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Study Partner's Questionnaire

closer:sourceFileName

alspac_96_spq

Instrument Locations

- https://discovery.closer.ac.uk/files/instruments/alspac_96_spq-576bd646d4ea89a458aaf9ee4bd45c01.pdf

alspac_96_spq

Label alspac_96_spq	Location Sequence
Type Sequence	Order InOrderOfAppearance

 s_intro_i

Name s_intro_i	Location Sequence › alspac_96_spq
Type Statement	

Statement Text


STUDY PARTNER'S QUESTIONNAIRE

 s_intro_ii

Name s_intro_ii	Location Sequence › alspac_96_spq
Type Statement	

Statement Text

This questionnaire asks about your lifestyle and the role you have in bringing up a child and any problems you have.

 s_intro_iii

Name s_intro_iii	Location Sequence › alspac_96_spq
Type Statement	

Statement Text

It asks you a number of questions. To answer please tick the box which is most accurate in your opinion.

 s_intro_iv

Name	Location
s_intro_iv	Sequence › alspac_96_spq
Type	
Statement	

Statement Text

Please answer all questions if you can, even if some are similar to those you may have answered before. 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 think.

 s_intro_v

Name	Location
s_intro_v	Sequence › alspac_96_spq
Type	
Statement	

Statement Text

All answers are confidential

 s_intro_vi

Name	Location
s_intro_vi	Sequence › alspac_96_spq
Type	
Statement	

Statement Text

THANK YOU VERY MUCH FOR YOUR HELP

SECTION A: YOUR HEALTH

Label	Location
SECTION A: YOUR HEALTH	Sequence › alspac_96_spq
Type	Order
Sequence	InOrderOfAppearance

 qi_A1 - A1

Name	Label	Location
qi_A1	A1	Sequence › alspac_96_spq › SECTION A: YOUR HEALTH
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

Question

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

Choices

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

qg_A2_a-w - A2 a-w		
Name qg_A2_a-w	Label A2 a-w	Location Sequence › alspac_96_spq › SECTION A: YOUR HEALTH
Type Question Grid		

Question

Have you had any of the following in the past year (since your study child was 4 years old)?

Rows

1	anxiety or 'nerves'
2	depression
3	headache or migraine
4	epilepsy
5	back pain, sciatica, slipped disc
6	indigestion
7	high blood pressure
8	cough or cold
9	diabetes
10	haemorrhoids/piles
11	schizophrenia
12	influenza
13	alcohol problem
14	wheezing or asthma
15	bronchitis
16	stomach ulcer
17	eczema
18	psoriasis
19	arthritis
20	rheumatism

21	urinary infection
22	syphilis
23	gonorrhoea

Columns

	Code
--	------

qi_A2_x - A2 x		
Name qi_A2_x	Label A2 x	Location Sequence › alspac_96_spq › SECTION A: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you had any of the following in the past year (since your study child was 4 years old)? other problems (please tick & describe)

Choices

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

qg_A3_a-o - A3 a-o		
Name qg_A3_a-o	Label A3 a-o	Location Sequence › alspac_96_spq › SECTION A: YOUR HEALTH
Type Question Grid		

Question

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

Rows

1	sleeping pills
2	vitamins
3	cannabis/marihuana
4	tranquillisers
5	pills for depression
6	hormone tablets
7	antibiotics

8	aspirin
9	paracetamol
10	other painkillers
11	amphetamines or other stimulants
12	iron
13	heroin, methadone, crack, cocaine
14	anticonvulsants
15	steroids

Columns

	Code
--	------

 qg_A3_p-r - A3 p-r		
Name qg_A3_p-r	Label A3 p-r	Location Sequence › alspac_96_spq › SECTION A: YOUR HEALTH
Type Question Grid		

Question

In the past year how often have you taken the following? other pill, medicine, drug or treatment (please describe each and state how frequently taken)

Columns

	Code
--	------

 qg_A4 - A4		
Name qg_A4	Label A4	Location Sequence › alspac_96_spq › SECTION A: YOUR HEALTH
Type Question Grid		

Question

Please list all the drugs, medicines and 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

qi_A5_a - A5 a		
Name qi_A5_a	Label A5 a	Location Sequence › alspac_96_spg › SECTION A: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since your study child was 4 years old have you had to go and stay in hospital?

Choices

1	Yes
2	No

s_qA5a	
Name s_qA5a	Location Sequence › alspac_96_spg › SECTION A: YOUR HEALTH
Type Statement	

Statement Text

If no, go to A6 below

qi_A5_b - A5 b		
Name qi_A5_b	Label A5 b	Location Sequence › alspac_96_spq › SECTION A: YOUR HEALTH
Type Integer	Low 0	High
Condition If yes,		

Question

how many times?

qi_A5_c - A5 c		
Name qi_A5_c	Label A5 c	Location Sequence › alspac_96_spq › SECTION A: YOUR HEALTH
Type Integer	Low 0	High
Condition If yes,		

Question

for how many different reasons?

I_qA5		
Name I_qA5	Member Label	Location Sequence › alspac_96_spq › SECTION A: YOUR HEALTH
Type Roster	Iteration Source (max)	Display Style
Condition If yes,		

qi_A5_i - A5 i		
Name qi_A5_i	Label A5 i	Location Sequence › alspac_96_spq › SECTION A: YOUR HEALTH › I_qA5
Type Text	Minimum Length	Maximum Length 255
Condition If yes,		

Question

Reason for each hospital stay:

qi_A5_ii - A5 ii

Name qi_A5_ii	Label A5 ii	Location Sequence › alspac_96_spq › SECTION A: YOUR HEALTH › I_qA5
Type Integer	Low 0	High
Condition If yes,		

Question

How long did you stay? ... nights

qg_A6_a-v - A6 a-v

Name qg_A6_a-v	Label A6 a-v	Location Sequence › alspac_96_spq › SECTION A: YOUR HEALTH
Type Question Grid		

Question

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

Rows

1	backache
2	headache or migraine
3	urinary infection
4	nausea
5	vomiting
6	diarrhoea
7	haemorrhoids or piles
8	feeling weepy/tearful
9	feeling irritable
10	feeling exhausted
11	varicose veins
12	passing urine very often
13	problem holding urine when you jump, sneeze etc.
14	indigestion
15	feeling dizzy/fainting
16	flashing lights/spots before eyes

17	shoulder ache
18	tingling in hands/fingers
19	tingling in feet/toes
20	neck ache
21	feeling depressed
22	pain in your knee(s)

Columns

	Code
--	------

qi_A6_w - A6 w		
Name qi_A6_w	Label A6 w	Location Sequence › alspac_96_spq › SECTION A: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	Almost all the time
2	Sometimes
3	Once
4	Not at all

qi_A7_a - A7 a		
Name qi_A7_a	Label A7 a	Location Sequence › alspac_96_spq › SECTION A: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever had pain in one or both of your knees lasting for at least a month?

