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Father and Surroundings

closer:sourceFileName

alspac_01_fas

Instrument Locations

- https://discovery.closer.ac.uk/files/instruments/alspac_01_fas-5a35e10001cbba0954bd757d919ed750.pdf

alspac_01_fas

Label	Location
alspac_01_fas	Sequence
Type	Order
Sequence	InOrderOfAppearance



s_intro_i

Name	Location
s_intro_i	Sequence › alspac_01_fas
Type	
Statement	

Statement Text

FATHER AND SURROUNDINGS



s_intro_ii

Name	Location
s_intro_ii	Sequence › alspac_01_fas
Type	
Statement	

Statement Text

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



s_intro_iii

Name	Location
s_intro_iii	Sequence › alspac_01_fas
Type	
Statement	

Statement Text

All answers are confidential




s_intro_iv

Name	Location
s_intro_iv	Sequence › alspac_01_fas

Type	
Statement	


Statement Text

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

 s_intro_v	
Name	Location
s_intro_v	Sequence › alspac_01_fas
Type	
Statement	


Statement Text

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

 s_intro_vi	
Name	Location
s_intro_vi	Sequence › alspac_01_fas
Type	
Statement	


Statement Text

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

 s_intro_vii	
Name	Location
s_intro_vii	Sequence › alspac_01_fas
Type	
Statement	

Statement Text

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

 s_intro_viii	
Name	Location
s_intro_viii	Sequence › alspac_01_fas
Type	
Statement	

Statement Text

THANK YOU FOR YOUR HELP

SECTION A: THINGS YOU DO

Label SECTION A: THINGS YOU DO	Location Sequence › alspac_01_fas
Type Sequence	Order InOrderOfAppearance

 qg_A1_a-r - A1 a-r		
Name qg_A1_a-r	Label A1 a-r	Location Sequence › alspac_01_fas › SECTION A: THINGS YOU DO
Type Question Grid		

Question

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

Rows

1	dental amalgam
2	ceramics/enamels
3	dry cleaning fluids
4	electroplating
5	glues
6	leather working
7	fabric/textiles
8	dyes
9	insecticides
10	plastics
11	metal cleaners/ degreasers,polishers
12	petrol
13	paint
14	photographic chemicals
15	electrical wiring
16	machining
17	soldering
18	radiation(X-ray or other)

Columns

	Code
--	------

 qi_A1_s - A1 s
--

Name qi_A1_s	Label A1 s	Location Sequence › alspac_01_fas › SECTION A: THINGS YOU DO
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

Question


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

Instructions

(please tick and specify)

Choices

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

 qg_A2_a-e - A2 a-e		
Name qg_A2_a-e	Label A2 a-e	Location Sequence › alspac_01_fas › SECTION A: THINGS YOU DO
Type Question Grid		

Question

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

Rows

1	gardening
2	hairdressing
3	farm work
4	hospital work
5	shift work

Columns

	Code
--	------

 qg_A3 - A3		
Name qg_A3	Label A3	Location Sequence › alspac_01_fas › SECTION A: THINGS YOU DO

Type		
Question Grid		

Question

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

Rows

1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13

Columns

Generic text	Text
Generic text	Text
Generic date	DateTime
Generic date	DateTime
Generic text	Text
Generic date	DateTime
Generic date	DateTime
Generic text	Text
Generic date	DateTime
Generic text	Text
Generic date	DateTime
Generic text	Text
Generic date	DateTime

Generic text	Text
Generic text	Text
Generic date	DateTime

s_qA3

Name	Location
s_qA3	Sequence › alspac_01_fas › SECTION A: THINGS YOU DO
Type	
Statement	

Statement Text

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

qg_A4_a-c - A4 a-c

Name	Label	Location
qg_A4_a-c	A4 a-c	Sequence › alspac_01_fas › SECTION A: THINGS YOU DO
Type		
Question Grid		

Question

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

Rows

1	sanded floors
2	stripped wallpaper
3	removed paint or varnish

Columns

	Code
--	------

qi_A5_a - A5 a

Name	Label	Location
qi_A5_a	A5 a	Sequence › alspac_01_fas › SECTION A: THINGS YOU DO
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

Question

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

Choices

1	much cleaner
2	a bit cleaner

3	about the same
4	less clean
5	much less clean
9	don't know

 qi_A5_b - A5 b


Name qi_A5_b	Label A5 b	Location Sequence › alspac_01_fas › SECTION A: THINGS YOU DO
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

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

 qg_A6_a-c - A6 a-c

Name qg_A6_a-c	Label A6 a-c	Location Sequence › alspac_01_fas › SECTION A: THINGS YOU DO
Type Question Grid		

Question

How would you describe the noise level in your home?

