt, fromage frais,

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

r) Milk puddings, mousse

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

s) Ice cream, choc ice etc

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

t) Ice lollies

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

u) Fruit pudding, crumble, pies, gateaux

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

v) Custard, cream, Elmlea, evaporated milk

Never/rarely

- 1 3 times a week
- 4 7 times a week

B2 w) Cakes or buns

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

x) Crispbreads

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

B3 a) Does she eat fat on meat?

Yes, all of it

Yes, some of it

No

Never eats meat

b) How often does she have fried food?

Egg, bacon chops etc

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

B4 Which of the following breakfast cereals does she eat?

a) Oat cereals

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

b) Bran cereals, Weetabix etc

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

c) Other cereals, rice crispies, frosties

Never/rarely

Once in 2 weeks

- 1 3 times a week
- 4 7 times a week

More than once a day

B5 When she has breakfast cereals:

a) How often are they sugar/honey coated?

Always

Sometimes

Never

b) How many teaspoonsful of sugar does she have on coated cereals?

None

Half a teaspoon

One teaspoon

Two teaspoons

More than two

c) How many teaspoonsful does she have on other cereals?

None

Half a teaspoon

One teaspoon

Two teaspoons

More than two

B6 How often does she eat?

a) Crisps, wotsists, Quavers etc

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

b) Full coated chocolate biscuits

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

c) Other biscuits

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

d) Chocolate bars, Mars, Twix etc

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

e) Sweets

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

B7 On days when she has sweets, how many individual sweets does she eat that day?

1-2

3 - 5

6 - 10

11 - 20

More than 20

Never has sweets

B8 On the day when she has chocolate or chocolate bars, how much does she eat? Mars bar, bag of button, etc

a) What size packet does she eat?

Fun size

Adult size

Never has chocolate

b) How many bars or packets this size in a day?

Half or less

One a day

Two a day

Three or more

B9 How many times a week does she drink?

a) Fruit juice from a tin

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

b) Pure fruit juice, carton or freshly squeezed

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

c) Squash or Ribena

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

d) Coca cola, pepsi etc

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

B9 e) Other fizzy drinks

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

f) Water, on its own

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

g) Milk on its own

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

h) Flavoured milk drinks

Never/rarely

Once in 2 weeks

1 - 3 times a week

4 - 7 times a week

More than once a day

B10 a) When she has soft drinks, how often are they low calorie, diet or reduced sugar drinks?

Usually

Sometimes

Not at all

Doesn't have soft drinks

b) If she has cola drinks, how often are they decaffeinated?

Usually

Sometimes

Not at all

Doesn't have soft drinks

B11 What type of bread does she eat?

a) White bread

Usually

Sometimes

Never

b) Soft grain white

Usually

Sometimes

Never

c) Brown/granary bread

Usually

Sometimes

Never

B11	d) Wholemeal bread Usually Sometimes Never e) Other, describe Usually Sometimes Never
B12	a)How many pieces of bread, rolls, baps,does she eat on a usual day? Less than one 1 to 2 3 to 4 5 or more
	b) How many slices of bread or rolls with butter or margarine does she eat in a day?slices
B13i)	What sort of fat does she have on bread or vegetables a) Butter, ghee, dripping lard, solid cooking fat Yes No b) Polyunsaturated margarine Yes No c) Hard or soft margarine Yes No d) Low fat spread, St Ivel Gold etc Yes No e) Sunflower, soya, corn, olive oil Yes No f) Olive oil, corn oil Yes No g) Other vegetable oil Yes No h) Any other, describe
	i) Yes No
	ii) For frying
В1	 a) Butter, ghee, dripping lard, solid cooking fat Yes No 3ii b) Polyunsaturated margarine Yes No

c) Hard or soft margarine

Yes

No

d) Low fat spread, St Ivel Gold etc

Yes

No

e) Sunflower, soya, corn, olive oil

Yes

No

f) Olive oil, corn oil

Yes

No

g) Other vegetable oil

Yes

No

h) Any other, describe

Yes

No

B14 What type of milk does she usually have?

a) Full fat farm milk

Usually

Sometimes

Not at all

b) Full fat (blue carton)

Usually

Sometimes

Not at all

c) Semi skimmed (green carton0

Usually

Sometimes

Not at all

d) Skimmed (red carton)

Usually

Sometimes

Not at all

e) Goat/sheep milk

Usually

Sometimes

Not at all

f) Other, describe

Usually

Sometimes

Not at all

Not at all

B15 Is this milk usually?

