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alspac_02_lahop - Lifestyle and Health of Partner

Lifestyle and Health of Partner

Collection Events

01/07/2002 - 26/05/2004

Collection Organization

Mode of Collection

Self-administered questionnaire using a traditional paper questionnaire.

Lifestyle and Health of Partner

closer:sourceFileName

alspac_02_lahop

Instrument Locations

- https://discovery.closer.ac.uk/files/instruments/alspac_02_lahop-e579fd4b0ecaed8a6aa9b844131781b0.pdf

alspac_02_lahop

Label	Location
alspac_02_lahop	Sequence
Type	Order
Sequence	InOrderOfAppearance

s_intro_i

Name	Location
s_intro_i	Sequence › alspac_02_lahop
Type	
Statement	

Statement Text

LIFESTYLE AND HEALTH OF PARTNER


s_intro_ii

Name	Location
s_intro_ii	Sequence › alspac_02_lahop

Type	
Statement	


Statement Text

All answers are confidential

 s_intro_iii	
Name	Location
s_intro_iii	Sequence › alspac_02_lahop
Type	
Statement	


Statement Text

This questionnaire is for the study child's father or person taking the role of father.

 s_intro_iv	
Name	Location
s_intro_iv	Sequence › alspac_02_lahop
Type	
Statement	


Statement Text

This questionnaire is for the study child's father or person taking the role of father.

 s_intro_v	
Name	Location
s_intro_v	Sequence › alspac_02_lahop
Type	
Statement	


Statement Text

It will help us to catch up with some current problems you may have, as well as some features of you lifestyle.

 s_intro_vi	
Name	Location
s_intro_vi	Sequence › alspac_02_lahop
Type	
Statement	

Statement Text

Some of the questions we are asking may seem remote from the health of your study child, but the answers will help us to plan for studying the changes that will be occurring in our children as they develop, and how these may be passed down from one generation to the next.

 s_intro_vii

Name	Location
s_intro_vii	Sequence › alspac_02_lahop
Type	
Statement	

Statement Text

To answer simply tick the box which is most accurate in your opinion.

 s_intro_viii

Name	Location
s_intro_viii	Sequence › alspac_02_lahop
Type	
Statement	

Statement Text

If you do not want to answer a question or if it does not apply to you, put a line through it. There are no good or bad answers. Just tell us what is true for you.

 s_intro_ix

Name	Location
s_intro_ix	Sequence › alspac_02_lahop
Type	
Statement	

Statement Text

THANK YOU FOR YOU HELP

SECTION A: DIZZINESS AND BALANCE

Label	Location
SECTION A: DIZZINESS AND BALANCE	Sequence › alspac_02_lahop
Type	Order
Sequence	InOrderOfAppearance

 qg_A1_a-s - A1 a-s

Name	Label	Location
qg_A1_a-s	A1 a-s	Sequence › alspac_02_lahop › SECTION A: DIZZINESS AND BALANCE
Type		
Question Grid		

Question

About how many times have you experienced each of the symptoms listed below during the past 12 months:

Rows

1	Felt that things are spinning or moving around, lasting less than 2 minutes
2	Felt that things are spinning or moving around, lasting up to 20 minutes
3	Felt that things are spinning or moving around, lasting 20 minutes to 1 hour
4	Felt that things are spinning or moving around, lasting several hours
5	Felt that things are spinning or moving around, lasting more than 12 hours
6	Felt unsteady, so severe that you actually fell
7	Felt nauseous (feeling sick), stomach churning
8	Felt light-headed, "swimmy" or giddy lasting less than 2 minutes
9	Felt light-headed, "swimmy" or giddy lasting up to 20 minutes
10	Felt light-headed, "swimmy" or giddy lasting 20 minutes to 1 hour
11	Felt light-headed, "swimmy" or giddy lasting several hours
12	Felt light-headed, "swimmy" or giddy lasting more than 12 hours
13	Vomited
14	Been unable to stand or walk properly without support because you were feeling dizzy
15	Felt unsteady, about to lose balance, lasting less than 2 minutes
16	Felt unsteady, about to lose balance, lasting up to 20 minutes
17	Felt unsteady, about to lose balance, lasting 20 minutes to 1 hour
18	Felt unsteady, about to lose balance, lasting several hours
19	Felt unsteady, about to lose balance, lasting more than 12 hours

Columns

	Code
--	------

 qg_A2_a-p - A2 a-p

Name qg_A2_a-p	Label A2 a-p	Location Sequence › alspac_02_lahop › SECTION A: DIZZINESS AND BALANCE
Type Question Grid		

Question


How confident are you that you will not lose your balance and not become unsteady when you do the following nowadays:

Rows

1	Walk around the house
2	Walk up or down stairs
3	Bend over and pick up something off the floor
4	Reach for a small can/jar off a shelf at eye level
5	Stand on your tip toes and reach for something above your head
6	Stand on a chair and reach for something
7	Sweep the floor
8	Walk outside to a parked car
9	Get into or out of a car
10	Walk across a car park to a supermarket
11	Walk up or down a ramp
12	Walk in a crowded place, where people quickly walk past you
13	Are bumped into by people as you walk through a shopping centre
14	Step onto or off an escalator while holding onto the handrail
15	Step onto or off an escalator while holding onto parcels, which prevent you from holding onto the handrail
16	Walk outside on icy pavements

Columns

	Code
--	------

 qi_A3_a - A3 a

Name qi_A3_a	Label A3 a	Location Sequence › alspac_02_lahop › SECTION A: DIZZINESS AND BALANCE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you have any other difficulty in walking?

Choices

1	Yes
2	No

 s_qA3a

Name s_qA3a	Location Sequence › alspac_02_lahop › SECTION A: DIZZINESS AND BALANCE
Type Statement	

Statement Text

If no, go to A4a below

 qi_A3_b - A3 b

Name qi_A3_b	Label A3 b	Location Sequence › alspac_02_lahop › SECTION A: DIZZINESS AND BALANCE
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition
If yes,

Question

Is this due to heart disease or breathing problems?

Choices

1	Yes
2	No
9	Don't know

qi_A3_b_i - A3 b(i)		
Name qi_A3_b_i	Label A3 b(i)	Location Sequence › alspac_02_lahop › SECTION A: DIZZINESS AND BALANCE
Type Text	Minimum Length	Maximum Length 255
Condition If no, If yes,		

Question

please describe cause

qi_A4_a - A4 a		
Name qi_A4_a	Label A4 a	Location Sequence › alspac_02_lahop › SECTION A: DIZZINESS AND BALANCE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

Choices

1	Yes
2	No

qi_A4_b - A4 b		
Name qi_A4_b	Label A4 b	Location Sequence › alspac_02_lahop › SECTION A: DIZZINESS AND BALANCE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you get short of breath walking with other people of your own age on level ground?

Choices

1	Yes
2	No

qi_A4_c - A4 c		
----------------	--	--

Name qi_A4_c	Label A4 c	Location Sequence › alspac_02_lahop › SECTION A: DIZZINESS AND BALANCE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you have to stop for breath when walking at your own pace on level ground?

Choices

1	Yes
2	No

 qi_A4_d - A4 d

Name qi_A4_d	Label A4 d	Location Sequence › alspac_02_lahop › SECTION A: DIZZINESS AND BALANCE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Are you short of breath on washing or dressing?

Choices

1	Yes
2	No

 qi_A5_a - A5 a

Name qi_A5_a	Label A5 a	Location Sequence › alspac_02_lahop › SECTION A: DIZZINESS AND BALANCE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever, without warning: Suddenly lost the power of an arm?

Choices

1	Yes
2	No

 qi_A5_b - A5 b

Name qi_A5_b	Label A5 b	Location Sequence › alspac_02_lahop › SECTION A: DIZZINESS AND BALANCE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever, without warning: Suddenly lost the power of a leg?

Choices

1	Yes
2	No


 qi_A5_c - A5 c		
Name qi_A5_c	Label A5 c	Location Sequence › alspac_02_lahop › SECTION A: DIZZINESS AND BALANCE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever, without warning: Suddenly been unable to speak properly?

Choices

1	Yes
2	No

 qi_A5_d - A5 d		
Name qi_A5_d	Label A5 d	Location Sequence › alspac_02_lahop › SECTION A: DIZZINESS AND BALANCE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever, without warning: Suddenly lost consciousness for no apparent reason?

Choices

1	Yes
2	No

 qi_A5_e - A5 e		
--	--	--

Name qi_A5_e	Label A5 e	Location Sequence › alspac_02_lahop › SECTION A: DIZZINESS AND BALANCE
Type Text	Minimum Length	Maximum Length 255

Question

Space for comments:

SECTION B: YOUR HEALTH

Label SECTION B: YOUR HEALTH	Location Sequence › alspac_02_lahop
Type Sequence	Order InOrderOfAppearance

 qi_B1_a - B1 a

Name qi_B1_a	Label B1 a	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever had any of the following problems: hay fever

Choices

1	Yes, had it recently (in past year)
2	Yes, in past, not recently
3	No never

 qi_B1_b - B1 b

Name qi_B1_b	Label B1 b	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever had any of the following problems: indigestion

Choices

1	Yes, had it recently (in past year)
2	Yes, in past, not recently
3	No never

 qi_B1_c - B1 c

Name qi_B1_c	Label B1 c	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever had any of the following problems: bulimia

Choices

1	Yes, had it recently (in past year)
2	Yes, in past, not recently
3	No never

 qi_B1_d - B1 d

Name qi_B1_d	Label B1 d	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever had any of the following problems: asthma

Choices

1	Yes, had it recently (in past year)
2	Yes, in past, not recently
3	No never

 qi_B1_e - B1 e

Name qi_B1_e	Label B1 e	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever had any of the following problems: eczema

Choices

1	Yes, had it recently (in past year)
2	Yes, in past, not recently
3	No never

 qi_B1_f - B1 f

Name qi_B1_f	Label B1 f	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever had any of the following problems: epilepsy

Choices

1	Yes, had it recently (in past year)
2	Yes, in past, not recently
3	No never

 qi_B1_g - B1 g


Name qi_B1_g	Label B1 g	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever had any of the following problems: ME or chronic fatigue syndrome

