



## BiBBS questionnaire for partners

This questionnaire is for partners of pregnant women in the areas Little Horton, Bowling & Barkerend and Bradford Moor. It will take about 20 minutes to complete.

We would like to ask about your circumstances, your family life and environment, your health, and your involvement with this pregnancy. This will give us information on things that may be important to the health and wellbeing of baby's and young families. We will use this to improve health services for families in the Better Start areas.

We would be grateful if you could 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 full address will not appear anywhere on the questionnaire.

We apologise if any questions cause offence – this is not our intention. We are asking everyone the same questions but we realise you may find some questions odd or unusual.

Thank you for being a part of our BiBBS study!



## FRONT SHEET

----- TO BE COMPLETED BY RESEARCHER -----

### PARTICIPANT INFORMATION

1. Participant Study ID \_\_\_\_\_

2. Who is administering the questionnaire?

\_\_\_\_\_

3. Date completing questionnaire

4. Language used for administration ☐ English  
☐ Punjabi  
☐ Urdu  
☐ Other: \_\_\_\_\_

5. Interpreter used ☐ No  
☐ Yes, family or friend  
☐ Yes, other

6. Who is present at the interview ☐ Partner  
☐ Family member  
☐ Friend  
☐ Other  
☐ None

## MEASUREMENTS

7. Who is taking the measurements?

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Height

cms

☐ Not able to take

Weight

kgs

☐ Not able to take

## SECTION A BACKGROUND

*This first section is about your background.*

8. What is your date of birth?

--	--	--	--	--	--	--	--

Day      Month      Year

9. What is your relationship with the baby your partner is expecting? I am their;

- ☐ Natural father
- ☐ Adoptive mother/ father
- ☐ Foster mother/ father
- ☐ Stepmother/ father
  
- ☐ Other: \_\_\_\_\_

10. If you already have children, are any of them under the age of 12?

*This question only applies to children that you live.*

- ☐ Yes
- ☐ No

11. What country were you born in?

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> England      | <input type="checkbox"/> Northern Ireland    | <input type="checkbox"/> Poland         |
| <input type="checkbox"/> Pakistan     | <input type="checkbox"/> Scotland            | <input type="checkbox"/> Czech Republic |
| <input type="checkbox"/> Bangladesh   | <input type="checkbox"/> Wales               | <input type="checkbox"/> Slovakia       |
| <input type="checkbox"/> India        | <input type="checkbox"/> Republic of Ireland | <input type="checkbox"/> Romania        |
|                                       |  | <input type="checkbox"/> Hungary        |
| <input type="checkbox"/> Other: _____ |  |   |

12. If you were not born in the UK, how old were you when you moved to the UK?

<table border="1"><tr><td></td><td></td></tr></table>			years old	<input type="checkbox"/> Don't know

## 13. What best describes your ethnic group or background?

- |  |   |
|--|---|
| <input type="checkbox"/> White; English/Welsh/Scottish/Northern Irish/British        | <input type="checkbox"/> Other White                          |
| <input type="checkbox"/> White; Irish  | <input type="checkbox"/> White; Gypsy/Roma or Irish traveller |
| <input type="checkbox"/> Pakistani   | <input type="checkbox"/> Chinese                              |
| <input type="checkbox"/> Indian  | <input type="checkbox"/> African                              |
| <input type="checkbox"/> Bangladeshi   | <input type="checkbox"/> Caribbean                            |
| <input type="checkbox"/> White; Polish   | <input type="checkbox"/> Mixed White and Black Caribbean      |
| <input type="checkbox"/> White; Slovakian  | <input type="checkbox"/> Mixed White and Black African        |
| <input type="checkbox"/> White; Romanian   | <input type="checkbox"/> Mixed White and Asian                |
| <input type="checkbox"/> White; Czech  |   |
| <input type="checkbox"/> Any other ethnic or mixed/multiple ethnic background: _____ |   |
| <input type="checkbox"/> Do not wish to answer                                       |   |

