Questionnaire No:

FATHER AND

SURROUNDINGS

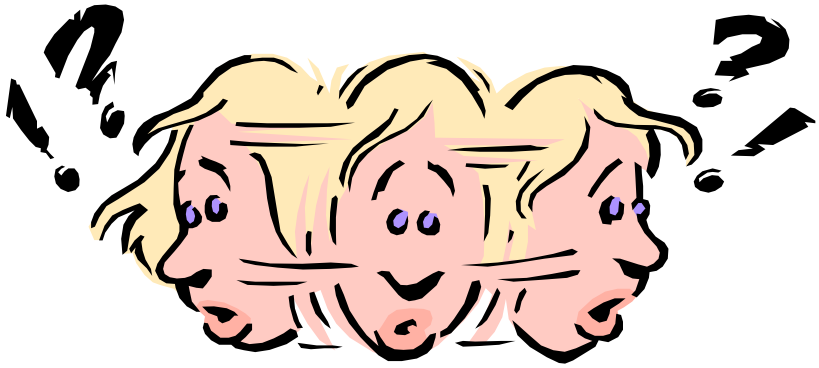
This questionnaire is for the study child's father or the person taking the role of father

All answers are confidential

23/07/01

Please answer as much as you can.
Just tick the box which is most accurate in your opinion.

There are no good or bad answers, just tell us what is true for you.
If there is a question you don't want to answer or it
doesn't apply to you – put a line through it.



We know there are some questions you have answered before but we need to ask them regularly so we can track the changes that
have happened to you and your family. In time we will be able to tell whether the changes have had an effect on your health and that of your family.

We understand that this may be boring for you, but hope you will be patient.

THANK YOU FOR YOUR HELP

SECTION A: THINGS YOU DO

A1. In the last 12 months, how often have you used any of the following, whether at work, at home or as a hobby:

		Every day	Most days	Once or twice a week	Less than once a week	Not at all
a)	dental amalgam	1	2	3	4	5
b)	ceramics/enamels	1	2	3	4	5
c)	dry cleaning fluids	1	2	3	4	5
d)	electroplating	1	2	3	4	5
e)	glues	1	2	3	4	5
f)	leather working	1	2	3	4	5
g)	fabric/textiles	1	2	3	4	5
h)	dyes	1	2	3	4	5
i)	insecticides	1	2	3	4	5
j)	plastics	1	2	3	4	5
k)	metal cleaners/ degreasers,polishers	1	2	3	4	5
l)	petrol	1	2	3	4	5
m)	paint	1	2	3	4	5
n)	photographic chemicals	1	2	3	4	5
o)	electrical wiring	1	2	3	4	5
p)	machining	1	2	3	4	5
q)	soldering	1	2	3	4	5
r)	radiation(X-ray or other)	1	2	3	4	5

		Every day	Most days	Once or twice a week	Less than once a week	Not at all
s)	other chemicals (please tick and specify)	1	2	3	4	5

…….

…….

A2. In the last 12 months, how often have you done the following:

		Every day	Most days	Once or twice a week	Less than once a week	Not at all
a)	gardening	1	2	3	4	5
b)	hairdressing	1	2	3	4	5
c)	farm work	1	2	3	4	5
d)	hospital work	1	2	3	4	5
e)	shift work	1	2	3	4	5

A3. What jobs have you had **since the study child was 5** that involved exposure to chemicals or machines? Include part-time and voluntary work. If you have not had a job that involved chemicals or machines write 'None'.

	Job	**Materials/chemicals/ machines used**	**Date started (month-year)**	**Date stopped (month-year)**
1)	……	…..……	……..	……..
	……	…..……	……..	……..
2)	……	…..……	……..	……..
	……	…..……	……..	……..
3)	……	…..……	……..	……..
	……	…..……	……..	……..