Choices

1	Yes, had it recently (in past year)
2	Yes, in past, not recently
3	No never

 qi_B1_h - B1 h

Name qi_B1_h	Label B1 h	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever had any of the following problems: migraine

Choices

1	Yes, had it recently (in past year)
2	Yes, in past, not recently

3	No never
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qi_B1_i - B1 i

Name qi_B1_i	Label B1 i	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever had any of the following problems: back pain/slipped disc

Choices

1	Yes, had it recently (in past year)
2	Yes, in past, not recently
3	No never

qi_B1_j - B1 j

Name qi_B1_j	Label B1 j	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever had any of the following problems: kidney disease*

Choices

1	Yes, had it recently (in past year)
2	Yes, in past, not recently
3	No never

qi_B1_k - B1 k

Name qi_B1_k	Label B1 k	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever had any of the following problems: varicose veins

Choices

1	Yes, had it recently (in past year)
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2	Yes, in past, not recently
3	No never

qi_B1_l - B1_l		
Name qi_B1_l	Label B1 l	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever had any of the following problems: haemorrhoids/piles

Choices

1	Yes, had it recently (in past year)
2	Yes, in past, not recently
3	No never

qi_B1_m - B1_m		
Name qi_B1_m	Label B1 m	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever had any of the following problems: rheumatism

Choices

1	Yes, had it recently (in past year)
2	Yes, in past, not recently
3	No never

qi_B1_n - B1_n		
Name qi_B1_n	Label B1 n	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever had any of the following problems: arthritis

Choices

1	Yes, had it recently (in past year)
2	Yes, in past, not recently
3	No never

qi_B1_o - B1 o		
Name qi_B1_o	Label B1 o	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever had any of the following problems: psoriasis

Choices

1	Yes, had it recently (in past year)
2	Yes, in past, not recently
3	No never

qi_B1_p - B1 p		
Name qi_B1_p	Label B1 p	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever had any of the following problems: stomach ulcer

Choices

1	Yes, had it recently (in past year)
2	Yes, in past, not recently
3	No never

qi_B1_q - B1 q		
Name qi_B1_q	Label B1 q	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever had any of the following problems: drug addiction

Choices

1	Yes, had it recently (in past year)
2	Yes, in past, not recently
3	No never

qi_B1_r - B1 r		
Name qi_B1_r	Label B1 r	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever had any of the following problems: alcoholism

Choices

1	Yes, had it recently (in past year)
2	Yes, in past, not recently
3	No never

qi_B1_s - B1 s		
Name qi_B1_s	Label B1 s	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever had any of the following problems: schizophrenia

Choices

1	Yes, had it recently (in past year)
2	Yes, in past, not recently
3	No never

qi_B1_t - B1 t		
Name qi_B1_t	Label B1 t	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever had any of the following problems: anorexia nervosa

Choices

1	Yes, had it recently (in past year)
2	Yes, in past, not recently
3	No never

 **qi_B1_u - B1 u**

Name qi_B1_u	Label B1 u	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever had any of the following problems: severe depression

Choices

1	Yes, had it recently (in past year)
2	Yes, in past, not recently
3	No never

 **qi_B1_v - B1 v**

Name qi_B1_v	Label B1 v	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever had any of the following problems: other psychiatric problem*

Choices

1	Yes, had it recently (in past year)
2	Yes, in past, not recently
3	No never

 **qi_B1_w - B1 w**

Name qi_B1_w	Label B1 w	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
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Type Multiple Choice	Selection Type SelectOne	Display Style
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Question

Have you ever had any of the following problems: other problem(s)* (please tick & describe)

Choices

1	Yes, had it recently (in past year)
2	Yes, in past, not recently

 qi_B1_x - B1 x

Name qi_B1_x	Label B1 x	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Text	Minimum Length	Maximum Length 255

Question

- please tick appropriate box and describe below

 qi_B2_a - B2 a

Name qi_B2_a	Label B2 a	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever had diabetes?

Choices

1	Yes
2	No

 s_qB2a

Name s_qB2a	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Statement	

Statement Text

If no, go to B2b below

 qi_B2_a_i - B2 a(i)

Name qi_B2_a_i	Label B2 a(i)	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

How is/was it treated?

Choices

1	insulin injections
2	other drugs
3	diet only

 qi_B2_a_ii - B2 a(ii)

Name qi_B2_a_ii	Label B2 a(ii)	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Integer	Low 0	High
Condition If yes,		

Question

How old were you when you first developed it? ... years

 qi_B2_b - B2 b

Name qi_B2_b	Label B2 b	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever had hypertension (high blood pressure)?

Choices

1	Yes
2	No

 s_qB2b

Name s_qB2b	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Statement	

Statement Text

If no, go to B3 on page 10

? qi_B2_b_i - B2 b(i)		
Name qi_B2_b_i	Label B2 b(i)	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Integer	Low 0	High
Condition If yes,		

Question

How old were you when you first developed it? ... years

? qi_B2_b_ii - B2 b(ii)		
Name qi_B2_b_ii	Label B2 b(ii)	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

Do you have hypertension nowadays?

Choices

1	Yes
2	No


? qi_B3_a - B3 a		
Name qi_B3_a	Label B3 a	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Are there any problems for which you have regular treatment or medicine nowadays?

Choices

1	Yes
2	No

 s_qB3a

Name s_qB3a	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Statement	

Statement Text

If no, go to B4 below

 qg_B3_b - B3 b

Name qg_B3_b	Label B3 b	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Question Grid		

Condition
If yes,

Question


please describe these problems and regular treatment or medicine:

Rows

1	1
2	2
3	3
4	4

Columns

Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text

 qi_B4_a - B4 a

Name qi_B4_a	Label B4 a	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Would you say that you were allergic to anything?

Choices


1	Yes
2	No

 s_qB4a

Name s_qB4a	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Statement	

Statement Text

If no, go to B5 on page 11

 qi_B4_b_i - B4 b(i)

Name qi_B4_b_i	Label B4 b(i)	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition
If yes,

Question

is it to: cat

Choices

1	Yes
2	No

 qi_B4_b_ii - B4 b(ii)

Name qi_B4_b_ii	Label B4 b(ii)	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition
If yes,

Question

is it to: pollen

Choices

1	Yes
2	No

 qi_B4_b_iii - B4 b(iii)

Name qi_B4_b_iii	Label B4 b(iii)	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition
If yes,

Question

is it to: dust

Choices

1	Yes
2	No

 qi_B4_b_iv - B4 b(iv)

Name qi_B4_b_iv	Label B4 b(iv)	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition
If yes,

Question

is it to: insect bites or stings

Choices

1	Yes
2	No

 qi_B4_b_v - B4 b(v)

Name qi_B4_b_v	Label B4 b(v)	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

is it to: medication (e.g. penicillin)

Choices

1	Yes
2	No

 qi_B4_b_vi - B4 b(vi)

Name qi_B4_b_vi	Label B4 b(vi)	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

is it to: something else (Please tick & describe)

Choices

1	Yes
2	No

 qg_B5_a-i - B5 a-i

Name qg_B5_a-i	Label B5 a-i	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Question Grid		

Question

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

Rows

1	attacks of wheezing with whistling on the chest
2	a dry itchy rash
3	a blotchy blistery rash (hives)

4	sneezing attacks
5	runny nose
6	watery eyes
7	attacks of breathlessness
8	cough often during the night
9	cough often when you wake in the morning

Columns

	Code
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qi_B6_a - B6 a

Name qi_B6_a	Label B6 a	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since your study child's 9th birthday have you been admitted to hospital?

Choices

1	Yes
2	No

s_qB6a

Name s_qB6a	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Statement	

Statement Text

If no, go to B7 on page 12

qi_B6_b - B6 b

Name qi_B6_b	Label B6 b	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Integer	Low 0	High

Condition

If yes,

Question

how many times?

qi_B6_c - B6 c		
Name qi_B6_c	Label B6 c	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Integer	Low 0	High
Condition If yes,		

Question

for how many different reasons?

l_qB6_d		
Name l_qB6_d	Member Label	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Roster	Iteration Source (max)	Display Style
Condition If yes,		

qi_B6_d_i - B6 d(i)		
Name qi_B6_d_i	Label B6 d(i)	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH › l_qB6_d
Type Text	Minimum Length	Maximum Length 255
Condition If yes,		

Question

Reason for each hospital stay:

qi_B6_d_ii - B6 d(ii)		
Name qi_B6_d_ii	Label B6 d(ii)	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH › l_qB6_d
Type Integer	Low 0	High
Condition If yes,		

Question

How long did you stay? ... nights

Instructions

Write 00 if you did not stay overnight

qi_B7_a - B7 a		
Name qi_B7_a	Label B7 a	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever had any pain or discomfort in your chest?

Choices

1	Yes, in past year
2	Yes, but not in past year
3	No

s_qB7a	
Name s_qB7a	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Statement	

Statement Text

If no, go to B8 on page 13

qi_B7_b - B7 b		
Name qi_B7_b	Label B7 b	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

Do/did you get this pain or discomfort when you walk uphill or hurry?

Choices

1	Yes
2	No

qi_B7_c - B7 c		
Name qi_B7_c	Label B7 c	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

Do/did you get the pain or discomfort when you walk at an ordinary pace on the level?

Choices

1	Yes
2	No

qi_B7_d - B7 d		
Name qi_B7_d	Label B7 d	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

When you get/got pain or discomfort in your chest what do you do? (Please tick one box only)

Choices

1	stop
2	slow down
3	continue at the same pace

qi_B7_e - B7 e		
Name qi_B7_e	Label B7 e	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

Does/did it go away when you stand still?

Choices

1	Yes
2	No
9	Don't know

qi_B7_f - B7 f		
Name qi_B7_f	Label B7 f	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

How soon?

Choices

1	10 minutes or less
2	More than 10 minutes
9	Don't know

qi_B7_g - B7 g		
Name qi_B7_g	Label B7 g	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type		
Condition If yes,		

Question

Where do/did you get this pain or discomfort? (Please mark the place(s) with an X on the diagram below).

