

ALL IN

Allergy and Infection Study

12 month interview

General Instructions:

1. Questions to be read to respondents in **bold**
2. Instructions to interviewers marked: **Interviewer**
3. Instructions meant to be read to respondents are in *italics*
4. For multiple choice questions: CROSS boxes
5. For single response questions: enter value in drop down box

Hello my name is from the Born in Bradford project. Thank you for agreeing for us to visit you.

This questionnaire asks about you and your baby. We are interested to know about your baby's health and environment, how your baby is feeding and who looks after your baby.

We would be grateful if you would help us by answering as many of these questions as possible but if there are any questions you do not want to answer that is fine. There are no right or wrong answers.

All the answers you give are confidential. Your name and address will not appear anywhere on the questionnaire.

I will ask most of the questions but there are some sections of the questionnaire that I will ask you to complete yourself. I will be here to help you if you have any queries.

Thank you for agreeing to answer these questions.

SECTION A

GENERAL HEALTH

This first section asks about you and your baby's general health

A1. I would now like to ask you about your health. How would you describe your own health generally. Would you say it is

Excellent

Very Good

Good

Fair

Poor

A2. I would now like to ask you about your child's health. How would you describe his/her general health?

Excellent

Very Good

Good

Fair

Poor

SECTION B: CHILDHOOD ILLNESSES

We would like to know about any health problems (child's name) has been taken to the GP surgery for. How many separate health problems, if any, has (child's name) had, not counting any accidents or injuries?

B1. Has (child's name) seen a doctor or nurse since birth because he/she had a problem you were worried about? (Cross ONE box only)

Yes No Don't know Refused

Interviewer: If NO, go to Q4

B2. How many times? (Cross ONE box only)

Once Twice 3-4 5 - 10
11 or more Don't know Refused

B3. What was the reason for the visit? (Cross ALL that apply)

	Yes and saw a doctor	Yes but did not see a doctor
Tummy upset/wind/colic	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>
Constipation	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
Crying	<input type="checkbox"/>	<input type="checkbox"/>
High temperature	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions/fits	<input type="checkbox"/>	<input type="checkbox"/>
Snuffles/cold	<input type="checkbox"/>	<input type="checkbox"/>
Chest infection	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>
Breathing problems	<input type="checkbox"/>	<input type="checkbox"/>
Ear Problems	<input type="checkbox"/>	<input type="checkbox"/>
Urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>
Thrush	<input type="checkbox"/>	<input type="checkbox"/>
Skin problems	<input type="checkbox"/>	<input type="checkbox"/>
Not gaining enough weight	<input type="checkbox"/>	<input type="checkbox"/>
Gaining too much weight	<input type="checkbox"/>	<input type="checkbox"/>
Other Please describe	<input type="checkbox"/>	<input type="checkbox"/>

.....
B4. Has (child's name) been given any medical diagnosis ?

Yes No

Please list a. _____
b. _____
c. _____
d. _____

B5. Has (child's name) been admitted to hospital since birth? (Cross ONE box only)
(Child must have been in hospital at least 24 hours)

Yes No Don't know Refused

Interviewer: If YES how many times?

B6. Has (child's name) been to a hospital outpatient clinic since birth? (Cross ONE box only)

Yes No Don't know Refused

Interviewer: If YES how many times?

B7. Since birth, has (child's name) been hurt, injured or had an accident and needed medical attention from a doctor or hospital? (Cross ONE box only)

Yes None Don't know Refused

If YES, how many times?

SECTION C: FEEDING YOUR BABY

This next section asks questions about how you have been feeding your baby.

C1. Was (child's name) ever breastfed?

Interviewer: Include colostrum in first few days and expressed breast milk

Yes No Don't know

C2. Is (child's name) still being breastfed?

Yes No Don't know

C3. How old was (child's name) when he/she completely stopped being breastfed?

