

### **Appendix 3. Study questionnaires**

1. Baseline questionnaire
2. 2 month questionnaire
3. 2 month service use
4. 6 month questionnaire
5. 6 month service use
6. 12 month questionnaire
7. 12 month service use

Date Administered					
D	D	M	M	M	Y

## BASELINE DEMOGRAPHICS

Participant ID					

☐

1. Can I just check your Date of Birth?

Date of Birth					
D	D	M	M	M	Y

☐

2. So that means that at your last menstrual period you were.....?  
[calculate age with participant]

--	--

Age in years

☐

3. Again, you may have been asked this already by your midwife but just to check, do you have any GCSEs or equivalent qualifications?

Y	
N	

Mark with  
X

☐

3a. If yes, how many?

Enter number

☐

3b. How many at grade C or higher?

Enter number

☐

4. Have you completed qualifications other than GCSEs?

Y	
N	

Mark with  
X

☐

4b. If yes, details:

Now some more details about you

☐

5. Which of the following options best describes your Racial/Ethnic status  
(please select only one)

White - British	
White - Irish	
Any other White background	
Asian/Asian British – Indian	
Asian/Asian British – Pakistani	
Asian/Asian British – Bangladeshi	
Black/Black British – Caribbean	
Black/Black British – African	
Any other Black background	
Chinese	
Mixed	
Prefer not to say	

Mark with  
X

☐

6. Do you have a partner now?

Y	
N	

Mark with  
X

☐

7. Is your current partner the biological father of this baby?

Y	
N	

Mark with  
X

Non response code

# DEMOGRAPHICS

Participant ID

8. What is your marital status? *(please select only one)*

Married	
Unmarried/Co-habiting	
Separated	
Widowed	
Divorced	
Single	

Mark with  
X

9. [Apart from your baby(ies)] can you tell me how many people you live with now?

Please remember that all the answers you give will be completely confidential. So, including yourself, how many people live regularly as members of the household you live in?

Enter number

10. Who is in your household? *(select only one)*

*Note to interviewer: members of the same household must either share at least one meal a day or share living accommodation*

Own mother/parents	
Husband/partner	
Husband/partner and others (not including maternal mother)	
Own mother/parents and others, not including husband/partner	
Own mother/parents and others, including husband/partner	
Foster parent	
Husband/partner and others	
Other adults (own father, aunt, grandmother, older sibling, friend etc)	
Live alone	

Mark with  
X

11. Which of these *(read list)* best describes where you are living? *(select only one)*

House or bungalow	
Flat, low rise	
Flat, high rise, first 3 floors	
Flat, high rise, above 3rd floor	
Room or bedsit	
Hostel	
Supported housing	
In a group home/shelter	
Confined to an institutional facility (residential treatment facility, youth custody, prison)	
Homeless	
Other <i>(Please describe)</i> : _____	

Mark with  
X

# DEMOGRAPHICS

Participant ID

☐

12. Are you currently enrolled in any kind of school, vocational or educational programme?

Y	
N	

Mark with  
X

☐

12a. If yes, what type of course are you currently enrolled in?

School, up to year 11	
School, year 12 or 13 / 6th form college	
Access course (for admittance to higher education)	
Vocational course	
University	

Mark with  
X

☐

13. Have you worked at all at a paid job?

Y	
N	

Mark with  
X

☐

13a. If yes, are you currently working?

Yes, full-time (30 hours per week)	
Yes, part-time	
No	

Mark with  
X

☐

13b. If yes what was your most recent/current job?

☐

14. Does your partner have any educational qualifications, first of all GCSEs or equivalent?

Yes	
No	
Don't know	
No partner (skip this section, go to q17)	

Mark with  
X

☐

14a. If yes, how many?

Enter number or don't  
know (DK)

☐

14b. How many at grade C or higher?

Enter number or don't  
know (DK)

☐

15. Has your partner completed qualifications other than GCSEs?

Yes	
No	
Don't know	

Mark with  
X

Non response code



# DEMOGRAPHICS

Participant ID

Non response code

15a. If yes, please tell me which ones out of this list (*read choices*):

NVQ or BTEC	
Access course	
GNVQ or NVQ level 2	
AS level or NVQ level 3	
A level (A 2)	
Other vocational/technical training programme (e.g. Beautician training)	
Some college, no degree	
Bachelor's degree or NVQ level 4 or 5	
Don't know	

Mark with  
X

16. Has your partner worked at all at a paid job?

Yes	
No	
Don't know	

Mark with  
X

16a. If yes, is he currently working?

Yes	
No	
Don't know	

Mark with  
X

16b. If yes, What job does he do at the moment?  
(get details to select the appropriate SIC Code)

1	Managers and senior officials	
2	Professional occupations	
3	Associate professional and technical occupations	
4	Administrative and secretarial occupations	
5	Skilled trades occupations	
6	Personal service occupations	
7	Sales and customer service occupations	
8	Process, plant and machine operatives	
9	Elementary occupations	
10	Don't Know	
11	N/A	

Mark with  
X

Participant ID					

☐

Non response code

17. Which of the following categories best describes your total household income (include all sources of income from which you benefit)? (use weekly, monthly or yearly figures to suit respondent)