External Aids**image**

- [Attachment](#)

qi_B7_h - B7 h


Name qi_B7_h	Label B7 h	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If Yes, in past year or Yes, but not in past year to question B7a		

Question

Have you ever had a severe pain across the front of your chest lasting for half an hour or more?


Choices

1	Yes
2	No

 s_qB7h		
Name s_qB7h	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH	
Type Statement		
Condition If Yes, in past year or Yes, but not in past year to question B7a		

Statement Text

If no, go to B8 on page 13

 qi_B7_i - B7.i		
Name qi_B7_i	Label B7 i	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes, If Yes, in past year or Yes, but not in past year to question B7a		

Question

Did you talk to a doctor about it?

Choices


1	Yes
2	No

 s_qB7i		
--	--	--

Name s_qB7i	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Statement	
Condition If yes, If Yes, in past year or Yes, but not in past year to question B7a	


Statement Text

If no, go to k below

 qi_B7_j - B7.j		
Name qi_B7_j	Label B7 j	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition If yes, If yes, If Yes, in past year or Yes, but not in past year to question B7a		

Question

What did they say it was?

 qi_B7_k - B7.k		
Name qi_B7_k	Label B7.k	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Integer	Low 0	High
Condition If yes, If Yes, in past year or Yes, but not in past year to question B7a		

Question

How many of these attacks have you had?

 qg_B8_a-u - B8.a-u		
Name qg_B8_a-u	Label B8.a-u	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Question Grid		

Question

In the past month, how often have you had any of the following:

Rows

1	backache
2	headache or migraine
3	urinary infection
4	nausea
5	vomiting
6	diarrhoea
7	haemorrhoids or piles
8	feeling weepy/tearful
9	feeling irritable
10	feeling exhausted
11	varicose veins
12	passing urine very often
13	problem holding urine when you jump, sneeze etc.
14	indigestion
15	feeling dizzy/fainting
16	flashing lights/spots before eyes
17	shoulder ache
18	tingling in hands/fingers
19	tingling in feet/toes
20	neck ache
21	feeling depressed

Columns

	Code
--	------

qi_B8_v - B8 v		
Name qi_B8_v	Label B8 v	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

In the past month, how often have you had any of the following: In the past month: other problem (please describe)

Choices

1	Almost all the time
2	Sometimes
3	Not at all

qg_B9_i-x - B9 i-x

Name qg_B9_i-x	Label B9 i-x	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Question Grid		

Question

What forms of contraception are you and your partner using now?

Rows

1	withdrawal
2	the pill
3	IUCD/coil
4	condom/sheath
5	calendar/rhythm method
6	diaphragm/cap
7	spermicide
8	I am no longer fertile (have been sterilised, e.g. have had a vasectomy)
9	my partner has been sterilised
10	none

Columns

	Code
--	------

qi_B9_xi - B9 xi

Name qi_B9_xi	Label B9 xi	Location Sequence › alspac_02_lahop › SECTION B: YOUR HEALTH
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

Question

What forms of contraception are you and your partner using now? other (please describe)

Instructions

(tick all that you have used in the past 3 months)

Choices

1	Yes
---	-----

SECTION C: ALL ABOUT YOUR WATERWORKS

Label SECTION C: ALL ABOUT YOUR WATERWORKS	Location Sequence › alspac_02_lahop
Type Sequence	Order InOrderOfAppearance

qi_C1_a - C1 a

Name qi_C1_a	Label C1 a	Location Sequence › alspac_02_lahop › SECTION C: ALL ABOUT YOUR WATERWORKS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

During the day, how many times do you urinate (pass water or have a wee) on average?

Choices

1	1 - 6 times
2	7 - 8 times
3	9 - 10 times
4	11 - 12 times
5	13 or more times

qi_C1_b - C1 b

Name qi_C1_b	Label C1 b	Location Sequence › alspac_02_lahop › SECTION C: ALL ABOUT YOUR WATERWORKS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

During the night, how many times do you have to get up to urinate, on average?

Choices

1	None
2	Once

3	Twice
4	Three times
5	Four times or more

qi_C1_c - C1 c		
Name qi_C1_c	Label C1 c	Location Sequence › alspac_02_lahop › SECTION C: ALL ABOUT YOUR WATERWORKS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How often do you have to rush to the toilet to urinate?

Choices

1	Never
2	Occasionally
3	Sometimes
4	More often than not
5	Every time

qi_C1_d - C1 d		
Name qi_C1_d	Label C1 d	Location Sequence › alspac_02_lahop › SECTION C: ALL ABOUT YOUR WATERWORKS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Does urine leak before you can get to the toilet?

Choices

1	Never
2	Occasionally
3	Sometimes
4	Most times
5	Every time

qi_C1_e - C1 e		
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Name qi_C1_e	Label C1 e	Location Sequence › alspac_02_lahop › SECTION C: ALL ABOUT YOUR WATERWORKS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Does urine leak when you are physically active, exert yourself, cough or sneeze?

Choices

1	Never
2	Occasionally
3	Sometimes
4	Most times
5	Every time

 qi_C1_f - C1 f		
Name qi_C1_f	Label C1 f	Location Sequence › alspac_02_lahop › SECTION C: ALL ABOUT YOUR WATERWORKS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you ever leak urine for no obvious reason and without feeling that you want to go?

Choices

1	Never
2	Occasionally
3	Sometimes
4	Most of the time
5	All of the time

 qi_C1_g - C1 g		
Name qi_C1_g	Label C1 g	Location Sequence › alspac_02_lahop › SECTION C: ALL ABOUT YOUR WATERWORKS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How often is there a delay before you can start to urinate?

Choices

1	Never
2	Occasionally
3	Sometimes
4	Most times
5	Every time

qi_C1_h - C1 h		
Name qi_C1_h	Label C1 h	Location Sequence › alspac_02_lahop › SECTION C: ALL ABOUT YOUR WATERWORKS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you have to strain to urinate?

Choices

1	Never
2	Occasionally
3	Sometimes
4	Most times
5	Every time

qi_C1_i - C1 i		
Name qi_C1_i	Label C1 i	Location Sequence › alspac_02_lahop › SECTION C: ALL ABOUT YOUR WATERWORKS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you stop and start more than once while you urinate without meaning to?

Choices

1	Never
2	Occasionally

3	Sometimes
4	Most times
5	Every time

qi_C1_j - C1 j		
Name qi_C1_j	Label C1 j	Location Sequence › alspac_02_lahop › SECTION C: ALL ABOUT YOUR WATERWORKS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How often do you leak urine when you are asleep?

Choices

1	Never
2	Occasionally
3	Sometimes
4	Most of the time
5	All of the time

qi_C1_k - C1 k		
Name qi_C1_k	Label C1 k	Location Sequence › alspac_02_lahop › SECTION C: ALL ABOUT YOUR WATERWORKS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever blocked up completely so that you could not urinate at all and had to have a catheter to drain the bladder?

Choices

1	Never
2	Yes, once
3	Yes, twice
4	Yes, more than twice

qi_C1_l - C1 l		
----------------	--	--


Name qi_C1_l	Label C1 l	Location Sequence › alspac_02_lahop › SECTION C: ALL ABOUT YOUR WATERWORKS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How often have you had a burning feeling when you urinate?

Choices

1	Never
2	Occasionally/once
3	Sometimes
4	Most times
5	Always

 qi_C1_m - C1 m		
Name qi_C1_m	Label C1 m	Location Sequence › alspac_02_lahop › SECTION C: ALL ABOUT YOUR WATERWORKS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How often do you feel that your bladder has not emptied properly after you have urinated?

Choices

1	Never
2	Occasionally
3	Sometimes
4	Most of the time
5	All of the time

 qi_C1_n - C1 n		
Name qi_C1_n	Label C1 n	Location Sequence › alspac_02_lahop › SECTION C: ALL ABOUT YOUR WATERWORKS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

If you had to spend the rest of your life with any urinary symptoms that you may have now, how would you feel?

Choices

1	No particular symptoms
2	Perfectly happy
3	Pleased
4	Mostly satisfied
5	Mixed feelings
6	Mostly dissatisfied
7	Very unhappy
8	Desperate

SECTION D: ACCIDENTS AND INJURIES

Label SECTION D: ACCIDENTS AND INJURIES	Location Sequence › alspac_02_lahop
Type Sequence	Order InOrderOfAppearance

qg_D1_a-h - D1 a-h

Name qg_D1_a-h	Label D1 a-h	Location Sequence › alspac_02_lahop › SECTION D: ACCIDENTS AND INJURIES
Type Question Grid		

Question

Have you had any accidents of the following types in the last four years (since your study child's 7th birthday)?

Rows

1	Road traffic accident
2	Playing sport or games
3	At your place of work
4	Inside your home
5	Outside your home (e.g. in garden)
6	At another building
7	During a fight or argument
8	You were attacked

Columns

	Code
--	------

qi_D1_i - D1 i		
Name qi_D1_i	Label D1 i	Location Sequence › alspac_02_lahop › SECTION D: ACCIDENTS AND INJURIES
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you had any accidents of the following types in the last four years (since your study child's 7th birthday)?
Other type of accident (please tick & describe)

Instructions

[If you had more than 1 of the same type of accident, answer for the most serious]

Choices

1	Yes & stayed in hospital
2	Yes & saw a doctor
3	Yes, but did not see a doctor
4	No, never happened

qg_D2_a-f - D2 a-f		
Name qg_D2_a-f	Label D2 a-f	Location Sequence › alspac_02_lahop › SECTION D: ACCIDENTS AND INJURIES
Type Question Grid		

Question

Have you had any of the following injuries in the last four years (since your study child's 7th birthday)?

Rows

1	burnt
2	scalded
3	badly cut
4	stabbed
5	shot
6	nearly drowned

Columns

	Code
--	------

qg_D2_g-k - D2 g-k		
Name qg_D2_g-k	Label D2 g-k	Location Sequence › alspac_02_lahop › SECTION D: ACCIDENTS AND INJURIES
Type Question Grid		

Question

Have you had any of the following injuries in the last four years (since your study child's 7th birthday)?

