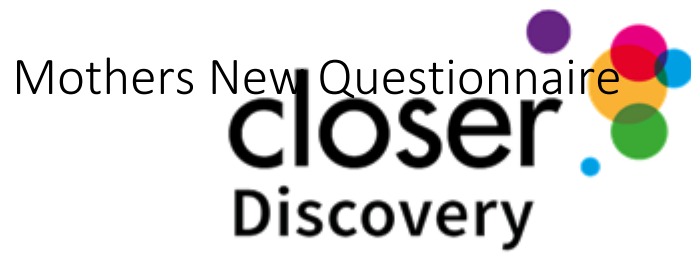


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 Mothers New Questionnaire
**closer:sourceFileName**

alspac\_95\_mnq

## Instrument Locations

- [https://discovery.closer.ac.uk/files/instruments/alspac\\_95\\_mnq-45bdae48b54373539fb7ffa5b472f2c6.pdf](https://discovery.closer.ac.uk/files/instruments/alspac_95_mnq-45bdae48b54373539fb7ffa5b472f2c6.pdf)

## alspac\_95\_mnq


Label alspac_95_mnq	Location Sequence
Type Sequence	Order InOrderOfAppearance

 s\_intro\_i

Name s_intro_i	Location Sequence › alspac_95_mnq
Type Statement	

**Statement Text**

MOTHER'S NEW QUESTIONNAIRE

 s\_intro\_ii

Name s_intro_ii	Location Sequence › alspac_95_mnq
Type Statement	

**Statement Text**

This questionnaire aims to find out what problems parents have. Your answers will help us to identify those problems that may be solved by changes in the health care system. It should be filled in by the mother or person taking the place of the mother.

 s\_intro\_iii

Name s_intro_iii	Location Sequence › alspac_95_mnq
Type Statement	

**Statement Text**


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

 s\_intro\_iv

Name s_intro_iv	Location Sequence › alspac_95_mnq
Type Statement	


**Statement Text**

Some questions are the same as those you have answered before. This is so that we can tell what changes have happened to you.

 s_intro_v	
Name s_intro_v	Location Sequence › alspac_95_mnq
Type Statement	


**Statement Text**

Please answer all questions if you can, even if they are similar . If you cannot 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 you really think.

 s_intro_vi	
Name s_intro_vi	Location Sequence › alspac_95_mnq
Type Statement	

**Statement Text**

All answers are confidential.

 s_intro_vii	
Name s_intro_vii	Location Sequence › alspac_95_mnq
Type Statement	

**Statement Text**

THANK YOU VERY MUCH

SECTION A: YOUR HEALTH	
Label SECTION A: YOUR HEALTH	Location Sequence › alspac_95_mnq
Type Sequence	Order InOrderOfAppearance

 qi_A1 - A1		
Name qi_A1	Label A1	Location Sequence › alspac_95_mnq › SECTION A: YOUR HEALTH

Type Multiple Choice	Selection Type SelectOne	Display Style
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**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-r - A2 a-r		
Name qg_A2_a-r	Label A2 a-r	Location Sequence > alspac_95_mnq > SECTION A: YOUR HEALTH
Type Question Grid		

**Question**

Have you had any of the following in the past year?

**Rows**

1	anxiety or 'nerves'
2	depression
3	headache or migraine
4	backache
5	indigestion
6	cough or cold
7	haemorrhoids/piles
8	influenza
9	wheezing
10	bronchitis
11	stomach ulcer
12	eczema
13	psoriasis
14	arthritis
15	rheumatism
16	urinary infection

17	problems with your periods
18	problems with a pregnancy

**Columns**

	Code
--	------

qi_A2_s - A2 s		
Name qi_A2_s	Label A2 s	Location Sequence › als pac_95_mnq › SECTION A: YOUR HEALTH
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

**Question**

Have you had any of the following in the past year? other problems (please tick and describe)

**Choices**

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

qg_A3_a-n - A3 a-n		
Name qg_A3_a-n	Label A3 a-n	Location Sequence › als pac_95_mnq › SECTION A: YOUR HEALTH
Type Question Grid		

**Question**

In the past year how often have you taken or used the following?

**Rows**

1	sleeping pills
2	vitamins
3	cannabis/marihuana
4	tranquillisers
5	pills for depression
6	hormone tablets
7	antibiotics
8	painkillers (aspirin paracetamol, etc.)
9	amphetamines or other stimulants

10	contraceptive pill
11	iron
12	heroin, methadone, crack, cocaine
13	anticonvulsants
14	steroids

**Columns**

	Code
--	------

qi_A3_o - A3 o		
Name qi_A3_o	Label A3 o	Location Sequence › alspac_95_mnq › SECTION A: YOUR HEALTH
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

**Question**

Other pill, medicine, treatment, drug, ointment or cream (please describe each and tick how frequently you have taken in the past year).

**Choices**

1	Every day
2	Often
3	Sometimes

qi_A3_p - A3 p		
Name qi_A3_p	Label A3 p	Location Sequence › alspac_95_mnq › SECTION A: YOUR HEALTH
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

**Question**

Other pill, medicine, treatment, drug, ointment or cream (please describe each and tick how frequently you have taken in the past year).

**Choices**

1	Every day
2	Often
3	Sometimes

qi_A3_q - A3 q		
----------------	--	--

Name qi_A3_q	Label A3 q	Location Sequence › alspac_95_mnq › SECTION A: YOUR HEALTH
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

**Question**

Other pill, medicine, treatment, drug, ointment or cream (please describe each and tick how frequently you have taken in the past year).

**Choices**

1	Every day
2	Often
3	Sometimes

 qg\_A4 - A4

Name qg_A4	Label A4	Location Sequence › alspac_95_mnq › SECTION A: YOUR HEALTH
Type Question Grid		

**Question**

Please list all the names of the actual medicines, pills or ointments that you have taken 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

 qj\_A5\_a - A5 a

Name qj_A5_a	Label A5 a	Location Sequence › alspac_95_mnq › SECTION A: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since your study child was 3 years old have you had to go and stay in hospital?

**Choices**

1	Yes
2	No

 s\_qA5a

Name s_qA5a	Location Sequence › alspac_95_mnq › SECTION A: YOUR HEALTH
Type Statement	

**Statement Text**

If no, go to A6 below

 qj\_A5\_b - A5 b

Name qj_A5_b	Label A5 b	Location Sequence › alspac_95_mnq › SECTION A: YOUR HEALTH
Type Integer	Low 0	High

Condition  
If yes,

**Question**

how many times?

 qg\_A5\_c-g - A5 c-g

Name qg_A5_c-g	Label A5 c-g	Location Sequence › alspac_95_mnq › SECTION A: YOUR HEALTH
Type Question Grid		
Condition If yes,		

**Question**

Please describe for each admission.


**Rows**

1	1st admission
2	2nd admission
3	3rd admission

**Columns**

How many	Numeric
	Code
Generic text	Text
	Code
Age in months	Numeric
How many	Numeric
Age in months	Numeric
	Code
Generic text	Text
	Code
Age in months	Numeric
	Code
	Code
How many	Numeric
Generic text	Text
Generic text	Text
	Code
How many	Numeric
Age in months	Numeric

	Code
Age in months	Numeric
How many	Numeric
	Code
Generic text	Text
	Code

 qg\_A6\_a-u - A6 a-u

Name qg_A6_a-u	Label A6 a-u	Location Sequence › alspac_95_mnq › SECTION A: YOUR HEALTH
Type Question Grid		

**Question**

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

**Rows**

1	backache
2	headaches or migraines
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\_A6\_v - A6 v

Name qi_A6_v	Label A6 v	Location Sequence › alspac_95_mnq › SECTION A: YOUR HEALTH
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

**Question**

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

**Choices**

1	Almost all the time
2	Sometimes
3	Not at all

 qi\_A7\_a - A7 a

Name qi_A7_a	Label A7 a	Location Sequence › alspac_95_mnq › 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\_A7\_b - A7 b

Name qi_A7_b	Label A7 b	Location Sequence › alspac_95_mnq › 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\_A8\_a - A8 a

Name qi_A8_a	Label A8 a	Location Sequence › alspac_95_mnq › 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

 qg\_A8\_b\_i-viii - A8 b(i-viii)

Name qg_A8_b_i-viii	Label A8 b(i-viii)	Location Sequence › alspac_95_mnq › SECTION A: YOUR HEALTH
Type Question Grid		
Condition		

**Question**

What forms of contraception are you using now? (tick all that you have used in the past month or so)

**Rows**

1	withdrawal
2	the pill
3	IUCD/coil
4	condom/sheath
5	calendar/rhythm method
6	diaphragm/cap
7	spermicide
8	none

**Columns**

	Code
--	------

qi_A8_b_ix - A8 b(ix)		
Name	Label	Location
qi_A8_b_ix	A8 b(ix)	Sequence › alspac_95_mnq › SECTION A: YOUR HEALTH
Type	Selection Type	Display Style
Multiple Choice, Text	SelectUpToN (1)	
Condition		

**Question**

What forms of contraception are you using now? (tick all that you have used in the past month or so) other (please describe)

**Choices**

1	Yes
---	-----

qi_A9_a - A9 a		
Name	Label	Location
qi_A9_a	A9 a	Sequence › alspac_95_mnq › SECTION A: YOUR HEALTH
Type	Low	High
Integer	0	

**Question**

How many times have you been pregnant since having this study child?

s_qA9a	
Name	Location
s_qA9a	Sequence › alspac_95_mnq › SECTION A: YOUR HEALTH
Type	
Statement	

**Statement Text**

If 0 go to A10 on page 12

I_qA9b		
Name I_qA9b	Member Label	Location Sequence > a SECTION A: Y
Type Roster	Iteration Source (max )	Display Style

qi_A9_b_i - A9 b(i)		
Name qi_A9_b_i	Label A9 b(i)	Location Sequence > alspac_95_mnq > SECTION A: YOUR HEALTH > I_qA9b
Type Date		

**Question**

For these pregnancies please give: date of your last menstrual period before the pregnancy (if you remember it)

qi_A9_b_ii - A9 b(ii)		
Name qi_A9_b_ii	Label A9 b(ii)	Location Sequence > alspac_95_mnq > SECTION A: YOUR HEALTH > I_qA9b
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

**Question**

For these pregnancies please give: what happened:

**Choices**

1	miscarriage
2	abortion/termination for unwanted pregnancy
3	termination for problem (please describe)
4	still pregnant
5	baby born
6	other (please describe)

qi_A9_b_iii - A9 b(iii)		
-------------------------	--	--


Name qi_A9_b_iii	Label A9 b(iii)	Location Sequence › alspac_95_mnq › SECTION A: YOUR HEALTH › I_qA9b
Type Date		

**Question**

For these pregnancies please give: please give actual date of delivery or end of pregnancy:

**Instructions**

(If still pregnant put 77 77 7)


 qi_A9_b_iv - A9 b(iv)		
Name qi_A9_b_iv	Label A9 b(iv)	Location Sequence › alspac_95_mnq › SECTION A: YOUR HEALTH › I_qA9b
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

For these pregnancies please give: do/did you have any problems


**Choices**

1	Yes
2	No

 qi_A9_b_iv_a - A9 b(iv)		
Name qi_A9_b_iv_a	Label A9 b(iv)	Location Sequence › alspac_95_mnq › SECTION A: YOUR HEALTH › I_qA9b
Type Text	Minimum Length	Maximum Length 255
Condition If yes,		

**Question**

please describe

 s_qA9b	
Name s_qA9b	Location Sequence › alspac_95_mnq › SECTION A: YOUR HEALTH
Type Statement	



**Statement Text**

If more than 6 pregnancies, please describe others on a separate page.

 qi\_A10 - A10

Name qi_A10	Label A10	Location Sequence › alspac_95_mnq › SECTION A: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since your 4 year old study child was born have you had any problems getting pregnant?