**SECTION B      HOUSE**

*This next section is about the house you live in at the moment and your previous home.*

14. If different from the mother of the baby, what is your postcode?

15. What is the postcode of your previous home?

- ☐ Not applicable; moved here from abroad
- ☐ Don't know

16. How often did you move in the past 5 years?

  times

17. Are you planning to move house in the next year?

- ☐ Yes
- ☐ No
- ☐ Don't know

## SECTION C      NEIGHBOURHOOD

*This next section is about the neighbourhood you live in.*

18. How satisfied or dissatisfied are you with the area you live in?

*By your area, I mean within about a mile or 20 minute walk of your home.*

- ☐ 1 very dissatisfied      ☐ 2      ☐ 3      ☐ 4      ☐ 5 very satisfied



19. How satisfied or dissatisfied are you with the parks and green spaces in your local area?

- ☐ 1 very dissatisfied      ☐ 2      ☐ 3      ☐ 4      ☐ 5 very satisfied



## SECTION D LANGUAGE

This next section is about languages you speak, languages in your household and books in your home.

20. What is your first language?

*Please tick two boxes if you are bilingual (you speak two languages fluently and were taught these languages from a young age)*

- |   |                                   |   |
|---|-----------------------------------|---|
| <input type="checkbox"/> English                | <input type="checkbox"/> Romanian | <input type="checkbox"/> Bengali (including Sylheti, Chatgaya/Chittagonian) |
| <input type="checkbox"/> Punjabi                | <input type="checkbox"/> Russian  | <input type="checkbox"/> Arabic   |
| <input type="checkbox"/> Urdu (including Hindi) | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Other:   |
| <input type="checkbox"/> Polish                 | <input type="checkbox"/> Spanish  | <hr/>   |
| <input type="checkbox"/> Slovakian              | <input type="checkbox"/> Pashto   |   |
| <input type="checkbox"/> Hungarian              |                                   |   |

*If English is your first language please skip the next question and go to 22.*

21. If English is not your first language, how well can you do the following things **in English**:

	Not at all	A little bit	Some	Quite well	Very well
Understand what people are saying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand what you read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. How well can you do the following things **in your first language**:

*If you are bilingual choose the language you are most comfortable with.*

	Not at all	A little bit	Some	Quite well	Very well	Does not apply
Understand what people are saying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand what you read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. If you have children under the age of 12, how many days in a typical week do you read with them?

- |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 3 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 5 |                            |

## SECTION E EDUCATION

*This next section is about your education. Please skip the questions that don't apply to you.*

24. Where did you obtain your highest educational qualification?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> England ( <i>question 25</i> )    | <input type="checkbox"/> Poland ( <i>question 29</i> )    | <input type="checkbox"/> No qualifications ( <i>question 33</i> ) |
| <input type="checkbox"/> Pakistan ( <i>question 26</i> )   | <input type="checkbox"/> Slovakia ( <i>question 30</i> )  |   |
| <input type="checkbox"/> India ( <i>question 27</i> )      | <input type="checkbox"/> Hungary ( <i>question 31</i> )   |   |
| <input type="checkbox"/> Bangladesh ( <i>question 28</i> ) | <input type="checkbox"/> Elsewhere ( <i>question 32</i> ) |   |

25. If your highest educational qualification was obtained in **England**, what is the highest level you completed? *Please tick only one box.*

