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alspac_03_tyo - Twelve Years On

Twelve Years On

Collection Events

14/05/2003 - 05/05/2005

Collection Organization

Mode of Collection

Self-administered questionnaire using a traditional paper questionnaire.

Twelve Years On

closer:sourceFileName

alspac_03_tyo

Instrument Locations

- https://discovery.closer.ac.uk/files/instruments/alspac_03_tyo-f1a64a1d32452f2018e974fcecdae6d9.pdf

alspac_03_tyo

Label alspac_03_tyo	Location Sequence
Type Sequence	Order InOrderOfAppearance

s_intro_i

Name s_intro_i	Location Sequence › alspac_03_tyo
Type Statement	

Statement Text

TWELVE YEARS ON

s_intro_ii

Name s_intro_ii	Location Sequence › alspac_03_tyo
Type Statement	

Statement Text

All answers are confidential

s_intro_iii	
Name	Location
s_intro_iii	Sequence › alspac_03_tyo
Type	
Statement	

Statement Text

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

s_intro_iv	
Name	Location
s_intro_iv	Sequence › alspac_03_tyo
Type	
Statement	

Statement Text

This questionnaire is for the study child's mother or person taking the role of mother. To answer simply tick the box which is most accurate in your opinion.

s_intro_v	
Name	Location
s_intro_v	Sequence › alspac_03_tyo
Type	
Statement	


Statement Text

Changes are occurring around our study children all the time, both in the family and in life outside. Some questions we ask in this questionnaire are the same as those you have answered before. This is so that we can tell what changes there may be in your health and lifestyle.

s_intro_vi	
Name	Location
s_intro_vi	Sequence › alspac_03_tyo
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_vii

Name	Location
s_intro_vii	Sequence › alspac_03_tyo
Type	
Statement	

Statement Text

ALL ANSWERS ARE CONFIDENTIAL

 s_intro_viii

Name	Location
s_intro_viii	Sequence › alspac_03_tyo
Type	
Statement	

Statement Text

Thank you for your help

SECTION A: YOUR HEALTH

Label	Location
SECTION A: YOUR HEALTH	Sequence › alspac_03_tyo
Type	Order
Sequence	InOrderOfAppearance

 qi_A1 - A1

Name	Label	Location
qi_A1	A1	Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

Question

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

Choices

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

 qg_A2_a-y - A2 a-y

Name	Label	Location
qg_A2_a-y	A2 a-y	Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH

Type		
Question Grid		

Question

Have you had any of the following in the last 2 years (since your study child's 10th birthday)?

Rows

1	anxiety or 'nerves'
2	depression
3	headache or migraine
4	epilepsy
5	back pain, sciatica, slipped disc
6	indigestion
7	high blood pressure
8	cough or cold
9	diabetes
10	haemorrhoids/piles
11	schizophrenia
12	influenza
13	alcohol problem
14	wheezing or asthma
15	bronchitis
16	stomach ulcer
17	eczema
18	psoriasis
19	arthritis
20	rheumatism
21	urinary infection
22	problems with your periods
23	problems with a pregnancy
24	syphilis
25	gonorrhoea

Columns

	Code
--	------

 qi_A2_z - A2 z

Name qi_A2_z	Label A2 z	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you had any of the following in the last 2 years (since your study child's 10th birthday)? cancer (please state type)

Choices

1	Yes and consulted doctor
2	Yes but did not consult doctor
3	No

 qi_A2_za - A2 za

Name qi_A2_za	Label A2 za	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you had any of the following in the last 2 years (since your study child's 10th birthday)? other problems (please tick and describe)

Choices

1	Yes and consulted doctor
2	Yes but did not consult doctor
3	No

 qg_A3_a-d - A3 a-d

Name qg_A3_a-d	Label A3 a-d	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Question Grid		

Question

In the last 2 years how often have you taken the following?

Rows

1	antibiotics
---	-------------

2	aspirin
3	paracetamol
4	other painkillers

Columns

	Code
--	------

qi_A4_a - A4 a		
Name qi_A4_a	Label A4 a	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

In the past year have you taken or used any homeopathic medicine(s) or remedies?

Choices

1	yes, often
2	yes, sometimes
3	no

s_qA4a	
Name s_qA4a	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Statement	

Statement Text

If no, go to A5 below

qg_A4_b - A4 b		
Name qg_A4_b	Label A4 b	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Question Grid		
Condition If yes,		

Question

please describe the name(s) of the homeopathic medicine(s) and the reason for taking/using them:

Rows

1	1
2	2
3	3
4	4
5	5

Columns

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

qg_A5 - A5		
Name qg_A5	Label A5	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Question Grid		

Question

Please list all the other drugs, medicines and ointments that you have taken or used in the past month:

Rows

1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10

Columns

How many	Numeric
How many	Numeric
Generic text	Text

How many	Numeric
How many	Numeric
Generic text	Text
How many	Numeric
Generic text	Text
How many	Numeric

 qi_A6_a - A6 a

Name qi_A6_a	Label A6 a	Location Sequence › alspac_03_tyo › SECTION A: 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_qA6a

Name s_qA6a	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Statement	

Statement Text

If no, go to A7 on page 8

 qi_A6_b - A6 b

Name qi_A6_b	Label A6 b	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Integer	Low 0	High

Condition
If yes,

Question

how many times?

 qi_A6_c - A6 c

Name qi_A6_c	Label A6 c	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Integer	Low 0	High
Condition If yes,		

Question

for how many different reasons?

 I_qA6

Name I_qA6	Member Label	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Roster	Iteration Source (max)	Display Style
Condition If yes,		

 qi_A6_d-h_i - A6 d-h(i)

Name qi_A6_d-h_i	Label A6 d-h(i)	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH › I_qA6
Type Text	Minimum Length	Maximum Length 255
Condition If yes,		

Question

Reason for each hospital stay:

 qi_A6_d-h_ii - A6 d-h(ii)

Name qi_A6_d-h_ii	Label A6 d-h(ii)	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH › I_qA6
Type Integer	Low 0	High
Condition If yes,		

Question

How long did you stay? ... nights

Instructions

Write 00 if you did not stay overnight

 qg_A7_a-u - A7 a-u

Name qg_A7_a-u	Label A7 a-u	Location Sequence › alspac_03_tyo › SECTION A: 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_A7_v - A7 v

Name qi_A7_v	Label A7 v	Location Sequence › alspac_03_tyo › SECTION A: 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 tick and describe)

Choices

1	Almost all the time
2	Sometimes
3	Not at all

 qi_A8_a - A8 a

Name qi_A8_a	Label A8 a	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How often are you having sexual intercourse now?

Choices

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

 qi_A8_b - A8 b

Name qi_A8_b	Label A8 b	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

In general, do you enjoy it?

Choices

1	yes, very much
2	yes, somewhat
3	no, not a lot
4	no, not at all
5	no sex at the moment

 qi_A9_a - A9 a

Name qi_A9_a	Label A9 a	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Are you currently trying to get pregnant?

Choices

1	no
2	no, but intend to later
3	yes, we are trying
4	I am already pregnant

 qi_A9_a_i - A9 a(i)

Name qi_A9_a_i	Label A9 a(i)	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Integer	Low 0	High

Condition
If yes,

Question

for how long have you been trying? ... months


 s_qA9ai

Name s_qA9ai	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Statement	

Condition
If yes,

Statement Text

now go to A10 on page 11

 qi_A9_a_ii - A9 a(ii)

Name qi_A9_a_ii	Label A9 a(ii)	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Integer	Low 0	High

Condition
If yes,

Question

how long were you trying before you became pregnant? ... months


 s_qA9aii

Name s_qA9aii	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Statement	

Condition
If yes,

Statement Text

now go to A10 on page 11

 qg_A9_b_i-x - A9 b(i-x)

Name qg_A9_b_i-x	Label A9 b(i-x)	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Question Grid		

Condition
If no or no, but intend to later to question A9a

Question

What forms of contraception are you and your partner using now? (tick all that you have used in the past 3 months)

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, etc.)
9	my partner has been sterilised
10	none

Columns

	Code
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qi_A9_b_xi - A9 b(xi)		
Name qi_A9_b_xi	Label A9 b(xi)	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style
Condition If no or no, but intend to later to question A9a		

Question

What forms of contraception are you and your partner using now? (tick all that you have used in the past 3 months) other (please describe)

Choices

1	Yes
---	-----

qi_A10 - A10		
Name qi_A10	Label A10	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

Question

Please describe your most recent periods:

Choices

7	No periods
---	------------

qi_A10_a - A10 a		
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Name qi_A10_a	Label A10 a	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If No periods to question A10 go to A11 on page 12		

Question

Please describe your most recent periods: how heavy are your periods?

Choices

1	Very
2	Moderately
3	Mildly
4	Not at all

? qi_A10_b - A10 b		
Name qi_A10_b	Label A10 b	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If No periods to question A10 go to A11 on page 12		

Question

Please describe your most recent periods: how painful are your periods?

Choices

1	Very
2	Moderately
3	Mildly
4	Not at all

? qi_A10_c - A10 c		
Name qi_A10_c	Label A10 c	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If No periods to question A10 go to A11 on page 12		

Question

Please describe your most recent periods: are your periods irregular?

Choices

1	Very
2	Moderately
3	Mildly
4	Not at all

qi_A10_d - A10_d		
Name qi_A10_d	Label A10 d	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Integer	Low 0	High
Condition If No periods to question A10 go to A11 on page 12		

Question

Please describe your most recent periods: how many days does bleeding usually last? ... days

qg_A10_e - A10_e		
Name qg_A10_e	Label A10 e	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Question Grid		
Condition If No periods to question A10 go to A11 on page 12		

Question

Do you generally find in the days before or during your periods that you have particular problems (please tick all that apply)?