Choices

1	Yes, one
2	Yes, both
3	No

 s_qA7a

Name s_qA7a	Location Sequence › alspac_96_spq › SECTION A: YOUR HEALTH
Type Statement	

Statement Text

If no, go to A8 below

 qi_A7_b - A7 b

Name qi_A7_b	Label A7 b	Location Sequence › alspac_96_spq › SECTION A: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

about how old were you when this first happened?

Choices

1	Less than 10
2	10-13
3	14-16
4	17-19
5	20 or more

 qi_A7_c - A7 c

Name qi_A7_c	Label A7 c	Location Sequence › alspac_96_spq › SECTION A: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

Have you had pain in your knees in the past month?

Choices

1	Yes
2	No

 qi_A8_a - A8 a

Name qi_A8_a	Label A8 a	Location Sequence › alspac_96_spq › SECTION A: YOUR HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How often are you having sexual intercourse now?

Choices

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

 qi_A8_b - A8 b

Name qi_A8_b	Label A8 b	Location Sequence › alspac_96_spq › 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

SECTION B: YOUR OPINION OF YOURSELF


Label SECTION B: YOUR OPINION OF YOURSELF	Location Sequence › alspac_96_spq
Type Sequence	Order InOrderOfAppearance

 s_sectionb

Name s_sectionb	Location Sequence › alspac_96_spq › SECTION B: YOUR OPINION OF YOURSELF
Type Statement	

Statement Text

Below are some statements. Please say how true they are of you.

 qi_B1 - B1


Name qi_B1	Label B1	Location Sequence › alspac_96_spq › SECTION B: YOUR OPINION OF YOURSELF
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

I feel that I am a person of worth, at least equal to others.

Choices

1	Almost always
2	Often true
3	Sometimes true
4	Seldom true
5	Never true

 qi_B2 - B2

Name qi_B2	Label B2	Location Sequence › alspac_96_spq › SECTION B: YOUR OPINION OF YOURSELF
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

I feel I have a number of good qualities.

Choices

1	Almost always
2	Often true
3	Sometimes true

4	Seldom true
5	Never true

 qi_B3 - B3

Name qi_B3	Label B3	Location Sequence › alspac_96_spq › SECTION B: YOUR OPINION OF YOURSELF
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

I am able to do things as well as most other people.

Choices

1	Almost always
2	Often true
3	Sometimes true
4	Seldom true
5	Never true

 qi_B4 - B4

Name qi_B4	Label B4	Location Sequence › alspac_96_spq › SECTION B: YOUR OPINION OF YOURSELF
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

I feel I do not have much to be proud of.

Choices

1	Almost always
2	Often true
3	Sometimes true
4	Seldom true
5	Never true

 qi_B5 - B5

Name qi_B5	Label B5	Location Sequence › alspac_96_spq › SECTION B: YOUR OPINION OF YOURSELF
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

I take a positive attitude towards myself.

Choices

1	Almost always
2	Often true
3	Sometimes true
4	Seldom true
5	Never true

 qi_B6 - B6

Name qi_B6	Label B6	Location Sequence › alspac_96_spq › SECTION B: YOUR OPINION OF YOURSELF
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Sometimes I think I am no good at all.

Choices

1	Almost always
2	Often true
3	Sometimes true
4	Seldom true
5	Never true

 qi_B7 - B7

Name qi_B7	Label B7	Location Sequence › alspac_96_spq › SECTION B: YOUR OPINION OF YOURSELF
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

I am a useful person to have around.

Choices

1	Almost always
2	Often true
3	Sometimes true
4	Seldom true
5	Never true

qi_B8 - B8		
Name qi_B8	Label B8	Location Sequence › alspac_96_spq › SECTION B: YOUR OPINION OF YOURSELF
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

I feel I cannot do anything right.

Choices

1	Almost always
2	Often true
3	Sometimes true
4	Seldom true
5	Never true

qi_B9 - B9		
Name qi_B9	Label B9	Location Sequence › alspac_96_spq › SECTION B: YOUR OPINION OF YOURSELF
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

When I do a job I do it well.

Choices

1	Almost always
2	Often true

3	Sometimes true
4	Seldom true
5	Never true

 qi_B10 - B10

Name qi_B10	Label B10	Location Sequence › alspac_96_spq › SECTION B: YOUR OPINION OF YOURSELF
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

I feel that my life is not very useful.

Choices

1	Almost always
2	Often true
3	Sometimes true
4	Seldom true
5	Never true

 qi_B11 - B11

Name qi_B11	Label B11	Location Sequence › alspac_96_spq › SECTION B: YOUR OPINION OF YOURSELF
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

I am unlucky.

Choices

1	Almost always
2	Often true
3	Sometimes true
4	Seldom true
5	Never true

SECTION C: YOUR FEELINGS

Label SECTION C: YOUR FEELINGS	Location Sequence › alspac_96_spq
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Type	Order
Sequence	InOrderOfAppearance

s_sectionc_i	
Name	Location
s_sectionc_i	Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS
Type	
Statement	

Statement Text

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

s_sectionc_ii	
Name	Location
s_sectionc_ii	Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS
Type	
Statement	

Statement Text

Please indicate the way you feel.

qi_C1 - C1		
Name	Label	Location
qi_C1	C1	Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

Question

Do you feel upset for no obvious reason?

Choices

1	Very often
2	Often
3	Not very often
4	Never

qi_C2 - C2


Name qi_C2	Label C2	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you get troubled by dizziness or shortness of breath?