- |   |  |
|---|--|
| <input type="checkbox"/> Any GCSE, SCEs (less than 5 GCSEs grades A-C)      | <input type="checkbox"/> NVQ 4/5   |
| <input type="checkbox"/> 5 or more GCSEs (grades A-C)                       | <input type="checkbox"/> Higher National Certificate/ Higher National Diploma, Higher Education Diploma  |
| <input type="checkbox"/> GNVQ foundation level                              | <input type="checkbox"/> Foundation Degree   |
| <input type="checkbox"/> NVQ1   | <input type="checkbox"/> Bachelor's degree 3-5 years   |
| <input type="checkbox"/> GNVQ intermediate                                  | <input type="checkbox"/> Master's degree (taught/research) or Postgraduate qualification, Doctorate/ PhD |
| <input type="checkbox"/> NVQ 2  | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> (Young) apprenticeship                             | <input type="checkbox"/> None of these qualifications  |
| <input type="checkbox"/> NVQ 3  | <input type="checkbox"/> Don't know  |
| <input type="checkbox"/> Advanced apprenticeship                            |  |
| <input type="checkbox"/> GNVQ Advanced                                      |  |
| <input type="checkbox"/> AS or A level, International Baccalaureate or BTEC |  |



26. If your highest educational qualification was obtained in **Pakistan**, what is the highest level you completed? *Please tick only one box.*

- |   |  |
|---|--|
| <input type="checkbox"/> Secondary School Certificate/ Matriculation                                    | <input type="checkbox"/> Bachelor Degree Arts/Sciences, Education, Engineering, Medicine/Surgery     |
| <input type="checkbox"/> Higher Secondary or Intermediate Certificate                                   | <input type="checkbox"/> Master Degree/ Master of Education/ Master of Philosophy (MPhil), Doctorate |
| <input type="checkbox"/> Technical Education Certificate/ Diploma                                       | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Registered Nurse/ General Nursing Diploma                                      | <input type="checkbox"/> None of these qualifications  |
| <input type="checkbox"/> Primary Teaching Certificate   | <input type="checkbox"/> Don't know  |
| <input type="checkbox"/> Certificate in Training, Paramedic Secondary School Certificate/ Matriculation |  |

27. If your highest educational qualification was obtained in **India**, what is the highest level you completed?

*Please tick only one box.*

- |   |   |
|---|---|
| <input type="checkbox"/> Senior Secondary School Leaving Certificate  | <input type="checkbox"/> Master's Degree, Master of Philosophy (Mphil), Doctor of Philosophy/ Letters |
| <input type="checkbox"/> Matriculation Certificate, Senior School Certificate, ITI Certificate                        | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Diploma in Technical Education, Junior basic teacher's training, Nursing Diploma/Certificate | <input type="checkbox"/> None of these qualifications   |
| <input type="checkbox"/> Bachelor's Degree, Bachelor of Law/ Education  | <input type="checkbox"/> Don't know   |

28. If your highest educational qualification was obtained in **Bangladesh**, what is the highest level you completed? *Please tick only one box.*

- |   |  |
|---|--|
| <input type="checkbox"/> Secondary School/ Higher Secondary Certificate | <input type="checkbox"/> Diploma in Agriculture/Ayurvedic & Unanai Medicine/ Textile/ Health Technology/ Survey/ Ceramics/ Nursing/ Graphic Arts |
| <input type="checkbox"/> Dakhil/ Alim Certificate                       | <input type="checkbox"/> Bachelor Degree Pass, Bachelor Degree   |
| <input type="checkbox"/> SSC Vocational/ Trade Certificate              | <input type="checkbox"/> Master's Degree, PGD and PhD  |
| <input type="checkbox"/> HSC Business Management                        | <input type="checkbox"/> Fazil/ Kamil Degree   |
| <input type="checkbox"/> HSC Vocational                                 | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Diploma in Commerce Certificate                | <input type="checkbox"/> None of these qualifications  |
| <input type="checkbox"/> Diploma in Engineering                         | <input type="checkbox"/> Don't know  |
| <input type="checkbox"/> Certificate in Education (CinEd)               |  |

29. If your highest educational qualification was obtained in **Poland**, what is the highest level you completed? *Please tick only one box.*