Rows

1	Very fatigued
2	Irritable
3	Depressed
4	Anxious
5	Other (please tick & describe)

Columns

	Code
	Code

	Code
	Code

qi_A10_e_v - A10 e(v)		
Name qi_A10_e_v	Label A10 e(v)	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition If No periods to question A10 go to A11 on page 12		

Question

Do you generally find in the days before or during your periods that you have particular problems (please tick all that apply)? Other (please tick & describe)

qi_A11_a - A11 a		
Name qi_A11_a	Label A11 a	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Integer	Low 0	High

Question

Please give below your present weights and measurements if you know them. weight ... kg or ... stones ... pounds

qi_A11_b - A11 b		
Name qi_A11_b	Label A11 b	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Integer	Low 0	High

Question

Please give below your present weights and measurements if you know them. height ... cm or ... ft ... in

qi_A11_c - A11 c		
Name qi_A11_c	Label A11 c	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Integer	Low 0	High

Question

Please give below your present weights and measurements if you know them. inside leg measurement ... cm or ... in

qi_A11_d - A11 d

Name qi_A11_d	Label A11 d	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Integer	Low 0	High

Question

Please give below your present weights and measurements if you know them. bust ... cm or ... in

qi_A11_e - A11 e

Name qi_A11_e	Label A11 e	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Integer	Low 0	High

Question

Please give below your present weights and measurements if you know them. hips ... cm or ... in

qi_A11_f - A11 f

Name qi_A11_f	Label A11 f	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Integer	Low 0	High

Question

Please give below your present weights and measurements if you know them. waist ... cm or ... in

qi_A12_a_i - A12 a(i)

Name qi_A12_a_i	Label A12 a(i)	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Integer	Low 0	High

Question

How many cigarettes do you smoke nowadays per day? (If none, put 00) weekday

 qi_A12_a_ii - A12 a(ii)

Name qi_A12_a_ii	Label A12 a(ii)	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Integer	Low 0	High

Question

How many cigarettes do you smoke nowadays per day? (If none, put 00) weekend day

 qi_A12_b_i - A12 b(i)

Name qi_A12_b_i	Label A12 b(i)	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you smoke: pipe

Choices

1	Yes every day
2	Yes sometimes
3	No never

 qi_A12_b_ii - A12 b(ii)

Name qi_A12_b_ii	Label A12 b(ii)	Location Sequence › alspac_03_tyo › SECTION A: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you smoke: cigar/cigarillo

Choices

1	Yes every day
2	Yes sometimes
3	No never

SECTION B: LIFE IN THE LAST 4 WEEKS

Label SECTION B: LIFE IN THE LAST 4 WEEKS	Location Sequence › alspac_03_tyo
Type Sequence	Order InOrderOfAppearance

 qi_B1 - B1

Name qi_B1	Label B1	Location Sequence › alspac_03_tyo › SECTION B: LIFE IN THE LAST 4 WEEKS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

During the past 4 weeks what was the hardest physical activity you could do for at least 2 minutes?

Choices

1	Very heavy e.g. run at a fast pace
2	Heavy e.g. jog at a slow pace
3	Moderate e.g. walk at a fast pace
4	Light e.g. walk at a medium pace
5	Very light e.g. walk at a slow pace

 qi_B2 - B2

Name qi_B2	Label B2	Location Sequence › alspac_03_tyo › SECTION B: LIFE IN THE LAST 4 WEEKS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

During the past 4 weeks how much have you been bothered by emotional problems such as feeling anxious, depressed, or downhearted and sad?

Choices

1	Not at all
2	Hardly ever
3	Sometimes
4	Quite a lot
5	A great deal

 qi_B3 - B3


Name qi_B3	Label B3	Location Sequence › alspac_03_tyo › SECTION B: LIFE IN THE LAST 4 WEEKS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

During the past 4 weeks how much difficulty have you had doing your usual activities both inside and outside the house, because of your physical and/or emotional health?

Choices

1	No difficulty
2	A little difficulty
3	Some difficulty
4	Much difficulty
5	Could not do

 qi_B4 - B4		
Name qi_B4	Label B4	Location Sequence › alspac_03_tyo › SECTION B: LIFE IN THE LAST 4 WEEKS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

During the past 4 weeks how much has your physical and/or emotional health limited your social activities with family, friends, neighbours or groups?

Choices

1	Not at all
2	Hardly ever
3	Sometimes
4	Quite a lot
5	A great deal

 qi_B5 - B5		
Name qi_B5	Label B5	Location Sequence › alspac_03_tyo › SECTION B: LIFE IN THE LAST 4 WEEKS

Type Multiple Choice	Selection Type SelectOne	Display Style
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Question

During the past 4 weeks how much bodily pain have you generally had?

Choices

1	None at all
2	Very mild pain
3	Mild pain
4	Moderate pain
5	Severe pain

 qi_B6 - B6

Name qi_B6	Label B6	Location Sequence › alspac_03_tyo › SECTION B: LIFE IN THE LAST 4 WEEKS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

During the past 4 weeks how would you rate your health in general?

Choices

1	Excellent
2	Very good
3	Good
4	Fair
5	Poor

 qi_B7 - B7

Name qi_B7	Label B7	Location Sequence › alspac_03_tyo › SECTION B: LIFE IN THE LAST 4 WEEKS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

During the past 4 weeks was someone available to help if you needed and wanted help?

Choices

1	Yes, as much as I wanted
---	--------------------------

2	Yes, quite a bit
3	Yes some of the time
4	Yes, a little of the time
5	No, not at all

qi_B8 - B8

Name qi_B8	Label B8	Location Sequence › alspac_03_tyo › SECTION B: LIFE IN THE LAST 4 WEEKS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How well have things been going for you during the past 4 weeks?

Choices

1	Very well
2	Pretty good
3	An equal mix of good and bad
4	Pretty bad
5	Very bad
6	Dreadful

SECTION C: YOUR HUSBAND/PARTNER

Label SECTION C: YOUR HUSBAND/PARTNER	Location Sequence › alspac_03_tyo
Type Sequence	Order InOrderOfAppearance

qi_C1_a - C1 a

Name qi_C1_a	Label C1 a	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style


Question

Do you currently have a husband or partner?

Choices

1	yes, a husband
---	----------------

2	yes, a male partner
3	yes, a female partner
4	no partner

 s_qC1a

Name s_qC1a	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Statement	

Statement Text

If no partner, go to Section D on page 28

 qi_C1_b - C1 b

Name qi_C1_b	Label C1 b	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition
If yes,

Question

does your partner or husband live with you?

Choices

1	Yes
2	No

 s_qC1b

Name s_qC1b	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Statement	

Condition
If yes,

Statement Text

If no, go to C2 below

 qi_C1_c - C1 c

Name qi_C1_c	Label C1 c	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Duration		
Condition If yes, If yes,		

Question

how long have you lived together?

 qi_C1_d - C1 d

Name qi_C1_d	Label C1 d	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes, If yes,		

Question

is this the same partner or husband as the one you had when the study child had his/her 9th birthday?

Choices

1	Yes the same
2	No, a new partner
3	I don't remember

 s_qC2

Name s_qC2	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Statement	

Statement Text

The section below is concerned with your relationship with your partner. (The partner will be referred to as 'he', although the questions refer to all partners.)

 qi_C2 - C2

Name qi_C2	Label C2	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How would you assess your husband/partner's physical health?

Choices

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

 qg_C3 a-w - C3 a-w

Name qg_C3_a-w	Label C3 a-w	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Question Grid		

Question

Below are listed a number of conditions which your husband/partner might have had. Please indicate whether he has had any of these since your study child's 10th birthday.

Rows

1	headaches or migraine
2	indigestion
3	epilepsy
4	depression
5	anxiety or nerves
6	haemorrhoids/piles
7	cough or cold
8	influenza
9	bronchitis
10	high blood pressure (hypertension)

11	diabetes
12	schizophrenia
13	drink (alcohol) problem
14	stomach ulcer
15	asthma or wheezing
16	eczema
17	psoriasis
18	arthritis
19	urinary infection
20	rheumatism
21	back pain, sciatica or slipped disc
22	syphilis
23	gonorrhoea

Columns

	Code
--	------

qi_C3_x - C3 x		
Name qi_C3_x	Label C3 x	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Below are listed a number of conditions which your husband/partner might have had. Please indicate whether he has had any of these since your study child's 10th birthday. other condition(s) (please tick and describe)

Choices

1	Yes, and saw a doctor
2	Yes, but did not see a doctor
3	No, not at all
9	Do not know

qg_C4_a-k - C4 a-k

Name qg_C4_a-k	Label C4 a-k	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Question Grid		

Question


Below are some statements about fathers' and partners' relationships with young children. Please indicate how you feel in your particular situation.

Rows

1	He really loves this child
2	He is glad that I had this child when I did
3	I like to watch him play with the child
4	I am afraid to leave the child alone with him because I think he might be violent
5	He seems to feel very close to the child
6	This child gets on his nerves
7	He really cannot bear it when this child cries or whines
8	I think he is interested as he watches the child develop
9	He feels anxious when the child is staying with others
10	He doesn't mind the mess that surrounds children
11	This child makes him very happy

Columns

	Code
--	------

 qi_C5_a_i - C5 a(i)		
Name qi_C5_a_i	Label C5 a(i)	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Integer	Low 0	High

Question

How many cigarettes does your husband or partner currently smoke per day? weekday

Instructions

(If none, put 00)

 qi_C5_a_ii - C5 a(ii)

Name qi_C5_a_ii	Label C5 a(ii)	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Integer	Low 0	High

Question

How many cigarettes does your husband or partner currently smoke per day? weekend day

Instructions

(If none, put 00)

 qi_C5_b_i - C5 b(i)

Name qi_C5_b_i	Label C5 b(i)	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Does he smoke: pipe

Choices

1	Yes every day
2	Yes sometimes
3	No never

 qi_C5_b_ii - C5 b(ii)

Name qi_C5_b_ii	Label C5 b(ii)	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style


Question

Does he smoke: cigar/cigarillo

Choices

1	Yes every day
2	Yes sometimes

3	No never
---	----------

 qi_C6_a - C6 a

Name qi_C6_a	Label C6 a	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Is your husband/partner currently employed?