Choices

1	Very often
2	Often
3	Not very often
4	Never


 qi_C3 - C3		
Name qi_C3	Label C3	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you felt as though you might faint?

Choices

1	Very often
2	Often
3	Not very often
4	Never

 qi_C4 - C4		
Name qi_C4	Label C4	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you feel sick or have indigestion?

Choices

1	Very often
2	Often

3	Not very often
4	Never

qi_C5 - C5		
Name qi_C5	Label C5	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you feel that life is too much effort?

Choices

1	Very often
2	Often
3	Not very often
4	Never

qi_C6 - C6		
Name qi_C6	Label C6	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you feel uneasy and restless?

Choices

1	Very often
2	Often
3	Not very often
4	Never

qi_C7 - C7		
Name qi_C7	Label C7	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	Very often
2	Often
3	Not very often
4	Never

 qi_C8 - C8

Name qi_C8	Label C8	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you regret much of your past behaviour?

Choices

1	Very often
2	Often
3	Not very often
4	Never

 qi_C9 - C9

Name qi_C9	Label C9	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you sometimes feel panicky?

Choices

1	Very often
2	Often
3	Not very often
4	Never

 qi_C10 - C10

Name qi_C10	Label C10	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you find that you have little or no appetite?

Choices

1	Very often
2	Often
3	Not very often
4	Never

 qi_C11 - C11

Name qi_C11	Label C11	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you wake unusually early in the morning even when you haven't been woken by your children?

Choices

1	Very often
2	Often
3	Not very often
4	Never

 qi_C12 - C12

Name qi_C12	Label C12	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you worry a lot?

Choices

1	Very often
---	------------

2	Often
3	Not very often
4	Never

 qi_C13 - C13

Name qi_C13	Label C13	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you feel tired or exhausted?

Choices

1	Very often
2	Often
3	Not very often
4	Never

 qi_C14 - C14

Name qi_C14	Label C14	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you experience long periods of sadness?

Choices

1	Very often
2	Often
3	Not very often
4	Never

 qi_C15 - C15

Name qi_C15	Label C15	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you feel strung-up inside?

Choices

1	Very often
2	Often
3	Not very often
4	Never

 qi_C16 - C16

Name qi_C16	Label C16	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Can you go to sleep all right?

Choices

1	Very often
2	Often
3	Not very often
4	Never

 qi_C17 - C17

Name qi_C17	Label C17	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you ever have the feeling you are going to pieces?

Choices

1	Very often
2	Often
3	Not very often
4	Never

 qi_C18 - C18

Name qi_C18	Label C18	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	Very often
2	Often
3	Not very often
4	Never

 qi_C19 - C19

Name qi_C19	Label C19	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you find yourself needing to cry?

Choices

1	Very often
2	Often
3	Not very often
4	Never

 qi_C20 - C20

Name qi_C20	Label C20	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	Very often
---	------------

2	Often
3	Not very often
4	Never

 qi_C21 - C21

Name qi_C21	Label C21	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you lose the ability to feel sympathy for others?

Choices

1	Very often
2	Often
3	Not very often
4	Never

 qi_C22 - C22

Name qi_C22	Label C22	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Can you think as quickly as you used to?

Choices

1	Very often
2	Often
3	Not very often
4	Never

 qi_C23 - C23

Name qi_C23	Label C23	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	Very often
2	Often
3	Not very often
4	Never

Your feelings in the past week.

Label Your feelings in the past week.	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS
Type Sequence	Order InOrderOfAppearance

qi_C24 - C24

Name qi_C24	Label C24	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS › Your feelings in the past week.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

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

qi_C25 - C25

Name qi_C25	Label C25	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS › Your feelings in the past week.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

I have looked forward with enjoyment to things:

Choices

1	As much as I ever did
2	Rather less than I used to
3	Definitely less than I used to
4	Hardly at all

 qi_C26 - C26

Name qi_C26	Label C26	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS › Your feelings in the past week.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

I have blamed myself unnecessarily when things went wrong:

Choices

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

 qi_C27 - C27


Name qi_C27	Label C27	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS › Your feelings in the past week.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

I have been anxious or worried for no good reason:

Choices

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

 s_qC28

Name s_qC28	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS › Your feelings in the past week.
Type Statement	

Statement Text

In the past week:

? qi_C28 - C28		
Name qi_C28	Label C28	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS › Your feelings in the past week.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

I have felt scared or panicky for no good reason:

Choices

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

? qi_C29 - C29		
Name qi_C29	Label C29	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS › Your feelings in the past week.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Things have been getting on top of me:

Choices

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

 qi_C30 - C30

Name qi_C30	Label C30	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS › Your feelings in the past week.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

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

 qi_C31 - C31

Name qi_C31	Label C31	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS › Your feelings in the past week.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

I have felt sad or miserable:

Choices

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

 s_qC32

Name s_qC32	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS › Your feelings in the past week.
Type Statement	

Statement Text

In the past week:

 qi_C32 - C32

Name qi_C32	Label C32	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS › Your feelings in the past week.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

I have been so unhappy that I have been crying:

Choices

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

 qi_C33 - C33

Name qi_C33	Label C33	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS › Your feelings in the past week.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

The thought of harming myself has occurred to me:

Choices

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

 qi_C34 - C34

Name qi_C34	Label C34	Location Sequence › alspac_96_spq › SECTION C: YOUR FEELINGS › Your feelings in the past week.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

On the whole are there more good days than bad?

Choices

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

SECTION D: RECENT EVENTS

Label SECTION D: RECENT EVENTS	Location Sequence › alspac_96_spq
Type Sequence	Order InOrderOfAppearance

qg_D1-D41 - D1-D41

Name qg_D1-D41	Label D1-D41	Location Sequence › alspac_96_spq › SECTION D: RECENT EVENTS
Type Question Grid		

Question

Listed below are a number of events which may have brought changes in your life. Have any of these occurred in the past year (since your study child was 4). If so, please assess how much effect it had on you.