Interviewer: Include expressed breast milk (Cross ONE box only)

Still having breast milk

Days

Weeks

Months

Don't know

C4. How old was (child's name) when he/she was first given baby formula milk to drink? (Cross ONE box only)

Interviewer: SMA, Cow & Gate. Soya milk etc

Still not had formula milk

Days

Weeks

Months

Don't know

C5. How old was (child's name) when he/she was first given something else to drink apart from breast or formula milk, such as tap or mineral water, fruit juice, squash or herbal drink? (Cross ONE box only)

Still not had anything else to drink

Days

Weeks

Months

Don't know

C6. How old was (child's name) when he/she was first given solids to eat (e.g. baby rice, pureed vegetables, pre-prepared baby foods) (Cross ONE box only)

Still not had any solids

Days

Weeks

Months

Don't know

SECTION D: WHO YOU LIVE WITH

Can I just check, has your marital status changed since we last saw you?

D1. Are you: (Cross ONE box only)

- Married
- Re-married
- Single (never married)
- Separated (but still legally married)
- Divorced
- Widowed

D2. Are you: (Cross ONE box only)

- Living with baby's father
- Living with another partner
- Not living with a partner but in a relationship (e.g. partner living abroad or in another property)
- Not living with a partner and not in a relationship

I would also like to ask you about the people who usually live here, even if they are away at present. A household involves living at the same address and sharing cooking facilities and sharing a living room, dining room or kitchen. Please remember that all answers you give me will be completely confidential.

D3. Including yourself, how many people live regularly as members of the household you live in?

Number of people

I would now like to ask you a few details about each person you live with. We can start with whoever you like.

What is the first name of that person?

And what is their relationship to you?

Interviewer: Please show Prompt Card 1. - If gender not obvious ask

Is this person male or female?

Do you know their date of birth?

Interviewer: Enter month and year only. If age not known ask:

Do you know their age at their last birthday?

Now moving on to the next person in your house...

What is the first name of that person?

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	Name	Sex M/F	Date of birth	Age
Your husband/partner			___/___	
Your boy children			___/___	
Your girl children			___/___	
Your mother			___/___	
Your father			___/___	
Your husband/partner mother			___/___	
Your husband/partners father			___/___	
Your brother			___/___	
Your sister			___/___	
Your husband/partners brother			___/___	
Your husband/partners sister			___/___	
Your grandmother			___/___	
Your grandfather			___/___	
Your husband/partners grandmother			___/___	
Your husband/partners grandfather			___/___	
Other adult male relatives of yours (adult here means 16 or over)			___/___	
Other adult female relatives of yours			___/___	
Adult male non-relatives			___/___	
Adult female non- relatives			___/___	
Other boy children			___/___	
Other girl children			___/___	

Repeat as necessary

We are also interested to know if you and/or your husband/partner are working nowadays.

SECTION E: EMPLOYMENT STATUS

E1. I'd like to ask you some questions about how (child's name) is looked after, but first can you tell me which of the things on this card best describes what you are currently doing? (Cross ONE box only)

Interviewer: If respondent is on annual leave/sick leave from their employer, code as working

- In a job and currently working for an employer
- On maternity leave from an employer
- Self employed
- Full time student
- Looking after the home and family
- Doing something else

Other

Interviewer: Write in 'doing something else' answer (description of activity).

E2. Can I just check, have you returned to work since (child's name) was born, or are you still on leave

- Yes, has returned to work
- No, still on leave

Interviewer: If answers

a. 'in a job and currently working for an employer'

OR

'on maternity leave from an employer'

-ask questions in **Employment Status** section for mother **Question E3**

b. If mother does not work and living with a husband/partner

-go to **Employment Status** section and ask from **QE7**

EMPLOYMENT STATUS - Contd.

Now we have some questions about any paid work you or your husband/partner may have undertaken since your baby was born.

