

QUESTIONNAIRE

Name:		-		
Address:		_		
		_		
Postcode:				
Phone No:				
Interviewer:	Date of interview:	d	m m	y y

If the woman wants to have a cup of tea/coffee with you and has not eaten or drunk anything in the past hour, do the mouthwash sample first but remember to obtain the woman's **consent**. If not, go to section 1.

Mouthwash sample provided (0 = No, 1 = Yes)

Time of mouthwash sample (24 hr clock)

1: OCCUPATION

I would like to start by talking about any paid work that you do.

1.1	Were you in paid employment or self-employed in the week ending last Sunday?	
	0. No, go to 1.3	
	1. Yes, go to 1.2	
1.2	Were you working full time or part time?0. Full time (more than 30 hours)1. Part time (30 hours or fewer)go to 1.6bgo to 1.3	
	1. That time (50 hours of rewer) $g0 to 1.5$	
1.3	Are you going to college full time?	
	0.No if working part-time go to 1.6a	
	if not working go to 1.5	
	1.Yes	
1.4	If yes, what are you studying?	
	If working part time go to 1.7	
	If not working go to section 2	
1.5	If not working or studying were you	
	Unemployed ? (1)	
	Permanently unable to work because	
	of long term sickness or disability ? (2)	
	looking after home or family? (3)	
	other ? (specify) (4)	

- **1.6b** *If working full-time*, what is your job ? (*Then go to section 2*) *Probe industry & self-employed/manager/foreman/employee*

Job Position	
	Self-employed/manager/foreman/employee
Industry	

1.7 *If working part-time now,* what is your current job?

Job Position	
	Self-employed/manager/foreman/employee
Industry	

1.8 *If working part time,* how many hours per week do you work?



2: ACTIVITY AND EXERCISE

Now I'm going to ask you about your activity and exercise patterns over the last three months. We would like you to divide up a "typical" day into three types of activity. These are:

(1) sleeping or lying, (2) sitting, (3) standing or walking.

2.1 Over a typical 24 hour day how many hours do you generally spend sleeping or lying with your feet up?



(ask time usually go to bed & wake up, including any at work!)

This would indicate xx hours sitting or on your feet.

2.2 Of those hours how many on a typical day do you spend sitting down? (*e.g. includes sitting at work, mealtimes, driving, reading, watching TV*)

	has		mina
	hrs		mins

hrs

2.3 This would mean that you spend about xx hours a day on your feet. Does this sound about right?

- Out of these xx hours spent on your feet, about how much of the time are you actively
- on the move (rather than standing fairly still)?1.Very little10%2.Some30%3.About half50%4.Most70%

Almost all

5.

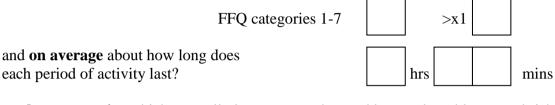
2.4

*

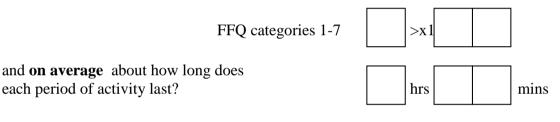
- **2.5 During the past three months,** how often have you done the following kinds of exercise or activities?

90%

a) **strenuous exercise w**hich normally makes your heart beat rapidly **AND** leaves you breathless e.g. jogging, vigorous swimming or cycling, aerobics.



b) **moderate exercise** which normally leaves you exhausted but not breathless, e.g. brisk walking, dancing, easy swimming or cycling, badminton, sailing.



c) **gentle exercise** which normally leaves you tired but not exhausted, e.g. walking, heavy housework (including washing windows and polishing), gardening, DIY, golf.

and **on average** about how long does each period of activity last?