- |  |  |
|--|--|
| <input type="checkbox"/> General Secondary School Leaving Certificate/ Diploma   | <input type="checkbox"/> Post-secondary School Certificate/ Diploma                    |
| <input type="checkbox"/> Technikum, Liceum Mature Certificate/Diploma  | <input type="checkbox"/> Teacher Training, Diploma Social Work College                 |
| <input type="checkbox"/> Technical Secondary School, Specialised Secondary School  | <input type="checkbox"/> 1st Degree Studies  |
| <input type="checkbox"/> General/ Supplementary Secondary School   | <input type="checkbox"/> University Studies, Magister/Lekarz, Postgraduate Certificate |
| <input type="checkbox"/> Ballet School Diploma (technician level), Second level music school Diploma, Circus School Diploma (technician level) | <input type="checkbox"/> Master's Degree, Doctoral Study/PhD                           |
| <input type="checkbox"/> Basic vocational School   | <input type="checkbox"/> Other: _____  |
|  | <input type="checkbox"/> None of these qualifications                                  |
|  | <input type="checkbox"/> Don't know  |

30. If your highest educational qualification was obtained in **Slovakia**, what is the highest level you completed? *Please tick only one box.*

- |   |  |
|---|--|
| <input type="checkbox"/> Study of selected subjects (Štúdium jednotlivých predmetov)  | <input type="checkbox"/> Supplementary Pedagogical Study (Doplňujúce pedagogické štúdium)                |
| <input type="checkbox"/> Vocational School (Odborné učilište)   | <input type="checkbox"/> Post-secondary Specialised Study (Pomaturitné špecializačné štúdium)            |
| <input type="checkbox"/> Secondary Specialised School without matura (Vysvedčenie o záverečnej skúške, Výučný list)                               | <input type="checkbox"/> Conservatoire (Konzervatórium)  |
| <input type="checkbox"/> Retraining Courses Certificate (Osvedčenie)  | <input type="checkbox"/> Higher Professional Studies/ Graduate Diploma (Absolventský diplom), Bachelor   |
| <input type="checkbox"/> Secondary Specialised School with matura (Vysvedčenie o maturitnej skúške, Vysvedčenie o maturitnej skúške, Výučný list) | <input type="checkbox"/> Master, Magister, Doctoral, Engineer, PhD, Extensive study for teaching diploma |
| <input type="checkbox"/> Gymnasium (gymnázium)  | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Follow-up courses (Nadstavbové štúdium)  | <input type="checkbox"/> None of these qualifications  |
| <input type="checkbox"/> Post-secondary Qualification Study (Pomaturitné kvalifikačné štúdium)  | <input type="checkbox"/> Don't know  |

31. If your highest educational qualification was obtained in **Hungary**, what is the highest level you completed? *Please tick only one box.*

- |  |   |
|--|---|
| <input type="checkbox"/> Certification of the Maturity Examination<br>(Párhuzamos oktatás szakközépiskoláb)  |   |
| <input type="checkbox"/> Upper Secondary General School<br>( Gimnázium)  | <input type="checkbox"/> Tertiary Vocational Program (Felsőfokú szakképzés)   |
| <input type="checkbox"/> Upper Secondary Vocational School<br>(Szakközépiskola)  | <input type="checkbox"/> Bachelor's Degree (Alapképzés), Master's Degree (Osztatlan képzés/ Master), University Diploma (Egyetemi szintű alapképzés), College Diploma (Főiskolai szintű alapképzések), Certificate in Specialisation (Szakirányú továbbképzés), Doctorate/PhD |
| <input type="checkbox"/> Vocational certificate based on NVQL examination (Párhuzamos oktatás szakiskolában, Szakiskola, előkészítő szakiskola, Alapfokú iskolai végzettségre épülő szakképzés, évfolyamra épülő szakképzés) |   |
| <input type="checkbox"/> Vocational certificate based on NVQL examination (Szakképző évfolyamok középiskola utolsó évfolyamára vagy érettségire épülő nem felsőfokú OKJ szakmákban)  | <input type="checkbox"/> Other: _____   |
|  | <input type="checkbox"/> None of these qualifications   |
|  | <input type="checkbox"/> Don't know   |