	WEEKLY	MONTHLY	ANNUAL	
1	Less than £30	Less than £130	Less than £1600	
2	£30 to < £60	£130 to < £260	£1600 less £3100	
3	£60 to < £90	£260 to < £390	£3100 to < £4700	
4	£90 to < £120	£390 to < £520	£4700 to < £6200	
5	£120 to < £150	£520 to < £650	£6200 to < £7800	
6	£150 to < £200	£650 to < £870	£7800 to < £10400	
7	£200 to < £250	£870 to < £1100	£10400 to < £13000	
8	£250 to < £300	£1100 to < £1300	£13000 to < £15600	
9	£300 to < £350	£1300 to < £1500	£15600 to < £18200	
10	£350 to < £400	£1500 to < £1700	£18200 to < £20800	
11	£400 to < £500	£1700 to < £2200	£20800 to < £26000	
12	£500 to < £600	£2200 to < £2600	£26000 to < £31200	
13	£600 to < £700	£2600 to < £3000	£31200 to < £36400	
14	£700 or more	£3000 or more	£36400 or more	
15	Don't know	Don't know	Don't know	

Mark with  
X

# BASELINE AAPI

Participant ID					

## Thoughts about parenting and children

I am going to read out some statements about parenting and raising children. I want you to decide the amount that you agree or disagree with each statement using this scale (hand response card). There are no right or wrong answers, reply with your own opinion.

**Strongly Agree** – You strongly support this statement or feel that it is true most or all of the time

**Agree** – You feel that this statement is true some of the time

**Strongly Disagree** – You feel strongly against the statement or that it is not true

**Disagree** – You feel that you cannot support the statement or that it is not true some of the time

**Uncertain** – Use this option only when you find it impossible to decide on one of the other choices

Non response code

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1	Children should keep their feelings to themselves.					
2	Children should do what they're told to do when they're told to do it. It's that simple.					
3	Parents should be able to confide in their children.					
4	Children need to be allowed freedom to explore their world safely					
5	Smacking teaches children right from wrong.					
6	The sooner children learn to feed and dress themselves and use the toilet, the better off they will be as adults.					
7	Children who are one year old should be able to stay away from things that would harm them.					
8	Children should be potty trained when they are ready and not before.					
9	A certain amount of fear is necessary for children to respect their parents.					
10	Good children always obey their parents.					
11	Children should know what their parents need without being told.					
12	Children should be taught to obey their parents at all times.					
13	Children should be aware of ways to comfort their parents after a hard days work.					
14	Parents who nurture themselves make better parents.					
15	It's okay to smack as a last resort.					



		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
16	'Because I said so!' is the only reason parents need to give.					
17	Parents need to push their children to do better.					
18	Time out is an effective way to discipline children.					
19	Children have a responsibility to please their parents.					
20	There is nothing worse than a strong-willed two year old.					
21	Children learn respect through strict discipline.					
22	Children who feel secure often grow up expecting too much.					
23	Sometimes smacking is the only thing that will work.					
24	Children can learn good discipline without being smacked.					
25	A good smacking lets children know parents mean business.					
26	Smacking teaches children it's alright to hit others.					
27	Children should be responsible for the wellbeing of their parents.					
28	Strict discipline is the best way to praise children.					
29	Children should be their parents best friend.					
30	Children who receive praise will think too much of themselves.					
31	Children need discipline, not smacking.					
32	Smacking a child out of love is different than smacking a child out of anger.					
33	In fathers absence, the son needs to become the man of the house.					
34	Strong willed children must be taught to mind their parents.					
35	A good child will comfort both parents after they have argued.					
36	Parents who encourage their children to talk to them only end up listening to complaints.					
37	A good smacking never hurt anyone.					
38	Babies need to learn how to be considerate of the needs of their mother.					
39	Letting a child sleep in the parents bed every now and then is a bad idea.					
40	A good child sleeps through the night.					

**EDINBURGH POSTNATAL DEPRESSION SCALE**

**HOW YOU ARE FEELING QUESTIONNAIRE**

These questions are about how you have been feeling **IN THE PAST 7 DAYS**, not just how you feel today. Each statement about the way you feel has four different choices. Please tell me which answer comes closest to the way you have been feeling over the past week.

Non response code

<input type="checkbox"/>	1	I have been able to laugh and see the funny side of things	As much as I always could	
			Not quite so much now	
			Definitely not so much now	
			Not at all	
<input type="checkbox"/>	2	I have looked forward with enjoyment to things	As much as I ever did	
			Rather less than I used to	
			Definitely less than I used to	
			Hardly at all	
<input type="checkbox"/>	3	I have blamed myself unnecessarily when things went wrong	Yes, most of the time	
			Yes, some of the time	
			Not very often	
			No, never	
<input type="checkbox"/>	4	I have been anxious or worried for no good reason	No, not at all	
			Hardly ever	
			Yes, sometimes	
			Yes, very often	
<input type="checkbox"/>	5	I have felt scared or panicky for no very good reason	Yes, quite a lot	
			Yes, sometimes	
			No, not much	
			No, not at all	

## EDINBURGH POSTNATAL DEPRESSION SCALE (continued)

## How are you feeling questionnaire (continued)

<input type="checkbox"/>	6	Things have been getting on top of me	Yes, most of the time I haven't been able to cope at all	
			Yes, sometimes I haven't been coping as well as usual	
			No, most of the time I have coped quite well	
			No, I have been coping as well as ever	
<input type="checkbox"/>	7	I have been so unhappy that I have had difficulty sleeping	Yes, most of the time	
			Yes, sometimes	
			Not very often	
			No, not at all	
<input type="checkbox"/>	8	I have felt sad or miserable	Yes, most of the time	
			Yes, quite often	
			Not very often	
			No, not at all	
<input type="checkbox"/>	9	I have been so unhappy that I have been crying	Yes, most of the time	
			Yes, quite often	
			Only occasionally	
			No, never	
<input type="checkbox"/>	10	The thought of harming myself has occurred to me	Yes, quite often	
			Sometimes	
			Hardly ever	
			Never	