About yourself

Employed or self-employed

E3. Do you work as an employee or are you self employed? (Cross ONE box only)

- | | |
|--|--------------------------|
| Employee | <input type="checkbox"/> |
| Self employed with employees | <input type="checkbox"/> |
| Self employed/freelance without employees (go to E6) | <input type="checkbox"/> |
| Student/in training | <input type="checkbox"/> |

Number of employees

E4. For employees: 'How many people work for your employer at the place where you work?'

For self employed: 'How many people do you employ?'

Interviewer: Go to **E6** when you have completed this question.)

- | | |
|-------------------------------|-------------------------------------|
| <input type="checkbox"/> 1-24 | <input type="checkbox"/> 25 or more |
|-------------------------------|-------------------------------------|

Supervisory status

5. Do you supervise any other employees (A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis).

(Cross ONE box only)

- | | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

Occupation

E6. What best describes the sort of work you did/do?

(Cross ONE box only)

- Modern professional occupations
- Clerical and intermediate occupations
- Senior managers or administrators
- Technical and craft occupations
- Semi routine manual and service occupations
- Routine manual and service occupations
- Middle or junior managers
- Traditional professional occupations

Interviewer: If mother has a partner/husband living with her, please ask the following:

EMPLOYMENT STATUS - Contd.

About your partner/husband

E7. Is/was your partner/husband employed? (Cross ONE box only)

Yes No Never been in employment

If never in employment go to Section F

Employed or self-employed

E8. Does/did he work as an employee or is/was he self-employed? (Cross ONE box only)

Employee

Self employed with employees

Self employed/freelance without employees (go to QE11)

Student/in training

Number of employees

E9. For employees: 'How many people work/ed for your partner/husband's employer at the place where he works/worked?'

For self employed: 'How many people do/did your partner/husband employ?'

Interviewer: Go to E11 when you have completed this question.)

1-24 25 or more

Supervisory status

5. Does/did he supervise any other employees (A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis).

(Cross ONE box only)

Yes No

E11. What best describes the sort of work he did/does?(Cross ONE box only)

- Modern professional occupations
- Clerical and intermediate occupations
- Senior managers or administrators
- Technical and craft occupations
- Semi routine manual and service occupations
- Routine manual and service occupations
- Middle or junior managers
- Traditional professional occupations

SECTION F: CHILD CARE

F1. Have you ever made any *regular* arrangement for your baby to be looked after, either while you are at work or for any other reasons?

By regular we mean an arrangement that normally runs for at least five hours a week and has lasted for at least one month.

Yes No

F2. a) If YES, who looks after (child's name)? This question is about *current* arrangements.

If more than one arrangement, please complete a separate grid for each

	How many hours per week on average?	In your home		Does the carer feed your baby?		How many other children are usually present when your baby is being looked after?
		Yes	No	Yes	No	
Husband/Wife/Partner	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Baby's non-resident father/mother	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Your mother	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Your father	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Your partner's mother	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Your partner's father	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Baby's non-resident father's/mother's mother	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Baby's non-resident father's/mother's father	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other relative	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Friends/Neighbours	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Live-in nanny/au pair	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other nanny/au pair	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Registered childminder	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Unregistered childminder	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Workplace/college nursery/crèche	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Local authority day nursery/crèche	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Private day nursery/crèche	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other specify	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Interviewer: Write in other carer

F2. b) If your baby attends a nursery could you please tell us the name and address of the nursery?

Name of nursery:

Address:

Postcode:

F2. c) How old was your baby when this childcare arrangement started?

Enter age in months or weeks

Months	<input type="checkbox"/> <input type="checkbox"/>	Weeks	<input type="checkbox"/> <input type="checkbox"/>
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F3. a) Does anyone else currently look after (baby's name) regularly?