32. If your highest educational qualification was obtained elsewhere, what is the highest level you completed?

Country: \_\_\_\_\_

Type of school/institution: \_\_\_\_\_

Educational programme: \_\_\_\_\_

Degree/qualification: \_\_\_\_\_

## SECTION F SOCIOECONOMIC CIRCUMSTANCES

*This section is about your socioeconomic circumstances, such as your employment and financial situation.*

33. Are you currently a full-time student?

- ☐ Yes ☐ No

34. Are you currently employed?

- ☐ Yes ☐ No

35. If you are not currently employed, have you ever worked before?

- ☐ Yes ☐ No; *please go to question 43*

36. Are you currently on sick leave?

- ☐ Yes ☐ No

*Please answer the following questions about your current job, or about your previous job if you are not working at the moment.*

37. Did/do you work as an employee or are/were you self-employed?

- |  |  |
|--|--|
| <input type="checkbox"/> Employee  | <input type="checkbox"/> Self-employed/freelance without employees |
| <input type="checkbox"/> Self-employed with employees ( <i>go to question 39</i> ) | <input type="checkbox"/> ( <i>go to question 41</i> )              |
|  | <input type="checkbox"/> Student in Training (apprentice)          |

38. How many people work/worked for your employer at the place where you work/worked?

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Work alone    | <input type="checkbox"/> 25 – 49     |
| <input type="checkbox"/> 1 - 5 people  | <input type="checkbox"/> 50-499      |
| <input type="checkbox"/> 6 - 24 people | <input type="checkbox"/> 500 or more |

39. If you are self-employed, how many people do (did) you employ?

- ☐ 1-24 ☐ 25 or more

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

- ☐ Yes ☐ No

41. What is/was your job title?

---

42. Which of these best describes the sort of work you do/did?

- ☐ Modern professional occupations such as: teacher – nurse - physiotherapist – social worker – welfare officer – artist– musician – police officer (sergeant or above) – software designer
- ☐ Clerical and intermediate occupations such as: secretary – personal assistant – clerical worker – office clerk – call centre - agent – nursing auxiliary – nursery nurse
- ☐ Senior managers or administrators (usually responsible for planning, organising and co-ordinating work, and for finance) such as: finance manager – chief executive
- ☐ Technical and craft occupations such as: motor mechanic - fitter – inspector – plumber – printer – tool maker – electrician – gardener – train driver
- ☐ Semi-routine manual and service occupations such as: postal worker – machine operative – security guard – caretaker - farm worker – catering assistant – receptionist – sales - assistant
- ☐ Routine manual and service occupations such as: HGV driver – van driver – cleaner – porter – packer – sewing machinist – messenger – labourer – waiter/waitress – bar staff
- ☐ Middle or junior managers such as: office manager – retail manager – bank manager – restaurant manager – warehouse manager – publican
- ☐ Traditional professional occupations such as: accountant - solicitor – medical practitioner – scientist – civil/mechanical engineer
- ☐ Other: \_\_\_\_\_

43. How well would you say you (and your partner) are managing financially these days?

Would you say you are:

- ☐ Living comfortably
- ☐ Doing alright
- ☐ Just about getting by
- ☐ Finding it quite difficult
- ☐ Finding it very difficult
- ☐ Don't know
- ☐ Do not wish to answer

44. Compared to a year ago, how would you say you (and your partner) are doing financially now?

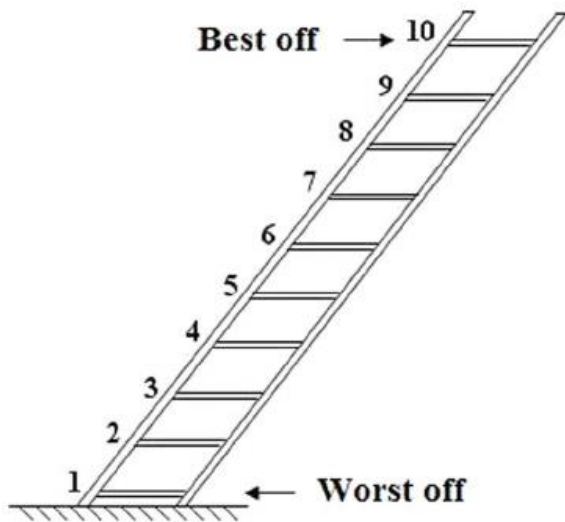
- ☐ Better off
- ☐ About the same
- ☐ Worse off
- ☐ Don't know
- ☐ Do not wish to answer