**Choices**

1	yes, have been trying but not successful
2	yes, took over 12 months to succeed
3	no, conceived within 12 months
4	no, did not want to
5	no, no opportunity to

 qi\_A11\_a - A11 a


Name qi_A11_a	Label A11 a	Location Sequence › alspac_95_mnq › SECTION A: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

How would you describe your most recent periods: how heavy are your periods?

**Choices**

1	Very
2	Moderately
3	Mildly
4	Not at all
7	No periods

 qi\_A11\_b - A11 b

Name qi_A11_b	Label A11 b	Location Sequence › alspac_95_mnq › SECTION A: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

How would you describe your most recent periods: how painful are your periods?

**Choices**

1	Very
2	Moderately
3	Mildly
4	Not at all
7	No periods

 qi\_A11\_c - A11 c


Name qi_A11_c	Label A11 c	Location Sequence › alspac_95_mnq › SECTION A: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

How would you describe your most recent periods: irregular

**Choices**

1	Very
2	Moderately
3	Mildly
4	Not at all
7	No periods

 qi\_A11\_d - A11 d

Name qi_A11_d	Label A11 d	Location Sequence › alspac_95_mnq › SECTION A: YOUR HEALTH
Type Integer	Low 0	High

**Question**

How would you describe your most recent periods: how many days does bleeding usually last ... days

 qi\_A12\_a - A12 a


Name qi_A12_a	Label A12 a	Location Sequence › alspac_95_mnq › SECTION A: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

"Very occasionally, mothers have mentioned that they felt quite unattached to their babies or even that they felt dislike for them for several weeks." Has this ever happened to you

**Choices**

1	Yes
2	No

 s\_qA12a

Name	Location
s_qA12a	Sequence › alspac_95_mnq › SECTION A: YOUR HEALTH
Type	
Statement	

**Statement Text**

If no, go to B1 on page 13

 qi\_A12\_b - A12 b

Name	Label	Location
qi_A12_b	A12 b	Sequence › alspac_95_mnq › SECTION A: YOUR HEALTH
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
If yes,		

**Question**

with your study child?

**Choices**

1	Yes
2	No

 qi\_A12\_c - A12 c


Name	Label	Location
qi_A12_c	A12 c	Sequence › alspac_95_mnq › SECTION A: YOUR HEALTH
Type	Minimum Length	Maximum Length
Text		255
Condition		
If yes,		

**Question**

Please describe what you felt and how your feelings may have changed over time.

## SECTION B: YOUR DIET

Label SECTION B: YOUR DIET	Location Sequence › alspac_95_mnq
Type Sequence	Order InOrderOfAppearance

 qg\_B1\_a-z - B1 a-z

Name qg_B1_a-z	Label B1 a-z	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Question Grid		

**Question**

Mothers eat a variety of different things. How often 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	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	Other cereals (e.g. Cornflakes, Rice Krispies, Special K, Frosties)
4	Sausages, Burgers
5	Meat Pies, Pasties (pork pie, steak/meat pie, Cornish pastie etc.)
6	Vegetarian Pies, Pasties (cheese and onion pasty, vegetable samosa, onion bhaji, vegetable grills etc.)
7	Ham, bacon, pate and cold meats (e.g. salami, luncheon meat, garlic sausage etc.)
8	Meat: roast, chops and stews etc. (e.g. beef, lamb, pork, mince)
9	Liver, kidney, heart and other offal
10	Chicken/Turkey in crispy coating (e.g. chicken nuggets, turkey burgers, chicken fingers etc.)
11	Poultry: roast, baked or stewed (chicken, turkey etc.)
12	Shellfish (prawns, scampi, crab, cockles, mussels etc.)

13	White fish in breadcumbs or batter (e.g. fishfingers, chip shop fish, breaded cod, plaice or haddock,)
14	White fish without coating (e.g. grilled fish, cod in parsley sauce etc.)
15	Tuna
16	Other fish (pilchards, sardines, mackerel, herrings, kippers, trout, salmon etc.)
17	Eggs, quiche/flans, omelettes etc.
18	Cheese
19	Pizza
20	Oven chips
21	Fried chips, potato waffles and croquettes, Alphabites etc.
22	Roast potatoes (cooked in fat or oil)
23	Boiled, mashed, jacket potatoes
24	Rice (boiled, or fried, not rice pudding)
25	Canned pasta (e.g. spaghetti rings, ravioli, macaroni cheese etc.) Pot Noodles, Super Noodles etc.
26	Boiled pasta (e.g. spaghetti, fusilli, lasagne) bulgar wheat and cous-cous

**Columns**

	Code
--	------

 qi\_B2 - B2


Name qi_B2	Label B2	Location Sequence › alspac_95_mnq › SECTION B: 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
4	never eat meat

 qg\_B3\_a-z - B3 a-z

Name qg_B3_a-z	Label B3 a-z	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Question Grid		

**Question**

How many times nowadays do you eat:

**Rows**

1	Baked beans
2	Peas, broad beans
3	Sweetcorn
4	Cabbage, brussel sprouts, spinach, broccoli and other dark green leafy vegetables
5	Other green vegetables (cauliflower, runner beans, leeks, courgettes etc.)
6	Carrots
7	Other root vegetables (turnip, swede, parsnip etc.)
8	Tomatoes (cooked or raw)
9	Salads
10	Pulses - dried peas, beans, lentils, chick peas etc.
11	Soya 'Meat', TVP, Soya-type Vegeburgers, Bean Curd (Tofu, Miso etc.)
12	Nuts (eg peanuts, cashews), nut roast etc.
13	Fresh citrus fruit e.g. oranges, grapefruit, satsumas, tangerines etc.
14	Other fresh fruit e.g. apple, banana, pear, bunch of grapes, peach etc.
15	Canned fruit
16	Yoghurt, Fromage Frais, Milk puddings (e.g. rice pudding, semolina) mousse
17	Ice cream, choc ice, chocolate ice cream bar etc.
18	Pudding e.g. fruit pie, crumble, cheesecake, gateaux
19	Custard, cream, Elmlea, Tip-Top, evaporated milk etc. on puddings

20	Cakes or buns (fruit cake, sponge, teacake, doughnut, flapjack, scone, custard tart, cream cake etc.)
21	Crispbreads (Ryvita, crackerbread etc.)
22	Full-coated chocolate biscuits eg. Club, Kit Kat, Penguin, Breakaway etc.
23	Other biscuits eg. rich tea, shortcake, digestive and chocolate digestive, Hob Nobs
24	Chocolate (dairy milk or plain, nut, fruit, filled etc.)
25	Sweets (peppermints, boiled sweets, toffees etc.)
26	Crisps, corn snacks (e.g. Wotsits, Quavers), tortilla chips etc.

**Columns**

	Code
--	------

qg_B4_a-h - B4 a-h		
Name qg_B4_a-h	Label B4 a-h	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Question Grid		

**Question**

How many times a week nowadays do you drink

**Rows**

1	Fruit juice from a carton, tin or freshly squeezed including tomato juice
2	Squash, fruit drinks or Ribena
3	Cola drinks eg. Coca Cola, Pepsi etc.
4	Other fizzy drinks e.g. lemonade
5	Bottled water
6	Water from tap
7	Milk on its own
8	Flavoured milk drinks (e.g. Horlicks, Ovaltine, milkshakes) or yoghurt drinks

**Columns**

	Code
--	------

 qi\_B5 - B5


Name qi_B5	Label B5	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

When you have a soft drink (e.g. lemonade, cola or squash) how often do you choose low calorie or diet soft drinks?

**Choices**

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

 qi\_B6 - B6


Name qi_B6	Label B6	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

When you have a cola drink how often do you choose decaffeinated cola?

**Choices**

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

 qi\_B7 - B7

Name qi_B7	Label B7	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style


**Question**

How many pieces of bread, rolls or chappatis do you eat on a usual day?

**Choices**



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

 qi\_B8\_a - B8 a

Name qi_B8_a	Label B8 a	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

What type of bread do you eat? white bread

**Choices**

1	Yes usually
2	Yes sometimes
3	No not at all

 qi\_B8\_b - B8 b

Name qi_B8_b	Label B8 b	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

What type of bread do you eat? soft grain white bread (e.g. Mighty White)

**Choices**

1	Yes usually
2	Yes sometimes
3	No not at all

 qi\_B8\_c - B8 c


Name qi_B8_c	Label B8 c	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

What type of bread do you eat? brown/granary bread

**Choices**

1	Yes usually
2	Yes sometimes
3	No not at all

 qi\_B8\_d - B8 d

Name qi_B8_d	Label B8 d	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

What type of bread do you eat? wholemeal bread

**Choices**

1	Yes usually
2	Yes sometimes
3	No not at all

 qi\_B8\_e - B8 e


Name qi_B8_e	Label B8 e	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

What type of bread do you eat? chappatis or pitta bread

**Choices**

1	Yes usually
2	Yes sometimes
3	No not at all

 qi\_B8\_f - B8 f


Name qi_B8_f	Label B8 f	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

What type of bread do you eat? naan bread

**Choices**

1	Yes usually
2	Yes sometimes
3	No not at all

 qg\_B9\_a-g - B9 a-g

Name qg_B9_a-g	Label B9 a-g	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Question Grid		

**Question**

What sort of fat do you mainly use:

**Rows**

1	Butter, Ghee, Dripping, Lard , solid cooking fat
2	Polyunsaturated margarine eg Flora, sunflower margarine, Vitalite
3	Hard or soft margarine e.g. Blue Band, Stork, supermarket own brand
4	Low fat spread e.g. Delight, St Ivel Gold, Flora Xtra Light
5	Sunflower oil, corn oil, soya oil
6	Olive oil, hazelnut oil, rapeseed oil
7	Other vegetable oil
8	Other (please describe )

**Columns**


	Code
	Code
	Code
	Code

 qi\_B9\_h - B9 h

Name qi_B9_h	Label B9 h	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Text	Minimum Length	Maximum Length 255

**Question**


What sort of fat do you mainly use: Other (please describe )

 qi\_B10 - B10

Name qi_B10	Label B10	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Integer	Low 0	High