- 2.6 On a typical day, how many hours do you generally spend watching television?
 - 1. More than 5 hours
 - 2. 4-5 hours
 - 3. 3-4 hours
 - 4. 2-3 hours
 - 5. 1-2 hours
 - 6. Less than one hour
 - 7. None
- 2.7 Which of the following best describes your walking speed?
 - 1. Very slow

*

- 2. Stroll at an easy pace
- 3. Normal speed
- 4. Fairly brisk
- 5. Fast



mins

>x1

hrs

3: DIETARY QUESTIONS

3.1 Now I am going to ask you about the foods you eat. To do this I have a list of foods and I would like you to tell me how often you have eaten each food during the <u>past 3 months</u>. The list may include foods you <u>never</u> eat or you may find foods which you eat a lot are missing. These can be added on at the end. (*Define the 3 month period*)

	FOOD DESCRIPTION	FREQUENCY EATEN							
FOOD CODE		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
1	White bread	1	2	3	4	5	6	7	
	When you eat bread/toast/sandwiches, how many slices/rolls do you each at a typical meal? Rolls (count as 2 slices) French bread (2" counts as 1 slice)								
2	Brown and wholemeal bread/rolls	1	2	3	4	5	6	7	
	How many slices/rolls do you eat at a typical meal? Rolls (count as 2 slices)								
3	Crackers and cheese biscuits	1	2	3	4	5	6	7	
4	Wholemeal and rye crackers	1	2	3	4	5	6	7	
5	'Bran' breakfast cereals	1	2	3	4	5	6	7	

	FOOD DESCRIPTION	FREQUENCY EATEN							
FOOD CODE		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
6	Other breakfast cereals	1	2	3	4	5	6	7	
7	Added bran to foods	1	2	3	4	5	6	7	
8	Cakes and gateaux	1	2	3	4	5	6	7	
9	Buns	1	2	3	4	5	6	7	
10	Pastries	1	2	3	4	5	6	7	
11	Biscuits – chocolate, digestive and ginger	1	2	3	4	5	6	7	
12	Other biscuits	1	2	3	4	5	6	7	
13	Fruit puddings	1	2	3	4	5	6	7	
14	Milk based puddings and sauces	1	2	3	4	5	6	7	

	FOOD DESCRIPTION	FREQUENCY EATEN							
FOOD CODE		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
15	Other puddings	1	2	3	4	5	6	7	
16	Yogurt and fruit fools	1	2	3	4	5	6	7	
17	Potatoes - boiled and jacket	1	2	3	4	5	6	7	
	When you eat these how many potatoes do you eat at a typical meal? Large baking (count as 3)/new (count as 0.5)								
18	Roast potatoes and chips	1	2	3	4	5	6	7	
	When you eat these how many potatoes do you eat at a typical meal?								_
19	Yorkshire puddings and savoury pancakes	1	2	3	4	5	6	7	
20	Brown and white rice	1	2	3	4	5	6	7	
21	Pasta and dumplings	1	2	3	4	5	6	7	

	FOOD DESCRIPTION	FREQUENCY EATEN							
FOOD CODE		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
22	Tinned vegetables	1	2	3	4	5	6	7	
23	Peas and green beans	1	2	3	4	5	6	7	
24	Carrots	1	2	3	4	5	6	7	
25	Parsnips, swede and turnip	1	2	3	4	5	6	7	
26	Sweetcorn and mixed veg	1	2	3	4	5	6	7	
27	Beans and pulses	1	2	3	4	5	6	7	
28	Tomatoes	1	2	3	4	5	6	7	
29	Spinach	1	2	3	4	5	6	7	
30	Broccoli, Brussels sprouts and spring greens	1	2	3	4	5	6	7	

	FOOD DESCRIPTION	FREQUENCY EATEN							
FOOD CODE		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
31	Cabbage and cauliflower	1	2	3	4	5	6	7	
32	Peppers and watercress	1	2	3	4	5	6	7	
33	Onion	1	2	3	4	5	6	7	
34	Green salad	1	2	3	4	5	6	7	
35	Side salads in dressing	1	2	3	4	5	6	7	
36	Courgettes, marrow and leeks	1	2	3	4	5	6	7	
37	Mushrooms	1	2	3	4	5	6	7	
38	Vegetable dishes	1	2	3	4	5	6	7	
39	Vegetarian foods	1	2	3	4	5	6	7	

	FOOD DESCRIPTION				FREQUENC	Y EATEN			
FOOD CODE		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
40	Tinned fruit not including grapefruit, prunes, figs or blackcurrants	1	2	3	4	5	6	7	
41	Cooked fruit not including blackcurrants	1	2	3	4	5	6	7	
42	Dried fruit	1	2	3	4	5	6	7	
43	Fresh apples and pears	1	2	3	4	5	6	7	
44	Fresh oranges and orange juice	1	2	3	4	5	6	7	
45	Grapefruit and grapefruit juice	1	2	3	4	5	6	7	
46	Blackcurrants, ribena and hi-juice blackcurrant drinks	1	2	3	4	5	6	7	
47	Other fruit juices (not squashes)	1	2	3	4	5	6	7	
48	Diet Coke and Pepsi not including caffeine free	1	2	3	4	5	6	7	