Choices

1	Yes
2	No

 s_qC6a

Name s_qC6a	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Statement	

Statement Text

If no, go to C7 on page 21

 qi_C6_b_i - C6 b(i)

Name qi_C6_b_i	Label C6 b(i)	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Text	Minimum Length	Maximum Length 255
Condition If yes,		

Question

What is his occupation?

 qi_C6_b_ii - C6 b(ii)

Name qi_C6_b_ii	Label C6 b(ii)	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Text	Minimum Length	Maximum Length 255
Condition If yes,		

Question

Please give industry or trade

? qi_C6_c - C6 c		
Name qi_C6_c	Label C6 c	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

Has he had the same job since the study child's 10th birthday?

Choices

1	Yes
2	No

? qi_C6_d - C6 d		
Name qi_C6_d	Label C6 d	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

Does he work nights?

Choices

1	yes, always
2	yes, sometimes
3	no, never

 qi_C6_e - C6 e

Name qi_C6_e	Label C6 e	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

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

Choices

1	yes, often
2	yes, occasionally
3	no, never

 qi_C6_f - C6 f

Name qi_C6_f	Label C6 f	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

Does he work shifts?

Choices

1	yes, often
2	yes, occasionally
3	no, never

 qi_C6_g_i - C6.g(i)

Name qi_C6_g_i	Label C6 g(i)	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Integer	Low 0	High

Condition

If yes,

Question

How many hours a week does he normally work? If his hours are regular, please state how many

Instructions

(put 99 if don't know)

 qi_C6_g_ii - C6.g(ii)

Name qi_C6_g_ii	Label C6 g(ii)	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Integer	Low 0	High

Condition

If yes,

Question

How many hours a week does he normally work? If his hours vary, please put the minimum ... and the maximum

 qi_C6_h - C6.h

Name qi_C6_h	Label C6.h	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

If yes,

Question

Does he usually work:

Choices

1	the basic no. of hours per week
2	basic hours plus paid overtime
3	longer than basic hours (but not paid extra)
4	self-employed - as long as necessary

 qi_C6_i - C6.i


Name qi_C6_i	Label C6 i	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

Does he get home after work before the study child is in bed?

Choices

1	yes, usually
2	yes, sometimes
3	no, never


 qi_C7_a - C7 a		
Name qi_C7_a	Label C7 a	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How would you rate him on these characteristics? helpful, co-operative

Choices

1	Almost always
2	Sometimes
3	Hardly ever

 qi_C7_b - C7 b		
Name qi_C7_b	Label C7 b	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How would you rate him on these characteristics? quiet, reserved

Choices

1	Almost always
---	---------------

2	Sometimes
3	Hardly ever

qi_C7_c - C7 c		
Name qi_C7_c	Label C7 c	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How would you rate him on these characteristics? unreliable

Choices

1	Almost always
2	Sometimes
3	Hardly ever

qi_C7_d - C7 d		
Name qi_C7_d	Label C7 d	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How would you rate him on these characteristics? sociable, outgoing

Choices

1	Almost always
2	Sometimes
3	Hardly ever

qi_C7_e - C7 e		
Name qi_C7_e	Label C7 e	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How would you rate him on these characteristics? dominating

Choices

1	Almost always
2	Sometimes
3	Hardly ever

 qi_C7_f - C7 f

Name qi_C7_f	Label C7 f	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How would you rate him on these characteristics? understanding

Choices

1	Almost always
2	Sometimes
3	Hardly ever

 qi_C7_g - C7 g

Name qi_C7_g	Label C7 g	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How would you rate him on these characteristics? quick-tempered, easily upset

Choices

1	Almost always
2	Sometimes
3	Hardly ever

 qi_C7_h - C7 h

Name qi_C7_h	Label C7 h	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How would you rate him on these characteristics? cheerful, easygoing

Choices

1	Almost always
2	Sometimes
3	Hardly ever

 qi_C8_a - C8 a		
Name qi_C8_a	Label C8 a	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Who does these various household tasks? shopping for groceries

Choices

1	Me always
2	Me mostly
3	Sometimes me, sometimes he does
4	He does mostly
5	He does always
6	Someone else

 qi_C8_b - C8 b		
Name qi_C8_b	Label C8 b	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Who does these various household tasks? cooking

Choices

1	Me always
2	Me mostly
3	Sometimes me, sometimes he does
4	He does mostly
5	He does always
6	Someone else

 qi_C8_c - C8 c

Name qi_C8_c	Label C8 c	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Who does these various household tasks? cleaning

Choices

1	Me always
2	Me mostly
3	Sometimes me, sometimes he does
4	He does mostly
5	He does always
6	Someone else

 qi_C8_d - C8 d

Name qi_C8_d	Label C8 d	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Who does these various household tasks? repairs in home

Choices

1	Me always
2	Me mostly

3	Sometimes me, sometimes he does
4	He does mostly
5	He does always
6	Someone else

qi_C8_e - C8 e		
Name qi_C8_e	Label C8 e	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Who does these various household tasks? looking after children

Choices

1	Me always
2	Me mostly
3	Sometimes me, sometimes he does
4	He does mostly
5	He does always
6	Someone else

qi_C8_f - C8 f		
Name qi_C8_f	Label C8 f	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Who does these various household tasks? washing clothes

Choices

1	Me always
2	Me mostly
3	Sometimes me, sometimes he does
4	He does mostly
5	He does always

6	Someone else
---	--------------

qi_C8_g - C8 g		
Name qi_C8_g	Label C8 g	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Who does these various household tasks? ironing

Choices

1	Me always
2	Me mostly
3	Sometimes me, sometimes he does
4	He does mostly
5	He does always
6	Someone else

qi_C9_a - C9 a		
Name qi_C9_a	Label C9 a	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Who decides: how to spend free time

Choices

1	Me always
2	Me mostly
3	Sometimes me, sometimes he does
4	He does mostly
5	He does always

qi_C9_b - C9 b		
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Name qi_C9_b	Label C9 b	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Who decides: how much to see family or friends

Choices

1	Me always
2	Me mostly
3	Sometimes me, sometimes he does
4	He does mostly
5	He does always

 qi_C9_c - C9 c		
Name qi_C9_c	Label C9 c	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Who decides: when to do repairs or redecorate

Choices

1	Me always
2	Me mostly
3	Sometimes me, sometimes he does
4	He does mostly
5	He does always

 qi_C9_d - C9 d		
Name qi_C9_d	Label C9 d	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Who decides: how we should spend our money

Choices

1	Me always
2	Me mostly
3	Sometimes me, sometimes he does
4	He does mostly
5	He does always

qg_C10_a-g - C10_a-g		
Name qg_C10_a-g	Label C10 a-g	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Question Grid		

Question

People vary greatly in the amount they are satisfied or dissatisfied with their relationship. How do you feel about the following aspects of your life together?

Rows

1	handling family finances
2	demonstrations of affection
3	sex
4	amount of time spent together
5	making major decisions
6	household tasks
7	leisure time interests & activities

Columns

	Code
--	------

qi_C11_a - C11_a		
Name qi_C11_a	Label C11 a	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How often recently have you been irritable with your husband or partner?

Choices

1	not at all
2	less than once a week
3	1-2 times a week
4	3-6 times a week
5	every day

 qi_C11_b - C11_b

Name qi_C11_b	Label C11 b	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How often has he been irritable with you?

Choices

1	not at all
2	less than once a week
3	1-2 times a week
4	3-6 times a week
5	every day

 qi_C12_a - C12_a

Name qi_C12_a	Label C12 a	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How many arguments or disagreements have you had with one another in the past three months?

Choices

1	None
2	1-3

3	4-7
4	8-13
5	14 or more

qg_C12_b-f - C12 b-f		
Name qg_C12_b-f	Label C12 b-f	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Question Grid		

Question

In the past 3 months, have any of these happened?

Rows

1	not speaking for more than half an hour
2	one of you walking out of the house
3	shouting or calling one another names
4	hitting or slapping
5	throwing or breaking things

Columns

	Code
--	------

qg_C13_a-e - C13 a-e		
Name qg_C13_a-e	Label C13 a-e	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Question Grid		

Question

In the past three months how often have you done these things with your husband/partner?

Rows

1	gone out for a meal
2	gone out for a drink
3	visited friends
4	visited family
5	gone to the cinema or theatre

Columns

	Code
--	------

qi_C13_f - C13 f

Name qi_C13_f	Label C13 f	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

In the past three months how often have you done these things with your husband/partner? Together we have: other (please tick & describe)

Choices

2	Less than once a month
3	Less than once a week
4	At least once a week

qi_C14_a - C14 a

Name qi_C14_a	Label C14 a	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	none
2	once
3	2-3 times
4	4-7 times
5	8 or more times

qi_C14_b - C14 b


Name qi_C14_b	Label C14 b	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How many times a month does your husband/partner go out and do things on his own or with friends?