**Question**

How many slices of bread (or rolls) spread with fat do you eat each day? (include shop bought sandwiches)

 qi\_B11\_a - B11 a

Name qi_B11_a	Label B11 a	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

What types of milk do you use? Full fat (e.g. silver or gold top )

**Choices**

1	Yes usually
2	Yes sometimes
3	No not at all

 qi\_B11\_b - B11 b

Name qi_B11_b	Label B11 b	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

What types of milk do you use? Semi Skimmed (e.g. red stripe )

**Choices**

1	Yes usually
2	Yes sometimes
3	No not at all

 qi\_B11\_c - B11 c


Name qi_B11_c	Label B11 c	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

What types of milk do you use? Skimmed (e.g. blue stripe )

**Choices**

1	Yes usually
2	Yes sometimes
3	No not at all

 qi\_B11\_d - B11 d


Name qi_B11_d	Label B11 d	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

What types of milk do you use? Dried milk (e.g. Marvel )

**Choices**

1	Yes usually
2	Yes sometimes
3	No not at all

 qi\_B11\_e - B11 e

Name qi_B11_e	Label B11 e	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

What types of milk do you use? Goat/sheep milk

**Choices**

1	Yes usually
2	Yes sometimes
3	No not at all

### qi\_B11\_f - B11 f

Name qi_B11_f	Label B11 f	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

#### Question

What types of milk do you use? Soya milk

#### Choices

1	Yes usually
2	Yes sometimes
3	No not at all

### qi\_B11\_g - B11 g

Name qi_B11_g	Label B11 g	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

#### Question

What types of milk do you use? Other (please describe )

#### Choices

1	Yes usually
2	Yes sometimes
3	No not at all

### qi\_B12 - B12

Name qi_B12	Label B12	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Multiple Choice, Text	Selection Type SelectOne	Display Style


#### Question

Is this milk usually:

#### Choices

1	Pasteurised
2	UHT


3	Sterilised
4	Other (please describe )

 qi\_B13\_a - B13 a

Name qi_B13_a	Label B13 a	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Integer	Low 0	High

**Question**


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

 qi\_B13\_b - B13 b

Name qi_B13_b	Label B13 b	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Integer	Low 0	High

**Question**


How many spoons of sugar in each cup?

 qi\_B13\_c - B13 c

Name qi_B13_c	Label B13 c	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Integer	Low 0	High

**Question**


How many cups per day are with milk?

 qi\_B13\_d - B13 d

Name qi_B13_d	Label B13 d	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Integer	Low 0	High

**Question**

How many cups per day are decaffeinated?

 qi\_B14\_a - B14 a

Name qi_B14_a	Label B14 a	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Integer	Low 0	High

**Question**

How many cups of coffee do you drink in a day?

 qi\_B14\_b - B14 b

Name qi_B14_b	Label B14 b	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Integer	Low 0	High

**Question**

How many spoons of sugar in each cup?

 qi\_B14\_c - B14 c

Name qi_B14_c	Label B14 c	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Integer	Low 0	High

**Question**

How many cups per day are with milk ?

 qi\_B14\_d - B14 d

Name qi_B14_d	Label B14 d	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Integer	Low 0	High

**Question**

How many cups per day are decaffeinated?


 qi\_B14\_e - B14 e

Name qi_B14_e	Label B14 e	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Integer	Low 0	High

**Question**

How many are made with real (not instant) coffee?



 qi\_B15\_a - B15 a


Name qi_B15_a	Label B15 a	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Do you drink herbal teas at all?

**Choices**


1	yes, often
2	yes, occasionally
3	no, not at all

 s\_qB15a

Name s_qB15a	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Statement	

**Statement Text**


If no, go to B16 below

 qi\_B15\_b - B15 b

Name qi_B15_b	Label B15 b	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Integer	Low 0	High
Condition If yes,		

**Question**


how many cups/mugs of herbal teas have you drunk in the past week ?

 qi\_B15\_c - B15 c

Name qi_B15_c	Label B15 c	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Text	Minimum Length	Maximum Length 255
Condition If yes,		

**Question**

Please list the types of herbal teas you have drunk in the past 3 months:

 qi\_B16\_a - B16 a


Name qi_B16_a	Label B16 a	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Do you buy organic foods? fruit

**Choices**

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

 qi\_B16\_b - B16 b


Name qi_B16_b	Label B16 b	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Do you buy organic foods? vegetables

**Choices**

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

 qi\_B16\_c - B16 c

Name qi_B16_c	Label B16 c	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Do you buy organic foods? meat

**Choices**

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

### qi\_B16\_d - B16 d

Name qi_B16_d	Label B16 d	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

#### Question

Do you buy organic foods? other (please tick describe )

#### Choices

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

### qi\_B17 - B17

Name qi_B17	Label B17	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

#### Question

Apart from herbal teas, are there any other health foods (whether or not bought from a health food shop) that you often eat or drink?

#### Choices

1	Yes
2	No

### qi\_B17\_i - B17 i

Name qi_B17_i	Label B17 i	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Text	Minimum Length	Maximum Length 255

#### Condition

If yes,

#### Question

please describe below:

 qi\_B18 - B18

Name qi_B18	Label B18	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Are you at present on a diet to lose weight?

**Choices**

1	Yes
2	No

 qi\_B19 - B19


Name qi_B19	Label B19	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Are you at present a vegetarian (do not eat any meat or poultry)?

**Choices**

1	Yes
2	No

 qi\_B20 - B20

Name qi_B20	Label B20	Location Sequence › alspac_95_mnq › SECTION B: 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\_B21 - B21

Name qi_B21	Label B21	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Are you at present on any kind of special diet?

**Choices**

1	Yes
2	No

 qi\_B21\_i - B21 i

Name qi_B21_i	Label B21 i	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Text	Minimum Length	Maximum Length 255

Condition  
If yes,

**Question**

please describe below.

 qg\_B22\_a\_i-v - B22 a(i-v)

Name qg_B22_a_i-v	Label B22 a(i-v)	Location Sequence › alspac_95_mnq › SECTION B: 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	Beer, lager or cider (no. of 1/2 pints)
2	Wine (no. of glasses)
3	Spirits (no. of single pub measures)
4	Other alcoholic drinks (please describe) (no. of glasses or measures)
5	Low alcohol drink (no. of glasses or 1/2 pints)

**Columns**

How many	Numeric
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Type Statement	
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**Statement Text**

If yes, go to B23 on page 22

qi_B22_c - B22 c		
Name qi_B22_c	Label B22 c	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If no,		

**Question**

would you normally drink

**Choices**

1	More
2	Less

qi_B23 - B23		
Name qi_B23	Label B23	Location Sequence › alspac_95_mnq › SECTION B: YOUR DIET
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

For your main meal of the day how often do you eat takeaway 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_B24 - B24		
Name qi_B24	Label B24	Location Sequence › alspac_95_mnq › SECTION B: 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. Menu Master lasagne, individual shepherds pie, 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

**SECTION C: RECENT EVENTS**

Label SECTION C: RECENT EVENTS	Location Sequence › alspac_95_mnq
Type Sequence	Order InOrderOfAppearance

**s\_qC1**

Name s_qC1	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Statement	

**Statement Text**

Listed below are a number of events which may have brought changes in your life. Have any of these occurred since the study child was 2 1/2 years old? If so please assess how much effect it had on you.

**qi\_C1 - C1**

Name qi_C1	Label C1	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: Your partner died

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all

5	No did not happen
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### qi\_C2 - C2

Name qi_C2	Label C2	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

#### Question

Since the study child was 2 1/2 years old: One of your children died

#### Choices

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

### qi\_C3 - C3

Name qi_C3	Label C3	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

#### Question

Since the study child was 2 1/2 years old: A friend or relative died

#### Choices

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

### qi\_C4 - C4

Name qi_C4	Label C4	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: One of your children was ill

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C5 - C5

Name qi_C5	Label C5	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: Your partner was ill

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C6 - C6

Name qi_C6	Label C6	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: A friend or relative was ill

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected

4	Yes, but did not affect me at all
5	No did not happen

### qi\_C7 - C7

Name qi_C7	Label C7	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

#### Question

Since the study child was 2 1/2 years old: You were admitted to hospital

#### Choices

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

### qi\_C8 - C8

Name qi_C8	Label C8	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

#### Question

Since the study child was 2 1/2 years old: You were in trouble with the law

#### Choices

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

### qi\_C9 - C9

Name qi_C9	Label C9	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
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Type Multiple Choice	Selection Type SelectOne	Display Style
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**Question**

Since the study child was 2 1/2 years old: You were divorced

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C10 - C10

Name qi_C10	Label C10	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: You found that your partner didn't want your child

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C11 - C11

Name qi_C11	Label C11	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: You were very ill

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected

3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C12 - C12

Name qi_C12	Label C12	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: Your partner lost his job

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C13 - C13

Name qi_C13	Label C13	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: Your partner had problems at work

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C14 - C14

Name qi_C14	Label C14	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: You had problems at work

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C15 - C15

Name qi_C15	Label C15	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: You lost your job

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C16 - C16

Name qi_C16	Label C16	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: Your partner went away

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

### qi\_C17 - C17

Name qi_C17	Label C17	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

#### Question

Since the study child was 2 1/2 years old: Your partner was in trouble with the law

#### Choices

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

### qi\_C18 - C18

Name qi_C18	Label C18	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

#### Question

Since the study child was 2 1/2 years old: You and your partner separated

#### Choices

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen



 qi\_C19 - C19

Name qi_C19	Label C19	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: Your income was reduced

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C20 - C20

Name qi_C20	Label C20	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: You argued with your partner

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C21 - C21

Name qi_C21	Label C21	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: You argued with your family and friends

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C22 - C22

Name qi_C22	Label C22	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: You moved house

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C23 - C23

Name qi_C23	Label C23	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: Your partner was physically cruel to you

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C24 - C24

Name qi_C24	Label C24	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: You became homeless

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C25 - C25

Name qi_C25	Label C25	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: You had a major financial problem

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C26 - C26

Name qi_C26	Label C26	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: You got married

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C27 - C27

Name qi_C27	Label C27	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: Your partner was physically cruel to your children

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C28 - C28

Name qi_C28	Label C28	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: You were physically cruel to your children

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C29 - C29

Name qi_C29	Label C29	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: You attempted suicide

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C30 - C30

Name qi_C30	Label C30	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: You were convicted of an offence

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C31 - C31

Name qi_C31	Label C31	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: You became pregnant

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C32 - C32

Name qi_C32	Label C32	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: You started a new job

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C33 - C33

Name qi_C33	Label C33	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: You returned to work

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C34 - C34

Name qi_C34	Label C34	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: You had a miscarriage

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C35 - C35

Name qi_C35	Label C35	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: You had an abortion

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C36 - C36

Name qi_C36	Label C36	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: You took an examination

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C37 - C37

Name qi_C37	Label C37	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: Your partner was emotionally cruel to you

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C38 - C38

Name qi_C38	Label C38	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: Your partner was emotionally cruel to your children

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen



 qi\_C39 - C39


Name qi_C39	Label C39	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: You were emotionally cruel to your children

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C40 - C40

Name qi_C40	Label C40	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: Your house or car was burgled

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C41 - C41

Name qi_C41	Label C41	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: Your partner started a new job

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C42 - C42


Name qi_C42	Label C42	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: A pet died

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C43 - C43


Name qi_C43	Label C43	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

**Question**

Since the study child was 2 1/2 years old: You had an accident (please tick and describe)

**Choices**

1	Yes & affected me a lot
2	Yes, moderately affected
3	Yes, mildly affected
4	Yes, but did not affect me at all
5	No did not happen

 qi\_C44\_a - C44 a


Name qi_C44_a	Label C44 a	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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

**Choices**


1	Yes
2	No

 s\_qC44a

Name s_qC44a	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Statement	

**Statement Text**

If no, go to C45a below

 qi\_C44\_b - C44 b


Name qi_C44_b	Label C44 b	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Text	Minimum Length	Maximum Length 255

## Condition

If yes,

**Question**

please describe:

 qi\_C44\_c - C44 c

Name qi_C44_c	Label C44 c	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

## Condition

If yes,

**Question**

How did this affect you?