Rows

1	dislocated hip, shoulder, knee, etc.
2	broken arm or hand
3	broken leg or foot
4	sexual assault
5	overdose of pills or medicine

Columns

	Code
--	------

qi_D2_l - D2 l		
Name qi_D2_l	Label D2 l	Location Sequence › alspac_02_lahop › SECTION D: ACCIDENTS AND INJURIES
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you had any of the following injuries in the last four years (since your study child's 7th birthday)?
overdose of something else (please tick & describe)

Choices

1	Yes & stayed in hospital
2	Yes & saw a doctor
3	Yes, but did not see a doctor
4	No, never happened

 qi_D2_m - D2 m

Name qi_D2_m	Label D2 m	Location Sequence › alspac_02_lahop › SECTION D: ACCIDENTS AND INJURIES
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you had any of the following injuries in the last four years (since your study child's 7th birthday)?
concussion

Choices

1	Yes & stayed in hospital
2	Yes & saw a doctor
3	Yes, but did not see a doctor
4	No, never happened

 qi_D2_n - D2 n

Name qi_D2_n	Label D2 n	Location Sequence › alspac_02_lahop › SECTION D: ACCIDENTS AND INJURIES
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you had any of the following injuries in the last four years (since your study child's 7th birthday)? other
injury (please tick & describe)

Choices

1	Yes & stayed in hospital
2	Yes & saw a doctor
3	Yes, but did not see a doctor
4	No, never happened

 qg_D3_a-e - D3 a-e

Name qg_D3_a-e	Label D3 a-e	Location Sequence › alspac_02_lahop › SECTION D: ACCIDENTS AND INJURIES
Type Question Grid		

Condition

Question

What physical problems did you have as a result of any of these accidents or injuries?

Rows

1	pain
2	reduction in movement
3	a facial scar or defect
4	less able to see or hear
5	inability to work

Columns

	Code
--	------

 qi_D3_f - D3 f

Name qi_D3_f	Label D3 f	Location Sequence › alspac_02_lahop › SECTION D: ACCIDENTS AND INJURIES
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

Question

What physical problems did you have as a result of any of these accidents or injuries? other physical result (please tick & describe)

Instructions

(please tick all that apply)

Choices

1	Yes & still present
2	Yes but no longer present
3	No did not happen

 qg_D4_a-e - D4 a-e

Name qg_D4_a-e	Label D4 a-e	Location Sequence › alspac_02_lahop › SECTION D: ACCIDENTS AND INJURIES
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Type		
Question Grid		
Condition		

Question


What emotional problems did you have as a result of any of these accidents or injuries?

Rows

1	loss of self confidence
2	feeling of depression
3	very tense
4	unable to sleep well
5	loss of appetite

Columns

	Code
--	------

 qi_D4_f - D4 f		
Name	Label	Location
qi_D4_f	D4 f	Sequence › alspac_02_lahop › SECTION D: ACCIDENTS AND INJURIES
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		

Question

What emotional problems did you have as a result of any of these accidents or injuries? something else (please tick & describe)

Instructions

(please tick all that apply)

Choices

1	Yes & still present
2	Yes but no longer present
3	No did not happen

 qg_D5_a-f - D5 a-f
--

Name qg_D5_a-f	Label D5 a-f	Location Sequence › alspac_02_lahop › SECTION D: ACCIDENTS AND INJURIES
Type Question Grid		
Condition		

Question


What other consequences of any of these accidents or injuries were there?

Rows

1	cost money
2	lost job
3	less earnings
4	problems at work
5	problems with partner or the family
6	problems with friends

Columns

	Code
--	------

 qi_D5_g - D5 g		
Name qi_D5_g	Label D5 g	Location Sequence › alspac_02_lahop › SECTION D: ACCIDENTS AND INJURIES
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

What other consequences of any of these accidents or injuries were there? other problem (please tick & describe)

Choices

1	Yes & still present
2	Yes but no longer present
3	No did not happen

SECTION E: YOUR FEELINGS	
Label SECTION E: YOUR FEELINGS	Location Sequence › alspac_02_lahop

Type Sequence	Order InOrderOfAppearance
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s_sectionE_i

Name s_sectionE_i	Location Sequence › alspac_02_lahop › SECTION E: YOUR FEELINGS
Type Statement	

Statement Text

The questions in this section ask you about your feelings and the way you behave. You have answered these questions in other questionnaires, but you might be feeling differently now.

qg_E1-E8 - E1-E8

Name qg_E1-E8	Label E1-E8	Location Sequence › alspac_02_lahop › SECTION E: YOUR FEELINGS
Type Question Grid		

Question

Please indicate the way you feel:

Rows

1	Do you feel upset for no obvious reason?
2	Have you felt as though you might faint?
3	Do you feel uneasy and restless?
4	Do you sometimes feel panicky?
5	Do you worry a lot?
6	Do you feel strung-up inside?
7	Do you ever have the feeling you are going to pieces?
8	Do you have bad dreams which upset you when you wake up?

Columns

	Code
--	------

Your feelings in the past week.

Label Your feelings in the past week.	Location Sequence › alspac_02_lahop › SECTION E: YOUR FEELINGS
--	--

Type Sequence	Order InOrderOfAppearance
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 qi_E9 - E9

Name qi_E9	Label E9	Location Sequence › alspac_02_lahop › SECTION E: YOUR FEELINGS › Your feelings in the past week.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

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

 s_qE10

Name s_qE10	Location Sequence › alspac_02_lahop › SECTION E: YOUR FEELINGS › Your feelings in the past week.
Type Statement	

Statement Text

In the past week:

 qi_E10 - E10

Name qi_E10	Label E10	Location Sequence › alspac_02_lahop › SECTION E: YOUR FEELINGS › Your feelings in the past week.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

I have looked forward with enjoyment to things:

Choices

1	As much as I ever did
---	-----------------------

2	Rather less than I used to
3	Definitely less than I used to
4	Hardly at all

qi_E11 - E11		
Name qi_E11	Label E11	Location Sequence › alspac_02_lahop › SECTION E: YOUR FEELINGS › Your feelings in the past week.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

I have blamed myself unnecessarily when things went wrong:

Choices

1	Yes, most of the time
2	Yes, some of the time
3	Not very often
4	Never

qi_E12 - E12		
Name qi_E12	Label E12	Location Sequence › alspac_02_lahop › SECTION E: YOUR FEELINGS › Your feelings in the past week.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

I have been anxious or worried for no good reason:

Choices

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

qi_E13 - E13		
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Name qi_E13	Label E13	Location Sequence › alspac_02_lahop › SECTION E: YOUR FEELINGS › Your feelings in the past week.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

I have felt scared or panicky for no good reason:


Choices

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

 s_qE14		
Name s_qE14	Location Sequence › alspac_02_lahop › SECTION E: YOUR FEELINGS › Your feelings in the past week.	
Type Statement		

Statement Text

In the past week:

 qi_E14 - E14		
Name qi_E14	Label E14	Location Sequence › alspac_02_lahop › SECTION E: YOUR FEELINGS › Your feelings in the past week.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Things have been getting on top of me:

Choices

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

 qi_E15 - E15


Name qi_E15	Label E15	Location Sequence › alspac_02_lahop › SECTION E: YOUR FEELINGS › Your feelings in the past week.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

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

 qi_E16 - E16

Name qi_E16	Label E16	Location Sequence › alspac_02_lahop › SECTION E: YOUR FEELINGS › Your feelings in the past week.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

I have felt sad or miserable:

Choices

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

 qi_E17 - E17

Name qi_E17	Label E17	Location Sequence › alspac_02_lahop › SECTION E: YOUR FEELINGS › Your feelings in the past week.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

I have been so unhappy that I have been crying:

Choices

1	Yes, most of the time
2	Yes, quite often
3	Only occasionally
4	Never



s_qE18

Name s_qE18	Location Sequence › alspac_02_lahop › SECTION E: YOUR FEELINGS › Your feelings in the past week.
Type Statement	

Statement Text

In the past week:



qi_E18 - E18

Name qi_E18	Label E18	Location Sequence › alspac_02_lahop › SECTION E: YOUR FEELINGS › Your feelings in the past week.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

The thought of harming myself has occurred to me:

Choices

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



qi_E19 - E19

Name qi_E19	Label E19	Location Sequence › alspac_02_lahop › SECTION E: YOUR FEELINGS › Your feelings in the past week.
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Type Multiple Choice	Selection Type SelectOne	Display Style
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Question

On the whole are there more good days than bad?

Choices

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

SECTION F: RECENT EVENTS

Label SECTION F: RECENT EVENTS	Location Sequence › alspac_02_lahop
Type Sequence	Order InOrderOfAppearance

s_sectionF_i

Name s_sectionF_i	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Statement	

Statement Text

Listed below are a number of events which may have brought changes in your life. Have any of these occurred since your study child's 9th birthday?

qi_F1 - F1

Name qi_F1	Label F1	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: Your wife/partner died

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

qi_F2 - F2

Name qi_F2	Label F2	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: One of your children died

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

 qi_F3 - F3

Name qi_F3	Label F3	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: A friend or relative died

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

 qi_F4 - F4

Name qi_F4	Label F4	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: One of your children was ill

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

 qi_F5 - F5

Name qi_F5	Label F5	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: Your wife or partner was ill

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

 qi_F6 - F6

Name qi_F6	Label F6	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: A friend or relative was ill

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

 qi_F7 - F7

Name qi_F7	Label F7	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: You were admitted to hospital

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

 qi_F8 - F8

Name qi_F8	Label F8	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: You were in trouble with the law

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

 qi_F9 - F9

Name qi_F9	Label F9	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: You were divorced

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

 qi_F10 - F10

Name qi_F10	Label F10	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: You found that your wife/partner didn't want your child

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday

4	No, did not happen in this period
---	-----------------------------------

qi_F11 - F11

Name qi_F11	Label F11	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: You were very ill

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

qi_F12 - F12

Name qi_F12	Label F12	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: Your wife/partner lost her job