	Job	Materials/chemicals/ machines used	Date started (month-year)	Date stopped (month-year)
4)	……	…..……	……..	……..
	……	…..……	……..	……..
5)	……	…..……	……..	……..
	……	…..……	……..	……..
6)	……	…..……	……..	……..
	……	…..……	……..	……..
7)	……	…..……	……..	……..
	……	…..……	……..	……..
8)	……	…..……	……..	……..
	……	…..……	……..	……..
9)	……	…..……	……..	……..
	……	…..……	……..	……..
10)	……	…..……	……..	……..
	……	…..……	……..	……..
11)	……	…..……	……..	……..
	……	…..……	……..	……..
12)	……	…..……	……..	……..
	……	…..……	……..	……..
13)	……	…..……	……..	……..
	……	…..……	……..	……..

If there is not enough space please continue on the back cover or on a separate sheet.

A4. In the past year have you done any of the following:

	Yes, in own home	Yes, elsewhere	Yes,both home and elsewhere	No, not at all
a) sanded floors	1	2	3	4
b) stripped wallpaper	1	2	3	4
c) removed paint or varnish	1	2	3	4

A5. How would you rate **your home** in relation to that of other homes with children?

a) much cleaner 1

a bit cleaner 2

about the same 3

less clean 4

much less clean 5

don't know 9

b) much tidier 1

a bit tidier 2

about the same 3

less tidy 4

much less tidy 5

don't know 9

A6. How would you describe the noise level in your home?

		Yes	No
a)	there is usually music or television on in our home	1	2
b)	the noises from outside our home are disturbing (neighbours, traffic, factory)	1	2
c)	it is often so noisy at home it is difficult to hold a conversation	1	2

A7. Taking everything into account, which of the following best describes your feeling about your home?

satisfied	1
fairly satisfied	2
dissatisfied	3
very dissatisfied	4

A8. Here is a list of some things that can be a problem in people's homes or in the neighbourhood. How much of a problem are the following for you:

		Serious problem	Minor problem	Not a problem	No opinion
a)	Badly fitted doors and windows	1	2	3	4
b)	Poor ventilation	1	2	3	4
c)	Noise travelling between the rooms of your home	1	2	3	4
d)	Noise from other homes	1	2	3	4
e)	Noise from outside in the street	1	2	3	4
f)	Rubbish or litter dumped around your neighbourhood	1	2	3	4
g)	Dog dirt on pavement/walkways	1	2	3	4
h)	Worry about vandalism	1	2	3	4
i)	Worry about burglaries	1	2	3	4
j)	Worry about muggings or attacks	1	2	3	4
k)	Disturbance from teenagers or youths	1	2	3	4
l)	Other problems (please tick & describe)	1	2	3	4

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A9. a) Do the other people in your neighbourhood:

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

b) Do you:

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

A10. What do you think of your neighbourhood as a place to live?

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

A11. a) How often do you drive a car, van or lorry ?

almost every day 1 | 2-5 times a week 2 | once a week 3 | rarely 4

never 5 → **Go to Section B on page 11**

b) What type of fuel is used?

diesel 1 | lead free petrol 2 | other petrol 3

SECTION B: PILLS AND POTIONS

B1. 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).

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 page 14.

			How often did you take/use this?			
Medicine, pills, drops, ointment etc. for:	**Yes in past 12 months**	**If yes, give name of substance**	**Every day**	**Most days**	**Some times**	**Once or twice**
a) Headache or or migraine	1	i) ……..……	1	2	3	4
		ii) ……..……..	1	2	3	4
b) Backache	1	i) ……..……	1	2	3	4
		ii) ……..……..	1	2	3	4
c) Groin pain	1	i) ……..……	1	2	3	4
		ii) ……..……..	1	2	3	4
d) Other pain	1	i) ……..……	1	2	3	4
		ii) ……..……	1	2	3	4
e) Indigestion	1	i) ……..……	1	2	3	4
		ii) ……..……	1	2	3	4
f) Nausea	1	i) ……..……	1	2	3	4
		ii) ……..……	1	2	3	4

How often did you take/use this?