**Choices**

1	a lot
2	moderately
3	mildly
4	not at all

 qi\_C45\_a - C45 a

Name qi_C45_a	Label C45 a	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Are you currently employed?

**Choices**


1	Yes
2	No

 s\_qC45a

Name s_qC45a	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Statement	

**Statement Text**


If no, go to section D on page 27

 qi\_C45\_b - C45 b

Name qi_C45_b	Label C45 b	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Text	Minimum Length	Maximum Length 255
Condition If yes,		

**Question**

What is your occupation?

 qi\_C45\_c - C45 c


Name qi_C45_c	Label C45 c	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

**Question**

Have you had the same type of job since this child was 2 1/2 years old?

**Choices**

1	Yes
2	No

 qi\_C45\_d - C45 d


Name qi_C45_d	Label C45 d	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

**Question**

Do you work nights?

**Choices**

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

 qi\_C45\_e - C45 e

Name qi_C45_e	Label C45 e	Location Sequence › alspac_95_mnq › SECTION C: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

**Question**

Do you ever leave home for several days as part of your work?

**Choices**

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

## SECTION D: YOUR HOUSEHOLD

Label SECTION D: YOUR HOUSEHOLD	Location Sequence › alspac_95_mnq
Type Sequence	Order InOrderOfAppearance

## qi\_D1\_a\_i - D1 a(i)

Name qi_D1_a_i	Label D1 a(i)	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Integer	Low 0	High

**Question**

How many people live in your household now? (including yourself) ... adults (over 18 years)

## qi\_D1\_a\_ii - D1 a(ii)

Name qi_D1_a_ii	Label D1 a(ii)	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Integer	Low 0	High

**Question**

How many people live in your household now? (including yourself) ... young adults (16-18 years)

## qi\_D1\_a\_iii - D1 a(iii)

Name qi_D1_a_iii	Label D1 a(iii)	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Integer	Low 0	High

**Question**

How many people live in your household now? (including yourself) ... children (less than 16 years)

## qi\_D1\_b\_i - D1 b(i)

Name qi_D1_b_i	Label D1 b(i)	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
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Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style
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**Question**

Please indicate who the adults over 18 are: yourself

**Choices**

1	Yes
---	-----

 qi\_D1\_b\_ii - D1 b(ii)

Name qi_D1_b_ii	Label D1 b(ii)	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

**Question**

Please indicate who the adults over 18 are: your partner

**Choices**

1	Yes
---	-----

 qi\_D1\_b\_iii - D1 b(iii)


Name qi_D1_b_iii	Label D1 b(iii)	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

**Question**

Please indicate who the adults over 18 are: your parent(s)

**Choices**

1	Yes
---	-----

 qi\_D1\_b\_iv - D1 b(iv)

Name qi_D1_b_iv	Label D1 b(iv)	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

**Question**

Please indicate who the adults over 18 are: your partner's parent(s)

**Choices**

1	Yes
---	-----

 qi\_D1\_b\_v - D1 b(v)

Name qi_D1_b_v	Label D1 b(v)	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

**Question**

Please indicate who the adults over 18 are: other relation(s) of yourself

**Choices**

1	Yes
---	-----

 qi\_D1\_b\_vi - D1 b(vi)


Name qi_D1_b_vi	Label D1 b(vi)	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

**Question**

Please indicate who the adults over 18 are: other relation(s) of your partner

**Choices**

1	Yes
---	-----

 qi\_D1\_b\_vii - D1 b(vii)

Name qi_D1_b_vii	Label D1 b(vii)	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

**Question**

Please indicate who the adults over 18 are: friend(s)

**Choices**

1	Yes
---	-----

 qi\_D1\_b\_viii - D1 b(viii)

Name qi_D1_b_viii	Label D1 b(viii)	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style



**Question**

Please indicate who the adults over 18 are: lodger

**Choices**

1	Yes
---	-----

 qi\_D1\_b\_ix - D1 b(ix)


Name qi_D1_b_ix	Label D1 b(ix)	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Multiple Choice, Text	Selection Type SelectUpToN (1)	Display Style

**Question**

Please indicate who the adults over 18 are: other (please tick and describe)

**Choices**

1	Yes
---	-----

 qi\_D2\_a - D2 a


Name qi_D2_a	Label D2 a	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Do you have a rule that smoking never happens in particular rooms?

**Choices**

1	no smoking in house at all
2	smoking only allowed in some rooms
3	smoking allowed anywhere

 qi\_D2\_b - D2 b

Name qi_D2_b	Label D2 b	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Integer	Low 0	High

**Question**

How many people living in your household (including yourself) are smokers?

 qi\_D3\_a - D3 a


Name qi_D3_a	Label D3 a	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

What is your present marital status?

**Choices**


1	never married
2	widowed
3	divorced
4	separated
5	married (once only)
6	married for second or third time

 qi\_D3\_b - D3 b

Name qi_D3_b	Label D3 b	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Date		
Condition If married,		

**Question**

what was the date of the most recent marriage?

 qi\_D4\_a - D4 a


Name qi_D4_a	Label D4 a	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Does the biological (natural) father of the study child live with the study child?

**Choices**

1	No
2	Yes

 s\_qD4a

Name s_qD4a	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Statement	

**Statement Text**

If yes, go to D4c on page 29

? qi_D4_b_i - D4 b(i)		
Name qi_D4_b_i	Label D4 b(i)	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Integer	Low 1	High
Condition If no,		

**Question**

how old was the child when the natural father stopped living with the child? ... months

**Instructions**

(put 00 if the father never lived with the child)

? qi_D4_b_ii - D4 b(ii)		
Name qi_D4_b_ii	Label D4 b(ii)	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If no,		

**Question**

how often does the natural father see the study child?

**Choices**

1	not at all
2	less than once a month
3	about once a month
4	about once a fortnight
5	once or twice a week
6	nearly every day
7	child's father is dead

? qi_D4_b_iii - D4 b(iii)		
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Name qi_D4_b_iii	Label D4 b(iii)	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If no,		

**Question**

does he help support the child financially ?

**Choices**

1	yes, on a regular basis
2	yes, occasionally
3	no

 qi\_D4\_c - D4 c

Name qi_D4_c	Label D4 c	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Does the biological (natural) mother of the study child live with the study child?

**Choices**

1	No
2	Yes

 s\_qD4c

Name s_qD4c	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Statement	

**Statement Text**

If yes, go to D5 below

 qi\_D4\_c\_i - D4 c(i)

Name qi_D4_c_i	Label D4 c(i)	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Integer	Low 1	High

Condition

If no,

**Question**

how old was the child when the natural mother stopped living with the child? ... months

**Instructions**

(put 00 for from birth)

 qi\_D4\_c\_ii - D4 c(ii)

Name qi_D4_c_ii	Label D4 c(ii)	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

If no,

**Question**

how often does the natural mother see the study child?

**Choices**

1	not at all
2	less than once a month
3	about once a month
4	about once a fortnight
5	once or twice a week
6	nearly every day
7	child's mother is dead

 qi\_D4\_c\_iii - D4 c(iii)

Name qi_D4_c_iii	Label D4 c(iii)	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

If no,

**Question**

does she help support the child financially ?

**Choices**

1	yes, on a regular basis
---	-------------------------

2	yes, occasionally
3	no

### qg\_D5\_a-c - D5 a-c

Name qg_D5_a-c	Label D5 a-c	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Question Grid		

#### Question

Please indicate how many of the children living with you have:

#### Rows

1	you and your partner as their natural parents
2	you as their natural mother (but their natural father is not present)
3	your partner as the natural father (but you are not their natural mother)

#### Columns

How many	Numeric
----------	---------

### qi\_D5\_d - D5 d

Name qi_D5_d	Label D5 d	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Integer, Text	Low 0	High

#### Question

Please indicate how many of the children living with you have: neither you nor your partner as natural parents (please describe whether you have adopted fostered etc.) Number of children

### qg\_D6\_a-c - D6 a-c

Name qg_D6_a-c	Label D6 a-c	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Question Grid		

#### Question

Are there other children of yourself or your partner who visit (whether to play or to stay)?

#### Rows

1	children of my partner but not me
2	children of myself but not my partner
3	children of me and my partner

**Columns**

	Code
How many	Numeric
	Code
How many	Numeric

 qi\_D7 - D7

Name qi_D7	Label D7	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Do any of the people living in your household, including yourself and your study child, have a chronic illness or disabling condition?

**Choices**

1	Yes
2	No

 s\_qD7

Name s_qD7	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Statement	

**Statement Text**

If no, go to D8 below

 qg\_D7\_i - D7 i

Name qg_D7_i	Label D7 i	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Question Grid		
Condition If yes,		

**Question**

please describe:

**Rows**

1	1
2	2
3	3
4	4
5	5
6	6

**Columns**

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

qi_D8_a - D8 a		
Name qi_D8_a	Label D8 a	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Do you have any pets?

**Choices**

1	Yes
2	No

s_qD8	
Name s_qD8	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Statement	

**Statement Text**

If no, go to D9 on page 31

qi_D8_b_i - D8 b(i)
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Name qi_D8_b_i	Label D8 b(i)	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Integer	Low 0	High
Condition If yes,		

**Question**

How many of the following pets do you have? cats

? qi_D8_b_ii - D8 b(ii)		
Name qi_D8_b_ii	Label D8 b(ii)	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Integer	Low 0	High
Condition If yes,		

**Question**

How many of the following pets do you have? dogs.