Choices

1	none
2	once
3	2-3 times
4	4-7 times
5	8 or more times

 qg_C15_a-f - C15 a-f		
Name qg_C15_a-f	Label C15 a-f	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Question Grid		

Question


How often in a week, on average, would you and your husband/partner:

Rows

1	discuss work or how the day has gone
2	laugh together
3	calmly talk over something (e.g. the news, a hobby or interest)
4	kiss or hug
5	make plans
6	talk over feelings or worries

Columns

	Code
--	------

 qi_C16_a - C16 a
--


Name qi_C16_a	Label C16 a	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Which of the following statements about alcohol best applies to your husband/partner:


Choices

1	Never drinks alcohol
2	Very occasionally (less than once a week)
3	Occasionally (at least once a week)
4	Drinks 1-2 glasses* nearly every day
5	Drinks 3-9 glasses* every day
6	Drinks at least 10 glasses a day
9	Don't know

 s_qC16a		
Name s_qC16a	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER	
Type Statement		

Statement Text

[*by glass we mean pub measures (1oz) of spirits, 1 glass of wine or 1/2 pint (1/4 litre) of beer or cider]

 qi_C16_b - C16 b		
Name qi_C16_b	Label C16 b	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How many days in the past month do you think he had the equivalent of at least 2 pints of beer, 4 glasses of wine or 4 pub measures of spirit?

Choices

1	every day
---	-----------

2	more than 10 days
3	5-10 days
4	3-4 days
5	1-2 days
6	none

qg_C17_a-x - C17 a-x		
Name qg_C17_a-x	Label C17 a-x	Location Sequence › alspac_03_tyo › SECTION C: YOUR HUSBAND/PARTNER
Type Question Grid		

Question

Below are attitudes and behaviours which people reveal in their close relationships. Please rate your husband/partner's attitudes and behaviour towards you in recent times and tick the most appropriate box for each item.

Rows

1	Is very considerate of me
2	Wants me to take his side in an argument
3	Wants to know exactly what I'm doing and where I am
4	Is a good companion
5	Is affectionate to me
6	Is clearly hurt if I don't accept his views
7	Tends to try to change me
8	Confides closely in me
9	Tends to criticise me over small issues
10	Understands my problems and worries
11	Tends to order me about
12	Insists I do exactly as I'm told
13	Is physically gentle and considerate
14	Makes me feel needed
15	Wants me to change in small ways
16	Is very loving to me
17	Seeks to dominate me

18	Is fun to be with
19	Wants to change me in big ways
20	Tends to control everything I do
21	Shows his appreciation of me
22	Is critical of me in private
23	Is gentle and kind to me
24	Speaks to me in a warm and friendly voice

Columns

	Code
--	------

SECTION D: PILLS AND POTIONS

Label SECTION D: PILLS AND POTIONS	Location Sequence › alspac_03_tyo
Type Sequence	Order InOrderOfAppearance

qg_D1_a-zh - D1 a-zh

Name qg_D1_a-zh	Label D1 a-zh	Location Sequence › alspac_03_tyo › SECTION D: PILLS AND POTIONS
Type Question Grid		

Question

Please indicate below if you have used any medicines (pills, syrups, inhalers, drops, sprays, suppositories, pessaries, ointments etc including homeopathic and herbal remedies) in the last 12 months. Please include medicines prescribed by your doctor and also those you may have purchased over the counter. (Do not include vitamins and supplements unless taken for a specific medical condition, as these are covered in the next section).

Rows

1	Headache or or migraine
2	Backache
3	Period pain
4	Other pain
5	Indigestion
6	Nausea
7	Vomiting
8	Diarrhoea
9	Piles or haemorrhoids

10	Constipation
11	Depression
12	Anxiety or nerves
13	Sleeping
14	Psoriasis
15	Eczema
16	Asthma
17	Hay fever
18	Other allergies
19	Sore throat
20	Cough
21	A cold
22	Flu
23	Other infection
24	Thrush
25	Cystitis
26	Diabetes
27	Epilepsy
28	High blood pressure
29	Oral contraceptive
30	HRT (hormone replacement therapy)

Columns

Generic text	Text
	Code
Generic text	Text
	Code
	Code
Generic text	Text
	Code
	Code
Generic text	Text
	Code

	Code
	Code
	Code
Generic text	Text
Generic text	Text
Generic text	Text
	Code
Generic text	Text
	Code
	Code
	Code
Generic text	Text
	Code
Generic text	Text
	Code

qi_D1_zi - D1_zi		
Name qi_D1_zi	Label D1_zi	Location Sequence › alspac_03_tyo › SECTION D: PILLS AND POTIONS
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

Question

Please indicate below if you have used any medicines (pills, syrups, inhalers, drops, sprays, suppositories, pessaries, ointments etc including homeopathic and herbal remedies) in the last 12 months.

Choices

1	Took/used no medicines, pills, drops or ointment
---	--

s_qD1_i	
Name s_qD1_i	Location Sequence › alspac_03_tyo › SECTION D: PILLS AND POTIONS
Type Statement	

Statement Text

If possible give the full name of the medicine and indicate how often it was used. If you need more lines for a particular category please include the additional medicines under the 'Other conditions' section at the end of this question on pages 31/32.

qg_D2_a-d - D2 a-d		
Name qg_D2_a-d	Label D2 a-d	Location Sequence › alspac_03_tyo › SECTION D: PILLS AND POTIONS
Type Question Grid		

Question

Vitamin, mineral and other supplements are widely used. Some people take them regularly for their health, whereas others may use them more sporadically to try to improve a specific area of their health. Please indicate below whether you have used such supplements regularly, occasionally or not at all in the last 12 months.

Rows

1	Vitamins
2	Minerals (e.g. calcium, iron)
3	Oil supplements e.g. fish oils, evening primrose oil
4	Other supplements e.g. Ginseng

Columns

	Code
--	------

qg_D3_a - D3 a		
Name qg_D3_a	Label D3 a	Location Sequence › alspac_03_tyo › SECTION D: PILLS AND POTIONS
Type Question Grid		

Question

Please describe below any vitamins, minerals such as iron or calcium or other supplements taken in the past month and indicate how often you used them.

Rows

1	1
2	2
3	3

Columns

	Code
Generic text	Text
	Code
Generic text	Text

 [qg_D3_b - D3 b](#)

Name qg_D3_b	Label D3 b	Location Sequence › alspac_03_tyo › SECTION D: PILLS AND POTIONS
Type Question Grid		

Question

Please describe below any vitamins, minerals such as iron or calcium or other supplements taken in the past month and indicate how often you used them.

Rows

1	1
2	2
3	3

Columns

	Code
Generic text	Text
	Code
Generic text	Text

 [qg_D3_c - D3 c](#)

Name qg_D3_c	Label D3 c	Location Sequence › alspac_03_tyo › SECTION D: PILLS AND POTIONS
Type Question Grid		

Question

Please describe below any vitamins, minerals such as iron or calcium or other supplements taken in the past month and indicate how often you used them.

Rows

1	1
2	2

3	3
---	---

Columns

	Code
Generic text	Text
	Code
Generic text	Text

 qg_D3_d - D3 d

Name qg_D3_d	Label D3 d	Location Sequence › alspac_03_tyo › SECTION D: PILLS AND POTIONS
Type Question Grid		

Question

Please describe below any vitamins, minerals such as iron or calcium or other supplements taken in the past month and indicate how often you used them.

Rows

1	1
2	2
3	3

Columns

	Code
Generic text	Text
	Code
Generic text	Text

SECTION E: BREAKING THE LAW

Label SECTION E: BREAKING THE LAW	Location Sequence › alspac_03_tyo
Type Sequence	Order InOrderOfAppearance

 s_sectionE_i

Name s_sectionE_i	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Statement	

Statement Text

Most of us have broken the law at some time or other, maybe when larking around in our youth, or on the spur of the moment, or because of circumstances in our lives.

s_sectionE_ii	
Name s_sectionE_ii	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Statement	

Statement Text

In this section there are some questions about such experiences which we hope you will share with us.

s_sectionE_iii	
Name s_sectionE_iii	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Statement	

Statement Text

As always, your answers are completely confidential and cannot be linked to your name.

s_sectionE_iv	
Name s_sectionE_iv	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Statement	

Statement Text

If you are not happy to complete this section for any reason at all, please go to Section F on page 43

qi_E1_a - E1 a		
Name qi_E1_a	Label E1 a	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever been in trouble with the law?

Choices

1	Yes
2	No

qg_E1_b_i-iii - E1 b(i-iii)		
Name qg_E1_b_i-iii	Label E1 b(i-iii)	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Question Grid		
Condition		

Question

When did this happen? (Please tick all that apply)

Rows

1	As a child (before the age of 13)
2	As a teenager
3	As an adult

Columns

	Code
--	------

qi_E1_c - E1 c		
Name qi_E1_c	Label E1 c	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

Has this happened in the last year?

Choices

1	Yes
2	No

qi_E2_a - E2 a		
Name qi_E2_a	Label E2 a	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW

Type Multiple Choice	Selection Type SelectOne	Display Style
-------------------------	-----------------------------	---------------

Question

Apart from speeding have you ever been convicted of an offence?

Choices

1	Yes
2	No

qg_E2_b_i-iii - E2 b(i-iii)		
Name qg_E2_b_i-iii	Label E2 b(i-iii)	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Question Grid		
Condition		

Question

When did this happen? (Please tick all that apply)

Rows

1	As a child (before the age of 13)
2	As a teenager
3	As an adult

Columns

	Code
--	------

qi_E2_c - E2 c		
Name qi_E2_c	Label E2 c	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

Has this happened in the last year?

Choices

1	Yes
2	No

s_qE3a	
Name s_qE3a	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Statement	

Statement Text

This next set of questions are about things relating to vehicles. By vehicles we mean cars, vans, motorbikes, or other motor vehicles.

qi_E3_a - E3 a		
Name qi_E3_a	Label E3 a	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever driven a vehicle on a public road without vehicle insurance or a driving licence?