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

qi_F13 - F13

Name qi_F13	Label F13	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: Your wife/partner had problems at work

Choices

1	Yes, when the study child was 9 or 10
---	---------------------------------------

2	Yes, since the child's 11th birthday
4	No, did not happen in this period

qi_F14 - F14

Name qi_F14	Label F14	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: You had problems at work

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

qi_F15 - F15

Name qi_F15	Label F15	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: You lost your job

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

qi_F16 - F16

Name qi_F16	Label F16	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: Your wife/partner went away

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

 qi_F17 - F17

Name qi_F17	Label F17	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: Your wife/partner was in trouble with the law

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

 qi_F18 - F18

Name qi_F18	Label F18	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: You and your wife/partner separated

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

 qi_F19 - F19

Name qi_F19	Label F19	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: Your income was reduced

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

qi_F20 - F20

Name qi_F20	Label F20	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: You argued with your wife/partner

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

qi_F21 - F21

Name qi_F21	Label F21	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: You argued with your family and friends

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

qi_F22 - F22

Name qi_F22	Label F22	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: You moved house

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

qi_F23 - F23

Name qi_F23	Label F23	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: Your wife/partner was physically cruel to you

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

qi_F24 - F24

Name qi_F24	Label F24	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: You became homeless

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

qi_F25 - F25

Name qi_F25	Label F25	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
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Type Multiple Choice	Selection Type SelectOne	Display Style
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Question

Since the child's 9th birthday: You had a major financial problem

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

 qi_F26 - F26

Name qi_F26	Label F26	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: You got married

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

 qi_F27 - F27

Name qi_F27	Label F27	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: Your wife/partner was physically cruel to your children

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

 qi_F28 - F28

Name qi_F28	Label F28	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: You were physically cruel to your children

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

 qi_F29 - F29

Name qi_F29	Label F29	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: You attempted suicide

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

 qi_F30 - F30

Name qi_F30	Label F30	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: You were convicted of an offence

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

 qi_F31 - F31

Name qi_F31	Label F31	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: Your wife/partner became pregnant

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

 qi_F32 - F32

Name qi_F32	Label F32	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: You started a new job

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

 qi_F33 - F33

Name qi_F33	Label F33	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: You returned to work

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

 qi_F34 - F34

Name qi_F34	Label F34	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: Your wife/partner had a miscarriage

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

 qi_F35 - F35

Name qi_F35	Label F35	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: Your wife/partner had an abortion

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

 qi_F36 - F36

Name qi_F36	Label F36	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: You took an examination

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday

4	No, did not happen in this period
---	-----------------------------------

qi_F37 - F37

Name qi_F37	Label F37	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: Your wife/partner was emotionally cruel to your children

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

qi_F38 - F38

Name qi_F38	Label F38	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: Your wife/partner was emotionally cruel to your children

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

qi_F39 - F39

Name qi_F39	Label F39	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: You were emotionally cruel to your children

Choices

1	Yes, when the study child was 9 or 10
---	---------------------------------------

2	Yes, since the child's 11th birthday
4	No, did not happen in this period

qi_F40 - F40

Name qi_F40	Label F40	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: Your house or car was burgled

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

qi_F41 - F41

Name qi_F41	Label F41	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: You found a new partner

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

qi_F42 - F42

Name qi_F42	Label F42	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: One of your children started school

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

 qi_F43 - F43

Name qi_F43	Label F43	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: Your wife/partner started a new job

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

 qi_F44 - F44

Name qi_F44	Label F44	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: A pet died

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

 qi_F45 - F45

Name qi_F45	Label F45	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since the child's 9th birthday: You had an accident (please tick and describe)

Choices

1	Yes, when the study child was 9 or 10
2	Yes, since the child's 11th birthday
4	No, did not happen in this period

qi_F46_a - F46 a

Name qi_F46_a	Label F46 a	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Is there anything else which is not on the list which has concerned you or required additional effort from you to cope in the last 3 years?

Choices

1	Yes
2	No

qg_F46_b-d - F46 b-d

Name qg_F46_b-d	Label F46 b-d	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Question Grid		

Condition

If yes,

Question

please describe for each event:

Rows

1	1
2	2
3	3

Columns

	Code
	Code
Generic text	Text
	Code

	Code
Generic text	Text
	Code
Generic text	Text
	Code

 qi_F47_a - F47 a


Name qi_F47_a	Label F47 a	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has anything else occurred which made you especially happy?

Choices

1	Yes
2	No

 qg_F47_b-d - F47 b-d

Name qg_F47_b-d	Label F47 b-d	Location Sequence › alspac_02_lahop › SECTION F: RECENT EVENTS
Type Question Grid		

Condition
If yes,

Question

please describe for each event:

Rows

1	1
2	2
3	3

Columns

	Code
	Code
Generic text	Text

	Code
	Code
Generic text	Text
	Code
Generic text	Text
	Code

SECTION G: ACTIVITIES AND LIFESTYLE

Label SECTION G: ACTIVITIES AND LIFESTYLE	Location Sequence › alspac_02_lahop
Type Sequence	Order InOrderOfAppearance

qi_G1_a - G1.a

Name qi_G1_a	Label G1 a	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Integer	Low 0	High

Question

On average, over the past year, about how many hours sleep do you get: on work days ... hours ... minutes

qi_G1_b - G1.b

Name qi_G1_b	Label G1 b	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Integer	Low 0	High

Question

On average, over the past year, about how many hours sleep do you get: on weekends (If you normally go out to work at weekends, then answer for your days off) ... hours ... minutes

qi_G2_a - G2.a

Name qi_G2_a	Label G2 a	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
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Type Multiple Choice	Selection Type SelectOne	Display Style
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Question

Have you ever been a smoker?

Choices

1	Yes
2	No

 s_qG2a

Name s_qG2a	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Statement	

Statement Text

If no, go to G3 on page 33

 qi_G2_b - G2_b

Name qi_G2_b	Label G2 b	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Integer	Low 0	High

Condition
If yes,

Question

At what age did you start smoking regularly? ... years

 qi_G2_c_i - G2_c(i)

Name qi_G2_c_i	Label G2 c(i)	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

Condition
If yes,

Question

Which of the following have you ever smoked regularly? cigarettes

Choices

1	Yes
---	-----

qi_G2_c_ii - G2 c(ii)		
Name qi_G2_c_ii	Label G2 c(ii)	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style
Condition If yes,		

Question

Which of the following have you ever smoked regularly? pipe

Choices

1	Yes
---	-----

qi_G2_c_iii - G2 c(iii)		
Name qi_G2_c_iii	Label G2 c(iii)	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style
Condition If yes,		

Question

Which of the following have you ever smoked regularly? cigar

Choices

1	Yes
---	-----

qi_G2_c_iv - G2 c(iv)		
Name qi_G2_c_iv	Label G2 c(iv)	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style
Condition If yes,		

Question

Which of the following have you ever smoked regularly? other

Choices

1	Yes
---	-----

qi_G2_d - G2 d		
Name qi_G2_d	Label G2 d	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

Have you now stopped smoking?

Choices

1	Yes
2	No

s_qG2d	
Name s_qG2d	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Statement	
Condition If yes,	

Statement Text

If no, go to G2e on page 33

qi_G2_d_i - G2 d(i)		
Name qi_G2_d_i	Label G2 d(i)	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Duration		
Condition If yes, If yes,		

Question

how long ago? ... years ... months

qi_G2_e - G2_e		
Name qi_G2_e	Label G2 e	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

Have you smoked regularly in the last 2 weeks?

Choices

1	No
2	Yes, cigarettes
3	Yes, cigars
4	Yes, pipe
5	Yes, other (please describe)

qi_G2_f - G2_f		
Name qi_G2_f	Label G2 f	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

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

Choices

30	30+
25	25-29
20	20-24
15	15-19
10	10-14

5	5-9
1	1-4
0	0

qi_G2_g_i - G2 g(i)		
Name qi_G2_g_i	Label G2 g(i)	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Text	Minimum Length	Maximum Length 255
Condition If yes,		

Question

What brand of cigarette/tobacco do you smoke? brand

qi_G2_g_ii - G2 g(ii)		
Name qi_G2_g_ii	Label G2 g(ii)	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

What brand of cigarette/tobacco do you smoke? type:

Choices

1	filtered
2	unfiltered
3	roll-your-own
4	pipe/cigar

qi_G3_a - G3 a		
Name qi_G3_a	Label G3 a	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Does your live-in wife or partner smoke?

Choices

1	Don't have a wife/partner
2	No
3	Yes, cigarettes
4	Yes, cigars
5	Yes, pipe
6	Yes, other (please describe)

s_qG3a	
Name s_qG3a	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Statement	

Statement Text

If no, or don't have a wife or partner, go to G4 on page 34

qi_G3_b - G3 b		
Name qi_G3_b	Label G3 b	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

About how many times per day does your wife or partner smoke at the moment?

Choices

30	30+
25	25-29
20	20-24
15	15-19
10	10-14

5	5-9
1	1-4
0	0

qi_G3_c_i - G3 c(i)		
Name qi_G3_c_i	Label G3 c(i)	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Text	Minimum Length	Maximum Length 255
Condition If yes,		

Question

What brand and type of cigarette/tobacco does she usually smoke? brand

qi_G3_c_ii - G3 c(ii)		
Name qi_G3_c_ii	Label G3 c(ii)	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

What brand and type of cigarette/tobacco does she usually smoke? type:

Choices

1	filtered
2	unfiltered
3	roll-your-own
4	pipe/cigar

qi_G3_d - G3 d		
Name qi_G3_d	Label G3 d	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Integer	Low 0	High

Condition

If yes,

Question

At what age did she start smoking? ... years

qi_G4_a - G4 a

Name qi_G4_a	Label G4 a	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Apart from yourself and your wife or partner, are there any other members of your household who smoke?