Yes No

Interviewer: If yes, complete another grid

	How many hours per week on average?	In your home		Does the carer feed your baby?		How many other children are usually present when your baby is being looked after?
		Yes	No	Yes	No	
Husband/Wife/Partner	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Baby's non-resident father/mother	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Your mother	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Your father	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Your partner's mother	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Your partner's father	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Baby's non-resident father's/mother's mother	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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Baby's non-resident father's/mother's father	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other relative	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Friends/Neighbours	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Live-in nanny/au pair	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other nanny/au pair	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Registered childminder	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Unregistered childminder	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Workplace/college nursery/crèche	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Local authority day nursery/crèche	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Private day nursery/crèche	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other specify	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Interviewer: Write in other carer

F3. b) If your baby attends a nursery could you please tell us the name and address of the nursery?

Name of nursery:

Address:

Postcode:

F3. c) How old was your baby when this childcare arrangement started?

Enter age in months or weeks

Months Weeks

F4. a) Does anyone else currently look after (baby's name) regularly?

Yes No

Interviewer: If yes, complete another grid

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	How many hours per week on average?	In your home		Does the carer feed your baby?		How many other children are usually present when your baby is being looked after?
		Yes	No	Yes	No	
Husband/Wife/Partner	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Baby's non-resident father/mother	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Your mother	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Your father	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Your partner's mother	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Your partner's father	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Baby's non-resident father's/mother's mother	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Baby's non-resident father's/mother's father	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other relative	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Friends/Neighbours	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Live-in nanny/au pair	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other nanny/au pair	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Registered childminder	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Unregistered childminder	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Workplace/college nursery/crèche	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Local authority day nursery/crèche	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Private day nursery/crèche	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other specify	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Interviewer: Write in other carer

F4. b) If your baby attends a nursery could you please tell us the name and address of the nursery?

Name of nursery:

Address:

Postcode:

F4. c) How old was your baby when this childcare arrangement started?

Enter age in months or weeks

Months Weeks

F5. a) Does anyone else currently look after (baby's name) regularly?

Yes No

Interviewer: If yes, repeat questions a, b, c as necessary.

SECTION G: PREVIOUS CHILDCARE ARRANGEMENTS

We are also interested in any other childcare arrangements you may have had before those you have just described.

Interviewer: If the child has only attended current childcare arrangements described above do not continue. ONLY add any other ones attended before.

G1. a) Starting with the first childcare arrangement how old was your baby when this childcare arrangement started?

Enter age in months or weeks

Months Weeks

G1. b) Who looked after (baby's name)?

	How many hours per week on average?	In your home		Does the carer feed your baby?		How many other children are usually present when your baby is being looked after?
		Yes	No	Yes	No	
Husband/Wife/Partner	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Baby's non-resident father/mother	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Your mother	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Your father	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Your partner's mother	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Your partner's father	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Baby's non-resident father's/mother's mother	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Baby's non-resident father's/mother's father	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other relative	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Friends/Neighbours	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Live-in nanny/au pair	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other nanny/au pair	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Registered childminder	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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Unregistered childminder	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Workplace/college nursery/crèche	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Local authority day nursery/crèche	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Private day nursery/crèche	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other specify	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Interviewer: Write in other carer

G1. c) If your baby attended nursery please tell us the name and address of the nursery?

Name of nursery: -.....

Address:.....

Postcode:

G1. d) How old was your baby when this childcare arrangement stopped?

Enter age in months or weeks

Months Weeks

Interviewer: If more than one previous arrangement, repeat questions a - d as necessary. Please note that some arrangements may have been concurrent or overlapping.

G2. a) How old was your baby when the next childcare arrangement started?

Enter age in months or weeks

Months Weeks

G2. b) Who looked after (baby's name)?

	How many hours per week on average?	In your home		Does the carer feed your baby?		How many other children are usually present when your baby is being looked after?
		Yes	No	Yes	No	
Husband/Wife/Partner	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Baby's non-resident father/mother	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Your mother	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Your father	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Your partner's mother	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Your partner's father	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Baby's non-resident father's/mother's mother	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Baby's non-resident father's/mother's father	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Other relative	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Friends/Neighbours	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Live-in nanny/au pair	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Other nanny/au pair	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Registered childminder	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Unregistered childminder	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Workplace/college nursery/crèche	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Local authority day nursery/crèche	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Private day nursery/crèche	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other specify	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>

Interviewer: Write in other carer

G2. c) If your baby attended nursery please tell us the name and address of the nursery?