Choices

1	Yes
2	No

qg_E3_b_i-iii - E3 b(i-iii)		
Name qg_E3_b_i-iii	Label E3 b(i-iii)	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Question Grid		
Condition		

Question

When did this happen? (Please tick all that apply)

Rows

1	As a child (before the age of 13)
2	As a teenager
3	As an adult

Columns

	Code
--	------

qi_E3_c - E3 c		
Name qi_E3_c	Label E3 c	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

Has this happened in the last year?

Choices

1	Yes
2	No

qi_E4_a - E4 a		
Name qi_E4_a	Label E4 a	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever driven a vehicle when you thought at the time you could have been over the legal limit for alcohol?

Choices

1	Yes
2	No

qi_E4_b_i - E4 b(i)		
Name qi_E4_b_i	Label E4 b(i)	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style
Condition		

Question

When did this happen? (Please tick all that apply) As a teenager

Choices

1	Yes
---	-----

qi_E4_b_ii - E4 b(ii)		
Name qi_E4_b_ii	Label E4 b(ii)	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style
Condition		

Question

When did this happen? (Please tick all that apply) As an adult

Choices

1	Yes
---	-----

qi_E4_c - E4 c		
Name qi_E4_c	Label E4 c	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

Have you done this in the last year?

Choices

1	Yes
2	No

qi_E5_a - E5 a		
Name qi_E5_a	Label E5 a	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever stolen, or driven a vehicle away without permission, even if the owner got it back?

Choices

1	Yes
2	No

qg_E5_b_i-iii - E5 b(i-iii)		
Name qg_E5_b_i-iii	Label E5 b(i-iii)	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Question Grid		
Condition		

Question

When did this happen? (Please tick all that apply)

Rows

1	As a child (before the age of 13)
2	As a teenager
3	As an adult

Columns

	Code
--	------

qi_E5_c - E5 c		
Name qi_E5_c	Label E5 c	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

Have you done this in the last year?

Choices

1	Yes
2	No

qi_E6_a - E6 a		
Name qi_E6_a	Label E6 a	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever stolen any parts off a vehicle or anything from inside a vehicle?

Choices

1	Yes
2	No

 **qg_E6_b_i-iii - E6 b(i-iii)**

Name qg_E6_b_i-iii	Label E6 b(i-iii)	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Question Grid		
Condition		

Question

When did this happen? (Please tick all that apply)

Rows

1	As a child (before the age of 13)
2	As a teenager
3	As an adult

Columns

	Code
--	------

 **qi_E6_c - E6 c**

Name qi_E6_c	Label E6 c	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

Have you done this in the last year?

Choices

1	Yes
2	No

 **qi_E7_a - E7 a**

Name qi_E7_a	Label E7 a	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever damaged any vehicle in any way on purpose, for example by scratching it or breaking a window?

Choices

1	Yes
2	No

 qg_E7_b_i-iii - E7 b(i-iii)

Name qg_E7_b_i-iii	Label E7 b(i-iii)	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Question Grid		
Condition		

Question

When did this happen? (Please tick all that apply)

Rows

1	As a child (before the age of 13)
2	As a teenager
3	As an adult

Columns

	Code
--	------

 qi_E7_c - E7 c

Name qi_E7_c	Label E7 c	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

Have you done this in the last year?

Choices

1	Yes
2	No

s_qE8a	
Name s_qE8a	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Statement	

Statement Text

These next questions are about other things you may have done.

qi_E8_a - E8 a		
Name qi_E8_a	Label E8 a	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever gone into someone's home without their permission because you wanted to steal or damage something?

Choices

1	Yes
2	No

qg_E8_b_i-iii - E8 b(i-iii)		
Name qg_E8_b_i-iii	Label E8 b(i-iii)	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Question Grid		
Condition		

Question

When did this happen? (Please tick all that apply)

Rows

1	As a child (before the age of 13)
2	As a teenager
3	As an adult

Columns

	Code
--	------

qi_E8_c - E8 c		
Name qi_E8_c	Label E8 c	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

Have you done this in the last year?

Choices

1	Yes
2	No

qi_E9_a - E9 a		
Name qi_E9_a	Label E9 a	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Thinking about other types of buildings such as a factory, office, shop, hospital, school etc. Have you ever gone into any of these types of buildings, without permission because you wanted to steal or damage something?

Choices

1	Yes
2	No

qg_E9_b_i-iii - E9 b(i-iii)		
Name qg_E9_b_i-iii	Label E9 b(i-iii)	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Question Grid		
Condition		

Question

When did this happen? (Please tick all that apply)

Rows

1	As a child (before the age of 13)
2	As a teenager
3	As an adult

Columns

	Code
--	------

qi_E9_c - E9_c		
Name qi_E9_c	Label E9 c	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

Have you done this in the last year?

Choices

1	Yes
2	No

qi_E10_a - E10_a		
Name qi_E10_a	Label E10 a	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever painted or written graffiti on anything without permission?

Choices

1	Yes
2	No

qg_E10_b_i-iii - E10 b(i-iii)		
Name qg_E10_b_i-iii	Label E10 b(i-iii)	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW

Type		
Question Grid		
Condition		

Question


When did this happen? (Please tick all that apply)

Rows

1	As a child (before the age of 13)
2	As a teenager
3	As an adult

Columns

	Code
--	------


 qi_E10_c - E10_c		
Name	Label	Location
qi_E10_c	E10 c	Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		

Question

Have you done this in the last year?

Choices

1	Yes
2	No

 qi_E11_a - E11 a		
Name	Label	Location
qi_E11_a	E11 a	Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

Question

Have you ever damaged anything that didn't belong to you or your family on purpose, for example by burning, smashing, or breaking it?

Choices

1	Yes
2	No

 qg_E11_b_i-iii - E11 b(i-iii)

Name qg_E11_b_i-iii	Label E11 b(i-iii)	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Question Grid		
Condition		

Question

When did this happen? (Please tick all that apply)

Rows

1	As a child (before the age of 13)
2	As a teenager
3	As an adult

Columns

	Code
--	------

 qi_E11_c - E11 c

Name qi_E11_c	Label E11 c	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

Have you done this in the last year?

Choices

1	Yes
2	No

 qi_E11_d - E11 d

Name qi_E11_d	Label E11 d	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Text	Minimum Length	Maximum Length 255
Condition If yes,		

Question

In the past year, what have you damaged that didn't belong to you?

qi_E12_a - E12_a		
Name qi_E12_a	Label E12 a	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever used force, violence or threats against anyone in order to steal from a shop, petrol station, bank or other business?

Choices

1	Yes
2	No

qg_E12_b_i-iii - E12 b(i-iii)		
Name qg_E12_b_i-iii	Label E12 b(i-iii)	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Question Grid		
Condition		

Question

When did this happen? (Please tick all that apply)

Rows

1	As a child (before the age of 13)
2	As a teenager
3	As an adult

Columns

	Code
--	------

qi_E12_c - E12_c		
Name qi_E12_c	Label E12 c	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

Question

Have you done this in the last year?

Choices

1	Yes
2	No

qi_E13_a - E13 a

Name qi_E13_a	Label E13 a	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever used force, violence or threats, against anyone in order to steal something from them?

Choices

1	Yes
2	No

qg_E13_b_i-iii - E13 b(i-iii)

Name qg_E13_b_i-iii	Label E13 b(i-iii)	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Question Grid		

Condition

Question

When did this happen? (Please tick all that apply)

Rows

1	As a child (before the age of 13)
2	As a teenager
3	As an adult

Columns

	Code
--	------

qi_E13_c - E13_c		
Name qi_E13_c	Label E13 c	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

Have you done this in the last year?

Choices

1	Yes
2	No

qi_E14_a - E14_a		
Name qi_E14_a	Label E14 a	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you without using force, violence or threats, ever stolen anything someone was carrying or wearing, for example by taking something from their hand, pocket or bag?

Choices

1	Yes
2	No

qg_E14_b_i-iii - E14 b(i-iii)		
Name qg_E14_b_i-iii	Label E14 b(i-iii)	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Question Grid		
Condition		

Question

When did this happen? (Please tick all that apply)

Rows

1	As a child (before the age of 13)
2	As a teenager

3	As an adult
---	-------------

Columns

	Code
--	------

qi_E14_c - E14_c		
Name qi_E14_c	Label E14 c	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

Have you done this in the last year?

Choices

1	Yes
2	No

qi_E15_a - E15_a		
Name qi_E15_a	Label E15 a	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you without using force, violence or threats, ever stolen anything from a shop?

Choices

1	Yes
2	No

qg_E15_b_i-iii - E15 b(i-iii)		
Name qg_E15_b_i-iii	Label E15 b(i-iii)	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Question Grid		
Condition		

Question

When did this happen? (Please tick all that apply)

Rows

1	As a child (before the age of 13)
2	As a teenager
3	As an adult

Columns

	Code
--	------

qi_E15_c - E15_c		
Name qi_E15_c	Label E15 c	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

Have you done this in the last year?

Choices

1	Yes
2	No

qi_E16_a - E16 a		
Name qi_E16_a	Label E16 a	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever stolen anything from where you work(ed) or went to school?

Choices

1	Yes
2	No

qg_E16_b_i-iii - E16 b(i-iii)		
Name qg_E16_b_i-iii	Label E16 b(i-iii)	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW

Type		
Question Grid		
Condition		

Question

When did this happen? (Please tick all that apply)

Rows

1	As a child (before the age of 13)
2	As a teenager
3	As an adult

Columns

	Code
--	------

qi_E16_c - E16.c		
Name	Label	Location
qi_E16_c	E16 c	Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		

Question

Have you done this in the last year?

Choices

1	Yes
2	No

qi_E16_d - E16.d		
Name	Label	Location
qi_E16_d	E16 d	Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type	Minimum Length	Maximum Length
Text		255
Condition		

Question

In the past year, what have you stolen from work?

qi_E17_a - E17.a


Name qi_E17_a	Label E17 a	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Apart from anything you have already mentioned, have you ever stolen anything else?