### Health Status EQ-5D questionnaire

Please indicate which statement describes your own health state today (please mark with X):

1. Mobility		
<input type="checkbox"/>	I have no problems in walking about	
<input type="checkbox"/>	I have slight problems in walking about	
<input type="checkbox"/>	I have moderate problems in walking about	
<input type="checkbox"/>	I have severe problems in walking about	
<input type="checkbox"/>	I am unable to walk about	
2. Self-care		
<input type="checkbox"/>	I have no problems with washing or dressing myself	
<input type="checkbox"/>	I have slight problems with washing or dressing myself	
<input type="checkbox"/>	I have moderate problems with washing or dressing myself	
<input type="checkbox"/>	I have severe problems with washing or dressing myself	
<input type="checkbox"/>	I am unable to wash or dress myself	
3. Usual activities (e.g. work, study, housework, family or leisure activities)		
<input type="checkbox"/>	I have no problems doing my usual activities	
<input type="checkbox"/>	I have slight problems doing my usual activities	
<input type="checkbox"/>	I have moderate problems doing my usual activities	
<input type="checkbox"/>	I have severe problems doing my usual activities	
<input type="checkbox"/>	I am unable to do my usual activities	
4. Pain/Discomfort		
<input type="checkbox"/>	I have no pain or discomfort	
<input type="checkbox"/>	I have slight pain or discomfort	
<input type="checkbox"/>	I have moderate pain or discomfort	
<input type="checkbox"/>	I have severe pain or discomfort	
<input type="checkbox"/>	I have extreme pain or discomfort	
5. Anxiety/Depression		
<input type="checkbox"/>	I am not anxious or depressed	
<input type="checkbox"/>	I am slightly anxious or depressed	
<input type="checkbox"/>	I am moderately anxious or depressed	
<input type="checkbox"/>	I am severely anxious or depressed	
<input type="checkbox"/>	I am extremely anxious or depressed	

Participant ID						

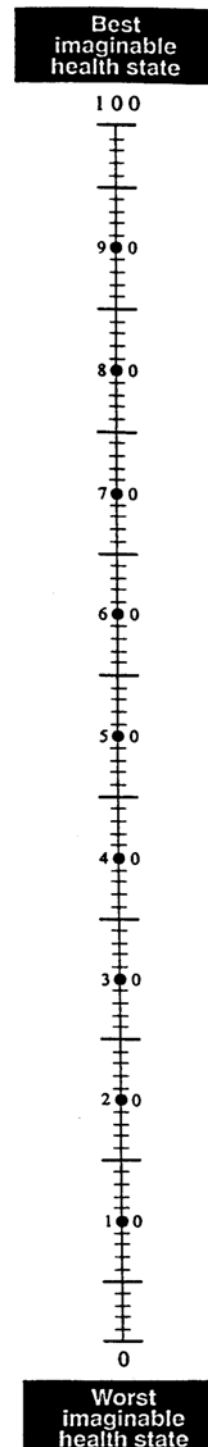
To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion.

Please do this by drawing a line from the box below, to whichever point on the scale indicates how good or bad your health state is today.

Non response code

6. Your own health  
state today





# BASELINE SMOKING AND ALCOHOL

Participant ID						

## Questions about smoking

☐

1. Have you ever smoked tobacco products such as cigarettes or roll-ups?

Y	
N	

Mark with  
X

☐

2. Have you smoked at all during your pregnancy, including before you found out that you were pregnant

Y	
N	

Mark with  
X

☐

2a. **If yes**, at the moment, say the last week or so, about how many cigarettes or roll-ups **a day** do you usually smoke?

--	--

Enter number

☐

3. Does anyone else in the household smoke tobacco products such as cigarettes or roll-ups at all?

Y	
N	

Mark with  
X

Non response code

## Questions about alcohol

Now I am going to ask about alcohol. Sometimes women who are pregnant drink before they find out that they are pregnant or they find it difficult to change a pattern of drinking.

By alcohol I mean beer, lager, cider, wine, alcopops, and spirits such as vodka, whisky, gin or rum.

4. In the past **month**, which of these frequencies (give **card**) best describes how often you drank alcohol?

Every day	
5 or 6 times a week	
3 or 4 times a week	
1 or 2 times a week	
1 or 2 times a month	
Less than once a month	
Never	
(Refused to answer)	

Mark with

X

5. Was the past month a typical month?

Y	
N	

Mark with

X

- 5a. **If no** which of these frequencies (**card**) best describes how often you usually drink alcohol in a **typical month**?

Every day	
5 or 6 times a week	
3 or 4 times a week	
1 or 2 times a week	
1 or 2 times a month	
Less than once a month	
Never	
(Refused to answer)	

Mark with

X

6. On the days when you do drink alcohol, on average how many units do you drink **in a day**?

Enter number

By a unit I mean, half a pint of beer, a glass of wine, or a single measure of spirit or liqueur. A bottle of wine = 6 units/6 glasses, alcopop = 1 unit.