Pasteurised

Longlife

Sterilised

Other

Don't know

B16	a)	Does she drink tea? Yes
	TC	No
	If yes b)	How many cups of tea does she drink in a day?cups
	c)	How many spoons of sugar in each cup?spoons
	d)	How many cups of tea are decaffeinated?cups
	e)	Which description best fits the amount of milk she has in her tea No milk A little milk About ½ milk About ½ milk About ¾ milk About ¾ milk Almost all milk
B17	a)	Does she drink coffee? Yes
	TC	No
	If yes	
	b)	How many cups of coffee does she drink in a day?cups
	c)	How many spoons of sugar in each cup?spoons
	d)	How many cups of coffee are decaffeinated?cups
	e)	How many cups are made with real coffeecups
		How many cups of real coffee are decaffeinated?cups Which description best fits the amount of milk she has in her coffee No milk A little milk About ½ milk About ½ milk About ¾ milk About ¾ milk Almost all milk
B18	Is you	r child on any sort of diet? Yes
		No
	-	describe
-		naire was completed by:
C1. a)) Mothe	Yes
		No
b)) Father	

	Yes No
	c) Other
C2.	Please give date on which you completed this questionnaire
C3.	Please give date of birth of your child
Cop	yright. Institute of Child Health, University of Bristol & E.L.S.P.A.C. in the Isle of Man.

4.4 21 CHILD'S OWN QUESTIONNAIRE AT SEVEN YEARS

Questionnaire information

Data gathered by:	Clinic Staff
Data gathered when :	Child at Seven years
Data gathered where:	ELSPAC Clinics at Seven Years
Number collected:	1003
Entered data stored in file(s):	
Version of questionnaire	1a & 1b

This questionnaire is for an **interviewer** to complete with the study child in the seven year clinics.

The child should be asked as many questions as possible. They should be told there are no good or bad, no right or wrong answers. We just want to know what they think.

All answers are confidential

SECTION A:

A1. Do you like going to school?

Always

Sometimes

No

A2. Do you like your teacher?

Always

Sometimes

No

A3. How well do you like these school subjects?

a) Reading

I like it a lot

I like it sometimes

I don't like it

I don't know

b) Writing

I like it a lot

I like it sometimes

I don't like it

I don't know

c) Drawing

I like it a lot

I like it sometimes

I don't like it

I don't know

d) Making things

I like it a lot

I like it sometimes

I don't like it

I don't know

e) Mathematics

	I like it a lot I like it sometimes
	I don't like it I don't know
	f) Games
	I like it a lot
	I like it sometimes
	I don't like it
	I don't know
	g) Sing or music
	I like it a lot
	I like it sometimes
	I don't like it
	I don't know
	h) What else do you like doing at school?
A4.	We would like to ask you about the friends you have.
	a) Do you have one or two best friends?
	Yes
	No Do 241
	Don't know
	b) Do you have lots of friends? Yes
	No
	Don't know
	c) Do you change your friends a lot?
	Yes
	No
	Don't know
	d) Do you ever think that other children say nasty things about you?
	Yes
	No
	Don't know
	e) Do you ever feel sad because you have no one to play with at school?
	Yes
	No
	Don't know
	f) Do you ever have to find new friends because your old ones are playing
with s	omeone else?
	Yes
	No
	Don't know
A5.	Do you ever feel lonely at school?
	Yes
	No
	Don't know
A6.	When you have to say things in front of teachers, do you feel shy? Yes

A7.	Do you like writing stories? Yes
	No Don't know
A8.	Are you good at sums? Yes No Don't know
A9.	When you have to say things in front of other children, do you usually feel foolish? Yes No Don't know
A10.	Are there any things about yourself you would like to change? Yes, lots of things Some things No Don't know
A11.	How often do you like to be on your own? Not at all Sometimes A lot of the time Nearly all the time All the time
A12.	When you are at home how much time do you spend watching television? None at all Not very much Quite a bit A lot
A13.	Do you have a TV set in your bedroom? Yes No
A14.	Do you ever fall asleep watching TV? Often Sometimes Never
A15.	What are your favourite TV programmes?