Name of nursery: -.....

Address:.....

Postcode:

G2. d) How old was your baby when this childcare arrangement stopped?

Enter age in months or weeks

Months Weeks

G3. a) How old was your baby when the next childcare arrangement started?

Enter age in months or weeks

Months Weeks

G3. b) Who looked after (baby's name)?

	How many hours per week on average?	In your home		Does the carer feed your baby?		How many other children are usually present when your baby is being looked after?
		Yes	No	Yes	No	
Husband/Wife/Partner	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Baby's non-resident father/mother	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Your mother	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Your father	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Your partner's mother	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Your partner's father	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Baby's non-resident father's/mother's mother	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Baby's non-resident father's/mother's father	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other relative	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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Friends/Neighbours	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Live-in nanny/au pair	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other nanny/au pair	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Registered childminder	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Unregistered childminder	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Workplace/college nursery/crèche	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Local authority day nursery/crèche	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Private day nursery/crèche	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other specify	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Interviewer: Write in other carer

G3. c) If your baby attended nursery please tell us the name and address of the nursery?

Name of nursery: -.....

Address:.....

Postcode:

G3. d) How old was your baby when this childcare arrangement stopped?

Enter age in months or weeks

Months Weeks

G4. a) How old was your baby when the next childcare arrangement started?

Enter age in months or weeks

Months Weeks

G4. b) Who looked after (baby's name)?

	How many hours per week on average?	In your home		Does the carer feed your baby?		How many other children are usually present when your baby is being looked after?
		Yes	No	Yes	No	
Husband/Wife/Partner	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Baby's non-resident father/mother	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Your mother	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Your father	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Your partner's mother	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Your partner's father	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Baby's non-resident father's/mother's mother	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Baby's non-resident father's/mother's father	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other relative	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Friends/Neighbours	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Live-in nanny/au pair	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other nanny/au pair	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Registered childminder	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Unregistered childminder	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Workplace/college nursery/crèche	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Local authority day nursery/crèche	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Private day nursery/crèche	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other specify	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Interviewer: Write in other carer

G4. c) If your baby attended nursery please tell us the name and address of the nursery?

Name of nursery: -.....

Address:.....

Postcode:

G4. d) How old was your baby when this childcare arrangement stopped?

Enter age in months or weeks

Months Weeks

Interviewer: repeat questions a-d as necessary

SECTION H: MOTHER AND BABY ACTIVITIES

H1. From birth until 6 months of age, how often did you and your baby attend activities with other babies or young children, other than child care, e.g. playgroups, mother and baby groups? (Cross ONE box only)

- Rarely
- At least once a month
- Usually once a week
- More than once a week

H2. From 6 months of age until now, how often did you and your baby attend activities with other babies or young children, other than child care, e.g. playgroups, mother and baby groups? (Cross ONE box only)

- Rarely
- At least once a month
- Usually once a week
- More than once a week

SECTION J: YOUR BABY'S ENVIRONMENT

The following questions are about **your baby's** home.

Interviewer: assuming respondent is mother of baby and lives in same home

J1. a) Are there any pets living in your home? We would like to know about pets who spend any time inside your home but please do not include pets who always live outside.

- Yes
- No

b) If yes, which of the following pets do you have? (CROSS as many boxes as apply)

- Dog
- Cat
- Other furry pets
- Bird
- Others

J2. a) From *birth until 6 months of age*, did your baby usually share a bedroom with other people (adults or children)?

- Yes
- No

b) If yes, who?

- Parent(s) only
- Parent(s) and sibling(s)
- Sibling(s) only
- Other please specify _____

J3. a) From *6 months of age until now*, did your baby usually share a bedroom with other people (adults or children)?