# BASELINE DRUGS

Participant ID						

*Some women who are pregnant will use drugs before they know that they are pregnant, or they may find it very hard to change a pattern of drug use once they start.*

## Questions about Marijuana

*First of all I would like to ask about marijuana, also called spliffs or dope.*



1. In the past month, on how many days did you use marijuana?

Every day	
5 or 6 times a week	
3 or 4 times a week	
1 or 2 times a week	
1 or 2 times a month	
Less than once a month	
Never	
(Refused to answer)	

Mark with

X

Non response code

## Questions about drugs

*Now I am going to ask about drugs that people use to get high (like cocaine, amphetamines, crystal meth, LSD, ecstasy, PCP, ketamine, heroin or inhalants such as spray paint, hairspray or paint thinner).*



2. In the past month, on how many days did you use any of these street drugs?

Every day	
5 or 6 times a week	
3 or 4 times a week	
1 or 2 times a week	
1 or 2 times a month	
Less than once a month	
Never	
(Refused to answer)	

Mark with

X

**BASELINE**  
**INFANT FEEDING**

Participant ID						

☐

1. Do you plan to breastfeed your baby?

Non response code

Yes, definitely	
Possibly, not certain	
No, definitely not	

Mark with  
X

# **BASELINE** **RELATIONSHIPS**

Participant ID					

*I would like to ask some questions about family and friend relationships. These questions may describe ways that your current or past partner or someone else important to you has acted.*

<input type="checkbox"/>	1	Have you <b>ever</b> been physically or emotionally abused by your partner or someone important to you?	Yes, frequently	
			Yes, occasionally	
			No	
<input type="checkbox"/>	1a	IF YES, by whom? (more than one person can be identified)	Partner	
			Ex-partner	
			Other family member	
			Friend/acquaintance	
<input type="checkbox"/>	2	Within the last year have you been slapped, kicked or otherwise physically hurt by someone?	Yes, frequently	
			Yes, occasionally	
			No	
<input type="checkbox"/>	2a	IF YES, by whom? (more than one person can be identified)	Partner	
			Ex-partner	
			Other family member	
			Friend/acquaintance	
<input type="checkbox"/>	3	Within the last year have you been threatened with physical violence or other bad consequences by someone?	Yes, frequently	
			Yes, occasionally	
			No	
<input type="checkbox"/>	3a	IF YES, by whom? (more than one person can be identified)	Partner	
			Ex-partner	
			Other family member	
			Friend/acquaintance	

Non response code

## RELATIONSHIPS

Participant ID

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<input type="checkbox"/>	4	Within the last year have you been shouted or yelled at, sworn at or insulted by someone important to you?	Yes, frequently	
			Yes, occasionally	
			No	
<input type="checkbox"/>	4a	IF YES, by whom? (more than one person can be identified)	Partner	
			Ex-partner	
			Other family member	
			Friend/acquaintance	
<input type="checkbox"/>	5	Within the last year <b>has anyone</b> forced you to have sexual relations?	Yes, frequently	
			Yes, occasionally	
			No	
<input type="checkbox"/>	5a	IF YES, by whom? (more than one person can be identified)	Partner	
			Ex-partner	
			Other family member	
			Friend/acquaintance	
			Stranger	

Non response code

# **BASELINE** **SOCIAL NETWORKS**

Participant ID					

Non response code

1. About how many close friends and close relatives do you have (people you feel at ease with and can talk to about what is on your mind?)

Close friends

Enter number

Relatives

Enter number

People sometimes look to others for companionship, assistance, or other types of support? How often is each of the following kinds of support available to you if you need it?

	1 None of the time	2 A little of the time	3 Some of the time	4 Most of the time	5 All of the time
2. Someone to help you if you were confined to bed					
3. Someone you can count on to listen to you when you need to talk					
4. Someone to give you good advice about a crisis					
5. Someone to take you to the doctor if you needed it					
6. Someone who shows you love and affection					
7. Someone to have a good time with					
8. Someone to give you information to help you understand a situation					
9. Someone to confide in or talk to about yourself or your problems					
10. Someone who hugs you					
11. Someone to get together with for relaxation					
12. Someone to prepare your meals if you were unable to do it yourself.					
13. Someone whose advice you really want					
14. Someone to do things with to help you get your mind off things					
15. Someone to help with daily chores if you were sick					
16. Someone to share your most private worries and fears with					
17. Someone to turn to for suggestions about how to deal with a personal problem					
18. Someone to do something enjoyable with					
19. Someone who understands your problems					
20. Someone to love you and make you feel wanted					

Participant ID						

Now contact FIRST STEPS telephone randomisation service

Allocation number is:

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Date Administered							
D		D		M		M	
						Y	
							Y

## 2 MONTH DEMOGRAPHICS

Participant ID						

1. Can I confirm your Baby's Date of Birth?

Date of Birth							
D		D		M		M	
						Y	
							Y

2. Did you have a girl or a boy?

(If multiple birth write in relevant number of each gender)

F	
M	

Enter number

Since we last saw you on:

D		D		M		M	
						Y	
							Y

Enter date of baseline Interview from records before participant appointment

3. Has there been any change in whether you have a partner?

(if **NO** go to question 13)

Y	
N	

Mark with  
X

4. If **YES**, select from the following:

No partner before, now have partner	
Partner before, now no partner (go to question 13)	
Partner before, now new partner	

Mark with  
X

If **YES**, and there is a partner:

5. Is your current partner the biological father of this baby?

Y	
N	
d/k	

Mark with  
X

If **NEW** partner:

6. Does your partner have any educational qualifications, first of all GCSEs or equivalent?

Yes	
No	
Don't know	

Mark with  
X

7. If **Yes**, how many?

Enter number or  
don't know (DK)

8. How many at grade C or higher?

Enter number or  
don't know (DK)

## DEMOGRAPHICS

Participant ID

9. Has your partner completed qualifications other than GCSEs?

Yes	
No	
Don't know	

Mark with  
X

10. If **Yes**, please tell me which ones out of this list (*read choices*):

NVQ or BTEC	
Access course	
GNVQ or NVQ level 2	
AS level or NVQ level 3	
A level (A 2)	
Other vocational/technical training programme (e.g. Beautician training)	
Some college, no degree	
Bachelor's degree, or NVQ level 4 or 5, or higher	
Don't know	

Mark with  
X

11. Has your partner worked at all at a paid job?

Yes	
No	
Don't know	

Mark with  
X

12. If **Yes**, is your partner currently working?

Yes - Part time	
Yes - Full time	
No	
Don't know	

Mark with  
X

12a. If **Yes**, what job does your partner do at the moment?  
(get details to select the appropriate SIC Code)

1	Managers and senior officials	
2	Professional occupations	
3	Associate professional and technical occupations	
4	Administrative and secretarial occupations	
5	Skilled trades occupations	
6	Personal service occupations	
7	Sales and customer service occupations	
8	Process, plant and machine operatives	
9	Elementary occupations	
10	Don't Know	
11	N/A	

Mark with  
X

## DEMOGRAPHICS

Participant ID

Since we last saw you on:

D	D	M	M	M	Y	Y

Enter date of baseline Interview from records before participant appointment

13. Has there been any change in your marital status?

Y	
N	

Mark with  
X

If **No**, got to question 14.

13a. If **Yes**, how would you describe yourself now?

Married/ Civil partnership	
Unmarried/Co-habiting	
Separated	
Widowed	
Divorced	
Single	

Mark with  
X

14. Can I ask if you have moved at all since we spoke to you last?

Confirm original address from contact sheet  
(If **NO** go to question 15)

Y	
N	

Mark with  
X

14a. If **Yes**, what is the postcode where you live?

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

14b. If **Yes**, when did you move to this address?

M	M	M	Y	Y	

14c. If **Yes**, which of these (*read list*) best describes where you are living? (*select only one*)

House or bungalow	
Flat, low rise	
Flat, high rise, first 3 floors	
Flat, high rise, above 3rd floor	
Room or bedsit	
Hostel	
Supported housing	
In a group home/shelter	
Institutional facility (residential treatment facility, youth custody, prison)	
Homeless	
Other ( <i>Please describe</i> ): _____	

Mark with  
X

## DEMOGRAPHICS

Participant ID					

15. Who is in the household? Has it changed since we talked to you last?

Y	
N	

Mark with  
X

If **No**, go to question 18

16. If **Yes**, apart from your baby(ies) can you tell me how many people you live with now?

Please remember that all the answers you give will be completely confidential. So, including yourself, how many people live regularly as members of the household you live in?

--	--

Enter number

17. If **Yes**, who is in your household? (select **ALL** that apply)

Own mother/ both parents	
Husband/partner	
Foster parent	
Other adult relatives not including maternal mother (own father, aunt, grandmother, older sibling, etc)	
Other adults (friends, housemates etc)	
Live alone (No other adults)	

Mark with  
X

## DEMOGRAPHICS

Participant ID					

Some women, on occasions, need to make contact with a refuge especially for women who need time away from a partner.

18. Have you needed to make contact with such a refuge since we spoke to you last?

If **No**, go to next section - Health status

Y	
N	

Mark with  
X

18a. If **Yes**, what led to the need to make contact?

Afraid of partner	
Have experienced verbal abuse by partner	
Have experienced physical abuse by partner	
Have experienced sexual abuse by partner	
Concerns for baby(ies) safety	
Recommendation of Social Services	
Other - please specify:	

Mark with  
X

18b. If **Yes**, what type of contact did you make?

Telephone contact	
Drop-in centre	
Stayed in refuge accommodation	
Other - please specify:	

Mark with  
X

18c. If you stayed at a refuge how long did you stay?  
(Number in days)

--	--	--

Enter number

## Health Status EQ-5D questionnaire

Please indicate which statement describes your own health state today (please mark with X):

1. 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	
2. Self-care		
	I have no problems with washing or dressing myself	
	I have slight problems with washing or dressing myself	
	I have moderate problems with washing or dressing myself	
	I have severe problems with washing or dressing myself	
	I am unable to wash or dress myself	
3. 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	
4. 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	
5. 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	

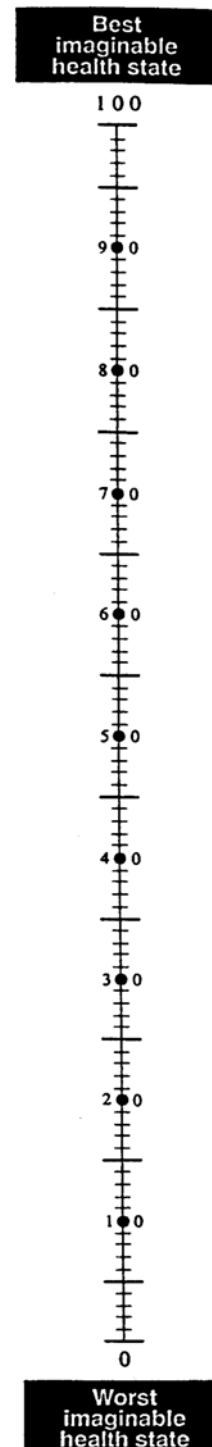
Participant ID						

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion.