Rows

1	there is usually music or television on in our home
2	the noises from outside our home are disturbing (neighbours, traffic, factory)
3	it is often so noisy at home it is difficult to hold a conversation

Columns

	Code
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 qi_A7 - A7


Name qi_A7	Label A7	Location Sequence › alspac_01_fas › SECTION A: THINGS YOU DO
Type Multiple Choice	Selection Type SelectOne	Display Style

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

 qg_A8_a-k - A8 a-k

Name qg_A8_a-k	Label A8 a-k	Location Sequence › alspac_01_fas › SECTION A: THINGS YOU DO
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:

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_A8_l - A8 l

Name qi_A8_l	Label A8 l	Location Sequence › alspac_01_fas › SECTION A: THINGS YOU DO
Type Multiple Choice, Text	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: Other problems please tick & describe)

Choices

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

 qi_A9_a_i - A9 a(i)

Name qi_A9_a_i	Label A9 a(i)	Location Sequence › alspac_01_fas › SECTION A: THINGS YOU DO
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do the other people in your neighbourhood: visit your home

Choices

1	No, never
2	Rarely
3	Sometimes
4	Often
5	Always

 qi_A9_a_ii - A9 a(ii)

Name qi_A9_a_ii	Label A9 a(ii)	Location Sequence › alspac_01_fas › SECTION A: THINGS YOU DO
--------------------	-------------------	--

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

Question

Do the other people in your neighbourhood: argue with you

Choices

1	No, never
2	Rarely
3	Sometimes
4	Often
5	Always

 qi_A9_a_iii - A9 a(iii)


Name qi_A9_a_iii	Label A9 a(iii)	Location Sequence › alspac_01_fas › SECTION A: THINGS YOU DO
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do the other people in your neighbourhood: look after your children

Choices

1	No, never
2	Rarely
3	Sometimes
4	Often
5	Always

 qi_A9_a_iv - A9 a(iv)

Name qi_A9_a_iv	Label A9 a(iv)	Location Sequence › alspac_01_fas › SECTION A: THINGS YOU DO
Type Multiple Choice	Selection Type SelectOne	Display Style


Question

Do the other people in your neighbourhood: keep to themselves

Choices

1	No, never
2	Rarely

3	Sometimes
4	Often
5	Always

 qi_A9_b_i - A9 b(i)

Name qi_A9_b_i	Label A9 b(i)	Location Sequence › alspac_01_fas › SECTION A: THINGS YOU DO
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you: visit the home of your neighbours

Choices

1	No, never
2	Rarely
3	Sometimes
4	Often
5	Always

 qi_A9_b_ii - A9 b(ii)


Name qi_A9_b_ii	Label A9 b(ii)	Location Sequence › alspac_01_fas › SECTION A: THINGS YOU DO
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you: argue with your neighbours

Choices

1	No, never
2	Rarely
3	Sometimes
4	Often
5	Always

 qi_A9_b_iii - A9 b(iii)


Name qi_A9_b_iii	Label A9 b(iii)	Location Sequence › alspac_01_fas › SECTION A: THINGS YOU DO
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you: look after your neighbour's children

Choices

1	No, never
2	Rarely
3	Sometimes
4	Often
5	Always

 qi_A9_b_iv - A9 b(iv)		
Name qi_A9_b_iv	Label A9 b(iv)	Location Sequence › alspac_01_fas › SECTION A: THINGS YOU DO
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you: keep to yourself