- Yes
- No

b) If yes, who?

- Parent(s) only
- Parent(s) and sibling(s)
- Sibling(s) only
- Other please specify _____

J4. Which fuel do you use for cooking?

(CROSS as many boxes as apply)

- Electricity
- Gas
- Coal or wood
- Other

J5. Which fuel do you use for heating?

(CROSS as many boxes as apply)

- Gas
- Oil
- Electricity
- Coal or coke
- Wood
- Other

J6. a) Does your home have central heating?

- Yes
- No

b) If no, type of heating _____

J7. Does your home have a wood or coal fire with a chimney?

- Yes
- No

J8. Does your home have a gas fire?

- Yes
- No

J9. Does your home have damp spots on the walls or ceiling?

- Yes
- No

J10. Does your home have visible moulds or fungus on the walls or ceiling?

- Yes
- No

J11. What kind of floor covering is there in the following rooms in your home?

	Kitchen	Sitting Room	Other living area	Play room	Your baby's bedroom
Fitted carpets					
Loose carpets					
Hard flooring (e.g. wooden floorboards, laminated, lino, tiles)					

J12. What kind of windows are there in your baby's bedroom?

(CROSS as many boxes as apply)

- Single glazing
- Sealed unit/double glazing
- No windows

J13. What kind of pillow(s) does your baby use? (CROSS as many boxes as apply)

- Foam
- Synthetic fibre
- Feather
- Does not use a pillow
- Don't know
- Other

J14. What kind of bedding does your baby use? (CROSS as many boxes as apply)

- Synthetic quilt
- Feather quilt
- Blankets
- Other materials
- Don't know

J15. a) Have you made any changes in your home* because your baby had asthma, eczema or allergic problems?

* Interviewer: i.e. relating to the factors in Section J onwards.

- Yes
- No

b) If yes, give details

SECTION K:

TRAVEL ABROAD

K1. Has your baby ever travelled outside the UK? (Cross ONE box only)

- No
- Within Europe only
- Outside Europe

K2. If they have travelled *outside Europe* please give the details of each visit below:

Visit	Age at visit (months)	Country	Length of visit (weeks)
1			
2			
3			
4			
5			

Add more rows as necessary

SECTION L: SOME QUESTIONS ABOUT YOU (the baby's mother)

L1. How many siblings (brothers and sisters) do/did you have?

Please include any siblings who have passed away.

L2. How many of these siblings are (were) older than you?

L3. How many are (were) younger than you?

L4. When you were growing up how many people (including yourself) usually lived in the same household as you?

No. of adults

No. of children

L5. Have you (the baby's mother) ever had any of the following diseases?

(CROSS as many boxes as apply)

Asthma

Hay fever

Eczema

L6. Has your baby's father ever had any of the following diseases?

(CROSS as many boxes as apply)

Asthma

Hay fever

Eczema

L7. Have any of your baby's brothers and sisters ever had any of the following diseases? (CROSS as many boxes as apply)

Asthma

Hay fever

Eczema

SECTION M: LIFESTYLE

We apologise if any questions in this section cause offence – we are asking everyone the same questions but we realize some religions do not permit certain things.

SMOKING

M1. Have you ever regularly smoked cigarettes; that is at least one cigarette a day? (CROSS one box only)

Yes for more than 1 year Yes less than 1 year No

If NO, go to question 4

M2. Do you smoke cigarettes nowadays? (CROSS one box only)

Yes No

M2a. If no, when did you stop smoking?

Age Years old Don't remember

M3. If yes, how many cigarettes do/did you smoke since giving birth to (child's name)? (CROSS one box only)

None	1-5 a day	6-10 a day	11-20 a day	Over 20 a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M4. Are you exposed to other peoples' smoke at work or at home and if YES, for how many hours per day approx

Yes No Less than one hour per day/occasionally

If yes – Hours

M5. Is (child's name) exposed to other peoples' smoke and if YES, how many hours per day approx?