Choices

1	Yes
2	No

 qg_E17_b_i-iii - E17 b(i-iii)		
Name qg_E17_b_i-iii	Label E17 b(i-iii)	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Question Grid		
Condition		

Question


When did this happen? (Please tick all that apply)

Rows

1	As a child (before the age of 13)
2	As a teenager
3	As an adult

Columns

	Code
--	------

 qi_E17_c - E17 c		
Name qi_E17_c	Label E17 c	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

Have you done this in the last year?

Choices

1	Yes
2	No

qi_E17_d - E17_d		
Name qi_E17_d	Label E17 d	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Text	Minimum Length	Maximum Length 255
Condition		

Question

In the past year, what have you stolen ?

qi_E18_a - E18_a		
Name qi_E18_a	Label E18 a	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever used force on anyone on purpose, for example scratching, hitting, kicking, throwing things, which you think physically injured them in some way?

Choices

1	Yes
2	No

qg_E18_b_i-iii - E18 b(i-iii)		
Name qg_E18_b_i-iii	Label E18 b(i-iii)	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Question Grid		
Condition		

Question

When did this happen? (Please tick all that apply)

Rows

1	As a child (before the age of 13)
2	As a teenager

3	As an adult
---	-------------

Columns

	Code
--	------

<u>qi_E18_c - E18_c</u>		
Name qi_E18_c	Label E18 c	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

Have you done this in the last year?

Choices

1	Yes
2	No

<u>qi_E19_a - E19_a</u>		
Name qi_E19_a	Label E19 a	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever carried a weapon in case you needed it in a fight?

Choices

1	Yes
2	No

<u>qg_E19_b_i-iii - E19 b(i-iii)</u>		
Name qg_E19_b_i-iii	Label E19 b(i-iii)	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Question Grid		
Condition		

Question

When did this happen? (Please tick all that apply)

Rows

1	As a child (before the age of 13)
2	As a teenager
3	As an adult

Columns

	Code
--	------

qi_E19_c - E19_c		
Name qi_E19_c	Label E19 c	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

Have you done this in the last year?

Choices

1	Yes
2	No

qi_E20_a - E20_a		
Name qi_E20_a	Label E20 a	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever used a weapon to injure anyone on purpose?

Choices

1	Yes
2	No

qg_E20_b_i-iii - E20 b(i-iii)		
Name qg_E20_b_i-iii	Label E20 b(i-iii)	Location Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW

Type		
Question Grid		
Condition		

Question


When did this happen? (Please tick all that apply)

Rows

1	As a child (before the age of 13)
2	As a teenager
3	As an adult

Columns

	Code
--	------


 qi_E20_c - E20_c		
Name	Label	Location
qi_E20_c	E20 c	Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		

Question

Have you done this in the last year?

Choices

1	Yes
2	No

 qi_E21 - E21		
Name	Label	Location
qi_E21	E21	Sequence › alspac_03_tyo › SECTION E: BREAKING THE LAW
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition	If you answered yes to any of the questions in Section E,	

Question

If you answered yes to any of the questions in Section E, have you regretted any of your actions?

Choices

1	No, not at all
---	----------------

2	Yes, a little
3	Yes, quite a lot
4	Yes, very much

SECTION F: YOUR FAMILY AND FRIENDS

Label SECTION F: YOUR FAMILY AND FRIENDS	Location Sequence › alspac_03_tyo
Type Sequence	Order InOrderOfAppearance

qi_F1 - F1

Name qi_F1	Label F1	Location Sequence › alspac_03_tyo › SECTION F: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	None
2	1
3	2-4
4	more than 4

qi_F2 - F2

Name qi_F2	Label F2	Location Sequence › alspac_03_tyo › SECTION F: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

About how many friends do you have?

Choices

1	None
2	1
3	2-4
4	more than 4

 qi_F3 - F3

Name qi_F3	Label F3	Location Sequence › alspac_03_tyo › SECTION F: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Overall, would you say you belong to a close circle of friends?

Choices

1	Yes
2	No

 qi_F4 - F4

Name qi_F4	Label F4	Location Sequence › alspac_03_tyo › SECTION F: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How many people are there that you can talk to about personal problems?

Choices

1	None
2	1
3	2-4
4	more than 4

 qi_F5 - F5

Name qi_F5	Label F5	Location Sequence › alspac_03_tyo › SECTION F: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How many people talk to you about their personal problems or their private feelings?

Choices

1	None
2	1
3	2-4
4	more than 4

 qi_F6 - F6

Name qi_F6	Label F6	Location Sequence › alspac_03_tyo › SECTION F: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	None
2	1
3	2-4
4	more than 4

 qi_F7 - F7

Name qi_F7	Label F7	Location Sequence › alspac_03_tyo › SECTION F: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How many people are there among your family and friends from whom you could borrow £200 if you needed to?

Choices

1	None
2	1
3	2-4
4	more than 4

 qi_F8 - F8


Name qi_F8	Label F8	Location Sequence › alspac_03_tyo › SECTION F: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How many of your family and friends would help you in times of trouble?

Choices

1	None
2	1
3	2-4
4	more than 4


 qi_F9 - F9		
Name qi_F9	Label F9	Location Sequence › alspac_03_tyo › SECTION F: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

During the last month, how many times did you get together with one or more friends?

Choices

1	None
2	1
3	2-4
4	more than 4

 qi_F10 - F10		
Name qi_F10	Label F10	Location Sequence › alspac_03_tyo › SECTION F: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

During the last month, how many times did you get together with one or more of your relatives or your husband/partner's relatives?

Choices

1	None
2	1
3	2-4
4	more than 4

s_qF11		
Name s_qF11	Location Sequence › alspac_03_tyo › SECTION F: YOUR FAMILY AND FRIENDS	
Type Statement		

Statement Text

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

qi_F11 - F11		
Name qi_F11	Label F11	Location Sequence › alspac_03_tyo › SECTION F: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

I have no one to share my feelings with

Choices

1	This is exactly how I feel
2	This is often how I feel
3	This is how I sometimes feel
4	I never feel this way

qi_F12 - F12		
Name qi_F12	Label F12	Location Sequence › alspac_03_tyo › SECTION F: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

My husband/partner provides the emotional support I need

Choices

1	This is exactly how I feel
2	This is often how I feel
3	This is how I sometimes feel
4	I never feel this way
7	no husband/ partner

 qi_F13 - F13

Name qi_F13	Label F13	Location Sequence › alspac_03_tyo › SECTION F: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

There are other mothers with whom I can share my experiences

Choices

1	This is exactly how I feel
2	This is often how I feel
3	This is how I sometimes feel
4	I never feel this way

 qi_F14 - F14

Name qi_F14	Label F14	Location Sequence › alspac_03_tyo › SECTION F: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

I believe in moments of difficulty my neighbours would help me

Choices

1	This is exactly how I feel
2	This is often how I feel
3	This is how I sometimes feel
4	I never feel this way

 qi_F15 - F15

Name qi_F15	Label F15	Location Sequence › alspac_03_tyo › SECTION F: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

I'm worried that my husband/partner might leave me

Choices

1	This is exactly how I feel
2	This is often how I feel
3	This is how I sometimes feel
4	I never feel this way
7	no husband/ partner

 qi_F16 - F16

Name qi_F16	Label F16	Location Sequence › alspac_03_tyo › SECTION F: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

There is always someone with whom I can share my happiness and excitement about my child

Choices

1	This is exactly how I feel
2	This is often how I feel
3	This is how I sometimes feel
4	I never feel this way

 qi_F17 - F17

Name qi_F17	Label F17	Location Sequence › alspac_03_tyo › SECTION F: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	This is exactly how I feel
2	This is often how I feel
3	This is how I sometimes feel
4	I never feel this way
7	no husband/ partner

qi_F18 - F18		
Name qi_F18	Label F18	Location Sequence › alspac_03_tyo › SECTION F: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	This is exactly how I feel
2	This is often how I feel
3	This is how I sometimes feel
4	I never feel this way

qi_F19 - F19		
Name qi_F19	Label F19	Location Sequence › alspac_03_tyo › SECTION F: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	This is exactly how I feel
2	This is often how I feel
3	This is how I sometimes feel

4	I never feel this way
---	-----------------------

 qi_F20 - F20

Name qi_F20	Label F20	Location Sequence › alspac_03_tyo › SECTION F: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	This is exactly how I feel
2	This is often how I feel
3	This is how I sometimes feel
4	I never feel this way

SECTION G: YOUR DIET

Label SECTION G: YOUR DIET	Location Sequence › alspac_03_tyo
Type Sequence	Order InOrderOfAppearance

 qg_G1_a-w - G1 a-w

Name qg_G1_a-w	Label G1 a-w	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Question Grid		

Question

How many times nowadays do you eat the following foods? Please answer every question even if you never eat the food (in this case tick "never or rarely").

Rows

1	Meat sausages and burgers
2	Vegetarian sausages, vegeburgers
3	Meat pies/pasties (pork pie, steak/meat pie etc.)
4	Vegetarian pies/pasties (cheese and onion pasty, vegetable samosa, onion bhaji, vegetable grills etc.)
5	Ham, bacon, paté and cold meats (e.g. salami, luncheon meat, garlic sausage etc.)