Medicine, pills, drops, ointment etc. for:	Yes in past 12 months	If yes, give name of substance	Every day	Most days	Some times	Once or twice
g) Vomiting	1	i) ……..……	1	2	3	4
		ii) ……..……	1	2	3	4
h) Diarrhoea	1	i) ……..……	1	2	3	4
		ii) ……..……	1	2	3	4
i) Piles or haemorrhoids	1	i) ……..……	1	2	3	4
		ii) ……..……	1	2	3	4
j) Constipation	1	i) ……..……	1	2	3	4
		ii) ……..……	1	2	3	4
k) Depression	1	i) ……..……	1	2	3	4
		ii) ……..……	1	2	3	4
l) Anxiety or nerves	1	i) ……..……	1	2	3	4
		ii) ……..……	1	2	3	4
m) Sleeping	1	i) ……..……	1	2	3	4
		ii) ……..……	1	2	3	4
n) Psoriasis	1	i) ……..……	1	2	3	4
		ii) ……..……	1	2	3	4
o) Eczema	1	i) ……..……	1	2	3	4
		ii) ……..……	1	2	3	4

How often did you take this?

Medicine, pills,	Yes in	If yes, give

drops, ointment etc. for:	past 12 months	name of substance	Every day	Most days	Some times	Once or twice
p) Asthma	1	i) ……..……	1	2	3	4
		ii) ……..……	1	2	3	4
q) Hay fever	1	i) ……..……	1	2	3	4
		ii) ……..……	1	2	3	4
r) Other allergies	1	i) ……..……	1	2	3	4
		ii) ……..……	1	2	3	4
s) Sore throat	1	i) ……..……	1	2	3	4
		ii) ……..……	1	2	3	4
t) Cough	1	i) ……..……	1	2	3	4
		ii) ……..……	1	2	3	4
u) A cold	1	i) ……..……	1	2	3	4
		ii) ……..……	1	2	3	4
v) Flu	1	i) ……..……	1	2	3	4
		ii) ……..……	1	2	3	4
w) Other infection	1	i) ……..……	1	2	3	4
		ii) ……..……	1	2	3	4

Medicine, pills, drops, ointment etc. for:	Yes in past 12 months	If yes, give name of substance	How often did you take/use this? Every day	Most days	Some times	Once or twice
x) Diabetes	1	i) ……..…… →	1	2	3	4
		ii) ……..…… →	1	2	3	4
y) Epilepsy	1	i) ……..…… →	1	2	3	4
		ii) ……..…… →	1	2	3	4
z) High blood pressure	1	i) ……..…… →	1	2	3	4
		ii) ……..…… →	1	2	3	4
za) Other condition (please tick & describe)	1	……..…….. →	1	2	3	4
zb) Other condition (please tick & describe)	1	……..…….. →	1	2	3	4
zc) Other condition (please tick & describe)	1	……..…….. →	1	2	3	4
zd) Other condition (please tick & describe)	1	……..…….. →	1	2	3	4
ze) Took no medicines, pills, drops or ointment	1					

B2. 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**.

		Used in last 12 months		
		Regularly	**Occasionally**	**Not at all**
a)	Vitamins	1	2	3
b)	Minerals (e.g. calcium, iron)	1	2	3
c)	Oil supplements e.g. fish oils, evening primrose oil	1	2	3
d)	Other supplements e.g. Ginseng	1	2	3

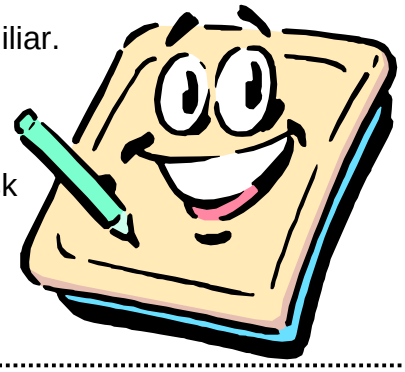
B3. Please describe below any vitamins, minerals such as iron or calcium or other supplements taken for your health in the **past month** and indicate how often you used them.