Please do this by drawing a line from the box below, to whichever point on the scale indicates how good or bad your health state is today.

6. Your own health  
state today



## 2 MONTH EPDS

Participant ID					

### EDINBURGH POSTNATAL DEPRESSION SCALE

## HOW YOU ARE FEELING QUESTIONNAIRE

These questions are about how you have been feeling **IN THE PAST 7 DAYS**, not just how you feel today. Each statement about the way you feel has four different choices. Please tell me which answer comes closest to the way you have been feeling over the past week.

1	I have been able to laugh and see the funny side of things	As much as I always could	
		Not quite so much now	
		Definitely not so much now	
		Not at all	
2	I have looked forward with enjoyment to things	As much as I ever did	
		Rather less than I used to	
		Definitely less than I used to	
		Hardly at all	
3	I have blamed myself unnecessarily when things went wrong	Yes, most of the time	
		Yes, some of the time	
		Not very often	
		No, never	
4	I have been anxious or worried for no good reason	No, not at all	
		Hardly ever	
		Yes, sometimes	
		Yes, very often	
5	I have felt scared or panicky for no very good reason	Yes, quite a lot	
		Yes, sometimes	
		No, not much	
		No, not at all	



Participant ID						

## EDINBURGH POSTNATAL DEPRESSION SCALE (continued)

## How are you feeling questionnaire (continued)

6	Things have been getting on top of me	Yes, most of the time I haven't	
		Yes, sometimes I haven't been	
		No, most of the time I have	
		No, I have been coping as well	
7	I have been so unhappy that I have had difficulty sleeping	Yes, most of the time	
		Yes, sometimes	
		Not very often	
		No, not at all	
8	I have felt sad or miserable	Yes, most of the time	
		Yes, quite often	
		Not very often	
		No, not at all	
9	I have been so unhappy that I have been crying	Yes, most of the time	
		Yes, quite often	
		Only occasionally	
		No, never	
10	The thought of harming myself has occurred to me	Yes, quite often	
		Sometimes	
		Hardly ever	
		Never	

## 2 MONTH INFANT FEEDING

Participant ID						

Now I'd like to ask you some questions about feeding your baby.

1. Did you ever try to breastfeed him/her?

Note that when we ask about 'breastfeeding' we also mean  
'giving your baby expressed breast milk'

Y	
N	

Mark with

X

2. If **Yes**, how old was your baby when he/she last had breast milk, or you put him/her to your breast/?

Tried but never took breast milk		
Less than one day		
Answer given in days		
Answer given in weeks		
Answer given in months		
Still breast feeding		

Mark with

X

Enter number

Mark with

X

And now I'm going to ask about when your baby first had infant formula (include any eaten with cereal).

3. How old was he/she when he/she first had Formula milk?

Has not had formula		
Less than one day		
Answer given in days		
Answer given in weeks		
Answer given in months		

Mark with

X

Enter number

4. Thinking about the milk that your baby has received over the last 7 days, has she/he had:

Only breast milk	
Only infant formula	
Breast milk and infant formula	

Mark with

X

## 2 MONTH CHILD HEALTH

Participant ID						

1. I am going to go through a list of immunisations that are usually offered when babies are about 8 weeks old. Can you tell me which your baby has received?

You may find it useful to have your Red Book handy.

8 WEEKS	YES	NO	Decided/advised not to have it	Booked appointment but not yet done
Diphtheria				
Tetanus				
Pertussis (whooping cough)				
Polio				
Haemophilus influenzae type B				
Pneumococcal infection				

Mark with  
X

2. What was your baby's birth weight (in grams)? First born

Baby's weight (in grams)  (in lbs/oz)

3. What is your baby's NHS number?

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

If multiple birth please complete as necessary

4. What is your baby's birth weight (in grams)? Second born

Baby's weight (in grams)  (in lbs/oz)

5. What is your baby's NHS number?

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

6. What is your baby's birth weight (in grams)? Third born

Baby's weight (in grams)  (in lbs/oz)

7. What is your baby's NHS number?

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

# 2 MONTH PSOC

Participant ID						

## PARENTING SENSE OF COMPETENCE SCALE

*The next questions are about your feelings about parenting.*

Please tell me the answer that best describes your feelings from these choices:

Strongly agree, agree, slightly agree, slightly disagree, disagree and strongly disagree  
(hand response card)

Your first reaction to each question should be your answer.

		Strongly agree	Agree	Slightly agree	Slightly disagree	Disagree	Strongly disagree
1	The problems of taking care of a baby are easy to solve once you know how your actions affect your baby, an understanding I have acquired.						
2	I meet my own personal expectations for expertise in caring for my baby.						
3	I would make a fine model for a new mother to follow in order to learn what she would need to know to be a good parent.						
4	Being a parent is manageable and any problems are easily solved.						
5	If anyone can find the answer to what is troubling my baby, I am the one.						
6	A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one.						
7	Considering how long I've been a mother, I feel thoroughly familiar with this role.						
8	I honestly believe I have all the skills necessary to be a good mother to my baby.						