	FOOD DESCRIPTION	FREQUENCY EATEN								
FOOD CODE		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day	
49	Coke and Pepsi	1	2	3	4	5	6	7		
50	Soft drinks not including diet drinks (low calorie or low sugar)	1	2	3	4	5	6	7		
51	Bananas	1	2	3	4	5	6	7		
52	Fresh peaches, plums, cherries and grapes	1	2	3	4	5	6	7		
53	Strawberries and raspberries	1	2	3	4	5	6	7		
54	Fresh pineapple, melon, kiwi fruit and other tropical fruits	1	2	3	4	5	6	7		
55	Nuts	1	2	3	4	5	6	7		
56	Bacon and gammon	1	2	3	4	5	6	7		
57	Pork	1	2	3	4	5	6	7		
58	Chicken and turkey	1	2	3	4	5	6	7		

	FOOD DESCRIPTION				FREQUENC	Y EATEN			
FOOD CODE		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
59	Lamb	1	2	3	4	5	6	7	
60	Beef	1	2	3	4	5	6	7	
61	Minced meat dishes	1	2	3	4	5	6	7	
62	Meat pies	1	2	3	4	5	6	7	
63	Liver and kidney	1	2	3	4	5	6	7	
64	Paté and liver sausage	1	2	3	4	5	6	7	
65	Faggots and black pudding	1	2	3	4	5	6	7	
66	Sausages	1	2	2	4	5	6	7	

Ham and luncheon meat

White fish

	FOOD DESCRIPTION	FREQUENCY EATEN								
FOOD CODE		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day	
69	Fish fingers and fish dishes	1	2	3	4	5	6	7		
70	Oily fish	1	2	3	4	5	6	7		
71	Shellfish	1	2	3	4	5	6	7		
72	Boiled and poached eggs	1	2	3	4	5	6	7		
73	Omelette and fried eggs	1	2	3	4	5	6	7		
74	Cottage Cheese	1	2	3	4	5	6	7		
75	Cheese	1	2	3	4	5	6	7		
76	Pizza, quiches and cheese flans	1	2	3	4	5	6	7		
77	Soup	1	2	3	4	5	6	7		
78	Mayonnaise and salad cream	1	2	3	4	5	6	7		

	FOOD DESCRIPTION				FREQUENC	Y EATEN			
FOOD CODE		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
79	Pickles, chutney, tomato ketchup and brown sauce	1	2	3	4	5	6	7	
80	Chocolate	1	2	3	4	5	6	7	
81	Other sweets	1	2	3	4	5	6	7	
82	Ice cream and chocolate desserts	1	2	3	4	5	6	7	
83	Cream	1	2	3	4	5	6	7	
84	Crisps and savoury snacks	1	2	3	4	5	6	7	
85	Sweet spreads	1	2	3	4	5	6	7	
86A	Gravy granules and powders	1	2	3	4	5	6	7	
86B	Stock cubes and Marmite	1	2	3	4	5	6	7	

	FOOD DESCRIPTION FREQUENCY EATEN								
FOOD CODE		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
87	Drinking chocolate and milk shakes not including McDonald style milkshakes	1	2	3	4	5	6	7	
88	Decaffeinated coffee and tea	1	2	3	4	5	6	7	
89	Tea	1	2	3	4	5	6	7	
90	Coffee	1	2	3	4	5	6	7	
93	Spreading fat (1)	1	2	3	4	5	6	7	
94	Spreading fat (2)	1	2	3	4	5	6	7	
95	Spreading fat (3)	1	2	3	4	5	6	7	
96	Frying fat or oil (1)	1	2	3	4	5	6	7	
97	Frying fat or oil (2) F	1	2	3	4	5	6	7	
98	Frying fat or oil (3) F	1	2	3	4	5	6	7	

	FOOD DESCRIPTION				FREQUENC	Y EATEN			
FOOD CODE		Never	Once every 2-3 Months	Once a Month	Once a Fortnight	1-2 Times per Week	3-6 Times per Week	Once a day	More than once a day
99	Other vegetable oil (1) e.g. salad dressings, marinades	1	2	3	4	5	6	7	
100	Other vegetable oil (2) e.g. salad dressings, F	1	2	3	4	5	6	7	

3.2 Are there food or drinks which you have eaten or drunk once a week or more which are not on the list? (Include breakfast bars such as Nutrigrain and Kellogs).