Rows

1	Your partner died
2	One of your children died
3	A friend or relative died
4	One of your children was ill
5	Your partner was ill
6	A friend or relative was ill
7	You were admitted to hospital
8	You were in trouble with the law
9	You were divorced
10	You found that your partner didn't want your child
11	You were very ill
12	Your partner lost her job
13	Your partner had problems at work
14	You had problems at work

15	You lost your job
16	Your partner went away
17	Your partner was in trouble with the law
18	You and your partner separated
19	Your income was reduced
20	You argued with your partner
21	You argued with your family and friends
22	You moved house
23	Your partner was physically cruel to you
24	You became homeless
25	You had a major financial problem
26	You got married
27	Your partner was physically cruel to your children
28	You were physically cruel to your children
29	You attempted suicide
30	You were convicted of an offence
31	Your partner became pregnant
32	You started a new job
33	Your partner had a miscarriage
34	Your partner had an abortion
35	You took an examination
36	Your partner was emotionally cruel to you
37	Your partner was emotionally cruel to your children
38	You were emotionally cruel to your children
39	Your house or car was burgled
40	Your partner started a new job
41	A pet died

Columns

	Code
--	------

Name qi_D42	Label D42	Location Sequence › alspac_96_spq › SECTION D: RECENT EVENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Listed below are a number of events which may have brought changes in your life. Have any of these occurred in the past year (since your study child was 4). If so, please assess how much effect it had on you. You had an accident (please tick & 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_D43_a - D43 a

Name qi_D43_a	Label D43 a	Location Sequence › alspac_96_spq › SECTION D: 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_qD43a

Name s_qD43a	Location Sequence › alspac_96_spq › SECTION D: RECENT EVENTS
Type Statement	

Statement Text

If no, go to Section E on page 19

 qi_D43_b - D43 b

Name qi_D43_b	Label D43 b	Location Sequence › alspac_96_spq › SECTION D: RECENT EVENTS
Type Text	Minimum Length	Maximum Length 255
Condition If yes,		

Question

please describe:

? qi_D43_c - D43 c		
Name qi_D43_c	Label D43 c	Location Sequence › alspac_96_spq › SECTION D: 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

SECTION E: YOUR OCCUPATION AND LIFESTYLE

Label SECTION E: YOUR OCCUPATION AND LIFESTYLE	Location Sequence › alspac_96_spq
Type Sequence	Order InOrderOfAppearance

? qi_E1_a - E1 a		
Name qi_E1_a	Label E1 a	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

In the last year have you worked at all?

Choices

1	no
2	yes, paid work at home
3	yes, paid work outside home
4	yes, paid work both at home and outside home

s_qE1a		
Name s_qE1a	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE	
Type Statement		

Statement Text

If no, go to Question E7 on page 22

qi_E1_b - E1 b		
Name qi_E1_b	Label E1 b	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Integer	Low 0	High
Condition If yes,		

Question

how old was this study child when you started your most recent job? ... years ... months

Instructions

(If started before the child was born put 0 00)

qi_E1_c - E1 c		
Name qi_E1_c	Label E1 c	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

are you still working?

Choices

1	Yes
2	No

qi_E1_c_i - E1 c(i)		
Name qi_E1_c_i	Label E1 c(i)	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Date		
Condition If no, If yes,		

Question

when did you finish?

s_qE1ci	
Name s_qE1ci	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Statement	
Condition If no, If yes,	

Statement Text

Now go to E7 on page 22

qi_E1_c_ii - E1 c(ii)		
Name qi_E1_c_ii	Label E1 c(ii)	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Integer	Low 0	High
Condition If yes, If yes,		

Question

how many jobs are you now doing?

s_qE1d	
Name s_qE1d	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Statement	
Condition If yes, If yes,	

Statement Text

As far as you can, please describe your actual job, occupation, trade or profession. (Use precise terms such as radio mechanic, woodworking machinist, toolroom foreman. If the occupation is known by a special name, please use that name. If in HM Forces, give the rank in addition to the actual job. Please also describe the type of industry or service given: i.e. give details of what is made, materials used, or services given).

Your present job or last main job.

Label Your present job or last main job.	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Sequence	Order InOrderOfAppearance
Condition If yes, If yes,	

qi_E1_d_i - E1 d(i)		
Name qi_E1_d_i	Label E1 d(i)	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE › Your present job or last main job.
Type Text	Minimum Length	Maximum Length 255
Condition If yes, If yes,		

Question

Actual job, occupation, trade or profession

qi_E1_d_ii - E1 d(ii)

Name qi_E1_d_ii	Label E1 d(ii)	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE › Your present job or last main job.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes, If yes,		

Question

Please tick which of the following apply to you:

Choices

1	foreman
2	manager
3	supervisor
4	leading hand
5	self-employed
6	none of these

 qi_E1_d_iii - E1 d(iii)

Name qi_E1_d_iii	Label E1 d(iii)	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE › Your present job or last main job.
Type Text	Minimum Length	Maximum Length 255
Condition If yes, If yes,		

Question

Type of industry or service given (main things done in job):

 qi_E1_e - E1 e

Name qi_E1_e	Label E1 e	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE › Your present job or last main job.
Type Integer	Low 0	High 168

Condition
If yes,
If yes,

Question

How many hours a week altogether do you now work? ... hours

qi_E1_e_i - E1 e(i)

Name qi_E1_e_i	Label E1 e(i)	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE › Your present job or last main job.
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition
If yes,
If yes,

Question

Does this include weekends ?

Choices

1	Yes
2	No
3	Sometimes

qi_E1_e_ii - E1 e(ii)

Name qi_E1_e_ii	Label E1 e(ii)	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE › Your present job or last main job.
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition
If yes,
If yes,

Question

Do you work in the evenings or at night?

Choices

1	Yes
2	No
3	Sometimes

qi_E1_f - E1 f		
Name qi_E1_f	Label E1 f	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE › Your present job or last main job.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes, If yes,		

Question

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

Choices

1	very little effort, mostly sitting
2	some physical effort
3	quite a lot of physical effort
4	considerable physical effort

qi_E2 - E2		
Name qi_E2	Label E2	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE › Your present job or last main job.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes, If yes,		

Question

Are you working at the same status as you were 5 years ago?