**PARENTING SENSE OF COMPETENCE SCALE (continued)**

		Strongly agree	Agree	Slightly agree	Slightly disagree	Disagree	Strongly disagree
9	Even though being a parent could be rewarding, I am frustrated now while my child is only an infant.						
10	I do not know why it is, but sometimes when I am supposed to be in control, I feel more like the one being manipulated.						
11	My mother was better prepared to be a good mother than I am.						
12	Sometimes I feel like I'm not getting anything done.						
13	I go to bed the same way I wake up in the morning – feeling I have not accomplished a whole lot.						
14	My talents and interests are in other areas, not being a parent .						
15	If being a mother of an infant were only more interesting, I would be motivated to do a better job as a parent.						
16	Being a parent makes me tense and anxious.						
17	Being a good mother is a reward in itself.						

## 2 MONTH SMOKING AND ALCOHOL

Participant ID					

### Questions about smoking

#### 1. Information from Baseline questionnaire

Enter details from baseline Interview before participant appointment

Smoker	
Was smoker but quit	
Non smoker	

Mark with  
X

2. Since your baby was born, has anybody, including yourself, smoked in your home, even with windows or doors open?

Y	
N	

Mark with  
X

*Now I would like to ask you about changes in your smoking since we last talked.*

#### Ask **non-smokers** or **quitters**

3. I know that when we last asked, you were not smoking cigarettes.  
Has that changed? Are you currently smoking?

Y	
N	

Mark with  
X

#### Ask **smokers**

4. I know that when we last asked, you were smoking cigarettes.  
Has that changed? Are you currently smoking?

Y	
N	

Mark with  
X

**If No**, to one of the above, go to Alcohol questions, (question number 10)

**If Yes**, to one of the above:

Tell me about your smoking habits since your baby(ies) was born?

5. Soon after your birth, how many cigarettes were you smoking on a typical day?

Enter number

6. Have you been trying to cut down the number of cigarettes you smoke since your baby(ies) was born?

Y	
N	

Mark with  
X

**If no**, go to question 9.

7. **If Yes trying to cut down**: in the past week, have you used any nicotine replacement products, such as nicotine patches, gum, or lozenges?

Y	
N	

Mark with  
X

8. **If Yes trying to cut down**, so, currently, about how many cigarettes are you now smoking on a typical day

Enter number

9. Ask **all smokers and quitters**: How many cigarettes would you say you smoked yesterday, that is on (*name day*) (even a puff?)

Enter number

# SMOKING AND ALCOHOL

Participant ID						

## Questions about alcohol

Now I am going to ask about alcohol.

By alcohol I mean beer, lager, cider, wine, alcopops, and spirits such as vodka, whisky, gin or rum.

10. Do you drink alcohol?

Y	
N	

Mark with

X

If No move to next section - Drug use.

11. If Yes, in the past **month**, which of these frequencies (*give card*) best describes how often you drank alcohol?

Every day	
5 or 6 times a week	
3 or 4 times a week	
1 or 2 times a week	
1 or 2 times a month	
Less than once a month	
Never	
(Refused to answer)	

Mark with

X

12. Was the past month a typical month as far as drinking is concerned?

Y	
N	

Mark with

X

12a. If no which of these frequencies (*card*) best describes how often you usually drink alcohol in a **typical month**?

Every day	
5 or 6 times a week	
3 or 4 times a week	
1 or 2 times a week	
1 or 2 times a month	
Less than once a month	
Never	
(Refused to answer)	

Mark with

X

13. On the days when you do drink alcohol, on average how many units do you drink **in a day**?

Enter number

By a unit I mean, half a pint of beer, a glass of wine, or a single measure of spirit or liqueur. A bottle of wine = 6 units/6 glasses, alcopop = 1 unit.

## 2 MONTH CHANGES IN DRUGS

Participant ID						

*Now I would like to ask you about any changes in drug use since we last talked. Some women who are pregnant will try to stop using drugs when they are pregnant but may find it very hard to change a pattern of drug use or may re-start once the baby is born*

### Questions about Marijuana

*First of all I would like to ask about marijuana, also called spliffs, dope, pot, weed and skunk.*

1. In the past month, on how many days did you use marijuana?

Every day	
5 or 6 times a week	
3 or 4 times a week	
1 or 2 times a week	
1 or 2 times a month	
Less than once a month	
Never	
(Refused to answer)	

Mark with

X

### Questions about drugs

*Now I am going to ask about drugs that people use to get high (like cocaine, amphetamines, crystal meth, LSD, ecstasy, PCP, ketamine, heroin or inhalants such as spray paint, hairspray or paint thinner).*

2. In the past month, on how many days did you use any of these street drugs?

Every day	
5 or 6 times a week	
3 or 4 times a week	
1 or 2 times a week	
1 or 2 times a month	
Less than once a month	
Never	
(Refused to answer)	

Mark with

X



# 2 MONTH

## Parental Stress Index –PSI

(Abidin,1995)

Participant ID					

### FEELINGS ABOUT BEING A PARENT

*Most people find looking after a baby can be stressful from time to time. Please tell us how you are feeling about yourself and your new baby.*

Please tell me the answer that best describes your feelings from these choices:

Strongly agree, agree, slightly agree, slightly disagree, disagree and strongly disagree

(hand response card)

Your first reaction to each question should be your answer.