0. No/1. Yes

If Yes

Name of food/drink	1-2 times per week	3-6 times per week	Once a day	More than once a day

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Now I would like to ask in more detail about some specific foods

- **3.3** Which types of milk have you used regularly in drinks and added to breakfast cereals over the last 3 months?
 - 1. Whole pasteurised
 - 2. Semi-skimmed pasteurised
 - 3. Skimmed pasteurised
 - 4. Whole UHT
 - 5. Semi-skimmed UHT
 - 6. Skimmed UHT
 - 7. Other

Milk 1	Other (specify)
Milk 2	Other (specify)
Milk 3	Other (specify)

3.4 On average over the last 3 months how much* of each milk have you consumed per day?

Milk 1	. pints
Milk 2	. pints
Milk 3	. pints

- **3.5** Do you add sugar to breakfast cereals, tea & coffee, puddings etc.? 0. No *go to 3.7* 1. Yes
- **3.6** Approximately how many teaspoons of sugar do you add each day?
- **3.7** When you eat meat, how much of the fat do you usually cut off (including chicken skin)?

(0
1. all	100%
2. most	60%
3. some	30%
4. none	0%
9. not appl	icable

4: FOOD SUPPLEMENTS

4.1 During the past three months have you taken any pills, tonics or tablets to supplement your diet? (e.g. vitamins, minerals, iron tablets, folic acid, fish oils etc.)0. No1. Yes

If yes, please state which:

(for number per day, record number of tablets/capsules/teaspoons per day, as appropriate)

Supplement	Number per day	How many days in the last 90?

5: GENERAL DIET QUESTIONS

5.1 Are the **past three months** typical of the way you generally eat?

- 0. No
- 1. Yes
- 2. Reasonably
- **5.2** Still thinking about your normal pattern of eating in a typical **week** how often do you:

*	Never	< once/ week	1-2 times	3-6 times	everyday
eat breakfast					
eat lunch					
eat an evening meal					
go out in the evening not necessarily to eat but also to socialise					

5.3 Just thinking about the **past week** how many servings did you eat of:

vegetables and vegetable-containing dishes (excluding potatoes)	?
fruit and pure fruit juices?	
meat and fish and their dishes?	

6: DIETING

- 6.1 Which of the following describes you best?
 - 1. I have **NEVER** been on a diet to lose weight
 - 2. I have **ONLY ONCE** been on a diet to lose weight
 - 3. I USED TO diet REGULARLY to lose weight but DON'T ANYMORE
 - 4. I go on a diet to lose weight EVERY NOW AND AGAIN
 - 5. I am USUALLY on a diet to lose weight

If 2, 4 or 5 ask 6.2 otherwise go to section 7

- 6.2 Are you currently trying to lose weight by dieting?
 - 1. Yes

7: ALCOHOL CONSUMPTION

I'd like to ask you a few questions about your drinking and smoking habits.

7.1	Do you ever drink alcohol?	0. No go to section 8	
		1. Yes	

During the past three months:

a) How often have you drunk
 Shandy or Low Alcohol Beer/Lager/Cider? FFQ 1-7 >x1
 (don't include alcohol free lager etc)

- b) When you drank these how many pints did you normally have? (*if range given code mid-point*)
- 7.3 a) How often have you drunk Beer/Stout/Lager/Cider/Alcopops?

FFQ 1-7	>x I	

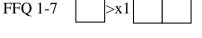
b) When you drank these how many pints did you normally have? (*if range given code mid-point*)

b) When you drank this how many glasses did you

(*if range given code mid-point*)

7.4 a) How often have you drunkLow alcohol wine?

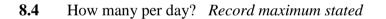
normally have?



.