Choices

1	No, never
2	Rarely
3	Sometimes
4	Often
5	Always

 qi_A10 - A10		
Name qi_A10	Label A10	Location Sequence › alspac_01_fas › SECTION A: THINGS YOU DO
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_A11_a - A11 a		
Name qi_A11_a	Label A11 a	Location Sequence › alspac_01_fas › SECTION A: THINGS YOU DO
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_A11_b - A11 b		
Name qi_A11_b	Label A11 b	Location Sequence › alspac_01_fas › SECTION A: THINGS YOU DO
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

SECTION B: PILLS AND POTIONS

Label SECTION B: PILLS AND POTIONS	Location Sequence › alspac_01_fas
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Type Sequence	Order InOrderOfAppearance
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 qg_B1_a-z - B1 a-z

Name qg_B1_a-z	Label B1 a-z	Location Sequence › alspac_01_fas › SECTION B: PILLS AND POTIONS
Type Question Grid		

Question

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

Rows

1	Headache or or migraine
2	Backache
3	Groin pain
4	Other pain
5	Indigestion
6	Nausea
7	Vomiting
8	Diarrhoea
9	Piles or haemorrhoids
10	Constipation
11	Depression
12	Anxiety or nerves
13	Sleeping
14	Psoriasis
15	Eczema
16	Asthma
17	Hay fever
18	Other allergies
19	Sore throat
20	Cough
21	A cold
22	Flu
23	Other infection

24	Diabetes
25	Epilepsy
26	High blood pressure

Columns

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

 qg_B1_za-zd - B1 za-zd

Name qg_B1_za-zd	Label B1 za-zd	Location Sequence › alspac_01_fas › SECTION B: PILLS AND POTIONS
Type Question Grid		

Question


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

Rows

1	Other condition (please tick & describe)
2	Other condition (please tick & describe)
3	Other condition (please tick & describe)
4	Other condition (please tick & describe)

Columns

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

 qi_B1_ze - B1 ze

Name qi_B1_ze	Label B1 ze	Location Sequence › alspac_01_fas › SECTION B: PILLS AND POTIONS
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

Question

Please indicate below if you have used any medicines (pills, syrups, inhalers, drops, sprays, suppositories, pessaries, ointments etc including homeopathic and herbal remedies) in the last 12 months. Took no medicines, pills, drops or ointment

Choices

1	Yes
---	-----

s_qB1_i

Name	Location
s_qB1_i	Sequence › alspac_01_fas › SECTION B: PILLS AND POTIONS
Type	
Statement	

Statement Text

Please include medicines prescribed by your doctor and also those you may have purchased over the counter. (Do not include vitamins and supplements unless taken for a specific medical condition, as these are covered in the next section).

s_qB1_ii

Name	Location
s_qB1_ii	Sequence › alspac_01_fas › SECTION B: PILLS AND POTIONS
Type	
Statement	

Statement Text

If possible give the full name of the medicine and indicate how often it was used. If you need more lines for a particular category please include the additional medicines under the 'Other conditions' section at the end of this question on page 14.

qg_B2_a-d - B2 a-d

Name	Label	Location
qg_B2_a-d	B2 a-d	Sequence › alspac_01_fas › SECTION B: PILLS AND POTIONS
Type		
Question Grid		

Question

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

Rows

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

Columns

	Code
--	------

 qg_B3_a_i-iii - B3 a(i-iii)

Name qg_B3_a_i-iii	Label B3 a(i-iii)	Location Sequence › alspac_01_fas › SECTION B: PILLS AND POTIONS
Type Question Grid		

Question

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

Rows

1	1
2	2
3	3

Columns

	Code
Generic text	Text
	Code
Generic text	Text

 qg_B3_b_i-iii - B3 b(i-iii)

Name qg_B3_b_i-iii	Label B3 b(i-iii)	Location Sequence › alspac_01_fas › SECTION B: PILLS AND POTIONS
Type Question Grid		

Question

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

Rows

1	1
2	2
3	3

Columns

	Code
Generic text	Text

	Code
Generic text	Text

 qg_B3_c_i-iii - B3 c(i-iii)

Name qg_B3_c_i-iii	Label B3 c(i-iii)	Location Sequence › alspac_01_fas › SECTION B: PILLS AND POTIONS
Type Question Grid		