Choices

1	no, lower level
2	yes, same level
3	no, higher level
7	didn't work 5 years ago

qi_E3 - E3		
Name qi_E3	Label E3	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE › Your present job or last main job.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes, If yes,		

Question

Do you find your job satisfying?

Choices

1	Yes
2	No
3	Sometimes

qi_E4_a - E4 a		
Name qi_E4_a	Label E4 a	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE › Your present job or last main job.
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style
Condition If yes, If yes,		

Question

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

Choices

7	Work at home
---	--------------

qi_E4_a_i - E4 a(i)		
Name qi_E4_a_i	Label E4 a(i)	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE › Your present job or last main job.
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition
If yes,
If yes,

Question

How do you usually travel to work? (Tick all that apply) public transport (bus, train)

Choices

1	Yes
2	No

qi_E4_a_ii - E4 a(ii)

Name qi_E4_a_ii	Label E4 a(ii)	Location Sequence › alspac_96_spg › SECTION E: YOUR OCCUPATION AND LIFESTYLE › Your present job or last main job.
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition
If yes,
If yes,

Question

How do you usually travel to work? (Tick all that apply) car

Choices

1	Yes
2	No

qi_E4_a_iii - E4 a(iii)

Name qi_E4_a_iii	Label E4 a(iii)	Location Sequence › alspac_96_spg › SECTION E: YOUR OCCUPATION AND LIFESTYLE › Your present job or last main job.
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition
If yes,
If yes,

Question

How do you usually travel to work? (Tick all that apply) cycle

Choices

1	Yes
2	No

 qi_E4_a_iv - E4 a(iv)

Name qi_E4_a_iv	Label E4 a(iv)	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE › Your present job or last main job.
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

If yes,
If yes,

Question

How do you usually travel to work? (Tick all that apply) walk

Choices

1	Yes
2	No

 qi_E4_a_v - E4 a(v)

Name qi_E4_a_v	Label E4 a(v)	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE › Your present job or last main job.
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

If yes,
If yes,

Question

How do you usually travel to work? (Tick all that apply) other

Choices

1	Yes
2	No

qi_E4_b_i - E4 b(i)		
Name qi_E4_b_i	Label E4 b(i)	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE › Your present job or last main job.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes, If yes,		

Question

How long does it usually take: to travel to work

Choices

1	Less than 15 mins
2	15-29 mins
3	30-59 mins
4	An hour or more

qi_E4_b_ii - E4 b(ii)		
Name qi_E4_b_ii	Label E4 b(ii)	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE › Your present job or last main job.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes, If yes,		

Question

How long does it usually take: to travel home from work

Choices

1	Less than 15 mins
2	15-29 mins
3	30-59 mins
4	An hour or more

qg_E5_a-b - E5 a-b		
Name qg_E5_a-b	Label E5 a-b	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE › Your present job or last main job.
Type Question Grid		
Condition If yes, If yes,		

Question

Below are statements about how working affects being a parent. Please indicate which is true for you:

Rows

1	I enjoy seeing my child after work
2	After a day working I find it hard to cope with a young child

Columns

	Code
--	------


qi_E6_a - E6 a		
Name qi_E6_a	Label E6 a	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE › Your present job or last main job.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes, If yes,		

Question

Do you worry about your study child when you are at work?

Choices

1	Yes
2	Yes, sometimes
3	No

 qi_E6_b - E6 b


Name qi_E6_b	Label E6 b	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE › Your present job or last main job.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes, If yes,		

Question

Does he/she make a fuss when you leave him/her?

Choices

1	Yes
2	No

 qi_E7_a - E7 a

Name qi_E7_a	Label E7 a	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If you are not working:		

Question

Have you chosen not to work so that you can stay at home with your child?

Choices

1	No
2	Yes

 s_qE7a

Name s_qE7a	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Statement	
Condition If you are not working:	

Statement Text

If yes, go to E8 on page 23

qi_E7_b - E7 b		
Name qi_E7_b	Label E7 b	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If no, If you are not working:		

Question

Have you been looking for work?

Choices

1	Yes
2	No

qi_E7_c - E7 c		
Name qi_E7_c	Label E7 c	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Integer	Low 0	High
Condition If no, If you are not working:		

Question

how long have you been seeking work? ... months

qg_E8_a - E8 a		
Name qg_E8_a	Label E8 a	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Question Grid		

Question

Please list all previous paid jobs since the day the study child was born:

Rows

1	1
2	2
3	3
4	4
5	5

Columns

Hours in week	Numeric
Month in year	Numeric
Year	Numeric
Month in year	Numeric
Year	Numeric
Generic text	Text
Month in year	Numeric
Month in year	Numeric
Generic text	Text
Hours in week	Numeric
Year	Numeric
Year	Numeric
Generic text	Text
Year	Numeric
Month in year	Numeric
Year	Numeric
Hours in week	Numeric
Month in year	Numeric
Month in year	Numeric
Month in year	Numeric
Year	Numeric
Generic text	Text
Year	Numeric

Hours in week	Numeric
Hours in week	Numeric
Year	Numeric
Month in year	Numeric
Year	Numeric
Month in year	Numeric
Generic text	Text
Month in year	Numeric
Year	Numeric
Year	Numeric
Generic text	Text
Month in year	Numeric
Hours in week	Numeric

? qi_E8_b - E8 b		
Name qi_E8_b	Label E8 b	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Did any of these jobs involve working at weekends?

Choices

1	Yes
2	No

i s_qE8b	
Name s_qE8b	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Statement	

Statement Text

If no, go to E8d below

 qi_E8_c - E8 c

Name qi_E8_c	Label E8 c	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

which ones? (Tick all that apply)

Choices

1	Job No. 1
2	Job No. 2
3	Job No. 3
4	Job No. 4
5	Job No. 5

 qi_E8_d - E8 d

Name qi_E8_d	Label E8 d	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Did any of these jobs involve working in the evenings or at nights?

Choices

1	Yes
2	No

 qi_E8_e - E8 e

Name qi_E8_e	Label E8 e	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

If yes,

Question

which ones? (Tick all that apply)

Choices

1	Job No. 1
2	Job No. 2
3	Job No. 3
4	Job No. 4
5	Job No. 5

 qi_E9 - E9

Name qi_E9	Label E9	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How many cigarettes per day do you currently smoke?