7.5	a) How often have you drunk Wine/Sherry/Martini/Cinzano? FFQ 1	-7 > x1
	 b) When you drank these how many glasses did you normally have? (if range given code mid-point) 	
7.6	a) How often have you drunk Spirits/Liqueurs? FFQ 1-	7 > x1
	 b) When you drank these how many measures did you normally have? (if range given code mid-point) 	
8:	SMOKING	
8.1	Have you <u>ever</u> smoked regularly (at least once a day for a year or more) ? 0. No <i>go to section 9</i> 1. Yes	
8.2	How old were you when you first smoked regularly ?	
8.3	Are you currently smoking ? 0. No go to section 9 1. Yes go to 8.4	

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9: FAMILY BACKGROUND

Now I'd like to ask some questions about your family.

Tell the woman that she may find some of these questions difficult or impossible to answer. Explain that you would like to leave a form for her to complete where possible by asking her parents for the details. Answers that she can give us now (even approximately) are useful but if she can supplement them later that would be extremely helpful.

Starting with your **FATHER**:

- **9.1** Is your father still alive? 0.No, 1.Yes, 7. Adopted, 8. Don't talk about him, 9. Don't know
- **9.2** What was his full-time job when you were born? or if unemployed or part time, last full time job before that time. Probe industry & self-employed/manager/foreman/employee. If full time student give subject.

Job Position

Self-employed/manager/foreman/employee

Industry

9.3	Approximately what is/was his height?	
	In feet and inches?	ft . ins
	OR In centimetres	cms
9.4	Approximately what is/was his current/latest we	ight?
	In stones and pounds?	st lbs
	OR In kilograms?	. kg
9.5	What was his birth weight?	
	In pounds and ounces?	lbs . oz
	OR In grams?	grams
Now	your MOTHER :	
9.6	Is your mother still alive? 0. No, 1.Yes, 7. Adopted, 8. Don't talk about he	er, 9. Don't know
9.7	and what was her full name when you were born	?
9.8	d What is/was her date of birth?	d m m y y
9.9	Where was she born?	
	If in UK: Town/Village	
	County	
	If abroad: Country	
9.10	What is/was her height?	
	In feet and inches	ft . ins
	OR In centimetres?	cm.

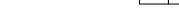
9.11	What did she weigh before you were conceived?	
	In stones and pounds?	st lbs
	OR In kilograms?	. kg
9.12	What was her birth weight?	
	In pounds and ounces?	. oz
	OR In grams?	grams
Return	rning to YOURSELF :	
9.13	What is your date of birth?	m y y
9.14	What was your birth weight?	
	In pounds and ounces?	. OZ
	Or In grams?	grams
9.15	Where were you born?	
	If in UK: Town/Village	
	County	
	If abroad: Country	
9.16	Were you born at home or in hospital ?	
	 Home Hospital - specify 	
9.17	Were you part of a multiple birth (twin, triplet etc.)?	
	0. No 1. Yes	
9.18	 Were you born early, late or when you were expected? 1. Early 2. When expected <i>go to 9.20</i> 3. Late 9. Don't know 	
9.19	How early/ late were you? 99. Don't know weeks days	
	 Certain Not certain or mid point of a range 	

- **9.20** How many children did your mother have before you were born (including stillbirths)?
- 9.21 Do you have any sisters aged 20 or over? 0.No, 1.Yes

10: EDUCATION

I would like to ask you briefly about your education.

10.1 How old were you when you left full-time education ? (don't round up; enter current age if still studying) (count a year or less out as continuous education)



- **10.2** Have you passed any exams or do you have any formal qualifications ?
 - 1. None
 - 2. CSE/ School cert/ GCSE grade D or lower/ NVQ1/ Foundation GNVQ
 - 3. O levels/ Matric/ GCSE grade A,B,C/ RSA secretarial/ NVQ2/ Intermediate GNVQ
 - 4. A levels/ City & Guilds/ EN(G)/ ONC/ NNEB/ BTech (day release)/ NVQ3/ Advanced GNVQ/ OND / HNC
 - 5. HND/ RGN/ Teaching Cert/ NVQ4
 - 6. Degree/ NVQ5
 - 7. Other (specify)

11: ETHNIC GROUP

11.1 To which of the ethnic groups listed on this card do you consider you belong?

1. White

*

- 2. Black Caribbean
- 3. Black African
- 4. Black Other
- 5. Indian
- 6. Pakistani
- 7. Bangladeshi
- 8. Chinese
- 9. Other Asian group
- 10. Other (specify)_____