Question

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

Rows

1	1
2	2
3	3

Columns

	Code
Generic text	Text
	Code
Generic text	Text

 qg_B3_d_i-iii - B3 d(i-iii)

Name qg_B3_d_i-iii	Label B3 d(i-iii)	Location Sequence › alspac_01_fas › SECTION B: PILLS AND POTIONS
Type Question Grid		

Question

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

Rows

1	1
2	2
3	3

Columns

	Code
Generic text	Text
	Code
Generic text	Text

s_sectionB_iii

Name s_sectionB_iii	Location Sequence › alspac_01_fas › SECTION B: PILLS AND POTIONS
Type Statement	

Statement Text

Some of these questions may seem familiar

s_sectionB_iv

Name s_sectionB_iv	Location Sequence › alspac_01_fas › SECTION B: PILLS AND POTIONS
Type Statement	

Statement Text

Please bear with us- but we need to ask them again

SECTION C: YOUR OCCUPATION AND LIFESTYLE

Label SECTION C: YOUR OCCUPATION AND LIFESTYLE	Location Sequence › alspac_01_fas
Type Sequence	Order InOrderOfAppearance

qi_C1_a - C1 a

Name qi_C1_a	Label C1 a	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

Question

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

Choices

7	No, not at all
---	----------------

qg_C1_a_i-iii - C1 a(i-iii)

Name qg_C1_a_i-iii	Label C1 a(i-iii)	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type Question Grid		
Condition		

Question

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

Rows

1	yes, paid work at home
2	yes, paid work outside home
3	yes, voluntary work

Columns

	Code
--	------

qi_C1_b - C1 b

Name qi_C1_b	Label C1 b	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

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

Choices

1	yes, same job all the time
2	yes, but not always the same job
3	no, stopped started again
4	no, do not work now

qi_C1_b_i - C1 b(i)

Name qi_C1_b_i	Label C1 b(i)	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type Date		
Condition If no, stopped & started again to question C1b or no, do not work now to question C1b		

Question

when did you last stop?

? qi_C1_b_ii - C1 b(ii)		
Name qi_C1_b_ii	Label C1 b(ii)	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type Date		
Condition		

Question

when did you start again?

? qi_C1_b_iii - C1 b(iii)		
Name qi_C1_b_iii	Label C1 b(iii)	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type Integer	Low 0	High
Condition		

Question

how many jobs are you now doing?

? qi_C1_b_iv - C1 b(iv)		
Name qi_C1_b_iv	Label C1 b(iv)	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type Text	Minimum Length	Maximum Length 255
Condition		

Question

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

qi_C1_c - C1 c		
Name qi_C1_c	Label C1 c	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type Integer	Low 0	High 168
Condition		

Question

How many hours did you work last week ? ... hours

qi_C1_c_i - C1 c(i)		
Name qi_C1_c_i	Label C1 c(i)	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

Was this a typical week?


Choices

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

qi_C1_c_ii - C1 c(ii)		
Name qi_C1_c_ii	Label C1 c(ii)	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type Integer	Low 0	High 168
Condition If no,		

Question

how many hours in a usual week? ... hours

 qi_C1_d - C1 d

Name qi_C1_d	Label C1 d	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

Does your work include weekends?

Choices

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

 qi_C1_e - C1 e

Name qi_C1_e	Label C1 e	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

Do you work in the evenings or at night?

Choices

1	Yes, often
2	Yes, sometimes
3	No

 qi_C1_f - C1 f

Name qi_C1_f	Label C1 f	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

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_C1_g - C1 g

Name qi_C1_g	Label C1 g	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

Question

Do you usually work:

Choices

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

? qi_C1_h - C1 h

Name qi_C1_h	Label C1 h	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

Condition

Question

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

Choices

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

qi_C1_i - C1 i		
Name qi_C1_i	Label C1 i	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

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

Choices

1	Yes
2	No
9	Don't know

qi_C1_j - C1 j		
Name qi_C1_j	Label C1 j	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

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

Choices

1	Less than one week
2	1, 2 or 3 weeks

3	1 or 2 months
4	3 months or more
5	not relevant (self-employed)
9	Don't know

qi_C1_k - C1 k		
Name qi_C1_k	Label C1 k	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

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

Choices

1	Yes
2	No
9	Don't know


qi_C1_l - C1 l		
Name qi_C1_l	Label C1 l	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

Who decides what time you start and leave work?