6	Meat roast, chops, stews and curries, shepherds pie, bolognaise etc. (beef, lamb pork mince)
7	Liver, kidney, heart
8	Chicken/turkey in crispy coating (chicken nuggets, turkey burgers, chicken fingers etc.)
9	Poultry: roast, grilled, fried boiled, stewed (chicken, turkey etc.)
10	Shellfish (prawns, crab, cockles, mussels etc.)
11	White fish in breadcrumbs or batter (fish fingers/shapes, chip shop fish, breaded cod, plaice or haddock etc.).
12	White fish without coating (grilled fish, cod in parsley sauce etc.)
13	Tuna
14	Other fish (pilchards, sardines, mackerel, herrings, kippers, trout, salmon etc.)
15	Eggs, quiche/flans, omelettes etc.
16	Cheese
17	Pizza
18	Oven chips or roast potatoes (cooked in fat or oil)
19	Fried chips, potato waffles and croquettes, Alphabites etc.
20	Boiled, mashed, jacket potatoes
21	Rice (boiled, or fried, not rice pudding)
22	Canned pasta (spaghetti rings, ravioli, macaroni cheese etc.) Pot Noodles, Super Noodles etc.
23	Boiled pasta (e.g. spaghetti fusilli, lasagne), bulgar wheat or cous-cous

Columns

	Code
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 **qi_G2 - G2**

Name qi_G2	Label G2	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How often do you have fried food, excluding chips? e.g. Fried bacon and eggs, fried fish, chops, steak, or beefburgers etc.

Choices

1	Never or rarely
2	Once in 2 weeks
3	1-3 times a week
4	4-7 times a week
5	More than 7 times a week

 qi_G3 - G3

Name qi_G3	Label G3	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you eat the fat on meat?

Choices

1	yes, all of it
2	yes, some of it
3	no, always leave the fat
4	never eat meat

 qg_G4_a-u - G4 a-u

Name qg_G4_a-u	Label G4 a-u	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Question Grid		

Question

How many times nowadays do you eat;

Rows

1	Baked beans
2	Peas, broad beans
3	Sweetcorn
4	Carrots

5	Other root vegetables (turnip, swede, parsnip etc.)
6	Tomatoes (cooked or raw)
7	Salads (lettuce, cucumber, peppers, other raw vegetables)
8	Pulses - and pulse dishes (dahl, lentil soup, falafel, dried peas, beans, chick peas etc.)
9	Soya 'Meat', TVP, Bean curd, (Tofu, Miso etc.), Quorn
10	Peanuts, peanut butter
11	Other nuts (e.g. cashews), nut roast etc.
12	Canned fruit
13	Yoghurt, Fromage Frais
14	Milk puddings (e.g. rice pudding, semolina), mousse Angel Delight etc.
15	Ice cream, choc ice, chocolate ice cream bar etc.
16	Pudding (e.g. fruit pie, crumble, cheesecake, gateaux)
17	Custard, cream, Elmlea, Tip-Top, evaporated milk etc. on puddings
18	Cakes or buns (fruit cake, sponge, teacake, doughnut, flapjack, scone, custard tart, cream cake etc.)
19	Crispbreads (Ryvita, crackerbread etc.)
20	Ketchup/brown sauce etc.
21	Mayonnaise, salad cream or dressing etc.

Columns

	Code
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? qi_G5 - G5		
Name qi_G5	Label G5	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Integer	Low 0	High

Question

In total, how many portions of green vegetables e.g. broccoli, cauliflower, courgettes, cabbage, leeks, green beans do you eat in a week? ... portions

 qi_G5_a - G5.a

Name qi_G5_a	Label G5 a	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Integer	Low 0	High

Question

Out of these total portions, how many are dark green leafy vegetables e.g. broccoli, Brussel sprouts, cabbage, spinach etc.? ... portions

 qi_G6 - G6

Name qi_G6	Label G6	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Integer	Low 0	High

Question

In total how many pieces of raw fruit e.g. apple, banana, orange, Satsuma, peach, grapes, strawberries etc. do you eat in a week? (For small fruit such as grapes etc, one "piece" will be a "helping" e.g. a small dish of strawberries or a small sprig of grapes.)

 qi_G6_a - G6.a

Name qi_G6_a	Label G6 a	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Integer	Low 0	High

Question

Out of these, how many of them are citrus fruit e.g. tangerine, orange, Satsuma, grapefruit etc.?

 qi_G7_a - G7.a

Name qi_G7_a	Label G7 a	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you eat breakfast cereals at all?

Choices

1	Yes
---	-----

2	No
---	----

 s_qG7a

Name s_qG7a	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Statement	

Statement Text

If no, go to G9 on page 52

 qg_G7_b-e - G7 b-e

Name qg_G7_b-e	Label G7 b-e	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Question Grid		
Condition If yes,		

Question

What type of breakfast cereal do you eat nowadays?

Rows

1	Oat cereals (e.g. porridge Ready Brek, muesli)
2	Wholegrain or bran cereals (e.g. All Bran, Bran Flakes, Weetabix, Wheatflakes, Fruit & Fibre, Shredded Wheat)
3	Sugar/honey coated cereals (e.g. Frosties, Honeynut Loops, Crunchynut cornflakes)
4	Other cereals (e.g. Cornflakes Rice Krispies, Special K)

Columns

	Code
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 qi_G8_a - G8 a

Name qi_G8_a	Label G8 a	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

If yes,

Question

How many teaspoons of sugar do you have on cereal?

Choices

1	None
2	1/2 Teaspoon
3	One teaspoon
4	2 teaspoons
5	More than 2 teaspoons

 qi_G8_b - G8 b

Name qi_G8_b	Label G8 b	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Integer	Low 0	High

Condition

If yes,

Question

How many times per week do you have milk on cereal? ... times

 qg_G9_a-e - G9 a-e

Name qg_G9_a-e	Label G9 a-e	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Question Grid		

Question

How often nowadays do you eat:

Rows

1	Crisps, corn snacks (e.g. Wotsits, Quavers, tortilla chips etc.)
2	Full-coated chocolate biscuits (e.g. Club, Kit Kat, Penguin, Breakaway etc.)
3	Other biscuits (e.g. Rich tea, shortcakes, digestive and chocolate digestive, Hob Nobs)
4	Chocolate (dairy milk or plain nut, fruit, filled etc.)

5	Sweets (individual, packets or bars, peppermints, boiled sweets, toffees etc.)
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Columns

	Code
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qi_G10 - G10		
Name qi_G10	Label G10	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Integer	Low 0	High

Question

On days when you eat biscuits, how many biscuits do you normally eat in that day? ... biscuits

qi_G11 - G11		
Name qi_G11	Label G11	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

On days when you eat sweets, how many individual sweets do you normally eat in that day?

Choices

1	1-2 sweets
2	3-5 sweets
3	6-10 sweets
4	11-20 sweets
5	more than 20 sweets
7	I never have sweets

qi_G12_a - G12 a		
Name qi_G12_a	Label G12 a	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

On days when you have chocolate or chocolate bars (e.g. Mars bars, Dairy Milk): What size bar do you have?

Choices

1	Usually eat individual chocolates/squares
2	Usually eat whole bars
3	Never have chocolate

qi_G12_b - G12_b

Name qi_G12_b	Label G12 b	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

How many chocolates/bars of this size do you usually eat in that day?

Choices

1	1/2 or less
2	1
3	2
4	3 or more

qg_G13_a-h - G13 a-h

Name qg_G13_a-h	Label G13 a-h	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Question Grid		

Question

How many times a week nowadays do you drink:

Rows

1	Pure fruit juice from a carton or freshly squeezed including tomato juice
2	Squash, fruit drinks
3	Cola drinks (e.g. Coca Cola, Pepsi etc.)
4	Other fizzy drinks (e.g. lemonade, fizzy water)
5	Bottled still water
6	Water from tap

7	Milk on its own
8	Flavoured milk drinks (e.g. Horlicks, cocoa, drinking chocolate, Ovaltine, milkshakes) or yoghurt drinks

Columns

	Code
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qi_G14 - G14		
Name qi_G14	Label G14	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

When you have soft drinks (e.g. lemonade, cola, squash) how often are they low calorie, diet or reduced sugar drinks?

Choices

1	usually
2	sometimes
3	not at all
4	I don't drink soft drinks

qi_G15 - G15		
Name qi_G15	Label G15	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

When you have cola drinks how often are they decaffeinated?

Choices

1	usually
2	sometimes
3	not at all
4	I don't drink cola

qg_G16_a-f - G16 a-f		
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Name qg_G16_a-f	Label G16 a-f	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Question Grid		

Question

What type of bread do you eat most often? (Tick all that apply)

Rows

1	White bread
2	Soft grain white bread
3	Brown/granary bread
4	Wholemeal bread
5	Chappatis, pitta bread
6	Naan bread

Columns

	Code
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 qi_G16_g - G16 g

Name qi_G16_g	Label G16 g	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

What type of bread do you eat most often? (Tick all that apply) Other (please tick and describe

Choices

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

 qi_G17_a - G17 a

Name qi_G17_a	Label G17 a	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How many slices of bread, rolls or chappatis do you eat on a usual day? (include bought sandwiches)

Choices

1	less than 1
2	1-2
3	3-4
4	5 or more

qi_G17_b - G17 b

Name qi_G17_b	Label G17 b	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Integer	Low 0	High

Question

How many slices of bread (or rolls) spread with butter or margarine do you eat each day on average? (include shop bought sandwiches) ... slices

qi_G17_c - G17 c

Name qi_G17_c	Label G17 c	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Integer	Low 0	High

Question

How many slices of bread (or rolls) spread with sweet things such as jam/honey/chocolate spread etc. do you eat each day on average? ... slices

qg_G18 - G18

Name qg_G18	Label G18	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Question Grid		

Question

What sort of fat do you mainly use?