Yes Less than one hour per day/occasionally No

If yes – Hours

SECTION N: IMMUNISATIONS AND INFECTIONS

N1. Which immunisations has your baby had?

Interviewer: please check red book (personal child health record). If not available, please complete the table if the parents can remember (and indicate that red book was not checked in the last column)

Usual age at immunisation	Diseases protected against	Vaccine	Tick box if given	Date given (dd/mm/yy)	Don't know if given	Checked in red book? Circle as appropriate
At birth	Tuberculosis	BCG	<input type="checkbox"/>		<input type="checkbox"/>	Yes/No
At birth	Hepatitis B	Hep B	<input type="checkbox"/>		<input type="checkbox"/>	Yes/No
2 months (8 weeks)	Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib) Pneumococcal infection	DTaP/IPV/Hib and	<input type="checkbox"/>		<input type="checkbox"/>	Yes/No
		Pneumococcal conjugate vaccine (PCV)	<input type="checkbox"/>		<input type="checkbox"/>	Yes/No
3 months (12 weeks)	Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib) Meningitis C (meningococcal group C)	DtaP/IPV/Hib and	<input type="checkbox"/>		<input type="checkbox"/>	Yes/No
		MenC	<input type="checkbox"/>		<input type="checkbox"/>	Yes/No
4 months (16 weeks)	Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib) Meningitis C (meningococcal group C) Pneumococcal infection	DtaP/IPV/Hib and	<input type="checkbox"/>		<input type="checkbox"/>	Yes/No
		MenC and	<input type="checkbox"/>		<input type="checkbox"/>	Yes/No
		PCV	<input type="checkbox"/>		<input type="checkbox"/>	Yes/No
Around 12 months	Haemophilus influenzae type b (Hib) and meningitis C	Hib/MenC	<input type="checkbox"/>		<input type="checkbox"/>	Yes/No
Around 13 months	Measles, mumps and rubella (German measles) Pneumococcal infection	MMR and	<input type="checkbox"/>		<input type="checkbox"/>	Yes/No
		PCV	<input type="checkbox"/>		<input type="checkbox"/>	Yes/No

Please add any other immunisations below (including any travel immunisations)

Vaccine	Date given (dd/mm/yy)	Checked in red book? (Y/N)

Add more rows as necessary

N2.a) Has your child had chickenpox? (CROSS one box only)

Yes No Don't know

b) If yes, at what age (months)?

Enter age in months or weeks

Months old Weeks

c) Was the chickenpox diagnosed by a doctor?

Yes No

SECTION O: SELF COMPLETION

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, please indicate with a CROSS how often you felt or thought a certain way.

1. In the last month, how often have you been upset because of something that happened unexpectedly?

Never

Almost never

Sometimes

Fairly often

Very often

2. In the last month, how often have you felt that you were unable to control the important things in your life?

Never

Almost never

Sometimes

Fairly often

Very often

3. In the last month, how often have you felt nervous and "stressed"?

Never

Almost never

Sometimes

Fairly often

Very often

4. In the last month, how often have you felt confident about your ability to handle your personal problems?

Never

Almost never

Sometimes

Fairly often

Very often

5. In the last month, how often have you felt that things were going your way?

Never

Almost never

Sometimes

Fairly often

Very often

6. In the last month, how often have you found that you could not cope with all the things that you had to do?

Never

Almost never

Sometimes

Fairly often

Very often

7. In the last month, how often have you been able to control irritations in your life?

Never

Almost never

Sometimes

Fairly often

Very often

8. In the last month, how often have you felt that you were on top of things?

Never

Almost never

Sometimes

Fairly often

Very often

9. In the last month, how often have you been angered because of things that were outside of your control?

Never

Almost never

Sometimes

Fairly often

Very often

10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

Never

Almost never

Sometimes

Fairly often

Very often

Thank you for completing this questionnaire.