Choices

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

 qi_C1_m - C1 m

Name qi_C1_m	Label C1 m	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

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

Choices

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

 qi_C1_n - C1 n


Name qi_C1_n	Label C1 n	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

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

Choices

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

 qg_C2_a-e - C2 a-e

Name qg_C2_a-e	Label C2 a-e	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
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Type		
Question Grid		
Condition		

Question


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

Rows

1	financial, I am important as a breadwinner
2	financial, for family extras
3	career
4	enjoyment
5	to get out of the home

Columns

	Code
--	------


 qi_C2_f - C2 f		
Name	Label	Location
qi_C2_f	C2 f	Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type	Selection Type	Display Style
Multiple Choice, Text	SelectUpToN (1)	
Condition		

Question

What are the main reasons you work? (tick all that apply) other (please tick & describe)

Choices

1	Yes
---	-----

 qi_C3 - C3		
Name	Label	Location
qi_C3	C3	Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		

Question

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

Choices

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

 qi_C4 - C4

Name qi_C4	Label C4	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

Do you find your job satisfying?

Choices

1	Yes
2	No
3	Sometimes

 qi_C5 - C5

Name qi_C5	Label C5	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

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

Choices

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

? qi_C6_a - C6 a		
Name qi_C6_a	Label C6 a	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style
Condition		

Question

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

Choices

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

? qg_C6_a_i-iv - C6 a(i-iv)		
Name qg_C6_a_i-iv	Label C6 a(i-iv)	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type Question Grid		
Condition		

Question

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

Rows

1	public transport (bus, train)
2	car
3	cycle
4	walk

Columns

	Code
--	------

? qi_C6_a_v - C6 a(v)		
Name qi_C6_a_v	Label C6 a(v)	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE


Type	Selection Type	Display Style
Multiple Choice, Text	SelectUpToN (1)	
Condition		

Question

How do you usually travel to work? (Tick all that apply) other (please tick and describe)

Choices

1	Yes
---	-----


 qi_C6_b_i - C6 b(i)		
Name	Label	Location
qi_C6_b_i	C6 b(i)	Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		

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_C6_b_ii - C6 b(ii)		
Name	Label	Location
qi_C6_b_ii	C6 b(ii)	Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		

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_C7 - C7		
Name qg_C7	Label C7	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type Question Grid		

Question

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

Rows

1	1
2	2
3	3
4	4
5	5

Columns

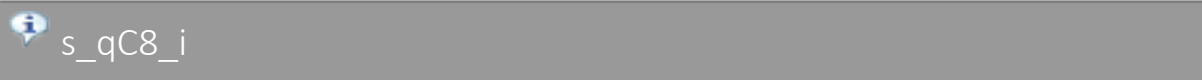
Hours in week	Numeric
Age	Numeric
Generic text	Text
Hours in week	Numeric
Age	Numeric
Generic text	Text
Age	Numeric
Generic text	Text
Hours in week	Numeric

? s_qC7	
Name s_qC7	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE

Type	
Statement	

Statement Text

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



Name	Location
s_qC8_i	Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type	
Statement	

Statement Text

now go to C9 on page 23



Name	Label	Location
qi_C8	C8	Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

Condition
If you are not working now:

Question

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

Choices

1	No
2	Yes



Name	Location
s_qC8_ii	Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type	
Statement	

Condition
If you are not working now:

Statement Text

If yes, go to C9 on page 23



Name qi_C8_a	Label C8 a	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If no, If you are not working now:		

Question

Have you been looking for work?