Rows

1	Butter, ghee, dripping, lard, solid cooking fat
2	Full-fat polyunsaturated margarine (e.g. Flora, Vitalite, sunflower margarine)

3	Other full-fat margarine (e.g. Blue Band, Stork, Clover, Golden Crown, Willow, supermarket own brand)
4	Low-fat polyunsaturated margarine (e.g. Flora Lite, Vitalite Lite, low-fat Sunflower margarine)
5	Other low-fat spread not polyunsaturated (e.g. Delight, St Ivel Gold)
6	Sunflower oil, corn oil, soya oil
7	Olive oil, hazelnut oil, rapeseed oil
8	Other vegetable oil
9	Other (please tick & describe)

Columns

	Code
	Code
	Code
	Code

qi_G18_i_i - G18 i(i)		
Name qi_G18_i_i	Label G18 i(i)	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Text	Minimum Length	Maximum Length 255

Question

What sort of fat do you mainly use? On bread or vegetables Other (please tick & describe)

qi_G18_i_ii - G18 i(ii)		
Name qi_G18_i_ii	Label G18 i(ii)	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Text	Minimum Length	Maximum Length 255

Question

What sort of fat do you mainly use? For frying Other (please tick & describe)

qi_G19_a - G19 a		
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Name qi_G19_a	Label G19 a	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

Question

What types of milk do you drink most often? Full fat (silver or gold top)

Choices

1	Yes
---	-----

 qi_G19_b - G19 b

Name qi_G19_b	Label G19 b	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

Question

What types of milk do you drink most often? Semi-skimmed (red stripe)

Choices

1	Yes
---	-----

 qi_G19_c - G19 c

Name qi_G19_c	Label G19 c	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

Question

What types of milk do you drink most often? Skimmed (blue stripe)

Choices

1	Yes
---	-----

 qi_G19_d - G19 d

Name qi_G19_d	Label G19 d	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

Question

What types of milk do you drink most often? Goat/sheep milk

Choices

1	Yes
---	-----

 qi_G19_e - G19_e

Name qi_G19_e	Label G19 e	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

Question

What types of milk do you drink most often? Soya milk

Choices

1	Yes
---	-----

 qi_G19_f - G19_f

Name qi_G19_f	Label G19 f	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

Question

What types of milk do you drink most often? Other (please tick and describe)

Choices

1	Yes
---	-----

 qi_G20_a - G20_a

Name qi_G20_a	Label G20 a	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you drink tea?

Choices

1	Yes
2	No

 s_g20a

Name s_qG20a	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Statement	

Statement Text

If no, go to G21 below

qi_G20_b - G20 b		
Name qi_G20_b	Label G20 b	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Integer	Low 0	High
Condition If yes,		

Question

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

qi_G20_c - G20 c		
Name qi_G20_c	Label G20 c	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Integer	Low 0	High
Condition If yes,		

Question

How many spoons of sugar in each cup? ... spoons

qi_G20_d - G20 d		
Name qi_G20_d	Label G20 d	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Integer	Low 0	High
Condition If yes,		

Question

How many of the cups of tea that you drink per day are decaffeinated? ... cups a day

qi_G20_e - G20 e		
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Name qi_G20_e	Label G20 e	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

Do you take milk in tea?

Choices

1	Yes usually
2	yes, sometimes
3	No

 qi_G21_a - G21 a

Name qi_G21_a	Label G21 a	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you drink coffee?

Choices

1	Yes
2	No

 s_qG21a

Name s_qG21a	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Statement	

Statement Text

If no, go to G22 on page 57

 qi_G21_b - G21 b

Name qi_G21_b	Label G21 b	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
------------------	----------------	--

Type	Low	High
Integer	0	
Condition		
If yes,		

Question

How many cups of coffee (real, instant or decaffeinated) do you drink? ... cups a day

? qi_G21_c - G21 c		
Name	Label	Location
qi_G21_c	G21 c	Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type	Low	High
Integer	0	
Condition		
If yes,		

Question

How many spoons of sugar in each cup? ... spoons

? qi_G21_d - G21 d		
Name	Label	Location
qi_G21_d	G21 d	Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type	Low	High
Integer	0	
Condition		
If yes,		

Question

How many of the cups of coffee you drink are decaffeinated? ... cups a day

? qi_G21_e - G21 e		
Name	Label	Location
qi_G21_e	G21 e	Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type	Low	High
Integer	0	
Condition		
If yes,		

Question

How many of the cups of coffee you drink are made using real coffee (i.e not instant)? ... cups a day

? qi_G21_f - G21 f		
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Name qi_G21_f	Label G21 f	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Integer	Low 0	High
Condition If yes,		

Question

How many of these are decaffeinated? ... cups a day

? qi_G21_g - G21 g		
Name qi_G21_g	Label G21 g	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

Do you take milk in coffee?

Choices

1	Yes usually
2	Yes, sometimes
3	No

? qg_G22_a - G22 a		
Name qg_G22_a	Label G22 a	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Question Grid		

Question

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

Rows

1	Mon.
2	Tues.
3	Wed.
4	Thurs
5	Fri.

6	Sat.
7	Sun.

Columns

How many	Numeric
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qi_G22_b - G22 b

Name qi_G22_b	Label G22 b	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Is this week fairly typical of your alcohol drinking?

Choices

1	No
2	Yes

s_qG22b	
Name s_qG22b	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Statement	

Statement Text

If yes, go to G23 on page 58

qi_G22_c - G22_c		
Name qi_G22_c	Label G22_c	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If No,		

Question

would you normally drink:

Choices

1	More
2	Less

qi_G23 - G23		
Name qi_G23	Label G23	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	Never or rarely
2	1-3 times a month
3	1-2 times a week

4	3-4 times a week
5	5-7 times a week

qi_G24 - G24		
Name qi_G24	Label G24	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	Never or rarely
2	1-3 times a month
3	1-2 times a week
4	3-4 times a week
5	5-7 times a week

qi_G25 - G25		
Name qi_G25	Label G25	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Are you at present a vegetarian?

Choices

1	Yes
2	No

qi_G26 - G26		
Name qi_G26	Label G26	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	Yes
2	No

qi_G27 - G27

Name qi_G27	Label G27	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Are you at present on any other kind of special diet?

Choices

1	Yes
2	No

qi_G27_i - G27.i

Name qi_G27_i	Label G27 i	Location Sequence › alspac_03_tyo › SECTION G: YOUR DIET
Type Text	Minimum Length	Maximum Length 255

Condition

If yes,

Question

please describe:

SECTION H: YOUR ENVIRONMENT

Label SECTION H: YOUR ENVIRONMENT	Location Sequence › alspac_03_tyo
Type Sequence	Order InOrderOfAppearance

qi_H1_a - H1.a

Name qi_H1_a	Label H1 a	Location Sequence › alspac_03_tyo › SECTION H: YOUR ENVIRONMENT
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_H1_b - H1 b		
Name qi_H1_b	Label H1 b	Location Sequence › alspac_03_tyo › SECTION H: YOUR ENVIRONMENT
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_H1_c - H1 c		
Name qi_H1_c	Label H1 c	Location Sequence › alspac_03_tyo › SECTION H: YOUR ENVIRONMENT
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_H2_i - H2 i

Name qi_H2_i	Label H2 i	Location Sequence › alspac_03_tyo › SECTION H: YOUR ENVIRONMENT
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_H2_ii - H2.ii

Name qi_H2_ii	Label H2 ii	Location Sequence › alspac_03_tyo › SECTION H: YOUR ENVIRONMENT
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

 qi_H3 - H3

Name qi_H3	Label H3	Location Sequence › alspac_03_tyo › SECTION H: YOUR ENVIRONMENT
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you tend to collect static electricity and have shocks when you touch metal?

Choices

1	Yes a lot
2	Yes occasionally
3	No, not at all

SECTION J:

Label SECTION J:	Location Sequence › alspac_03_tyo
Type Sequence	Order InOrderOfAppearance

qi_J1_a - J1 a

Name qi_J1_a	Label J1 a	Location Sequence › alspac_03_tyo › SECTION J:
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

Question

This questionnaire was completed by: child's biological mother

Choices

1	Yes
---	-----

qi_J1_b - J1 b

Name qi_J1_b	Label J1 b	Location Sequence › alspac_03_tyo › SECTION J:
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

Question

This questionnaire was completed by: child's mother figure

Choices

1	Yes
---	-----

qi_J1_c - J1 c

Name qi_J1_c	Label J1 c	Location Sequence › alspac_03_tyo › SECTION J:
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

Question

This questionnaire was completed by: someone else (please tick and describe)

Choices

1	Yes
---	-----

qi_J2 - J2		
Name qi_J2	Label J2	Location Sequence › alspac_03_tyo › SECTION J:
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you live in the same house as the study child?

Choices

1	Yes
2	No

qi_J3 - J3		
Name qi_J3	Label J3	Location Sequence › alspac_03_tyo › SECTION J:
Type Date		

Question

Please give the date on which you completed this questionnaire:

qi_J4 - J4		
Name qi_J4	Label J4	Location Sequence › alspac_03_tyo › SECTION J:
Type Date		

Question

Please give your date of birth:

qi_J5 - J5		
Name qi_J5	Label J5	Location Sequence › alspac_03_tyo › SECTION J:

Type		
Date		

Question

Please give your study child's date of birth:

s_outro_i	
Name	Location
s_outro_i	Sequence › alspac_03_tyo
Type	
Statement	

Statement Text

THANK YOU VERY MUCH FOR YOUR HELP

qi_outro_i - outro_i		
Name	Label	Location
qi_outro_i	outro_i	Sequence › alspac_03_tyo
Type	Minimum Length	Maximum Length
Text		

Question

Space for any additional comments you would like to make

s_outro_ii	
Name	Location
s_outro_ii	Sequence › alspac_03_tyo
Type	
Statement	

Statement Text

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

s_outro_iii	
Name	Location
s_outro_iii	Sequence › alspac_03_tyo
Type	
Statement	

Statement Text

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