

BiBBS ACHIEVE Mothers Questionnaire Measures

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This table details all of the questions asked in the BIBBS ACHIEVE Mothers survey. The 'Domain' explains what topic the question relates to. The 'Source' explains who designed the questions. If it says 'BiBBS Baseline' that means it was in the survey completed while the woman was pregnant. If it says 'Other BiB' that means it has been designed for us by the BiB research team. Otherwise the source provides the name of the validated questionnaire and a link to the webpage which provides further details on the survey.

Domain	Question	Answer Options	Source	Version
About you and your household	What is your Date of Birth?	DD/MM/YYYY	BiBBS Baseline	1
About you and your household	How many adults aged 16 and over live in your household, including yourself?	_____ people (min numerical number =1)	BiBBS Baseline	1
About you and your household	How many children do you have? How many other children under 16 live in your household?	_____ people (min numerical number =1)	BiBBS Baseline	1
About you and your household	How many other children under 16 live in your household?	_____ people (min numerical number =1)	BiBBS Baseline	1
About you and your household	Does your child (or children) live with you all the time?	Yes / No	BiBBS Baseline	1
About you and your household	What is your relationship with your child(ren)'s natural father?	Married to child's father - go to question 6 / In a relationship with child's father but not married - go to question 6 / Separated or divorced - go to question 6 / Never been in a relationship with child's father - go to question 7 / Child's father has died - go to question 7	BiBBS Baseline	1
About you and your household	Are you living with your children's natural father?	Yes - go to question 8 / No - go to question 7	BiBBS Baseline	1
About you and your household	Do you have a partner at the moment that you live with?	Yes / No	BiBBS Baseline	1
About your house/area	What is your postcode?	Free text	BiBBS Baseline	1
About your house/area	Do you (or your household) own or rent the home you live in?	Tick box options:	Other BiB	1

		Own it outright / Buying it with the help of a mortgage/loan / Part own and part rent (shared ownership) / Rent it (includes all those who are on Housing Benefit or Local Housing Allowance) / Live here rent-free (including rent-free in relative's/friend's property but excluding squatters) / Squatting		
About your house/area	How many bedrooms does your household have, including spare bedrooms?	_____bedrooms	BiBBS Baseline	1
About your house/area	Do you have damp or mould in your home?	Yes / No	BiBBS Baseline	1
About your house/area	If yes, in which rooms of your home is the mould located?	Child's room or bedroom / Rest of the house/flat / Basement	Bespoke – based on community feedback	1
About your house/area	When you are at home on a typical day in winter, are you (and everyone in your household) warm enough?	Yes - always / Yes - sometimes / No - rarely / No - never	BiBBS Baseline	1
About your house/area	Does your home have an outdoor space which you and your family can use?	Yes/No	Other BiB	1
About your house/area	Is your outdoor space safe for your children to play in?	Yes / No / Don't know	BiBBS Baseline	1
About your house/area	How satisfied or dissatisfied are you with the parks and green spaces in your local area?	Very Dissatisfied - 1 / 2 / 3 / 4 /Very Satisfied - 5	BiBBS Baseline	1
About your house/area	How safe or unsafe do you feel when outside in your neighbourhood during the day?	Very safe / Fairly safe / Neither safe or unsafe / Fairly unsafe / Very unsafe	BiBBS Baseline	1

About your house/area	How safe or unsafe do you feel when outside in your neighbourhood after dark?	Very safe / Fairly safe / Neither safe or unsafe / Fairly unsafe / Very unsafe	BiBBS Baseline	1
About your house/area	Is there a problem with rubbish or litter lying around in your neighbourhood?	Always / Sometimes / Rarely / Never	Informed by the Quality of Local Environment Survey - https://assets.publishing.service.gov.uk/media/5a7c277ced915d0b036b55f4/pb14015-valuing-local-environment.pdf	1
Language	Is English your first language?	Yes / No If No filter to ask next question:	BiBBS Baseline	1
Language	If English is not your first language, how well can you do the following things in English: Understand what people are saying / Understand what you read / Speak	Not at all / A little bit / Some / Quite well / Very well	BiBBS Baseline	1
Language	If you have children under the age of 12, how many days in a typical week do you read with them?	Numerical scale: 0-7	BiBBS Baseline	1
Socioeconomic circumstances	Are you currently employed or self-employed?	Yes/ No	BiBBS Baseline -	1
Socioeconomic circumstances	Is your partner currently employed or self-employed	Yes/No	BiBBS Baseline -	1
Socioeconomic circumstances	Who is the main earner in the household?	Me/ My partner/ Other household member/ Me and my partner earn the same amount	BiBBS Baseline	1