? qi_D8_b_iii - D8 b(iii)		
Name qi_D8_b_iii	Label D8 b(iii)	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Integer	Low 0	High
Condition If yes,		

**Question**

How many of the following pets do you have? rabbits

? qi_D8_b_iv - D8 b(iv)		
Name qi_D8_b_iv	Label D8 b(iv)	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Integer	Low 0	High
Condition If yes,		

**Question**

How many of the following pets do you have? rodents (mice, hamster, gerbil etc)

? qi_D8_b_v - D8 b(v)		
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Name qi_D8_b_v	Label D8 b(v)	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Integer	Low 0	High
Condition If yes,		

**Question**

How many of the following pets do you have? birds (budgerigar, parrot, etc.)

? qi_D8_b_vi - D8 b(vi)		
Name qi_D8_b_vi	Label D8 b(vi)	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Integer	Low 0	High
Condition If yes,		

**Question**

How many of the following pets do you have? fish

? qi_D8_b_vii - D8 b(vii)		
Name qi_D8_b_vii	Label D8 b(vii)	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Integer	Low 0	High
Condition If yes,		

**Question**

How many of the following pets do you have? turtles/tortoises/terrapi

? qi_D8_b_viii - D8 b(viii)		
Name qi_D8_b_viii	Label D8 b(viii)	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Integer, Text	Low 0	High
Condition If yes,		

**Question**

How many of the following pets do you have? other pets (please say how many and describe)

? qi_D8_c - D8 c		
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Name qi_D8_c	Label D8 c	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

**Question**

Would you say that owning a pet has helped your health?

**Choices**

1	Yes improved it
2	No, made it worse
3	No effect

 qi\_D8\_d - D8 d


Name qi_D8_d	Label D8 d	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

**Question**

How often do you take pets along when you visit friends or relatives?

**Choices**

1	Never
2	Occasionally
3	Sometimes
4	Often
5	Always

 qi\_D8\_e - D8 e

Name qi_D8_e	Label D8 e	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

**Question**

How often are your feelings towards people affected by the way they react to your pets?

**Choices**

1	Never
2	Occasionally
3	Sometimes
4	Often
5	Always

 qi\_D8\_f - D8 f


Name qi_D8_f	Label D8 f	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

**Question**

Do you keep a picture of your pet(s) with you or on display at home or at work?

**Choices**


1	Yes
2	No

 s\_qD9

Name s_qD9	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Statement	

**Statement Text**

Below are questions about financial matters. We realise this may be a sensitive subject. As with all our questions you may leave this section out if you want to.[If you can complete it though it will be of great help to the study].

 qi\_D9\_a - D9 a

Name qi_D9_a	Label D9 a	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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

**Choices**

1	less than £100
2	£100-£199
3	£200-£299
4	£300-£399
5	£400 or more
9	don't know

 qi\_D9\_b - D9 b

Name qi_D9_b	Label D9 b	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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

**Choices**

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

 qi\_D9\_c - D9 c

Name qi_D9_c	Label D9 c	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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

**Choices**

1	less than £20
2	£20-£29
3	£30-£39

4	£40-£49
5	£50-£59
6	£60 or more
9	don't know

### qi\_D9\_d - D9 d

Name qi_D9_d	Label D9 d	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Multiple Choice	Selection Type SelectOne	Display Style

#### Question

How much do you spend on child care each week (playgroup, childminder, baby sitter etc.)

#### Choices

1	nothing
2	less than £10
3	£10-£19
4	£20-£29
5	£30-£39
6	£40-£49
7	£50 or more
8	varies
9	don't know

### qi\_D9\_e - D9 e


Name qi_D9_e	Label D9 e	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Multiple Choice	Selection Type SelectOne	Display Style

#### Question

Do you manage to save at all?

#### Choices

1	Yes
2	No

 qi\_D9\_f - D9 f


Name qi_D9_f	Label D9 f	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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

**Choices**

1	Yes
2	No

 qi\_D9\_g - D9 g

Name qi_D9_g	Label D9 g	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**


Do you give financial help to your parents or other relatives?

**Choices**

1	Yes
2	No

### The other children in the household:

Label The other children in the household:	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Sequence	Order InOrderOfAppearance

 qg\_D10\_a-c - D10 a-c

Name qg_D10_a-c	Label D10 a-c	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Question Grid		

**Question**

How many brothers and sisters does your 4 year old study child have that live with you or visit at least 1 day a week? (include half-brothers and half sisters, step-brothers and step-sisters, fostered or adopted children.)

**Rows**

1	younger
2	same age (e.g. twin)
3	older

**Columns**

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

qg_D10_d - D10 d		
Name qg_D10_d	Label D10 d	Location Sequence › alsjac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Question Grid		
Condition		

**Question**

For all these older children, please give child's first name, age and sex (oldest child first)

**Rows**

1	1
2	2
3	3
4	4
5	5

**Columns**

Age	Numeric
	Code
Generic text	Text
Age	Numeric



	Code
Generic text	Text
	Code
Generic text	Text
Age	Numeric

 qi\_D10\_e - D10 e


Name qi_D10_e	Label D10 e	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Text	Minimum Length	Maximum Length 255
Condition		

**Question**

Which of these older children is the nearest in age to your 4 year old study child? ... (name)

**Instructions**

(If this older child is a pair of twins, put the name of the oldest/first born)

 qi\_D11\_a - D11 a

Name qi_D11_a	Label D11 a	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

We would like to ask about the way your 4 year old study child reacts to this older child. How often does your 4 year old study child react in the following way: My 4 year old: Likes to be with this older child

**Instructions**

(If your study child is a twin, answer for the oldest/first born)

**Choices**

1	Frequently
2	Sometimes

3	Rarely or never
---	-----------------

? qi_D11_b - D11 b		
Name qi_D11_b	Label D11 b	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

We would like to ask about the way your 4 year old study child reacts to this older child. How often does your 4 year old study child react in the following way: My 4 year old: Quarrels with this older child

**Instructions**

(If your study child is a twin, answer for the oldest/first born)

**Choices**

1	Frequently
2	Sometimes
3	Rarely or never

? qi_D11_c - D11 c		
Name qi_D11_c	Label D11 c	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

We would like to ask about the way your 4 year old study child reacts to this older child. How often does your 4 year old study child react in the following way: My 4 year old: Is upset if parted from this older child

**Instructions**

(If your study child is a twin, answer for the oldest/first born)

**Choices**

1	Frequently
2	Sometimes

3	Rarely or never
7	Never parted

? qi_D11_d - D11 d		
Name qi_D11_d	Label D11 d	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

We would like to ask about the way your 4 year old study child reacts to this older child. How often does your 4 year old study child react in the following way: My 4 year old: Is unhappy/jealous if you do things just with this older child

**Instructions**

(If your study child is a twin, answer for the oldest/first born)

**Choices**

1	Frequently
2	Sometimes
3	Rarely or never

? qi_D11_e - D11 e		
Name qi_D11_e	Label D11 e	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

We would like to ask about the way your 4 year old study child reacts to this older child. How often does your 4 year old study child react in the following way: My 4 year old: Wants to play with this older child

**Instructions**

(If your study child is a twin, answer for the oldest/first born)

**Choices**

1	Frequently
2	Sometimes
3	Rarely or never

qi_D11_f - D11 f		
Name qi_D11_f	Label D11 f	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

We would like to ask about the way your 4 year old study child reacts to this older child. How often does your 4 year old study child react in the following way: My 4 year old: Is not much interested in this older child

**Instructions**

(If your study child is a twin, answer for the oldest/first born)

**Choices**

1	Frequently
2	Sometimes
3	Rarely or never

qi_D11_g - D11 g		
Name qi_D11_g	Label D11 g	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

We would like to ask about the way your 4 year old study child reacts to this older child. How often does your 4 year old study child react in the following way: My 4 year old: Is unhappy/jealous if your partner does things just with this older child

**Instructions**

(If your study child is a twin, answer for the oldest/first born)

**Choices**

1	Frequently
2	Sometimes
3	Rarely or never
7	No partner

? qi_D11_h - D11 h		
Name qi_D11_h	Label D11 h	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

We would like to ask about the way your 4 year old study child reacts to this older child. How often does your 4 year old study child react in the following way: My 4 year old: Misses this older child when not there

**Instructions**

(If your study child is a twin, answer for the oldest/first born)

**Choices**

1	Frequently
2	Sometimes
3	Rarely or never
7	Always there

? qi_D11_i - D11 i		
Name qi_D11_i	Label D11 i	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

We would like to ask about the way your 4 year old study child reacts to this older child. How often does your 4 year old study child react in the following way: My 4 year old: Has a lot of fun with this older child

**Instructions**

(If your study child is a twin, answer for the oldest/first born)

**Choices**

1	Frequently
2	Sometimes
3	Rarely or never

 qi\_D11\_j - D11 j

Name qi_D11_j	Label D11 j	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

We would like to ask about the way your 4 year old study child reacts to this older child. How often does your 4 year old study child react in the following way: My 4 year old: Teases/needles this older child

**Instructions**

(If your study child is a twin, answer for the oldest/first born)

**Choices**

1	Frequently
2	Sometimes
3	Rarely or never

 qi\_D12\_a - D12 a


Name qi_D12_a	Label D12 a	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Now some questions about how often this older child reacts to the study child. This older child: Likes to be with the study child

**Choices**

1	Frequently
2	Sometimes
3	Rarely or never

 qi\_D12\_b - D12 b

Name qi_D12_b	Label D12 b	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Now some questions about how often this older child reacts to the study child. This older child: Quarrels with the study child

**Choices**

1	Frequently
2	Sometimes
3	Rarely or never

 qi\_D12\_c - D12 c

Name qi_D12_c	Label D12 c	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Now some questions about how often this older child reacts to the study child. This older child: Is upset if parted from the study child

**Choices**

1	Frequently
2	Sometimes
3	Rarely or never

7	Never parted
---	--------------

qi_D12_d - D12 d		
Name qi_D12_d	Label D12 d	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Now some questions about how often this older child reacts to the study child. This older child: Is unhappy/jealous if you do things just with the study child

**Choices**

1	Frequently
2	Sometimes
3	Rarely or never

qi_D12_e - D12 e		
Name qi_D12_e	Label D12 e	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Now some questions about how often this older child reacts to the study child. This older child: Wants to play with the study child

**Choices**

1	Frequently
2	Sometimes
3	Rarely or never

qi_D12_f - D12 f		
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Name qi_D12_f	Label D12 f	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Now some questions about how often this older child reacts to the study child. This older child: Is not much interested in the study child

**Choices**

1	Frequently
2	Sometimes
3	Rarely or never

? qi_D12_g - D12 g		
Name qi_D12_g	Label D12 g	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Now some questions about how often this older child reacts to the study child. This older child: Is unhappy/jealous if your partner does things just with the study child

**Choices**

1	Frequently
2	Sometimes
3	Rarely or never
7	No partner

? qi_D12_h - D12 h		
--------------------	--	--


Name qi_D12_h	Label D12 h	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Now some questions about how often this older child reacts to the study child. This older child: Misses the 4 year old study child when not there

**Choices**

1	Frequently
2	Sometimes
3	Rarely or never
7	Always there

 qi_D12_i - D12 i		
Name qi_D12_i	Label D12 i	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Now some questions about how often this older child reacts to the study child. This older child: Has a lot of fun with the 4 year old study child

**Choices**

1	Frequently
2	Sometimes
3	Rarely or never

 qi_D12_j - D12 j		
--	--	--


Name qi_D12_j	Label D12 j	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Now some questions about how often this older child reacts to the study child. This older child:  
Teases/needles the study child

**Choices**

1	Frequently
2	Sometimes
3	Rarely or never

 qg_D13_a-y - D13 a-y		
Name qg_D13_a-y	Label D13 a-y	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Question Grid		
Condition		

**Question**

The following statements apply to some children. Think about this older child's behaviour over the last six months.