Think of this ladder as showing where people stand **in your neighbourhood**. By your neighbourhood, I mean within about a mile or 20 minute walk of your home.

At the top of the ladder are the people who are the best off – those who have the most money, the best education, and the most respected jobs. At the bottom are the people who are the worst off – who have the least money, least education, and the least respected job or no job.

The higher up you are on this ladder, the closer you are to the people at the top; the lower you are, the closer you are to the people at the bottom.

45. Where would you place yourself on this ladder? Please tick the box next to the rung where you think you stand at this time of your life relative to other people **in your neighbourhood**.

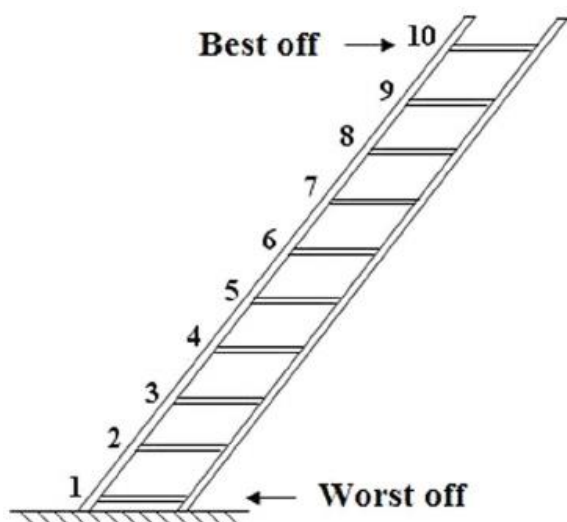


☐ Do not wish to answer

*You have just ranked yourself on the social ladder compared to other people in your neighbourhood. Could you now do the same, but with the ladder representing all people **in England**?*

*The higher up you are on this ladder, the closer you are to the people at the top; the lower you are, the closer you are to the people at the bottom.*

46. Where would you place yourself on this ladder? Please tick the box next to the rung where you think you stand at this time of your life relative to other people **in England**.



☐ Do not wish to answer

## SECTION G SOCIAL CIRCUMSTANCES

47. Do you regularly join in the activities of any organisations or clubs?

☐ Yes

☐ No

## SECTION H HEALTH AND WELLBEING

*This is the last section of the questionnaire. It is about your health and wellbeing, and includes topics such as health behaviour, mental health and your feelings about the baby.*

48. How often do you eat these foods:

	6+ times per day	4-5 times per day	2-3 times per day	Once per day	5-6 times per week	2-4 times per week	Once per week	1-3 times per month	Less than once a month
Fresh fruit									
Cooked green vegetables (fresh or frozen)									
Cooked root vegetables (fresh or frozen)									
Raw vegetables or salad (including tomatoes)									
Chips									
Sweets, chocolates									
Crisps, savoury snacks									
Fruit juice (NOT squash)									
Sugar sweetened drinks (fizzy soft drinks, fruit squash, sports drinks, flavoured waters, energy drinks)									
Low sugar or diet drinks (fizzy soft drinks, fruit squash)									
Cakes, scones, sweet pies or pastries									
Biscuits									



49. How would you describe your health generally?

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Excellent |  |
| <input type="checkbox"/> Very good |  |
| <input type="checkbox"/> Good      | <input type="checkbox"/> Don't know            |
| <input type="checkbox"/> Fair      | <input type="checkbox"/> Do not wish to answer |
| <input type="checkbox"/> Poor      |  |