12: MARITAL STATUS

- **12.1** What is your marital status?
 - 1. Single (never married)
 - 2. Married (living with husband)
 - 3. Separated
 - 4. Divorced
 - 5. Widowed



yrs

13: HOUSING

13.1 What type of accommodation do you live in?

- 1. Detached house/bungalow
- 2. Semi-detached house/bungalow
- 3. End terraced house
- 4. Terraced house
- 5. Purpose built flat/maisonette
- 6. Converted flat/maisonette
- 7. Dwelling with business premises
- 8. Bedsitter in multiple occupation
- 9. Bedsitter other
- 10. Hostel
- 11. Hall of residence
- 12. Other student accommodation
- 13. Other (specify)_
- **13.2** On what floor is the main part of living accommodation? *(If more than one code the lowest)*
 - 1. Basement
 - 2. Ground floor/street level
 - 3. 1st floor
 - 4. 2nd floor
 - 5. 3rd floor

*

- 6. 4th to 9th floor
- 7. 10th to 19th floor
- 8. 20th floor or higher
- **13.3** Do you own your own home, or are you buying it on a mortgage, or do you rent it in some way?
 - 1. Owns outright or buying with mortgage
 - 2. Rent from private landlord
 - 3. Rent from council or housing association
 - 4. Other rented accommodation (hostel, hall of residence, B& B)
 - 5. Lives with parents
 - 6. Other (specify)_____
- **13.4** Here is a list of some problems that people often have with their homes. Please tell me if you think that each one is a big problem, a small problem or not a problem for you and your family? (*Tick appropriate boxes*)

*	Big problem	Small problem	Not a problem
Condensation			
Rising or penetrating damp			
Difficulty in keeping home warm			
Leaking roof			
Rot in window frames, timbers or floorboards			
Not enough space			



14: HOUSEHOLD COMPOSITION AND CHILDREN

14.1 Does anyone else live in the house with you?

 $0 = No \ go \ to \ 14.2$

1 = Yes

For each person living in the household (apart from the woman herself) complete one line.

A household is defined as a group of people who share a living room or eat together for at least one meal a day. People living in hostels or halls of residence are classed as living alone.

For all children (see younger generation list) record date of birth (or age if d.o.b. is not available).

For the woman's own children give the child's birthweight.

For all adults, record whether they currently smoke at least once a day. 0=No, 1=Yes

Days per week is for anyone who is only in the household part-time. Record the average number of days per week that person lives in the household.

KEY: Ow	n Genero	ation
---------	----------	-------

Η	= Husband	
-		

- С *= Cohabitee*
- S = Sibling (brother/sister)
- AS = Adopted sibling
- SIL = Sibling-in-law
- (*sister/brother-in-law*)

SS = Stepsibling FS

= *Foster sibling*

Older Generation

- Р = Parent
- FP = *Foster parent*
- SP = Step parent
- = Parent-in-law PIL
- GP= Grandparent

Younger Generation

0C = *Own child (son/daughter)* SC = Step child AC = *Adopted child* FC= Foster child = Child-in-law (son/daughter-in-law) CIL CC= Cohabitee's child GC = Grandchild SB = Still born child Other

	01111	
OR	= Other relative	
ON	= Other non-relative	

Person	Relationship	S	ex	Date	of birth	h	Age	I	Birthwe	ight	Smoker	Days per
number	to woman	М	F	Day	Mth	Yr	(yrs)	lb	OZ	grams		week
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												

14.2. How many children have you had, including any stillbirths? (Any not included above add to the table with 0 days/week)

14.4 If the woman has a child under the age of two years: Are you breastfeeding your (youngest) child? (Any amount of breastfeeding counts as yes)

 0. No
 1. Yes

15: PARTNER'S OCCUPATION

If there is a husband or partner living in the house (if not go to 16):