Choices

30	30+
25	25-29
20	20-24
15	15-19
10	10-14
5	5-9
1	1-4
0	none
8	pipe only
9	cigars only

 qi_E10_a - E10 a

Name qi_E10_a	Label E10 a	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
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Type Multiple Choice	Selection Type SelectOne	Display Style
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Question

How much alcohol do you drink?

Choices

1	never drink alcohol
2	very occasionally (less than once a week)
3	occasionally (at least once a week)
4	drink 1-2 glasses* nearly every day
5	drink 3-9 glasses* every day
6	drink at least 10 glasses* a day

 s_qE10a		
Name s_qE10a	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE	
Type Statement		

Statement Text

(* by glass we mean a pub measure (1oz) of spirits, half a pint (1/4 litre) of lager or cider, a wine glass of wine, etc)

 qi_E10_b - E10 b		
Name qi_E10_b	Label E10 b	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	every day
2	more than 10 days
3	5-10 days
4	3-4 days

5	1-2 days
6	none

 qi_E10_c_i - E10 c(i)

Name qi_E10_c_i	Label E10 c(i)	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you or your partner make your own alcoholic drinks? wine

Choices

1	Yes
2	No

 qi_E10_c_ii - E10 c(ii)

Name qi_E10_c_ii	Label E10 c(ii)	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you or your partner make your own alcoholic drinks? beer

Choices

1	Yes
2	No

 qi_E10_c_iii - E10 c(iii)

Name qi_E10_c_iii	Label E10 c(iii)	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you or your partner make your own alcoholic drinks? spirits

Choices

1	Yes
2	No

qi_E11_a - E11 a		
Name qi_E11_a	Label E11 a	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	Very difficult
2	Fairly difficult
3	Slightly difficult
4	Not difficult

qi_E11_b - E11 b		
Name qi_E11_b	Label E11 b	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	Very difficult
2	Fairly difficult
3	Slightly difficult
4	Not difficult

qi_E11_c - E11 c		
Name qi_E11_c	Label E11 c	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE

Type Multiple Choice	Selection Type SelectOne	Display Style
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Question

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

Choices

1	Very difficult
2	Fairly difficult
3	Slightly difficult
4	Not difficult
5	Paid directly by Social Security

 qi_E11_d - E11 d

Name qi_E11_d	Label E11 d	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	Very difficult
2	Fairly difficult
3	Slightly difficult
4	Not difficult
5	Paid directly by Social Security

 qi_E11_e - E11 e

Name qi_E11_e	Label E11 e	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How difficult at the moment do you find it to afford these items: things you need for your children

Choices

1	Very difficult
---	----------------

2	Fairly difficult
3	Slightly difficult
4	Not difficult

qi_E11_f - E11 f		
Name qi_E11_f	Label E11 f	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How difficult at the moment do you find it to afford these items: costs of educational courses (e.g. music, sport, etc)

Choices

1	Very difficult
2	Fairly difficult
3	Slightly difficult
4	Not difficult

qi_E11_g - E11 g		
Name qi_E11_g	Label E11 g	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	Very difficult
2	Fairly difficult
3	Slightly difficult
4	Not difficult

qi_E11_h - E11 h		
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Name qi_E11_h	Label E11 h	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How difficult at the moment do you find it to afford these items: your spare time activities

Choices

1	Very difficult
2	Fairly difficult
3	Slightly difficult
4	Not difficult

 qi_E11_i - E11 i		
Name qi_E11_i	Label E11 i	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	Very difficult
2	Fairly difficult
3	Slightly difficult

 qi_E12_a - E12 a		
Name qi_E12_a	Label E12 a	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How many hours sleep do you get altogether now? during an average night

Choices

1	None
---	------

2	1-3 hours
3	4-5 hours
4	6-7 hours
5	More than 7 hours

qi_E12_b - E12_b		
Name qi_E12_b	Label E12 b	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How many hours sleep do you get altogether now? during an average day

Choices

1	None
2	1-3 hours
3	4-5 hours
4	6-7 hours
5	More than 7 hours

qi_E12_c - E12_c		
Name qi_E12_c	Label E12 c	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you feel that you are getting enough sleep?

Choices

1	Yes
2	No

qi_E13_a - E13_a		
------------------	--	--

Name qi_E13_a	Label E13 a	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you believe in God or in some divine power?

Choices

1	Yes
2	Am not sure
3	No, not at all

 qi_E13_b - E13_b

Name qi_E13_b	Label E13 b	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you feel that God (or some divine power) has helped you at any time?

Choices

1	Yes
2	Not sure
3	No

 qi_E13_c - E13_c

Name qi_E13_c	Label E13 c	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Would you appeal to God for help if you were in trouble?

Choices

1	Yes
2	Not sure

3	No
---	----

qi_E13_d - E13_d		
Name qi_E13_d	Label E13 d	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

What sort of religious faith would you say you had? (tick one only)

Choices

1	Church of England
2	Roman Catholic
3	Jehovah's Witness
4	Christian Science
5	Mormon
6	Other Christian (please describe)
7	Jewish
8	Buddhist
9	Sikh
10	Hindu
11	Muslim
12	Rastafarian
0	None
13	Other (please describe)

qi_E13_e - E13_e		
Name qi_E13_e	Label E13 e	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How long have you had this particular faith?

Choices

1	all my life
2	more than 5 years
3	3-5 years
4	1-2 years
5	less than a year

 qi_E13_f - E13 f

Name qi_E13_f	Label E13 f	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you go to a place of worship?

Choices

1	yes, at least once a week
2	yes, at least once a month
3	yes, at least once a year
4	no, not at all

 qi_E13_g_i - E13 g(i)

Name qi_E13_g_i	Label E13 g(i)	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you obtain help and support from leaders or other members of religious groups? Help from: Leaders of your religious group (e.g. priests, rabbis, imams)

Choices

1	Yes
2	No

 qi_E13_g_ii - E13 g(ii)

Name qi_E13_g_ii	Label E13 g(ii)	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you obtain help and support from leaders or other members of religious groups? Help from: Other members of your religious group

Choices

1	Yes
2	No

 qi_E13_g_iii - E13 g(iii)

Name qi_E13_g_iii	Label E13 g(iii)	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you obtain help and support from leaders or other members of religious groups? Help from: Members of other religious group(s) (please describe)

Choices

1	Yes
2	No

 qi_E14_a - E14 a

Name qi_E14_a	Label E14 a	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you, in your spare time, belong to any organisations or groups of people (e.g. choir, gardening club, sports club, charity fund raising etc.)?