	Every day	**Most days**	**About 1-2 times a week**	**Less than once a week**	**Not at all**
a) **Vitamins** (Please say which vitamins and give brand name)					
i) ……	1	2	3	4	5
ii) ……	1	2	3	4	5
iii) ……	1	2	3	4	5
b) **Mineral supplements** (Please say which minerals e.g. iron, calcium, and give brand name)					
i) ……	1	2	3	4	5
ii) ……	1	2	3	4	5
iii) ……	1	2	3	4	5

	Every day	Most days	About 1-2 times a week	Less than once a week	Not at all
c) **Oil supplements** (Please say which, e.g. fish oils, Evening Primrose Oil, and give brand name)					
i) ……	1	2	3	4	5
ii) ……	1	2	3	4	5
iii) ……	1	2	3	4	5
d) **Other supplements** (Please say which e.g. Ginseng, Royal Jelly, and give brand name)					
i) ……	1	2	3	4	5
ii) ……	1	2	3	4	5
iii) ……	1	2	3	4	5

Some of these questions may seem familiar.

Please bear with us – but we need to ask them again.



SECTION C: YOUR OCCUPATION AND LIFESTYLE

C1. a) Since the study child was 5 years old have you worked at all? (please tick all that apply).

	no, not at all	7	→ **If no, go to Question C8 on page 22**
(i)	yes, paid work at home	1	
(ii)	yes, paid work outside home	1	
(iii)	yes, voluntary work	1	

b) Have you been working all the time since you started work after the study child was 5?

yes, same job all the time 1

yes, but not always the same job 2

→ **Now go to (iii) below**

no, stopped & started again 3

no, do not work now 4

i) when did you last stop? **month** ☐☐ **year** ☐☐☐☐ → **If do not work now go to C7 on page 22**

ii) when did you start again? **month** ☐☐ **year** ☐☐☐☐

iii) how many jobs are you now doing? ☐

iv) Whether or not you are self-employed, what job(s) are you doing? (please describe the job(s) you do and the type of industry/employer(s) you work for). If you are self-

employed please also say so.

.....

.....

. c) How many hours did you work last week ? ☐☐ hours

(i) Was this a typical week?

Yes ☐1 No, usually work more hours ☐2 No, usually work less hours ☐3

If no,

(ii) how many hours in a usual week? ☐☐ hours

d) Does your work include weekends?

Yes, usually ☐1 Yes, sometimes ☐2 No, never ☐3

. e) Do you work in the evenings or at night?

Yes, often ☐1 Yes, sometimes ☐2 No ☐3

f) How would you describe the physical effort you need for your current job(s)?

very little effort, mostly sitting ☐1

some physical effort ☐2

quite a lot of physical effort ☐3

considerable physical effort ☐4

g) Do you usually work:

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

h) Which of the following best describes how you are paid in your present job?

Monthly salary plus performance	1	Monthly salary only	2	Weekly wage	3
Hourly paid	4	Piecework	5		
Self-employed	6	Other (please describe)	7	……	

i) Are you on a recognised pay scale with increments, either automatic or performance related?

Yes	1	No	2	Don't know	9

j) If you decided to leave your job, how much notice are you officially required to give?

Less than one week	1	1, 2 or 3 weeks	2	1 or 2 months	3
3 months or more	4	not relevant (self-employed)	5	Don't know	9

k) In your sort of work, are there opportunities for promotion either in your current organisation or by changing employers?

Yes	1	No	2	Don't know	9

l) Who decides what time you start and leave work?

Flexitime system	1	Employer decides	2
I decide, within certain limits	3	Negotiated with employer	4

m) Does your job require you to design and plan important aspects of your own work, or is your work largely specified for you?