Socioeconomic circumstances	The food that I bought just didn't last, and I didn't have money to get more	Often true/ Sometimes true / Never true / Do not wish to answer	U.S. Household Food Security Survey	1
Socioeconomic circumstances	I couldn't afford to eat balanced meals.	Often true/ Sometimes true / Never true / Do not wish to answer	U.S. Household Food Security Survey	1
Socioeconomic circumstances	Did you ever cut the size of your meals, eat less or skip meals because there wasn't enough money for food?	Yes/ No/ Do not wish to answer	U.S. Household Food Security Survey	1
Socioeconomic circumstances	If yes, how often does this happen?	Every week/ Not every week but at least once a month/ Less than once a month but a few times/ Don't know	U.S. Household Food Security Survey	1
Socioeconomic circumstances	How well would you say you (and your partner) are managing financially these days?	Living comfortably/ Doing alright/ Just about getting by / Finding it quite difficult / Finding it very difficult / Don't know/ Do not wish to answer	BiBBS Baseline	1
Social circumstances	How often have you felt lonely during the past week	None, or almost none of the time/ Some of the time/ Most of the time/ All, or almost all of the time/ Don't know/ Do not wish to answer	Other BiB Survey	1
Social circumstances	How many people can you count on in times of need?	Numerical scale: 0 to 10 +/ Don't know	BiBBS Baseline	1
Social circumstances	How would you describe the quality of your relationship with your current partner?	Excellent/ Good / Average / Poor/ Very poor/ Do not wish to answer	BiBBS Baseline	1

Health and wellbeing	How would you describe your health generally?	Excellent/ Very good/ Good / Fair / Poor/ Don't know/ Do not wish to answer	Other BiB Survey	1
Health and wellbeing	Over the last 2 weeks, on how many days have you been bothered by: Little interest or pleasure in doing things	Not at all / Several days / More than half the days / Nearly every day / Do not wish to answer	Personal Health Questionnaire – 8 PHQ-8	1
Health and wellbeing	Feeling down, depressed, or hopeless	Not at all / Several days / More than half the days / Nearly every day / Do not wish to answer	PHQ-8	1
Health and wellbeing	Trouble falling or staying asleep, or sleeping too much	Not at all / Several days / More than half the days / Nearly every day / Do not wish to answer	PHQ-8	1
Health and wellbeing	Feeling tired or having little energy	Not at all / Several days / More than half the days / Nearly every day / Do not wish to answer	PHQ-8	1
Health and wellbeing	Poor appetite or overeating	Not at all / Several days / More than half the days / Nearly every day / Do not wish to answer	PHQ-8	1
Health and wellbeing	Feeling bad about yourself — or that you are a failure or have let yourself or your family down	Not at all / Several days / More than half the days / Nearly every day / Do not wish to answer	PHQ-8	1
Health and wellbeing	Trouble concentrating on things, such as reading the newspaper or watching television	Not at all / Several days / More than half the days / Nearly every day / Do not wish to answer	PHQ-8	1
Health and wellbeing	Moving or speaking so slowly that others could have noticed? Or the opposite — being so fidgety or restless that you've been moving around a lot more than usual?	Not at all / Several days / More than half the days / Nearly every day / Do not wish to answer	PHQ-8	1