**Rows**

1	Is considerate of other people's feelings
2	Is restless, overactive, cannot stay still for long
3	Often complains of headaches, stomach-aches or sickness
4	Shares readily with other children (treats, toys, pencils, etc.)
5	Often has temper tantrums or hot tempers
6	Is rather solitary, tends to play alone
7	Is generally obedient, usually does what adults request

8	Has many worries, often seems worried
9	Is helpful if someone is hurt, upset or feeling ill
10	Is constantly fidgeting or squirming
11	Has at least one good friend
12	Often fights with other children or bullies them
13	Is often unhappy, down hearted or tearful
14	Is generally liked by other children
15	Is easily distracted, concentration wanders
16	Is nervous or clingy in new situations, easily loses confidence
17	Is kind to younger children
18	Often lies or cheats
19	Is picked on or bullied by other children
20	Often volunteers to help others (parents, teachers, other children)
21	Thinks things out before acting
22	Steals from home, school or elsewhere
23	Gets on better with adults than with other children
24	Has many fears, is easily scared
25	Sees tasks through to the end, has good attention span

**Columns**

	Code
--	------

❓ qi\_D14\_a - D14 a

Name qi_D14_a	Label D14 a	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Does this older child live all or most of the time in your household?

**Choices**

1	No
2	Yes

s_qD14a	
Name s_qD14a	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Statement	
Condition	

**Statement Text**

If yes, go to D15a below

qi_D14_b - D14 b		
Name qi_D14_b	Label D14 b	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Integer	Low 0	High
Condition If no,		

**Question**

How many days in a month does this older child spend in your household? ... days

qi_D15_a - D15 a		
Name qi_D15_a	Label D15 a	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

Does this older child have both you and your partner as his/her natural (biological) parents?

**Choices**

1	No
2	have no partner

3 Yes

 s\_qD15a

Name s_qD15a	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Statement	
Condition	

**Statement Text**

If yes, go to D17 on page 38

 qi\_D15\_b - D15 b


Name qi_D15_b	Label D15 b	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If no, or no partner:		

**Question**

Does this older child have (please tick):

**Choices**

1	you as the natural mother (but his/her natural father is not present)
2	your partner as the natural father (but his/her natural mother not present)
3	neither of his/her natural parents present

 qi\_D15\_c - D15 c

Name qi_D15_c	Label D15 c	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Multiple Choice	Selection Type SelectOne	Display Style

## Condition


If you as the natural mother (but his/her natural father is not present) to question D15b or neither of his/her natural parents present to question D15b  
If no, or no partner:

**Question**

How often do you or your partner talk to the child's natural father about this older child?

**Choices**

1	once a month or more
2	less than once a month
3	once a year or less
4	never
9	don't know
7	natural father is dead

 qi\_D15\_d - D15 d

Name qi_D15_d	Label D15 d	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Multiple Choice	Selection Type SelectOne	Display Style

## Condition


If your partner as the natural father (but his/her natural mother not present) to question D15b or neither of his/her natural parents present to question D15b  
If no, or no partner:

**Question**

How often do you or your partner talk to this older child's natural mother about the child?

**Choices**

1	once a month or more
2	less than once a month
3	once a year or less
4	never
9	don't know
7	natural mother is dead

 qi\_D15\_e - D15 e


Name qi_D15_e	Label D15 e	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If no, or no partner:		

**Question**

Are your relations with this older child's other parent(s) :


**Choices**

1	generally warm and friendly
2	sometimes friendly
3	polite
4	distant
5	usually unfriendly
6	no relationship
7	child's other parent is dead

 qi_D15_f - D15 f		
Name qi_D15_f	Label D15 f	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Integer	Low 0	High
Condition If no, or no partner:		

**Question**

How many days a month (on average) does this older child see his/her other natural parent(s)?

 s_qD16	
Name s_qD16	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Statement	
Condition If no, or no partner:	



**Statement Text**

This older child and the other natural parent(s)

qi_D16 - D16		
Name qi_D16	Label D16	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style
Condition If no, or no partner:		

**Question**

Below are some statements about older children's relationships with their natural parents. Please indicate how you think these apply in your situation.

**Choices**

7	Natural parent is dead
---	------------------------

qg_D16_a-h - D16 a-h		
Name qg_D16_a-h	Label D16 a-h	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Question Grid		
Condition If no, or no partner:		

**Question**

Below are some statements about older children's relationships with their natural parents. Please indicate how you think these apply in your situation.

**Rows**

1	The natural parent really loves this child
2	The natural parent often gets very irritated with this child
3	The natural parent dislikes the mess and noise that surrounds this child
4	This older child makes the natural parent pretty happy

5	The natural parent has frequent battles of will with this child
6	This older child is very affectionate to the natural parent
7	This older child gets on the natural parent's nerves
8	The natural parent seems to feel very close to this child

**Columns**

	Code
--	------

 s\_qD17

Name s_qD17	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Statement	
Condition	

**Statement Text**

This older child and your partner:

 qi\_D17 - D17

Name qi_D17	Label D17	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style
Condition		

**Question**

Below are some statements about your partner's relationships with children. Please indicate if you think these apply to your partner and the older child.

**Choices**

7	Have no partner
---	-----------------

 qg\_D17\_a-h - D17 a-h

Name qg_D17_a-h	Label D17 a-h	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Question Grid		
Condition		

**Question**

Below are some statements about your partner's relationships with children. Please indicate if you think these apply to your partner and the older child.

**Rows**

1	My partner really loves this child
2	My partner often gets very irritated with this child
3	My partner dislikes the mess and noise that surrounds this child
4	This older child makes my partner pretty happy
5	My partner has frequent battles of will with this child
6	This older child is very affectionate to my partner
7	This older child gets on my partner's nerves
8	My partner seems to feel very close to this child

**Columns**

	Code
--	------

### s\_qD18

Name s_qD18	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Statement	
Condition	

**Statement Text**

You and this older child:

### qg\_D18\_a-h - D18 a-h

Name qg_D18_a-h	Label D18 a-h	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD › The other children in the household:
Type Question Grid		
Condition		

**Question**


Below are some statements about relationships with children. Please indicate if you think these apply to you and this older child

**Rows**

1	I really love this child
2	I often get very irritated with this child
3	I dislike the mess and noise that surrounds this child
4	This older child makes me pretty happy
5	I have frequent battles of will with this child
6	This older child is very affectionate to me
7	This older child gets on my nerves
8	I feel very close to this child

**Columns**

	Code
--	------

 qg_D19_a-y - D19 a-y		
Name qg_D19_a-y	Label D19 a-y	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Question Grid		

**Question**

Now we are coming back to your 4 year old study child. The following statements apply to some children. Think about your study child's behaviour over the last six months.

**Rows**

1	Is considerate of other people's feelings
2	Is restless, overactive, cannot stay still for long
3	Often complains of headaches, stomach-aches or sickness

4	Shares readily with other children (treats, toys, pencils etc.)
5	Often has temper tantrums or hot tempers
6	Is rather solitary, tends to play alone
7	Is generally obedient, usually does what adults request
8	Has many worries, often seems worried
9	Is helpful if someone is hurt, upset or feeling ill
10	Is constantly fidgeting or squirming
11	Has at least one good friend
12	Often fights with other children or bullies them
13	Is often unhappy, down hearted or tearful
14	Is generally liked by other children
15	Is easily distracted, concentration wanders
16	Is nervous or clingy in new situations, easily loses confidence
17	Is kind to younger children
18	Often lies or cheats
19	Is picked on or bullied by other children
20	Often volunteers to help others (parents, teachers, other children)
21	Thinks things out before acting
22	Steals from home, school or elsewhere
23	Gets on better with adults than with other children
24	Has many fears, is easily scared
25	Sees tasks through to the end, has good attention span

**Columns**


	Code
--	------

 s\_qD20

Name	Location
s_qD20	Sequence › als pac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type	
Statement	

**Statement Text**

You and your study child:

 qg\_D20\_a-h - D20 a-h

Name qg_D20_a-h	Label D20 a-h	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Question Grid		

**Question**

Below are some statements about relationships with children. Please indicate how you think these apply in your situation

**Rows**

1	I really love this child
2	I often get very irritated with this child
3	I dislike the mess and noise that surrounds this child
4	This child makes me pretty happy
5	I have frequent battles of will with this child
6	This child is very affectionate to me
7	This child gets on my nerves
8	I feel very close to this child

**Columns**

	Code
--	------

 s\_qD21

Name s_qD21	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Statement	

**Statement Text**

Your partner and your study child:

 qi\_D21 - D21


Name qi_D21	Label D21	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

**Question**

Below are some statements about your partner's relationships with children. Please indicate how you think these apply in your situation.

**Choices**

7	Have no partner
---	-----------------

 qg_D21_a-h - D21 a-h		
Name qg_D21_a-h	Label D21 a-h	Location Sequence › alspac_95_mnq › SECTION D: YOUR HOUSEHOLD
Type Question Grid		
Condition		

**Question**

Below are some statements about your partner's relationships with children. Please indicate how you think these apply in your situation.

**Rows**

1	My partner really loves this child
2	My partner often gets very irritated with this child
3	My partner dislikes the mess and noise that surrounds this child
4	This child makes my partner pretty happy
5	My partner has frequent battles of will with this child
6	This child is very affectionate to my partner
7	This child gets on my partner's nerves
8	My partner seems to feel very close to this child

**Columns**

	Code
--	------

SECTION E YOUR PARTNER

Label SECTION E YOUR PARTNER	Location Sequence › alspac_95_mnq
Type Sequence	Order InOrderOfAppearance

 qi\_E1\_a - E1 a

Name qi_E1_a	Label E1 a	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Do you currently have a partner?

**Choices**

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

 s\_qE1a

Name s_qE1a	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Statement	

**Statement Text**

If no, go to Section F on page 46

 qi\_E1\_b - E1 b

Name qi_E1_b	Label E1 b	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition  
If yes,

**Question**

does your partner live with you?

**Choices**

1	Yes
2	No

 s\_qE1b

Name s_qE1b	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Statement	

Condition  
If yes,



**Statement Text**

If no, go to E2 below

qi_E1_c - E1 c		
Name	Label	Location
qi_E1_c	E1 c	Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type		
Duration		
Condition		
If yes,		
If yes,		

**Question**

how long have you lived together? ... years .. months

s_qE2	
Name	Location
s_qE2	Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type	
Statement	
Condition	
If yes,	

**Statement Text**

This 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_E2 - E2		
Name	Label	Location
qi_E2	E2	Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
If yes,		

**Question**

How would you assess your partner's physical health?