No

Don't know

SECTION B:

B1.	Can you make other children like you? Yes No Don't know	
B2.	Do you believe you can get your own way if you just keep on trying? Yes No Don't know	
B3. change	Went a child your age decides to be your enemy, is there anything you can do e matters? Yes No Don't know	to
B4.	Is it easy for you to get friends to do what you want them to do? Yes No Don't know	
B5. just cl	Do you ever feel there is no point in trying in school because most children everer than you are? Yes No Don't know	are
B6.	Do you ever feel that you have little say in what your family decides to do? Yes No Don't know	
В7.	Do you believe that planning ahead makes things turn out better? Yes No Don't know	
В8.	Do you think it is better to be clever or lucky Clever Lucky Don't know	
B9.	Do you think that whether people like you or not, depends on how you act? Yes No Don't know	

B10.	Do you believe that one of the best ways to handle most problems is just not to think about them? Yes No Don't know
B11.	Do you ever feel that most of the time, parents listen to what their children have to say? Yes No Don't know
B12.	Is it important to get good marks at school? Yes No Don't know
B13.	Are you often blamed for things that are just not your fault? Yes No Don't know
B14. right a	Do you ever feel that it's not worth trying hard because most things won't turn out nyway? Yes No Don't know
B15.	Will your parents usually help you when you ask them to? Yes No Don't know
B16.	Do you feel that if things start off well in the morning that it is going to be a good day whatever you do? Yes No Don't know
B17. whatev	Do you believe when bad things are going to happen, they are going to happen, wer you do? Yes No Don't know
B18.	Do you feel when good things happen, they happen because of hard work? Yes No Don't know

SECTION C:

C1.	What did you have for breakfast today?
C2.	What are your favourite foods?
C3.	What foods do you hate?
C4.	Do you have a snack mid morning? a) At home Yes No
C4.	b) At school Yes No
C5.	Do you have school dinners? Yes No Do you like them? Yes No
C6.	Do you all have supper together at night? Yes No
Comn	nents

YOUR TEETH

C7.	Do you know what a dentist does? Yes No		
C8.	Have you ever seen a dentist? Yes No		
C9.	What is your dentist's name?		
C10.	Was it the school dentist? Yes No		
C11.	Did he tell you that you had good teeth? Yes No		
C12.	What else did he do?		
	a) Look in your mouth Yes No b) Clean your teeth Yes No c) Put you to sleep Yes No d) Take any of your teeth out		
	Yes No		
C12	e) Do you have any fillings? Yes No f) Anything else? Yes No		
C13.	Yes		
C14.	No What colour is it?		
C15.	Does your toothpaste have stripes in it? Yes No		

C15a.	Do you swallow your tooth paste? Yes		
	No		
C16	Do you brush your own teeth? Yes No		
C17.	When do you brush your teeth?		
C18.	Do your Mum/Dad brush or check your teeth? Yes No		
C19.	What do you think happens if you don't brush your teeth?		
C20.	Do you know what things are bad for your teeth?		
any un	ELSPAC Physical Clinic Session Ratin score each child in a range of maximum1 usual behaviour such as rudeness, inappropendicular reactions.	0	
Session	n: Diet and Locus of Control Test	terDate	
Child's	s number Study Id number	Boy or Girl	
	a) Co operation		
	b) Activity levels (Calm to over active)		
	c) Attention/Interest (Active to nil)		
	d) Raport (Good to poor)		
	e) Confidence (Confident to fearful)		
	f) Comments		

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.Institute of Child Health, University of Bristol & E.L.S.P.A.C. in the Isle of Man.

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