Screen time	Does your child own a computer	Yes/No	Adapted from other BiB study	2
Screen time	Does your child own a video games console	Yes/No	Adapted from other BiB study	2
Screen time	Does your child own a tablet	Yes/No	Adapted from other BiB study	2
Screen time	Does your child own a smartphone	Yes/No	Adapted from other BiB study	2
Screen time	How old were they when they got their first smartphone?	Numerical entry of age	Bespoke	2
Screen time	How much time do you think your child spends on a screen on a typical day?	Less than 30 minutes 30 minutes–1 hour 1–2 hours 2–4 hours 4–6 hours More than 6 hours	Bespoke	2
Screen time	If your child has a screen (e.g. smartphone, tablet, games console) are there times they are not allowed to use it?	Mealtimes In bed at night When spending time with family No restrictions in place	Adapted from Ofcom Children and Parents Media Literacy Tracker / GenV	2
Screen time	Are any parental controls or restriction settings active on the screen device?	Yes/No/Not sure	Bespoke	2
Screen time	Do you supervise the content your child accesses on these devices?	Yes, always/ Yes, often/Yes, sometimes/ No, never or hardly ever	Adapted from parental media literacy and online safety surveys	2
Screen time	How do you feel about the following statements in relation to your child. Please select one answer per statement.	Strongly disagree/Slightly disagree/Neither agree nor disagree/ Slightly agree/ Strongly agree	GenV cohort Questions	2

	I find it hard to control my child's screen time I think my child has a good balance between screen time and doing other things			
Screen time	Does your child use ANY SOCIAL MEDIA APPS(E.G Snapchat, YouTube)on their SCREENS?	Yes/No	Bespoke	2
Screen time	On average, about how many hours per day do you spend using electronic devices (like TV, phone, laptop, tablet)? Include for work, study and leisure.	Numerical entry of hours	GenV cohort Questions	2
Screen time	What percent of your total weekly use of this device is for work purposes?	Do not use for work about 25% about 50% about 75% only use for work	Bespoke	2
Parenting Section 2	[17 parenting statements] e.g., The problems of taking care of a child are easy to solve...	1 = Strongly Disagree / 2 = Somewhat Disagree / 3 = Disagree / 4 = Agree / 5 = Somewhat Agree / 6 = Strongly Agree	Parent Sense of Competence scale	1
Parenting Section 3	[5 parenting statements] e.g., Even though I may not always manage it, I know what I need to do with my child	Strongly Disagree / Disagree / Neutral / Agree / Strongly Agree	Brief Parental self-efficacy scale	1
Health and wellbeing	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	European Quality of Life – 5Dimensions (EQ-5D)	1

Health and wellbeing	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	EQ-5D	1
Health and wellbeing	Usual 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	EQ-5D	1
Health and wellbeing	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	EQ-5D	1
Health and wellbeing	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	EQ-5D	1
Health and wellbeing	Your Health Today	Scale 0–100; 100 = best health, 0 = worst health. Write the number marked.	EQ-5D	1
Health and wellbeing	About your overall quality of life – Please indicate which statements best describe your overall quality of life at the moment			1

Health and wellbeing	Feeling settled and secure	I am able to feel settled and secure in all areas of my life/ I am able to feel settled and secure in many areas of my life/ I am able to feel settled and secure in a few areas of my life/ I am unable to feel settled and secure in any areas of my life	ICECAP-A	1
Health and wellbeing	Love, friendship and support	I can have a lot of love, friendship and support/ I can have quite a lot of love, friendship and support/ I can have a little of love, friendship and support/ I cannot have any love, friendship and support	ICEpop CAPability measure for Adults - ICECAP-A	1
Health and wellbeing	Being independent	I am able to be completely independent/ I am able to be independent in many things/ I am able to be independent in a few things/ I am unable to be at all independent	ICECAP-A	1
Health and wellbeing	Achievement and progress	I can achieve and progress in all aspects of my life/ I can achieve and progress in many aspects of my life/ I can achieve and progress in a few aspects of my life/ I cannot achieve and progress in any aspects of my life	ICECAP-A	1
	Enjoyment and pleasure	I can have a lot of enjoyment and pleasure/ I can have quite a lot of enjoyment and pleasure/ I can have a little enjoyment and pleasure/ I	ICECAP-A	1

		cannot have any enjoyment and pleasure		
Health and wellbeing	What is your biggest worry right now?	Open-ended	Other BiB	1
Health and wellbeing	What makes you happy right now?	Open-ended	Other BiB	1