**Choices**


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

 s\_qE3

Name	Location
s_qE3	Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type	
Statement	
Condition	
If yes,	

**Statement Text**

Below are listed a number of conditions which might influence your partner's enjoyment of your study child. Please indicate whether he has had any of these in the past year.

 qi\_E3\_a - E3 a


Name	Label	Location
qi_E3_a	E3 a	Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
If yes,		

**Question**

In past year Partner had: headaches or migraine

**Choices**

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

 qi\_E3\_b - E3 b

Name	Label	Location
qi_E3_b	E3 b	Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
If yes,		

**Question**

In past year Partner had: indigestion

**Choices**

1	Yes, and saw a doctor
2	Yes, but did not see a doctor

3	No not at all
9	Do not know

 qi\_E3\_c - E3 c

Name qi_E3_c	Label E3 c	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

If yes,

**Question**

In past year Partner had: epilepsy

**Choices**

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

 qi\_E3\_d - E3 d

Name qi_E3_d	Label E3 d	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition


If yes,

**Question**

In past year Partner had: depression

**Choices**

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

 qi\_E3\_e - E3 e

Name qi_E3_e	Label E3 e	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
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Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

**Question**

In past year Partner had: anxiety or nerves

**Choices**

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

qi_E3_f - E3 f		
Name qi_E3_f	Label E3 f	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

**Question**

In past year Partner had: haemorrhoids/piles

**Choices**

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


qi_E3_g - E3 g		
Name qi_E3_g	Label E3 g	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

**Question**

In past year Partner had: cough or cold

**Choices**

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

 qi\_E3\_h - E3 h


Name qi_E3_h	Label E3 h	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

**Question**

In past year Partner had: influenza

**Choices**

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

 qi\_E3\_i - E3 i

Name qi_E3_i	Label E3 i	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

**Question**

In past year Partner had: bronchitis

**Choices**

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

 qi\_E3\_j - E3 j


Name qi_E3_j	Label E3 j	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

**Question**

In past year Partner had: high blood pressure (hypertension)

**Choices**

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


 qi_E3_k - E3 k		
Name qi_E3_k	Label E3 k	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

**Question**

In past year Partner had: diabetes

**Choices**

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

 qi_E3_l - E3 l		
Name qi_E3_l	Label E3 l	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

**Question**

In past year Partner had: schizophrenia

**Choices**

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

qi_E3_m - E3 m		
Name qi_E3_m	Label E3 m	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

**Question**

In past year Partner had: drink (alcohol) problem

**Choices**

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

qi_E3_n - E3 n		
Name qi_E3_n	Label E3 n	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

**Question**

In past year Partner had: stomach ulcers

**Choices**

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

qi\_E3\_o - E3 o

Name qi_E3_o	Label E3 o	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

**Question**

In past year Partner had: asthma or wheezing

**Choices**

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

qi\_E3\_p - E3 p

Name qi_E3_p	Label E3 p	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

**Question**

In past year Partner had: eczema

**Choices**

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

qi\_E3\_q - E3 q

Name qi_E3_q	Label E3 q	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style



Condition

If yes,

**Question**

In past year Partner had: psoriasis

**Choices**

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

qi\_E3\_r - E3 r

Name qi_E3_r	Label E3 r	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

If yes,

**Question**

In past year Partner had: arthritis

**Choices**

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

qi\_E3\_s - E3 s

Name qi_E3_s	Label E3 s	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

If yes,

**Question**

In past year Partner had: urinary infection

**Choices**

1	Yes, and saw a doctor
2	Yes, but did not see a doctor

3	No not at all
9	Do not know

### qi\_E3\_t - E3 t

Name qi_E3_t	Label E3 t	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

If yes,

#### Question

In past year Partner had: rheumatism

#### Choices

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

### qi\_E3\_u - E3 u

Name qi_E3_u	Label E3 u	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

If yes,

#### Question

In past year Partner had: back pain, sciatica or slipped disc

#### Choices

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

### qi\_E3\_v - E3 v

Name qi_E3_v	Label E3 v	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
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Type Multiple Choice, Text	Selection Type SelectOne	Display Style
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Condition  
If yes,

**Question**

In past year Partner had: 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

 qi\_E4 - E4

Name qi_E4	Label E4	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Integer	Low 0	High

Condition  
If yes,

**Question**

How many cigarettes per day does your partner currently smoke?

**Instructions**

(If none, put 00)

 qi\_E5\_a - E5 a

Name qi_E5_a	Label E5 a	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition  
If yes,

**Question**

Is your partner currently employed?

**Choices**

1	Yes
2	No

 s\_qE5a

Name s_qE5a	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Statement	
Condition If yes,	

**Statement Text**

If no, go to E6a below

? qi_E5_b - E5 b		
Name qi_E5_b	Label E5 b	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Text	Minimum Length	Maximum Length 255
Condition If yes, If yes,		

**Question**

What is his occupation?

? qi_E5_c - E5 c		
Name qi_E5_c	Label E5 c	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes, If yes,		

**Question**

Has he had the same type of job since this child was 2 1/2 years old?

**Choices**

1	Yes
2	No

? qi_E5_d - E5 d		
Name qi_E5_d	Label E5 d	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

If yes,  
If yes,**Question**

Does he work nights?

**Choices**

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

? qi\_E5\_e - E5 e

Name qi_E5_e	Label E5 e	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

If yes,  
If yes,**Question**

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

**Choices**

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

? qi\_E6\_a - E6 a

Name qi_E6_a	Label E6 a	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

If yes,

**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\_E6\_b - E6 b

Name qi_E6_b	Label E6 b	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

**Question**

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

**Choices**

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

 qg\_E7\_a-f - E7 a-f

Name qg_E7_a-f	Label E7 a-f	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Question Grid		
Condition If yes,		

**Question**

How often in a week, on average, would you and your 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\_E8\_a - E8 a

Name qi_E8_a	Label E8 a	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

**Question**

Which of the following statements about alcohol best applies to your 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\_qE8a

Name s_qE8a	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Statement	
Condition If yes,	

**Statement Text**

[\*by glass we mean a pub measure (1oz) of spirits, 1/2 pint of beer or cider or a wine glass of wine, etc.]

 qi\_E8\_b - E8 b

Name qi_E8_b	Label E8 b	Location Sequence › alspac_95_mnq › SECTION E YOUR PARTNER
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

If yes,

**Question**

How many days in the past month do you think he had the equivalent of 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
9	don't know

**SECTION F: CHEMICALS IN YOUR ENVIRONMENT**

Label SECTION F: CHEMICALS IN YOUR ENVIRONMENT	Location Sequence › alspac_95_mnq
Type Sequence	Order InOrderOfAppearance

 qg\_F1\_a-t - F1 a-t

Name qg_F1_a-t	Label F1 a-t	Location Sequence › alspac_95_mnq › SECTION F: CHEMICALS IN YOUR ENVIRONMENT
Type Question Grid		

**Question**

In the last year, how often have you used the following at home:

**Rows**

1	disinfectant
2	bleach
3	window cleaner
4	chemical carpet cleaner
5	oven/drain cleaner
6	dry cleaning fluid
7	turpentine/white spirit



8	paint stripper
9	household paint or varnish
10	weed killers
11	pesticides/insect killers
12	air fresheners (spray, stick or aerosol)
13	other aerosols or sprays including hair spray
14	vacuum cleaner
15	broom/carpet sweeper
16	glue
17	nail varnish/acetone
18	metal cleaners/degreasers polishers
20	petrol
21	moth repellent (moth balls)

**Columns**

	Code
--	------

qi_F1_u - F1 u		
Name qi_F1_u	Label F1 u	Location Sequence > alsjac_95_mnq > SECTION F: CHEMICALS IN YOUR ENVIRONMENT
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

**Question**

In the last year, how often have you used the following at home: other chemical (please tick and describe)

**Choices**

1	Every day
2	Most days
3	About once a week
4	Less than once a week
5	Not at all

qi_F2 - F2
------------

Name qi_F2	Label F2	Location Sequence › alspac_95_mnq › SECTION F: CHEMICALS IN YOUR ENVIRONMENT
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Is your study child ever exposed to chemicals or fumes outside the home?

**Choices**

1	Yes
2	No

 qi\_F2\_i - F2 i

Name qi_F2_i	Label F2 i	Location Sequence › alspac_95_mnq › SECTION F: CHEMICALS IN YOUR ENVIRONMENT
Type Text	Minimum Length	Maximum Length 255
Condition If yes,		

**Question**

please describe:

 qi\_F3\_a - F3 a


Name qi_F3_a	Label F3 a	Location Sequence › alspac_95_mnq › SECTION F: CHEMICALS IN YOUR ENVIRONMENT
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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

**Choices**

1	almost every day
2	2-5 times a week
3	once a week
4	rarely
5	never

 qi\_F3\_b - F3 b

Name qi_F3_b	Label F3 b	Location Sequence › alspac_95_mnq › SECTION F: CHEMICALS IN YOUR ENVIRONMENT
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

What type of fuel is used?

**Choices**

1	diesel
2	lead free petrol
3	other petrol

 qi\_F4 - F4

Name qi_F4	Label F4	Location Sequence › alspac_95_mnq › SECTION F: CHEMICALS IN YOUR ENVIRONMENT
Type Integer	Low 0	High

**Question**

About how many cigarettes do you smoke each day?

**Instructions**

(If none, put 00)

 qi\_F5\_i - F5 i

Name qi_F5_i	Label F5 i	Location Sequence › alspac_95_mnq › SECTION F: CHEMICALS IN 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 other 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\_F5\_ii - F5 ii

Name qi_F5_ii	Label F5 ii	Location Sequence › alspac_95_mnq › SECTION F: CHEMICALS IN 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 other 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

SECTION G: HEALTH SERVICES

Label SECTION G: HEALTH SERVICES	Location Sequence › alspac_95_mnq
Type Sequence	Order InOrderOfAppearance

 qg\_G1\_a-f - G1 a-f

Name qg_G1_a-f	Label G1 a-f	Location Sequence › alspac_95_mnq › SECTION G: HEALTH SERVICES
Type Question Grid		

**Question**

When your 'Children of the Nineties' child has a health problem, what do you do?