Choices

1	Yes
2	No

s_qC8a

Name s_qC8a	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type Statement	
Condition If no, If you are not working now:	

Statement Text

If no, go to C8c on page 23

qi_C8_b - C8 b

Name qi_C8_b	Label C8 b	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type Integer	Low 0	High
Condition If yes If no, If you are not working now:		

Question

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

qg_C8_c_i-iv - C8 c(i-iv)

Name qg_C8_c_i-iv	Label C8 c(i-iv)	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type Question Grid		
Condition If yes If no, If you are not working now:		

Question

If you have not been looking for work, please give reasons (tick all that apply):

Rows

1	do not want to work
2	looking after family
3	retired
4	not well enough

Columns

	Code
--	------

 qi_C8_c_v - C8 c(v)

Name qi_C8_c_v	Label C8 c(v)	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style
Condition If yes If no, If you are not working now:		

Question

If you have not been looking for work, please give reasons (tick all that apply): other (please tick describe)

Choices

1	Yes
---	-----

 qg_C9_a-c - C9 a-c

Name qg_C9_a-c	Label C9 a-c	Location Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
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Type		
Question Grid		

Question

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

Rows

1	training within my job
2	evening classes
3	university course

Columns

	Code
--	------

 qi_C9_d - C9 d


Name	Label	Location
qi_C9_d	C9 d	Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type	Selection Type	Display Style
Multiple Choice, Text	SelectOne	

Question

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

Choices

1	Yes
2	No

 qg_C10_a-f - C10 a-f

Name	Label	Location
qg_C10_a-f	C10 a-f	Sequence › alspac_01_fas › SECTION C: YOUR OCCUPATION AND LIFESTYLE
Type		
Question Grid		

Question

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

Rows

1	Do you enjoy your job?
2	Do you have problems at work?
3	Are the people at your work friendly?
4	Are the people at your work supportive?

5	Is it very noisy?
6	Do you work in a smoky atmosphere?

Columns

	Code
--	------

s_SectionC_i

Name s_SectionC_i	Location Sequence › alspac_01_fas
Type Statement	

Statement Text

THANK YOU VERY MUCH FOR YOUR HELP

SECTION D:

Label SECTION D:	Location Sequence › alspac_01_fas
Type Sequence	Order InOrderOfAppearance

qi_D1_a - D1 a

Name qi_D1_a	Label D1 a	Location Sequence › alspac_01_fas › SECTION D:
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

Question

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

Choices

1	Yes
---	-----

qi_D1_b - D1 b


Name qi_D1_b	Label D1 b	Location Sequence › alspac_01_fas › SECTION D:
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

Question

This questionnaire was completed by: (Please tick all that apply) mother's husband/male partner

Choices

1	Yes
---	-----

 qi_D1_c - D1 c

Name qi_D1_c	Label D1 c	Location Sequence › alspac_01_fas › SECTION D:
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

Question

This questionnaire was completed by: (Please tick all that apply) mother's female partner

Choices

1	Yes
---	-----

 qi_D1_d - D1 d

Name qi_D1_d	Label D1 d	Location Sequence › alspac_01_fas › SECTION D:
Type Multiple Choice, Text	Selection Type SelectUpToN (1)	Display Style

Question

This questionnaire was completed by: (Please tick all that apply) someone else (please describe)

Choices

1	Yes
---	-----

 qi_D2 - D2


Name qi_D2	Label D2	Location Sequence › alspac_01_fas › SECTION D:
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	Yes
2	No

 qi_D3 - D3

Name qi_D3	Label D3	Location Sequence › alspac_01_fas › SECTION D:
Type Date		


Question

Please give the date on which you completed this questionnaire:

 qi_D4 - D4		
Name qi_D4	Label D4	Location Sequence › alspac_01_fas › SECTION D:
Type Date		

Question

Please give your date of birth:

 qi_D5 - D5		
Name qi_D5	Label D5	Location Sequence › alspac_01_fas › SECTION D:
Type Date		


Question

Please give your study child's date of birth:

 qi_outro_i - outro i		
Name qi_outro_i	Label outro i	Location Sequence › alspac_01_fas
Type Text	Minimum Length	Maximum Length

Question

Space for any additional comments you would like to make.

 s_outro_i	
Name s_outro_i	Location Sequence › alspac_01_fas
Type Statement	

Statement Text

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



s_outro_ii

Name	Location
s_outro_ii	Sequence › alspac_01_fas
Type	
Statement	

Statement Text

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