Choices

1	Yes
2	No

 qi_E14_a_i - E14 a(i)

Name qi_E14_a_i	Label E14 a(i)	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Text	Minimum Length	Maximum Length 255

Condition
If yes,

Question

please describe:

 qi_E14_b - E14 b

Name qi_E14_b	Label E14 b	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Are you on any committees?

Choices

1	Yes
2	No

 qi_E14_b_i - E14 b(i)

Name qi_E14_b_i	Label E14 b(i)	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Text	Minimum Length	Maximum Length 255

Condition
If yes,

Question

please describe

 qi_E14_c - E14 c


Name qi_E14_c	Label E14 c	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you do any voluntary work?


Choices

1	Yes
2	No

 qi_E14_c_i - E14 c(i)		
Name qi_E14_c_i	Label E14 c(i)	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Text	Minimum Length	Maximum Length 255
Condition If yes,		

Question

please describe

 qg_E15_a-c - E15 a-c		
Name qg_E15_a-c	Label E15 a-c	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Question Grid		

Question

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

Rows

1	training within my job
2	evening classes
3	university

Columns

	Code
--	------

 qi_E15_d - E15_d

Name qi_E15_d	Label E15 d	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

In the past 2 years have you taken any courses or other educational training? other (please describe)

Choices

1	Yes
2	No

 qg_E16 - E16

Name qg_E16	Label E16	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Question Grid		

Question

What educational qualifications do you, and your partner, have?

Rows

1	No qualifications
2	CSE or GCSE (D, E, F or G)
3	O-level or GCSE (A, B or C)
4	A-level
5	Qualifications in shorthand/typing/ or other skills, e.g. hairdressing
6	Apprenticeship
7	State enrolled nurse
8	State registered nurse
9	City & Guilds intermediate technical
10	City & Guilds final technical
11	City & Guilds full technical
12	Teaching qualification
13	University degree

14	Qualifications not known
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Columns

	Code
	Code
	Code
	Code

[qi_E16_o_ii - E16 o\(ii\)](#)

Name qi_E16_o_ii	Label E16 o(ii)	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

Question

What educational qualifications do you, and your partner, have? Your partner Not applicable, no such person

Instructions

Please tick all that apply.

Choices

1	Yes
---	-----

[qi_E16_p_i - E16 p\(i\)](#)

Name qi_E16_p_i	Label E16 p(i)	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

Question

What educational qualifications do you, and your partner, have? Yourself Other (please tick describe)

Instructions

Please tick all that apply.

Choices

1	Yes
---	-----

[qi_E16_p_ii - E16 p\(ii\)](#)

Name qi_E16_p_ii	Label E16 p(ii)	Location Sequence › alspac_96_spq › SECTION E: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

Question

What educational qualifications do you, and your partner, have? Your partner Other (please tick describe)

Instructions

Please tick all that apply.

Choices

1	Yes
---	-----

SECTION F: YOUR HOME AND NEIGHBOURHOOD

Label SECTION F: YOUR HOME AND NEIGHBOURHOOD	Location Sequence › alspac_96_spq
Type Sequence	Order InOrderOfAppearance

qg_F1_a-k - F1 a-k

Name qg_F1_a-k	Label F1 a-k	Location Sequence › alspac_96_spq › SECTION F: YOUR HOME AND NEIGHBOURHOOD
Type Question Grid		

Question

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

Rows

1	Badly fitted doors and windows
2	Poor ventilation
3	Noise travelling between the rooms of your home
4	Noise from other homes
5	Noise from outside in the street
6	Rubbish or litter dumped around your neighbourhood
7	Dog dirt on pavement/walkways
8	Worry about vandalism

9	Worry about burglaries
10	Worry about muggings or attacks
11	Disturbance from teenagers or youths

Columns

	Code
--	------

qi_F1_l - F1_l		
Name qi_F1_l	Label F1 l	Location Sequence › alspac_96_spq › SECTION F: YOUR HOME AND NEIGHBOURHOOD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Here is a list of some things that can be a problem in people's homes or in the neighbourhood. How much of a problem are the following for you and your family? Other problems (please tick & describe)

Choices

1	Serious problem
2	Minor problem
3	Not a problem
4	No opinion

qi_F2_a - F2_a		
Name qi_F2_a	Label F2 a	Location Sequence › alspac_96_spq › SECTION F: YOUR HOME AND NEIGHBOURHOOD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How would you rate your home in relation to that of other families?

Choices

1	much cleaner
2	a bit cleaner
3	about the same
4	less clean
5	much less clean

9	don't know
---	------------

qi_F2_b - F2 b		
Name qi_F2_b	Label F2 b	Location Sequence › alspac_96_spq › SECTION F: YOUR HOME AND NEIGHBOURHOOD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How would you rate your home in relation to that of other families?

Choices

1	much tidier
2	a bit tidier
3	about the same
4	less tidy
5	much less tidy
9	don't know

qi_F3 - F3		
Name qi_F3	Label F3	Location Sequence › alspac_96_spq › SECTION F: YOUR HOME AND NEIGHBOURHOOD
Type Integer	Low 0	High

Question

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

qi_F4_a - F4 a		
Name qi_F4_a	Label F4 a	Location Sequence › alspac_96_spq › SECTION F: YOUR HOME AND NEIGHBOURHOOD
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_F4_b - F4 b		
Name qi_F4_b	Label F4 b	Location Sequence › alspac_96_spq › SECTION F: YOUR HOME AND NEIGHBOURHOOD
Type Date		
Condition If married,		

Question

what was the date of the most recent marriage?

qi_F5 - F5		
Name qi_F5	Label F5	Location Sequence › alspac_96_spq › SECTION F: YOUR HOME AND NEIGHBOURHOOD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

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

qi_F6 - F6		
Name qi_F6	Label F6	Location Sequence › alspac_96_spq › SECTION F: YOUR HOME AND NEIGHBOURHOOD

Type Multiple Choice	Selection Type SelectOne	Display Style
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Question

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

Choices

1	satisfied
2	fairly satisfied
3	dissatisfied
4	very dissatisfied

SECTION G: YOUR FAMILY AND FRIENDS

Label SECTION G: YOUR FAMILY AND FRIENDS	Location Sequence › alspac_96_spq
Type Sequence	Order InOrderOfAppearance

qi_G1 - G1

Name qi_G1	Label G1	Location Sequence › alspac_96_spq › SECTION G: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Excluding your partner and children, how many of your relatives and your partner's relatives do you see at least twice a year?