**Rows**

1	Contact the family doctor(GP)
2	Contact your health visitor
3	Ask the chemist about it
4	Seek advice from family and friends
5	Treat it yourself
6	Wait for it to clear up by itself

**Columns**

	Code
--	------

qi_G1_g - G1 g		
Name qi_G1_g	Label G1 g	Location Sequence › alspac_95_mnq › SECTION G: HEALTH SERVICES
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

**Question**

When your 'Children of the Nineties' child has a health problem, what do you do? Other (please tick and describe )

**Choices**

1	Always
2	Usually
3	Sometimes
4	Never

qi_G2 - G2		
Name qi_G2	Label G2	Location Sequence › alspac_95_mnq › SECTION G: HEALTH SERVICES
Type Integer	Low 0	High

**Question**

In the last 6 months, how many times have you taken your child to the doctor for a health problem? ... times


qi_G3_a - G3 a		
Name qi_G3_a	Label G3 a	Location Sequence › alspac_95_mnq › SECTION G: HEALTH SERVICES
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

When you take your child to the doctor because you think he/she has a health problem, does the doctor:  
Prescribe something

**Choices**

1	Always
2	Usually
3	Sometimes
4	Never
5	Not sure

 qi\_G3\_b - G3 b

Name qi_G3_b	Label G3 b	Location Sequence › alspac_95_mnq › SECTION G: HEALTH SERVICES
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

When you take your child to the doctor because you think he/she has a health problem, does the doctor: Refer  
your child to someone else

**Choices**

1	Always
2	Usually
3	Sometimes
4	Never
5	Not sure

 qi\_G4 - G4

Name qi_G4	Label G4	Location Sequence › alspac_95_mnq › SECTION G: HEALTH SERVICES
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

If your doctor has prescribed medicine or tablets for your child's health problems, have you usually: (tick one)

**Choices**

1	used it all up
2	used it until he/she seemed better

3	saved some in case he/she gets another attack
4	shared it with someone else who needed it
5	found it didn't agree with him/her and went back to the doctor
6	found it didn't agree with him/her and stopped giving it
7	Doctor didn't prescribe anything

### qg\_G5\_a-c - G5 a-c

Name qg_G5_a-c	Label G5 a-c	Location Sequence › alspac_95_mnq › SECTION G: HEALTH SERVICES
Type Question Grid		

#### Question

If you have ever taken your study child to the doctor for a health problem, has the doctor (or surgery nurse) explained all that you wanted to know:

#### Rows

1	About your child's problem
2	About the treatment or reason for no treatment
3	About what else you could do

#### Columns

	Code
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### qi\_G6 - G6

Name qi_G6	Label G6	Location Sequence › alspac_95_mnq › SECTION G: HEALTH SERVICES
Type Multiple Choice	Selection Type SelectOne	Display Style

#### Question

Does your study child attend nursery/playgroup/child-minder?

#### Choices

1	Yes
2	No

### qi\_G7\_a - G7 a


Name qi_G7_a	Label G7 a	Location Sequence › alspac_95_mnq › SECTION G: HEALTH SERVICES
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

When your child is unwell, do you: Let him/her go to nursery/playgroup/child-minder

**Choices**

1	Always
2	Usually
3	Sometimes
4	Never


 qi_G7_b - G7 b		
Name qi_G7_b	Label G7 b	Location Sequence › alspac_95_mnq › SECTION G: HEALTH SERVICES
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

**Question**

When your child is unwell, do you: Keep him/her at home

**Choices**

1	Always
2	Usually
3	Sometimes
4	Never

 qi_G7_c - G7 c		
Name qi_G7_c	Label G7 c	Location Sequence › alspac_95_mnq › SECTION G: HEALTH SERVICES
Type Multiple Choice, Text	Selection Type SelectOne	Display Style
Condition		


**Question**

When your child is unwell, do you: Make other arrangements (please tick and describe)



**Choices**

1	Always
2	Usually
3	Sometimes
4	Never

 qi\_G7\_d - G7 d

Name qi_G7_d	Label G7 d	Location Sequence › alspac_95_mnq › SECTION G: HEALTH SERVICES
Type Integer	Low 0	High
Condition		

**Question**

During the last 12 months, about how many days has he/she missed nursery/playgroup or not been with the child-minder because of illness? ... days

 qi\_G8\_a\_i - G8 a(i)

Name qi_G8_a_i	Label G8 a(i)	Location Sequence › alspac_95_mnq › SECTION G: HEALTH SERVICES
Type Integer	Low 0	High

**Question**

In the past 12 months, about how many times have you or your partner had to take time off work because of your child's illness or disability? Self ... times

 qi\_G8\_a\_ii - G8 a(ii)

Name qi_G8_a_ii	Label G8 a(ii)	Location Sequence › alspac_95_mnq › SECTION G: HEALTH SERVICES
Type Integer	Low 0	High

**Question**

In the past 12 months, about how many times have you or your partner had to take time off work because of your child's illness or disability? Partner ... times

 qi\_G8\_b\_i - G8 b(i)

Name qi_G8_b_i	Label G8 b(i)	Location Sequence › alspac_95_mnq › SECTION G: HEALTH SERVICES
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Type Integer	Low 0	High
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**Question**

How many days off does this add up to altogether? Self ... days

 qi\_G8\_b\_ii - G8 b(ii)

Name qi_G8_b_ii	Label G8 b(ii)	Location Sequence › alspac_95_mnq › SECTION G: HEALTH SERVICES
Type Integer	Low 0	High

**Question**

How many days off does this add up to altogether? Partner ... days

 qg\_G9\_a-e - G9 a-e

Name qg_G9_a-e	Label G9 a-e	Location Sequence › alspac_95_mnq › SECTION G: HEALTH SERVICES
Type Question Grid		

**Question**

If you or your partner had to take time off because of your child's health problems, did you usually: (tick as many as apply)

**Rows**

1	lose pay
2	take it as holiday
3	say you were ill or give some other reason
4	make up the time later
5	haven't taken time off work/not working

**Columns**

	Code
	Code
	Code
	Code

 qi\_G10 - G10

Name qi_G10	Label G10	Location Sequence › alspac_95_mnq › SECTION G: HEALTH SERVICES
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Type Multiple Choice	Selection Type SelectOne	Display Style
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**Question**

Thinking of the last 6 months, can you say how much your study child's health problems have cost the family? Please add up carefully all the costs you can think of (e.g: for travel to the doctor counted at 15p per mile, loss of pay, extra medicines, extra child-care, etc.)

**Choices**

0	nothing
1	up to £10
2	£11-£30
3	£31-£100
4	over £100
5	not sure

 qi\_G11 - G11

Name qi_G11	Label G11	Location Sequence › alspac_95_mnq › SECTION G: HEALTH SERVICES
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

**Question**

How much of a burden has this been for your household finances?

**Choices**

1	small
2	moderate
3	heavy
4	no problem

 qi\_G12 - G12

Name qi_G12	Label G12	Location Sequence › alspac_95_mnq › SECTION G: HEALTH SERVICES
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Do your child's health problems mean you need to give him/her more attention than you would otherwise do?

**Choices**

1	no
2	a little more
3	more than a little
4	a lot more

 qi\_G13\_i - G13 i

Name qi_G13_i	Label G13 i	Location Sequence › alspac_95_mnq › SECTION G: HEALTH SERVICES
Type Integer	Low 0	High

**Question**

How much time have you lost for leisure activities because of these problems? Self ... hours

**Instructions**

(Please total it up over 6 months; if more than 99, put 99)

 qi\_G13\_ii - G13 ii

Name qi_G13_ii	Label G13 ii	Location Sequence › alspac_95_mnq › SECTION G: HEALTH SERVICES
Type Integer	Low 0	High

**Question**

How much time have you lost for leisure activities because of these problems? Partner ... hours

**Instructions**


(Please total it up over 6 months; if more than 99, put 99)

 s\_qG14

Name s_qG14	Location Sequence › alspac_95_mnq › SECTION G: HEALTH SERVICES
Type Statement	

**Statement Text**

The statements below describe the ways some mothers feel about the health services. We would be grateful if you could indicate what your own feelings are.

 qi\_G14\_a - G14 a

Name qi_G14_a	Label G14 a	Location Sequence › alspac_95_mnq › SECTION G: HEALTH SERVICES
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Type Multiple Choice	Selection Type SelectOne	Display Style
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**Question**

The health visitor never seems to have time to talk and explain things to 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\_G14\_b - G14 b

Name qi_G14_b	Label G14 b	Location Sequence › alspac_95_mnq › SECTION G: HEALTH SERVICES
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

I don't have any confidence in doctors.

**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\_G14\_c - G14 c


Name qi_G14_c	Label G14 c	Location Sequence › alspac_95_mnq › SECTION G: HEALTH SERVICES
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

I know that if my child was very ill, my doctor would come quickly.

**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\_G14\_d - G14 d


Name qi_G14_d	Label G14 d	Location Sequence › alspac_95_mnq › SECTION G: HEALTH SERVICES
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

The health visitor gives very helpful advice.

**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\_G14\_e - G14 e


Name qi_G14_e	Label G14 e	Location Sequence › alspac_95_mnq › SECTION G: HEALTH SERVICES
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

The doctor in the clinic is always helpful.

**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\_G14\_f - G14 f

Name qi_G14_f	Label G14 f	Location Sequence › alspac_95_mnq › SECTION G: HEALTH SERVICES
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

I don't think I could have coped well without the health visitor to help and advise 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\_G14\_i - G14 i

Name qi_G14_i	Label G14 i	Location Sequence › alspac_95_mnq › SECTION G: HEALTH SERVICES
Type Text	Minimum Length	Maximum Length

#### Question

Space for comments:

### s\_outro\_i

Name s_outro_i	Location Sequence › alspac_95_mnq
Type Statement	

#### Statement Text

THANK YOU VERY MUCH FOR YOUR HELP

### qi\_H1\_a - H1 a

Name qi_H1_a	Label H1 a	Location Sequence › alspac_95_mnq
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

#### Question

This questionnaire was completed by: child's mother

#### Choices

1	Yes
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### qi\_H1\_b - H1 b

Name qi_H1_b	Label H1 b	Location Sequence › alspac_95_mnq
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

#### Question

This questionnaire was completed by: child's father

#### Choices

1	Yes
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### qi\_H1\_c - H1 c

Name	Label	Location
qi_H1_c	H1 c	Sequence › alspac_95_mnq
Type	Selection Type	Display Style
Multiple Choice, Text	SelectUpToN (1)	

#### Question

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

#### Choices

1	Yes
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### qi\_H2 - H2

Name	Label	Location
qi_H2	H2	Sequence › alspac_95_mnq
Type		
Date		

#### Question

Please give the date on which you completed this questionnaire:

### qi\_H3 - H3

Name	Label	Location
qi_H3	H3	Sequence › alspac_95_mnq
Type		
Date		

#### Question

Please give your date of birth:

### qi\_outro\_i - outro i

Name	Label	Location
qi_outro_i	outro i	Sequence › alspac_95_mnq
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_95_mnq
Type	
Statement	



**Statement Text**

NB Please remember that we cannot respond personally to your comments unless they are signed.

 s_outro_iii	
Name s_outro_iii	Location Sequence › alspac_95_mnq
Type Statement	

**Statement Text**

When completed, please return the questionnaire to: Dr. Jean Golding, Children of the Nineties - ALSPAC  
Institute of Child Health 24 Tyndall Avenue Bristol BS8 1BR Tel: Bristol 928 5007