Choices

1	Yes
2	No

qi_G4_b - G4 b

Name qi_G4_b	Label G4 b	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Integer	Low 0	High

Condition

If yes,

Question

how many people?

qi_G5_i - G5 i

Name qi_G5_i	Label G5 i	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	all the time
2	more than 5 hours
3	3-5 hours
4	1-2 hours
5	less than 1 hour
6	not at all

qi_G5_ii - G5 ii		
Name qi_G5_ii	Label G5 ii	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	all the time
2	more than 5 hours
3	3-5 hours
4	1-2 hours
5	less than 1 hour
6	not at all

qg_G6_a-t - G6 a-t		
Name qg_G6_a-t	Label G6 a-t	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Question Grid		

Question

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

Rows

1	disinfectant
2	bleach
3	window cleaner

4	chemical carpet cleaner
5	oven/drain cleaner
6	dry cleaning fluid
7	turpentine/white spirit
8	paint stripper
9	household paint or varnish
10	weed killers
11	pesticides/insect killers
12	air fresheners (spray, stick or aerosol)
13	other aerosols or sprays including hair spray
14	deodorant or antiperspirant
15	make up
16	glue
17	nail varnish/acetone
18	metal cleaners/ degreasers, polishers
19	petrol
20	moth repellent (moth balls)

Columns

	Code
--	------

qi_G6_u - G6_u		
Name qi_G6_u	Label G6_u	Location Sequence > alspac_02_lahop > SECTION G: ACTIVITIES AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

In the last few months, how often have you used the following whether at home or at work: In the last few months other chemical (please tick and describe)

Choices

1	Every day
2	Most days
3	About once a week
4	Less than once a week

5	Not at all
---	------------

qi_G7_a - G7 a

Name qi_G7_a	Label G7 a	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you have a mobile phone (i.e. one that can be used away from home)?

Choices

1	Yes
2	No

qi_G7_b - G7 b

Name qi_G7_b	Label G7 b	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition
If yes,

Question

how often do you use it to make calls?

Choices

1	at least once a day
2	4-6 times a week
3	1-3 times a week
4	less than once a week

qi_G7_c - G7 c

Name qi_G7_c	Label G7 c	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

If yes,

Question

how often do people ring you on it?

Choices

1	at least once a day
2	4-6 times a week
3	1-3 times a week
4	less than once a week

 qi_G8_a - G8 a

Name qi_G8_a	Label G8 a	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

This question concerns travelling, apart from when going to work: Which of the following do you use for most or all of the time:

Choices

1	Car
2	Public transport
3	Neither

 qg_G8_b - G8 b

Name qg_G8_b	Label G8 b	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Question Grid		

Question

This question concerns travelling, apart from when going to work: Please indicate the average number of journeys you make each week (apart from going to work):

Rows

1	By bicycle
2	Walking

Columns

	Code
How many	Numeric
	Code
How many	Numeric

 qg_G9_a-d - G9 a-d

Name qg_G9_a-d	Label G9 a-d	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Question Grid		

Question

Please indicate the average hours of TV or Video watched per day over the past year:

Rows

1	On a weekday before 6pm
2	On a weekday after 6pm
3	On a weekend day before 6pm
4	On a weekend day after 6pm

Columns

	Code
--	------

 qi_G10_a - G10 a

Name qi_G10_a	Label G10 a	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How many times do you climb up a flight of stairs (approx 10 steps) each day at home? Average per day over the past year On a weekday

Choices

1	None
2	1-5 times
3	6-10 times

4	11-15 times
5	16-20 times
6	More than 20 times

qi_G10_b - G10 b		
Name qi_G10_b	Label G10 b	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How many times do you climb up a flight of stairs (approx 10 steps) each day at home? Average per day over the past year On a weekend day

Choices

1	None
2	1-5 times
3	6-10 times
4	11-15 times
5	16-20 times
6	More than 20 times

qg_G11_a-g - G11 a-g		
Name qg_G11_a-g	Label G11 a-g	Location Sequence › alspac_02_lahop › SECTION G: ACTIVITIES AND LIFESTYLE
Type Question Grid		

Question

How many hours each week approximately do you spend time doing the following:

Rows

1	Preparing food, cooking and washing up
2	Shopping for food and groceries
3	Shopping and browsing in shops for other items (e.g. clothes, toys)
4	Cleaning the house

5	Doing the washing and ironing
6	Caring for pre-school children or babies at home (not as paid employment)
7	Caring for handicapped, elderly or disabled people at home (not as paid employment)

Columns

	Code
--	------

SECTION H: ACTIVITY AT WORK

Label SECTION H: ACTIVITY AT WORK	Location Sequence › alspac_02_lahop
Type Sequence	Order InOrderOfAppearance

qi_H1 - H1

Name qi_H1	Label H1	Location Sequence › alspac_02_lahop › SECTION H: ACTIVITY AT WORK
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you had any jobs or regular voluntary work in the past year?

Choices

1	Yes
2	No

qg_H2 - H2

Name qg_H2	Label H2	Location Sequence › alspac_02_lahop › SECTION H: ACTIVITY AT WORK
Type Question Grid		
Condition		

Question

What jobs have you held in the past year, including voluntary work, and how many months in the year did you do them? Answer for all jobs, whether you stopped one and started another, or whether you were doing them at the same time period.


Rows

1	Job 1
---	-------

2	Job 2
3	Job 3

Columns


Months in year	Numeric
Hours in week	Numeric
Generic text	Text
Months in year	Numeric
Hours in week	Numeric
Generic text	Text
Hours in week	Numeric
Generic text	Text
Months in year	Numeric

 s_qH2_i

Name s_qH2_i	Location Sequence › alspac_02_lahop › SECTION H: ACTIVITY AT WORK
Type Statement	
Condition	

Statement Text

We need to ask in more detail now about physical activity in various situations.

 s_qH2_ii

Name s_qH2_ii	Location Sequence › alspac_02_lahop › SECTION H: ACTIVITY AT WORK
Type Statement	
Condition	

Statement Text

Thank you so much for taking part in this important study about children and their families. We do appreciate all your help.

qg_H3 - H3		
Name qg_H3	Label H3	Location Sequence › alspac_02_lahop › SECTION H: ACTIVITY AT WORK
Type Question Grid		
Condition		

Question

Activity during each job: In the following questions, tick either Yes or No for each activity and write the number of hours per week that you spent doing each one:

Rows

1	Sitting - light work e.g. desk work, or driving a car or truck
2	Sitting - moderate work e.g. driving a mower or forklift truck
3	Standing - light work e.g. lab technician or working at a shop counter
4	Standing - light/ moderate work e.g. light welding or stocking shelves
5	Standing- moderate work e.g. fast rate assembly line work or lifting less than 50 lbs every 5 minutes for a few seconds at a time
6	Standing- moderate/heavy work e.g. masonry/painting or lifting more than 50 lbs every 5 minutes for a few seconds at a time
7	Walking at work carrying nothing heavier than a briefcase e.g. moving about a shop
8	Walking - carrying something heavy
9	Moving, pushing heavy objects, weighing over 75 lbs
10	Something else (please tick and describe)

Columns

	Code
	Code
	Code
Hours in week	Numeric
Hours in week	Numeric

Hours in week	Numeric
	Code
Hours in week	Numeric
Hours in week	Numeric
	Code
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Hours in week	Numeric
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Hours in week	Numeric
Hours in week	Numeric
	Code

	Code
--	------

qi_H3_j_i - H3 j(i)		
Name qi_H3_j_i	Label H3 j(i)	Location Sequence › alspac_02_lahop › SECTION H: ACTIVITY AT WORK
Type Text	Minimum Length	Maximum Length 255
Condition		

Question

Activity during each job: In the following questions, tick either Yes or No for each activity and write the number of hours per week that you spent doing each one: Job 1 Something else (please tick and describe)

qi_H3_j_ii - H3 j(ii)		
Name qi_H3_j_ii	Label H3 j(ii)	Location Sequence › alspac_02_lahop › SECTION H: ACTIVITY AT WORK
Type Text	Minimum Length	Maximum Length 255
Condition		

Question

Activity during each job: In the following questions, tick either Yes or No for each activity and write the number of hours per week that you spent doing each one: Job 2 Something else (please tick and describe)

qi_H3_j_iii - H3 j(iii)		
Name qi_H3_j_iii	Label H3 j(iii)	Location Sequence › alspac_02_lahop › SECTION H: ACTIVITY AT WORK
Type Text	Minimum Length	Maximum Length 255
Condition		

Question

Activity during each job: In the following questions, tick either Yes or No for each activity and write the number of hours per week that you spent doing each one: Job 3 Something else (please tick and describe)

qg_H4 - H4		
Name qg_H4	Label H4	Location Sequence › alspac_02_lahop › SECTION H: ACTIVITY AT WORK

Type		
Question Grid		
Condition		

Question


How many times per day on average have you done the following at work over the past year:

Rows

1	Climbed up a flight of stairs (10 steps):
2	Climbed up a ladder:

Columns

How many	Numeric
How many	Numeric
How many	Numeric
How many	Numeric
How many	Numeric
How many	Numeric
How many	Numeric
How many	Numeric
How many	Numeric
How many	Numeric

 qg_H5_a-c - H5 a-c		
Name	Label	Location
qg_H5_a-c	H5 a-c	Sequence › alspac_02_lahop › SECTION H: ACTIVITY AT WORK
Type		
Question Grid		
Condition		

Question

In an average working day, did you:

Rows

1	Kneel for more than one hour in total?
2	Squat for more than one hour in total?
3	Get up from kneeling or squatting more than 30 times?