50. How would you describe the health of your teeth and mouth?

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Excellent |  |
| <input type="checkbox"/> Very good |  |
| <input type="checkbox"/> Good      | <input type="checkbox"/> Don't know            |
| <input type="checkbox"/> Fair      | <input type="checkbox"/> Do not wish to answer |
| <input type="checkbox"/> Poor      |  |

51. Do you regularly smoke cigarettes at the moment (not e-cigarettes)?

- ☐ Yes
- ☐ No (*go to question 53*)
- ☐ Do not wish to answer

52. If yes, about how many cigarettes do you smoke a day on average?

- ☐ Less than 1 a day (only smoke occasionally)
- ☐ 1-5 cigarettes
- ☐ 6-10 cigarettes
- ☐ 11-20 cigarettes
- ☐ Over 20 cigarettes

53. Do you drink alcohol, for example beer, wine or spirits?

- ☐ Yes
- ☐ No (*go to question 55*)
- ☐ Do not wish to answer

54. If yes, what is the weekly average number of units you drink?



Please add up all the units of any sort of alcohol you drink in a typical week and enter in the box(es) provided.

units of alcohol a week

Now we would like to ask you a few questions about your mental health.

55. Over the last 2 weeks, on how many days have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day	Do not wish to answer
1. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

56. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- |   |  |
|---|--|
| <input type="checkbox"/> Not difficult at all | <input type="checkbox"/> Extremely difficult   |
| <input type="checkbox"/> Somewhat difficult   | <input type="checkbox"/> Do not wish to answer |
| <input type="checkbox"/> Very difficult       |  |

57. Over the last 2 weeks, on how many days have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day	Do not wish to answer
1. Feeling nervous, anxious or on an edge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Not being able to stop or control worrying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Worrying too much about different things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Trouble relaxing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Being so restless that it is hard to sit still?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Becoming easily annoyed or irritable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Feeling afraid as if something awful might happen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*These questions are about your thoughts and feelings about the developing baby.*

*If your baby has already been born please skip this section and go to question 73.*

*Please tick one box only in answer to each question.*

58. Over the past two weeks I have thought about, or been preoccupied with the developing baby:

- ☐ Almost all the time
- ☐ Very frequently
- ☐ Frequently
- ☐ Occasionally
- ☐ Not at all
- ☐ Do not wish to answer

59. Over the past two weeks when I have spoken about, or thought about the developing baby I got emotional feelings which were:

- ☐ Very weak or non-existent
- ☐ Fairly weak
- ☐ In between strong and weak
- ☐ Fairly strong
- ☐ Very strong
- ☐ Do not wish to answer

60. Over the past two weeks my feelings about the developing baby have been:

- ☐ Very positive
- ☐ Mainly positive
- ☐ Mixed positive and negative
- ☐ Mainly negative
- ☐ Very negative
- ☐ Do not wish to answer

61. Over the past two weeks I have had the desire to read about or get information about the developing baby. This desire is:

- ☐ Very weak or non-existent
- ☐ Fairly weak
- ☐ Neither strong nor weak
- ☐ Moderately strong
- ☐ Very strong
- ☐ Do not wish to answer

62. Over the past two weeks I have been trying to picture in my mind what the developing baby actually looks like in my partner's womb:

- ☐ Almost all the time
- ☐ Very frequently
- ☐ Frequently
- ☐ Occasionally
- ☐ Not at all
- ☐ Do not wish to answer

64. Over the past two weeks when I think about the developing baby, my thoughts:

- ☐ Are always tender and loving
- ☐ Are mostly tender and loving
- ☐ Are a mixture of both tenderness and irritation
- ☐ Contain a fair bit of irritation
- ☐ Contain a lot of irritation
- ☐ Do not wish to answer

66. Over the past two weeks when I think about the developing baby I get feelings which are:

- ☐ Very sad
- ☐ Moderately sad
- ☐ A mixture of happiness and sadness
- ☐ Moderately happy
- ☐ Very happy
- ☐ Do not wish to answer