15.1	Was your husband/partner in paid employ last Sunday?	ment or self-employed in t	the week ending				
	0. No go to 15.3						
	1. Yes go to to 15.2						
15.2	Was he working full time or part time?						
	0. Full time (more than 30 hours)						
	1. Part time (30 hours or fewer)	go to 15.3					
15.3	Was he going to college full time?						
	0.No if working part-time go to 1	5.6 <i>a</i>					
	<i>if not working go to 15.5</i> 1.Yes						
	1.105						
15.4	If yes, what is he studying?						
	If working part time go to 15.7						
	If not working go to section 16.						
15.5	If not working or studying was he						
	Unemployed ?	(1)					
	Permanently unable to work becau						
	long term sickness or disal	•					
	looking after home or family?	(3)					
	other ? (specify)	(4)					
15.6 a	If not working or working part-time, what If only ever part-time give last part time j	ob.					
	Then if currently working part time go to	15.7, otherwise go to sectu	on 10				
	Job Position		<i>,</i> -				
		E-employed/manager/forem	an/employee				
	Industry	_					
15.6b	If working full-time, what is his job? (Th	ien go to section 16)					
	Probe industry & self-employed/manager/foreman/employee						
	Job Position	formula word/managar/form	on/omnlouoo				
	Industry	E-employed/manager/forem	an/employee				
15.7	If working part-time now, what is his curr	ent job?					
	Job Position						
		-employed/manager/forem	an/employee				
	Industry						

- 26
- 15.8 If working part time, how many hours per week does he work?

	hrs		mins

16: CHILDCARE ARRANGEMENTS

16.1 *If the woman works (part-time or full-time) and has children at home under the age of twelve years: (if not go to section 17)*

Which of the following best describes the way you arrange for your children aged 12 or under to be looked after while you are at work? *Tick up to three boxes.*

*	1 st	2^{nd}	3 rd
	mention	mention	mention
1. I work only while they are at school			
2. They look after themselves until I get home			
3. I work from home			
4. My husband/partner looks after them			
5. A nanny or mother's help looks after them at home			
6. They go to a work-place nursery			
7. They go to a day nursery			
8. They go to a child minder			
9. A relative looks after them			
10. A friend or neighbour looks after them			
11. Other (specify)			

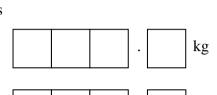
17: BENEFITS

- 17.1 Are you (or your husband/partner) receiving any of the following benefits?
 * (Income support/job seekers allowance/family credit/housing benefit)
 - $0 = No \ go \ to \ section \ 18$ 1 = Yes
- **17.2** How long have you been receiving them? (0=No, 1=<1 year, 2=1-2 years, 3=2+years, 9=Don't know)
 - (a) Income support
 - (b) Job seekers allowance
 - (c) Family credit
 - (d) Housing benefit

If not done before, get **consent** here

18: BODY MEASUREMENTS

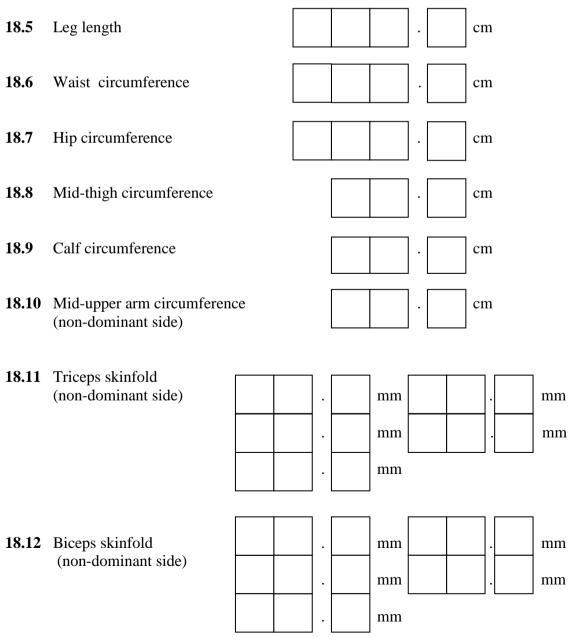
- 18.1 Pulse (30sec) (Double the value to give pulse for 1 minute)
 18.2 Which hand do you write with 2
- **18.2** Which hand do you write with ?
 - 1. Right 2. Left
 - L Lell
 - 3. Completely ambidextrous
- 18.3 Weight