Columns

	Code
--	------

s_qH6		
Name s_qH6	Location Sequence › alspac_02_lahop › SECTION H: ACTIVITY AT WORK	
Type Statement		
Condition		

Statement Text

Thinking about Job 1:

qi_H6_a - H6 a		
Name qi_H6_a	Label H6 a	Location Sequence › alspac_02_lahop › SECTION H: ACTIVITY AT WORK
Type Integer	Low 0	High
Condition		

Question

Roughly how many miles is/was it from home to Job 1? ... miles

qi_H6_b - H6 b		
Name qi_H6_b	Label H6 b	Location Sequence › alspac_02_lahop › SECTION H: ACTIVITY AT WORK
Type Integer	Low 0	High
Condition		

Question

How many times a week do/did you travel from home to Job 1? ... times

qi_H6_c_i - H6 c(i)		
Name qi_H6_c_i	Label H6 c(i)	Location Sequence › alspac_02_lahop › SECTION H: ACTIVITY AT WORK
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

Question

How do/did you normally travel to Job 1? By car

Choices

1	Always
2	Usually
3	Occasionally
4	Never or rarely

qi_H6_c_ii - H6 c(ii)

Name qi_H6_c_ii	Label H6 c(ii)	Location Sequence › alspac_02_lahop › SECTION H: ACTIVITY AT WORK
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

Question

How do/did you normally travel to Job 1? By works or public transport

Choices

1	Always
2	Usually
3	Occasionally
4	Never or rarely

qi_H6_c_iii - H6 c(iii)

Name qi_H6_c_iii	Label H6 c(iii)	Location Sequence › alspac_02_lahop › SECTION H: ACTIVITY AT WORK
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

Question

How do/did you normally travel to Job 1? By bicycle

Choices

1	Always
---	--------

2	Usually
3	Occasionally
4	Never or rarely

qi_H6_c_iv - H6 c(iv)		
Name qi_H6_c_iv	Label H6 c(iv)	Location Sequence › alspac_02_lahop › SECTION H: ACTIVITY AT WORK
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

How do/did you normally travel to Job 1? Walking

Choices

1	Always
2	Usually
3	Occasionally
4	Never or rarely

s_qH7	
Name s_qH7	Location Sequence › alspac_02_lahop › SECTION H: ACTIVITY AT WORK
Type Statement	
Condition	

Statement Text

Thinking about Job 2 (if appropriate):

qi_H7_a - H7.a		
Name qi_H7_a	Label H7.a	Location Sequence › alspac_02_lahop › SECTION H: ACTIVITY AT WORK
Type Integer	Low 0	High
Condition		

Question

Roughly how many miles is/was it from home to Job 2? ... miles

qi_H7_b - H7 b		
Name qi_H7_b	Label H7 b	Location Sequence › alspac_02_lahop › SECTION H: ACTIVITY AT WORK
Type Integer	Low 0	High
Condition		

Question

How many times a week do/did you travel from home to Job 2? ... times

qi_H7_c_i - H7 c(i)		
Name qi_H7_c_i	Label H7 c(i)	Location Sequence › alspac_02_lahop › SECTION H: ACTIVITY AT WORK
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

How do/did you normally travel to Job 2? By car

Choices

1	Always
2	Usually
3	Occasionally
4	Never or rarely

qi_H7_c_ii - H7 c(ii)		
Name qi_H7_c_ii	Label H7 c(ii)	Location Sequence › alspac_02_lahop › SECTION H: ACTIVITY AT WORK
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

How do/did you normally travel to Job 2? By works or public transport

Choices

1	Always
2	Usually
3	Occasionally
4	Never or rarely

qi_H7_c_iii - H7 c(iii)		
Name qi_H7_c_iii	Label H7 c(iii)	Location Sequence › alspac_02_lahop › SECTION H: ACTIVITY AT WORK
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

How do/did you normally travel to Job 2? By bicycle

Choices

1	Always
2	Usually
3	Occasionally
4	Never or rarely

qi_H7_c_iv - H7 c(iv)		
Name qi_H7_c_iv	Label H7 c(iv)	Location Sequence › alspac_02_lahop › SECTION H: ACTIVITY AT WORK
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

How do/did you normally travel to Job 2? Walking

Choices

1	Always
2	Usually
3	Occasionally
4	Never or rarely

s_qH8		
Name s_qH8	Location Sequence › alspac_02_lahop › SECTION H: ACTIVITY AT WORK	
Type Statement		
Condition		

Statement Text

Thinking about Job 3 (if appropriate):

qi_H8_a - H8 a		
Name qi_H8_a	Label H8 a	Location Sequence › alspac_02_lahop › SECTION H: ACTIVITY AT WORK
Type Integer	Low 0	High
Condition		

Question

Roughly how many miles is/was it from home to Job 3? ... miles

qi_H8_b - H8 b		
Name qi_H8_b	Label H8 b	Location Sequence › alspac_02_lahop › SECTION H: ACTIVITY AT WORK
Type Integer	Low 0	High
Condition		

Question

How many times a week do/did you travel from home to Job 3? ... times

qi_H8_c_i - H8 c(i)		
Name qi_H8_c_i	Label H8 c(i)	Location Sequence › alspac_02_lahop › SECTION H: ACTIVITY AT WORK
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

How do/did you normally travel to Job 3? By car

Choices

1	Always
2	Usually
3	Occasionally
4	Never or rarely

qi_H8_c_ii - H8 c(ii)		
Name qi_H8_c_ii	Label H8 c(ii)	Location Sequence › alspac_02_lahop › SECTION H: ACTIVITY AT WORK
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

How do/did you normally travel to Job 3? By works or public transport

Choices

1	Always
2	Usually
3	Occasionally
4	Never or rarely

qi_H8_c_iii - H8 c(iii)		
Name qi_H8_c_iii	Label H8 c(iii)	Location Sequence › alspac_02_lahop › SECTION H: ACTIVITY AT WORK
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

How do/did you normally travel to Job 3? By bicycle

Choices

1	Always
2	Usually
3	Occasionally
4	Never or rarely

qi_H8_c_iv - H8 c(iv)		
Name qi_H8_c_iv	Label H8 c(iv)	Location Sequence › alspac_02_lahop › SECTION H: ACTIVITY AT WORK
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

How do/did you normally travel to Job 3? Walking

Choices

1	Always
2	Usually
3	Occasionally
4	Never or rarely

SECTION I: RECREATION ACTIVITIES

Label SECTION I: RECREATION ACTIVITIES	Location Sequence › alspac_02_lahop
Type Sequence	Order InOrderOfAppearance

qg_l1 - l1		
Name qg_l1	Label l1	Location Sequence › alspac_02_lahop › SECTION I: RECREATION ACTIVITIES
Type Question Grid		

Question

Please tell us about the number of times you have done the following activities in the past year, and state the average time spent on each one:

Rows

1	Swimming-competitive or laps
2	Swimming-leisurely not laps
3	Backpacking or mountain climbing
4	Walking for pleasure (not as a means of transportation)
5	Racing or rough terrain cycling

6	Cycling for pleasure (not as a means of transportation)
7	Mowing the lawn
8	Watering the lawn or garden
9	Digging, shovelling or chopping wood
10	Weeding, pruning
11	DIY e.g. carpentry, home or car maintenance
12	High impact aerobics, step aerobics
13	Other types of aerobics
14	Exercises with weights
15	Conditioning exercises e.g. using an exercise bike or rowing machine
16	Floor exercises e.g. stretching, bending, keep fit
17	Dancing, e.g. ballroom, disco
18	Competitive running
19	Jogging
20	Bowling - indoor, lawn or 10 pin
21	Tennis or badminton
22	Squash
23	Table tennis
24	Golf
25	Football, rugby or hockey
26	Cricket
27	Rowing
28	Netball, volleyball, basketball
29	Fishing
30	Horse-riding
31	Snooker, billiards, darts
32	Musical instrument, playing, singing
33	Ice-skating
34	Sailing, windsurfing, boating
35	Winter sports e.g. skiing
36	Martial arts, boxing, wrestling

37	Other exercise (please tick and describe)
----	---

Columns

hours	Numeric
	Code
Minutes in hour	Numeric
hours	Numeric
	Code
Minutes in hour	Numeric
	Code
Minutes in hour	Numeric
hours	Numeric

qi_l1_zk - l1 zk		
Name	Label	Location
qi_l1_zk	l1 zk	Sequence › alspac_02_lahop › SECTION I: RECREATION ACTIVITIES
Type	Minimum Length	Maximum Length
Text		255

Question

Please tell us about the number of times you have done the following activities in the past year, and state the average time spent on each one: Other exercise (please tick and describe)

SECTION J: BUYING THINGS	
Label	Location
SECTION J: BUYING THINGS	Sequence › alspac_02_lahop
Type	Order
Sequence	InOrderOfAppearance

qg_J1_a-j - J1 a-j		
Name	Label	Location
qg_J1_a-j	J1 a-j	Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type		
Question Grid		

Question

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

Rows

1	food
2	clothing
3	heating
4	rent or mortgage
5	things you need for your children
6	costs of educational courses (e.g. ballet, music, etc.)
7	medical (including dental care and eye tests)
8	child care
9	a week's annual holiday away from home
10	regular trips and outings for your child (e.g. with school, the family or someone else)

Columns

	Code
--	------

qi_J1_k - J1 k		
Name qi_J1_k	Label J1 k	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How difficult at the moment do you find it to afford these items: something else (please tick and describe)

Choices

1	Very difficult
2	Fairly difficult
3	Slightly difficult

qi_J2_a - J2 a		
Name qi_J2_a	Label J2 a	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

On average, about how much is the take-home income of your household each week (include social benefits etc.)?

Choices

1	less than £120
2	£120 - £189
3	£190 - £239
4	£240 - £289
5	£290 - £359
6	£360 - £429
7	£430 - £479
8	£480 - £559
9	£560 - £799
10	£800 or more
11	Don't know

qi_J2_b - J2_b		
Name qi_J2_b	Label J2_b	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	nothing
2	less than £40
3	£40 - £59
4	£60 - £79
5	£80-£99
6	£100- £119
7	£120 or more
9	don't know

qi_J2_c - J2_c		
Name qi_J2_c	Label J2_c	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS

Type Multiple Choice	Selection Type SelectOne	Display Style
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Question

About how much do you spend on electricity, gas, water, and telephone each week?

Choices

1	less than £20
2	£20 - £29
3	£30 - £39
4	£40 - £49
5	£50 - £59
6	£60-£79
7	£80 or more
9	don't know

 qi_J2_d - J2 d

Name qi_J2_d	Label J2 d	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	less than £20
2	£20 - £29
3	£30 - £39
4	£40 - £49
5	£50 - £59
6	£60 - £79
7	£80 - £99
8	£100 or more
9	don't know

 qi_J2_e - J2 e

Name qi_J2_e	Label J2 e	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

About how much do you spend on clothing, hobbies, and entertainment each week?