63. Over the past two weeks I think of the developing baby mostly as:

- ☐ A real little person with special characteristics
- ☐ A baby like any other baby
- ☐ A human being
- ☐ A living thing
- ☐ A thing not yet really alive
- ☐ Do not wish to answer

65. Over the past two weeks my ideas about possible names for the baby have been:

- ☐ Very clear
- ☐ Fairly clear
- ☐ Fairly vague
- ☐ Very vague
- ☐ I have no idea at all
- ☐ Do not wish to answer

67. Over the past two weeks I have been thinking about what kind of child the baby will grow into:

- ☐ Not at all
- ☐ Occasionally
- ☐ Frequently
- ☐ Very frequently
- ☐ Almost all the time
- ☐ Do not wish to answer

68. Over the past two weeks I have felt:

- ☐ Very emotionally distant from the baby
- ☐ Moderately emotionally distant from the baby
- ☐ Not particularly emotionally close to the baby
- ☐ Moderately close emotionally to the baby
- ☐ Very close emotionally to the baby
- ☐ Do not wish to answer

70. When the baby is born I would like to hold the baby:

- ☐ Immediately
- ☐ After it has been wrapped in a blanket
- ☐ After it has been washed
- ☐ After a few hours for things to settle down
- ☐ The next day
- ☐ Do not wish to answer

72. Over the past two weeks I have found myself feeling, or rubbing with my hand, the outside of my partner's stomach where the baby is:

- ☐ A lot of times each day
- ☐ At least once per day
- ☐ Occasionally
- ☐ Once only
- ☐ Not at all
- ☐ Do not wish to answer

69. When I first see the baby after the birth I expect I will feel:

- ☐ intense affection
- ☐ mostly affection
- ☐ affection, but I expect there may be a few aspects of the baby I will dislike
- ☐ I expect there may be quite a few aspects of the baby I will dislike
- ☐ I expect I might feel mostly dislike
- ☐ Do not wish to answer

71. Over the past two weeks I have had dreams about the pregnancy or baby:

- ☐ Not at all
- ☐ Occasionally
- ☐ Frequently
- ☐ Very frequently
- ☐ Almost every night
- ☐ Do not wish to answer

73. Below are some statements about feelings and thoughts. Please select the answer that best describes your experience of each over the last 2 weeks.

	None of the time	Rarely	Some of the time	Often	All of the time
A. I've been feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Under each heading, please tick the ONE box that best describes your health TODAY.

#### 74. MOBILITY

- ☐ I have no problems in walking about
- ☐ I have slight problems in walking about
- ☐ I have moderate problems in walking about
- ☐ I have severe problems in walking about
- ☐ I am unable to walk about

#### 75. SELF-CARE

- ☐ I have no problems washing or dressing myself
- ☐ I have slight problems washing or dressing myself
- ☐ I have moderate problems washing or dressing myself
- ☐ I have severe problems washing or dressing myself
- ☐ I am unable to wash or dress myself

#### 76. USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)

- ☐ I have no problems doing my usual activities
- ☐ I have slight problems doing my usual activities
- ☐ I have moderate problems doing my usual activities
- ☐ I have severe problems doing my usual activities
- ☐ I am unable to do my usual activities

**77. PAIN / DISCOMFORT**

- ☐ I have no pain or discomfort
- ☐ I have slight pain or discomfort
- ☐ I have moderate pain or discomfort
- ☐ I have severe pain or discomfort
- ☐ I have extreme pain or discomfort

**78. ANXIETY / DEPRESSION**

- ☐ I am not anxious or depressed
- ☐ I am slightly anxious or depressed
- ☐ I am moderately anxious or depressed
- ☐ I am severely anxious or depressed
- ☐ I am extremely anxious or depressed

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This is the end of the questionnaire.  
If you have any questions about our study, please ask the researcher.

Thank you very much for your help!