Choices

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

qi_G2 - G2

Name qi_G2	Label G2	Location Sequence › alspac_96_spq › SECTION G: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

About how many friends do you have, (people you know more than just casually)?

Choices

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

 qi_G3 - G3

Name qi_G3	Label G3	Location Sequence › alspac_96_spq › SECTION G: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	Yes
2	No

 qi_G4 - G4

Name qi_G4	Label G4	Location Sequence › alspac_96_spq › SECTION G: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How many people, including your partner, are there that you can talk to about personal problems?

Choices

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

 qi_G5 - G5


Name qi_G5	Label G5	Location Sequence › alspac_96_spq › SECTION G: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How many people, including your partner, talk to you about their personal problems or their private feelings?

Choices

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


 qi_G6 - G6		
Name qi_G6	Label G6	Location Sequence › alspac_96_spq › SECTION G: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

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

 qi_G7 - G7		
Name qi_G7	Label G7	Location Sequence › alspac_96_spq › SECTION G: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How many people are there among your family and friends from whom you could borrow £100 if you needed to?

Choices

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

qi_G8 - G8

Name qi_G8	Label G8	Location Sequence › alspac_96_spq › SECTION G: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

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

qi_G9 - G9

Name qi_G9	Label G9	Location Sequence › alspac_96_spq › SECTION G: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

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

qi_G10 - G10


Name qi_G10	Label G10	Location Sequence › alspac_96_spq › SECTION G: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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


Choices

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

 s_qG11	
Name s_qG11	Location Sequence › alspac_96_spq › SECTION G: YOUR FAMILY AND FRIENDS
Type Statement	

Statement Text

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

 qi_G11 - G11		
Name qi_G11	Label G11	Location Sequence › alspac_96_spq › SECTION G: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

I have no one to share my feelings with

Choices

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

 qi_G12 - G12

Name qi_G12	Label G12	Location Sequence › alspac_96_spq › SECTION G: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

My partner provides the emotional support I need

Choices

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

 qi_G13 - G13

Name qi_G13	Label G13	Location Sequence › alspac_96_spq › SECTION G: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

I believe in moments of difficulty my neighbours would help me

Choices

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

 qi_G14 - G14

Name qi_G14	Label G14	Location Sequence › alspac_96_spq › SECTION G: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

I'm worried that my partner might leave me

Choices

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

? qi_G15 - G15		
Name qi_G15	Label G15	Location Sequence › alspac_96_spq › SECTION G: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

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

? qi_G16 - G16		
Name qi_G16	Label G16	Location Sequence › alspac_96_spq › SECTION G: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

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

4	I never feel this way
7	no partner

 qi_G17 - G17

Name qi_G17	Label G17	Location Sequence › alspac_96_spq › SECTION G: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

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

 qi_G18 - G18

Name qi_G18	Label G18	Location Sequence › alspac_96_spq › SECTION G: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

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

 qi_G19 - G19

Name qi_G19	Label G19	Location Sequence › alspac_96_spq › SECTION G: YOUR FAMILY AND FRIENDS
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Type Multiple Choice	Selection Type SelectOne	Display Style
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Question

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

Choices

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

qi_G20_i - G20 i		
Name qi_G20_i	Label G20 i	Location Sequence › alspac_96_spq › SECTION G: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

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

qi_G20_ii - G20 ii		
Name qi_G20_ii	Label G20 ii	Location Sequence › alspac_96_spq › SECTION G: YOUR FAMILY AND FRIENDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	all the time
---	--------------

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

 qi_H1_a - H1 a

Name	Label	Location
qi_H1_a	H1 a	Sequence > alsprac_96_spg
Type	Selection Type	Display Style
Multiple Choice	SelectUpToN (1)	

Question

This questionnaire was completed by: mother

Choices

1	Yes
---	-----

 qi_H1_b - H1 b

Name	Label	Location
qi_H1_b	H1 b	Sequence > alsprac_96_spg
Type	Selection Type	Display Style
Multiple Choice	SelectUpToN (1)	

Question

This questionnaire was completed by: father

Choices

1	Yes
---	-----

 qi_H1_c - H1 c

Name	Label	Location
qi_H1_c	H1 c	Sequence > alsprac_96_spg
Type	Selection Type	Display Style
Multiple Choice	SelectUpToN (1)	

Question

This questionnaire was completed by: other (please describe)

Choices

1	Yes
---	-----

 qi_H2 - H2

Name qi_H2	Label H2	Location Sequence › alspac_96_spq
Type Date		


Question

Please give the date on which you completed this questionnaire

 qi_H3 - H3		
Name qi_H3	Label H3	Location Sequence › alspac_96_spq
Type Date		


Question

Please give the date of birth of your child:

 s_outro_i	
Name s_outro_i	Location Sequence › alspac_96_spq
Type Statement	


Statement Text

THANK YOU VERY MUCH FOR YOUR HELP

 qi_outro - outro		
Name qi_outro	Label outro	Location Sequence › alspac_96_spq
Type Text	Minimum Length	Maximum Length

Question

Space for any additional comments you would like to make.

 s_outro_ii	
Name s_outro_ii	Location Sequence › alspac_96_spq
Type Statement	

Statement Text

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

s_outro_iii	
Name	Location
s_outro_iii	Sequence › alspac_96_spg
Type	
Statement	

Statement Text

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