Choices

1	less than £20
2	£20 - £29
3	£30 - £39
4	£40 - £49
5	£50 - £59
6	£60 -£79
7	£80 or more
9	don't know

 qi_J2_f - J2 f

Name qi_J2_f	Label J2 f	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

About how much do you spend on childcare each week (e.g. after-school club, sitters, nursery)?

Choices

1	nothing
2	less than £20
3	£20 - £39
4	£40 - £59
5	£60 - £79
6	£80 - £99
7	£100 or more
8	varies
9	don't know

 qi_J2_g - J2 g

Name qi_J2_g	Label J2 g	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you manage to save at all?

Choices

1	Yes
2	No

 qi_J2_h - J2 h

Name qi_J2_h	Label J2 h	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Is your household currently in arrears of rent, mortgage, electricity, gas, water, telephone or council tax?

Choices

1	Yes
2	No

 qi_J2_i - J2 i

Name qi_J2_i	Label J2 i	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has your family had to go into debt in the last 12 months to meet ordinary living expenses (e.g. rent, food, Xmas, or back-to-school expenses)?

Choices

1	Yes
2	No

 qi_J2_j - J2 j

Name qi_J2_j	Label J2 j	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you receive any financial help from your parents, other relatives or friends?

Choices

1	Yes
2	No

 qi_J2_k - J2 k

Name qi_J2_k	Label J2 k	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you help your parents, other relatives or friends financially?

Choices

1	Yes
2	No

 qi_J3 - J3

Name qi_J3	Label J3	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Which one of these statements best describes the way you feel about your cooking?

Choices

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

 qi_J4_a - J4 a

Name qi_J4_a	Label J4 a	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you think about any of these health issues when choosing food? Heart disease

Choices

1	Yes often
2	Yes, sometimes
3	No, not at all

 qi_J4_b - J4 b

Name qi_J4_b	Label J4 b	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you think about any of these health issues when choosing food? Cancer

Choices

1	Yes often
2	Yes, sometimes
3	No, not at all

 qi_J4_c - J4 c

Name qi_J4_c	Label J4 c	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you think about any of these health issues when choosing food? Your weight

Choices

1	Yes often
2	Yes, sometimes
3	No, not at all

 qi_J4_d - J4 d

Name qi_J4_d	Label J4 d	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you think about any of these health issues when choosing food? Food allergies/intolerance

Choices

1	Yes often
2	Yes, sometimes
3	No, not at all

 qi_J4_e - J4 e

Name qi_J4_e	Label J4 e	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you think about any of these health issues when choosing food? Healthy teeth

Choices

1	Yes often
2	Yes, sometimes
3	No, not at all

 qi_J4_f - J4 f

Name qi_J4_f	Label J4 f	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you think about any of these health issues when choosing food? Other (please tick and describe)

Choices

1	Yes often
2	Yes, sometimes

3	No, not at all
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 qi_J5_a - J5_a


Name qi_J5_a	Label J5 a	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you drink tea? (If you only drink herbal tea, answer No)

Choices

1	Yes
2	No

 s_qJ5a

Name s_qJ5a	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Statement	

Statement Text

If no, go to J9 on page 54

 qi_J5_b - J5_b

Name qi_J5_b	Label J5 b	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition
If yes,

Question

How often is the tea you drink decaffeinated?

Choices

1	Always
2	Usually
3	Sometimes
4	Never

qg_J6_a - J6 a		
Name qg_J6_a	Label J6 a	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Question Grid		
Condition If yes,		

Question

We would like to ask how much tea, on average, you drink per day: If possible, please tell us first about the size of your cups and mugs. It would help us if you measured, in a measuring jug, the amount of liquid that your usual cup and/or mug contains. This will be in 'fl.oz' or 'mls'.

Rows

1	I use a cup
2	I use a mug

Columns

Fluid ounces	Numeric
Millilitres	Numeric
	Code
Millilitres	Numeric
	Code
Fluid ounces	Numeric
Fluid ounces	Numeric
Millilitres	Numeric
	Code

qi_J6_b - J6 b		
Name qi_J6_b	Label J6 b	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Integer	Low 0	High
Condition If yes,		

Question

How many cups of tea per day do you drink, on average?* ... cups a day

Instructions

- If you only drink the occasional cup and/or mug write 97

qi_J6_c - J6.c		
Name qi_J6_c	Label J6 c	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Integer	Low 0	High
Condition If yes,		

Question

How many mugs of tea per day do you drink, on average?* ... mugs a day

Instructions

- If you only drink the occasional cup and/or mug write 97

qi_J7 - J7		
Name qi_J7	Label J7	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

How strong is the tea you normally drink?

Choices

1	Strong
2	Medium
3	Weak

qi_J8 - J8		
Name qi_J8	Label J8	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Text	Minimum Length	Maximum Length 255
Condition If yes,		

Question

Describe the type of tea that you drink most often (e.g. Tesco Premium, Typhoo, Sainsbury's Red Label, Tetley Decaffeinated):

 qi_J9_a - J9 a

Name qi_J9_a	Label J9 a	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you drink coffee?

Choices

1	Yes
2	No

 qi_J9_b - J9 b

Name qi_J9_b	Label J9 b	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

Question

How often is the coffee you drink decaffeinated?

Choices

1	Always
2	Usually
3	Sometimes
4	Never

 qg_J10_a - J10 a

Name qg_J10_a	Label J10 a	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Question Grid		

Condition

Question

If possible, measure the size of the cup and/or mug that you normally use for coffee, as described in J6 on page 54.

Rows

1	I use a cup
2	I use a mug

Columns

Fluid ounces	Numeric
Millilitres	Numeric
	Code
Millilitres	Numeric
	Code
Fluid ounces	Numeric
Fluid ounces	Numeric
Millilitres	Numeric
	Code

qi_J10_b - J10 b		
Name qi_J10_b	Label J10 b	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Integer	Low 0	High
Condition		

Question

How many cups of coffee per day do you drink, on average?* ... cups a day

Instructions

- If you only drink the occasional cup and/or mug write 97

qi_J10_c - J10 c		
Name qi_J10_c	Label J10 c	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Integer	Low 0	High
Condition		

Question

How many mugs of coffee per day do you drink, on average?* ... mugs a day

Instructions

- If you only drink the occasional cup and/or mug write 97

qg_J11 - J11		
Name qg_J11	Label J11	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Question Grid		
Condition		

Question

There are different sorts of coffee. Please say how many cups and/or mugs per day you usually drink of the following types:

Rows

1	Real coffee (e.g. Filter, cafetière, cappuccino)
2	Instant coffee, less than one spoonful
3	Instant coffee, one level spoonful
4	Instant coffee, one heaped spoonful or more
5	Other (e.g. office coffee machine) (Please tick and describe)

Columns

How many	Numeric
How many	Numeric
How many	Numeric
How many	Numeric

qi_J11_e_i - J11 e(i)		
Name qi_J11_e_i	Label J11 e(i)	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Text	Minimum Length	Maximum Length 255
Condition		

Question

There are different sorts of coffee. Please say how many cups and/or mugs per day you usually drink of the following types: Other (e.g. office coffee machine) (Please tick and describe) cups

qi_J11_e_ii - J11 e(ii)		
Name qi_J11_e_ii	Label J11 e(ii)	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Text	Minimum Length	Maximum Length 255
Condition		

Question

There are different sorts of coffee. Please say how many cups and/or mugs per day you usually drink of the following types: Other (e.g. office coffee machine) (Please tick and describe) mugs

qg_J12_a-b - J12 a-b		
Name qg_J12_a-b	Label J12 a-b	Location Sequence › alspac_02_lahop › SECTION J: BUYING THINGS
Type Question Grid		
Condition		

Question

Describe the type of real coffee and/or instant coffee that you drink most often (e.g. Tesco Classic Gold, Nescafé Gold Blend, Kenco Decaffeinated, Lyons Original Cafetière):

Rows

1	Real coffee
2	Instant coffee

Columns

Generic text	Text
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SECTION K:

Label SECTION K:	Location Sequence › alspac_02_lahop
Type Sequence	Order InOrderOfAppearance

qi_K1_a - K1 a		
Name qi_K1_a	Label K1 a	Location Sequence › alspac_02_lahop › SECTION K:
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

Question

This questionnaire was completed by: (tick all that apply) Child's biological father

Choices

1	Yes
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qi_K1_b - K1 b

Name qi_K1_b	Label K1 b	Location Sequence › alspac_02_lahop › SECTION K:
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

Question

This questionnaire was completed by: (tick all that apply) Father figure

Choices

1	Yes
---	-----

qi_K1_c - K1 c

Name qi_K1_c	Label K1 c	Location Sequence › alspac_02_lahop › SECTION K:
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

Question

This questionnaire was completed by: (tick all that apply) Someone else (please tick and describe)

Choices

1	Yes
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qi_K2 - K2

Name qi_K2	Label K2	Location Sequence › alspac_02_lahop › SECTION K:
Type Date		

Question

Please give the date on which you completed this questionnaire:

qi_K3 - K3

Name qi_K3	Label K3	Location Sequence › alspac_02_lahop › SECTION K:
Type Date		

Question

Please give your date of birth:

qi_K4 - K4		
Name qi_K4	Label K4	Location Sequence › alspac_02_lahop › SECTION K:
Type Date		

Question

Please give the date of birth of your study child:

s_outro_i	
Name s_outro_i	Location Sequence › alspac_02_lahop
Type Statement	

Statement Text

THANK YOU VERY MUCH FOR YOUR HELP

qi_outro_i - outro_i		
Name qi_outro_i	Label outro_i	Location Sequence › alspac_02_lahop
Type Text	Minimum Length	Maximum Length

Question

Space for any additional comment you would like to make

s_outro_ii	
Name s_outro_ii	Location Sequence › alspac_02_lahop
Type Statement	

Statement Text

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

s_outro_iii	
Name s_outro_iii	Location Sequence › alspac_02_lahop

Type	
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Statement	
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Statement Text

When completed, please return the questionnaire to: Professor Jean Golding Children of the Nineties - ALSPAC
Institute of Child Health