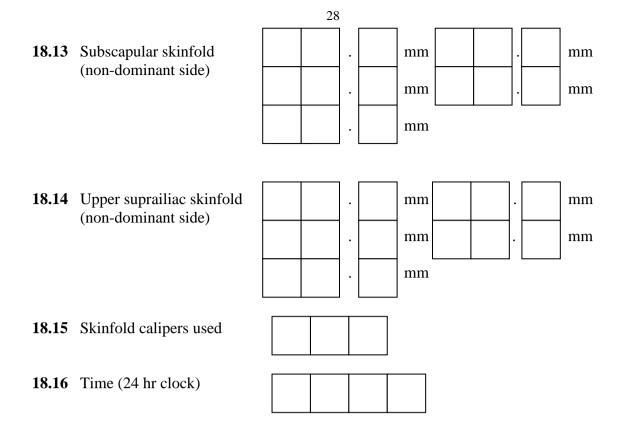


18.4 Height



Mark and measure up the non-dominant arm and side of the body (measure the left if completely ambidextrous)





19: **MOUTHWASH SAMPLE**

If the mouthwash sample was obtained at the beginning, go to section 20

19.1 Mouthwash sample provided

(0=No, 1=Yes)

19.2 Time of mouthwash sample (24 hr clock)

20: **GENERAL HEALTH**

- 20.1 How is your health in general? Would you say it was: *
 - 1. Very good
 - 2. Good
 - 3. Fair
 - 4. Bad
 - 5. Very bad
- 20.2 Do you have any long-standing illness, disability or infirmity? By long standing, I mean anything that has troubled you over a period of time or that is likely to affect you over a period of time.
 - 0. No go to 20.4
 - 1. Yes

20.3 What is the illness/disability/infirmity?_ (Do not record headaches, indigestion, aches and pains. We are interested in major problems such as diabetes, multiple sclerosis, rheumatoid arthritis, muscular *dystrophy* – *anything which might affect growth or body composition*)

Г		
		L
		L

1. None

*

*

- 2. Slightly
- 3. Moderately
- 4. Ouite a lot
- 5. Extremely

20.5 In general, how much stress or pressure have you experienced in your daily living in the last 4 weeks?

- 1. None
 - 2. Just a little
 - 3. A good bit
 - 4. Quite a lot
 - 5. A great deal

21: MENSTRUAL CYCLE AND PREGNANCIES

What was the date of the first day of 21.1 your last menstrual period?

d	d	m		у	у	_

21.2 How long is your usual cycle between the start of one period and the start of the next period? (Don't know 99)

21.3	Is your usual cycle regular, or has it varied by more than 5
	days between periods in the last 6 months?
	1: Regular

- 2: Varied by more than 5 days
- 21.4 How old were you when you had your first period ? (Don't know 99.9)

		yrs	

days

21.5 Within the last 3 months have you taken the oral contraceptive pill or had the Depot injection or other hormonal treatment? 0. No go to 21.8 1. Yes

21.6 Which? Specify (most recent if several)

- 21.7 Are you currently taking this? 0. No 1. Yes
 -

21.8	Do you	anticipate	trying	for a	baby	within	the next	12 month	ns?

- 0. No
- 1. Yes

That is the end of the questionnaire but we would be grateful for your help with some extra items.

Use the explanations in fieldworker notes for the following items but please mark the results below:

Have you left a birth details form? 0. No 1. Yes	
Have you left a food diary?	
0. No 1. Yes	
Is there agreement to a blood sample (Remember 4) when the more than the more than the more again the second secon	
(Remember to mark the woman's r 0. No	ecora cara as wea)
1. Yes	
Has consent been obtained for the (<i>GP to notify us if the woman becomes pregnant?</i>
0. No	
1. Yes	
Is the woman willing to be approach	hed for other studies related to the SWS?
0. No	
1. Yes	

Don't forget to leave a fridge magnet, pregnancy reply card, two prepaid envelopes (one large and one small), and, if the woman is interested, an information leaflet.

THANK YOU VERY MUCH FOR ALL YOUR HELP. THE INFORMATION YOU HAVE GIVEN US IS VERY IMPORTANT FOR IMPROVING THE HEALTH OF WOMEN. THE MORE WOMEN WHO TAKE PART, THE MORE VALUABLE ALL THE DATA BECOME SO WE WOULD BE VERY GRATEFUL IF YOU WOULD ENCOURAGE YOUR FRIENDS TO TAKE PART.

MANY THANKS AGAIN