I am required to design/plan my work	1	Work is largely specified by others	2	Other	3

n) How much influence do you personally have in deciding what tasks you are to do?

A great deal	1	A fair amount	2
Not much	3	None	4

C2. What are the main reasons you work? (tick all that apply)

	Yes
a) financial, I am important as a breadwinner	1
b) financial, for family extras	1
c) career	1
d) enjoyment	1
e) to get out of the home	1
f) other (please tick & describe)	1

.....

C3. Are you working at the same status as you did before the study child was born?

didn't work before	7
no, lower level	1
yes, same level	2
no, higher level	3

C4. Do you find your job satisfying?

Yes 1 No 2 Sometimes 3

C5. Do you wish that you could generally spend more time with your study child?

yes, often	1
yes, sometimes	2
yes, but rarely	3
no, not at all	4

C6. a) How do you usually travel to work? (Tick all that apply)

	Yes	**Work at home**	
i) public transport (bus, train)	1	7	→**Go to C7 on page 22**
ii) car	1		
iii) cycle	1		
iv) walk	1		
v) other (please tick and describe)	1	…….	

b) How long does it usually take:

		Less than 15 mins	15-29 mins	30-59 mins	An hour or more
i)	to travel to work	1	2	3	4
ii)	to travel home from work	1	2	3	4

C7. Please list all jobs you have had since your study child's 7th birthday, apart from your present job if you are currently working.

Age of child at start of job	Job	Hours worked in usual week
……..	……	……
……..	……	……
……..	……	……
……..	……	……
……..	……	……

If you are working now please go to Question C9 on page 23

If you are not working now:

C8. Have you chosen not to work so that you can stay at home with your children?

No 1 Yes 2 → **If yes, go to C9 on page 23**

If no,

a) Have you been looking for work? Yes 1 No 2 → **If no, go to C8c on page 23**

If yes

b) How long have you been seeking work? ☐☐ months → **now go to C9 on page 23**

c) If you have <u>not</u> been looking for work, please give reasons (tick all that apply):

(i)	do not want to work	1	(iv)	not well enough	1
(ii)	looking after family	1	(v)	other (please tick & describe)	1
(iii)	retired	1		……	

C9. In the past 2 years have you taken any courses or educational training?

		Yes	No
a)	training within my job	1	2
b)	evening classes	1	2
c)	university course	1	2
d)	other (please tick & describe)	1	2

……

C10. What is your job like? (If you are no longer working answer for your most recent job)

	Yes, always	Yes, mostly	Some-times	Not very often	Never ↓
a) Do you enjoy your job?	1	2	3	4	5
b) Do you have problems at work?	1	2	3	4	5
c) Are the people at your work friendly?	1	2	3	4	5
d) Are the people at your work supportive?	1	2	3	4	5
e) Is it very noisy?	1	2	3	4	5
f) Do you work in a smoky atmosphere?	1	2	3	4	5

THANK YOU VERY MUCH FOR YOUR HELP

SECTION D:

D1. This questionnaire was completed by: (Please tick all that apply)

		Yes
a)	child's biological father	1
b)	mother's husband/male partner	1
c)	mother's female partner	1
d)	someone else (please describe)	1 .....

D2. Do you live in the same house as the study child?

Yes 1 No 2

D3. Please give the date on which you completed this questionnaire:

day month year

[ ][ ] [ ][ ] [2][0][0][ ]

D4. Please give <u>your</u> date of birth:

day month year

[ ][ ] [ ][ ] 19[ ][ ]

D5. Please give <u>your study child's</u> date of birth:

day month year

[ ][ ] [ ][ ] 199[ ]

Space for any additional comments you would like to make.

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

When completed, please return the questionnaire to:

Professor Jean Golding
Children of the Nineties – ALSPAC
Institute of Child Health
24 Tyndall Avenue
Bristol, BS8 1BR Tel: Bristol 9285007

For office use only:

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