		Strongly agree	Agree	Not sure	Disagree	Strongly disagree
1	I often have the feeling that I cannot handle things very well.					
2	I find myself giving up more of my life to meet my baby's needs than I ever expected.					
3	I feel trapped by my responsibilities as a parent.					
4	Since having this baby, I have been unable to do new and different things.					
5	Since having this baby, I feel that I am almost never able to do things that I like to do.					
6	I am unhappy with the last purchase of clothing I made for myself.					
7	There are quite a few things that bother me about my life.					
8	Having a baby has caused more problems than I expected in my relationship with my partner (or closest friend).					
9	I feel alone and without friends.					
10	When I go to a party, I usually expect not to enjoy myself.					

# Parental Stress Index –PSI

(Abidin,1995)

Participant ID

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

		Strongly agree	Agree	Not sure	Disagree	Strongly disagree
11	I am not as interested in people as I used to be.					
12	I don't enjoy things as I used to.					
13	My baby rarely does things for me that make me feel good.					
14	Most times I feel that my baby does not like me and does not want to be close to me.					
15	My baby smiles at me much less than I expected.					
16	When I do things for my baby, I get the feeling that my efforts are not appreciated very much.					
17	When playing, my baby doesn't often giggle or laugh.					
18	My baby doesn't seem to learn as quickly as most babies.					
19	My baby doesn't seem to smile as much as most babies.					
20	My baby is not able to do as much as I expected.					
21	It takes a long time and it is very hard for my baby to get used to new things.					
22	I expected to have closer and warmer feelings for my baby than I do and this bothers me.					
23	Sometimes my baby does things that bother me just to be mean.					
24	My baby seems to cry or fuss more often than most babies.					
25	My baby generally wakes up in a bad mood.					
26	I feel that my baby is very moody and easily upset.					

**Parental Stress Index –PSI**  
(Abidin,1995)

Participant ID					

		Strongly agree	Agree	Not sure	Disagree	Strongly disagree
27	My baby does a few things which bother me a great deal.					
28	My baby reacts very strongly when something happens that my baby doesn't like.					
29	My baby gets upset easily over the smallest thing.					
30	My baby's sleeping or eating schedule was much harder to establish than I expected.					
31	There are some things my baby does that really bother me a lot.					
32	My baby turned out to be more of a problem than I had had expected.					
33	My baby makes more demands on me than most babies.					

**Parental Stress Index –PSI**  
(Abidin,1995)

Participant ID						

34. Think carefully and count the number of things which your baby does that bother you. For example: cries, is overactive, doesn't settle, refuses food, etc. Tell me the number of things which your baby does that bother you .

10+	
8-9	
6-7	
4-5	
1-3	

Mark with  
X

35. For the next statement, please choose one response from the choices "1" to "5" .

"I feel that I am ....."

1	Not very good at being a parent	
2	A person who has some trouble being a parent	
3	An average parent	
4	A better than average parent.	
5	A very good parent	

Mark with  
X

36. For the next statement, please select one response from the choices "1" to "5" .

"I have found that getting my baby to do something or stop doing something is..."

1	Much harder than I expected	
2	Somewhat harder than I expected	
3	About as hard as I expected	
4	Somewhat easier than I expected	
5	Much easier than I expected	

Mark with  
X

Date Administered						
D	D	M	M	M	Y	Y

## 2 MONTH SERVICE USE

Participant ID						

### DELIVERY

Where was your baby born?

#### 1. HOSPITAL

1a. Name of Hospital

Y	
---	--

Mark with

X

Economist CODE

1b. Name of maternity ward



Economist CODE

1b. Number of nights mother spent in hospital

--	--

Enter number or don't know  
(DK)

#### 2. BIRTH CENTRE/FREE STANDING MIDWIFERY UNIT

2a. Name of birth centre/free standing midwifery unit

Y	
---	--

Mark with

X

Economist CODE

2b. Number of nights mother spent in centre/unit

--	--

Enter number or don't know  
(DK)

#### 3. HOME

Y	
---	--

Mark with

X

#### 4. OTHER

4a. Other (please give details)

Y	
---	--

Mark with

X

Economist CODE

Participant ID						

DELIVERY (continued)

5. Mode of birth

Spontaneous vaginal delivery	
Forceps	
Ventouse	
Emergency caesarean section	
Elective caesarean section	
Vaginal breech	

Mark with  
X

## SERVICE USE

Participant ID

### HOSPITAL ADMISSIONS (for yourself)

Since we last saw you on:

D	D	M	M	M	Y	Y	

Enter date of baseline  
Interview from records before participant appointment

6. Other than when giving birth, since your baby was born, have **you** been admitted to hospital as an inpatient or day patient?

Y	
N	

Mark with

X

If **No**, go to question 9.

If **Yes**, enter details below (for more than two admissions use separate additional forms)

7. Date of **FIRST** admission

D	D	M	M	M	Y	Y	

7a. Number of nights (enter 0 if a day patient)

--	--

Enter number or don't know (DK)

7b. Type of ward

General ward	
Antenatal/postnatal ward	
High dependency unit	
Intensive care unit	
Other – please specify (below)	

Mark with

X

7c. Other ward description

--

--

Economist CODE

7d. Reason for admission

--

--

Economist CODE

## SERVICE USE

Participant ID						

### HOSPITAL ADMISSIONS (for yourself) continued

8. Date of **SECOND** admission

D	D	M	M	M	Y	Y

8a. Number of nights (enter 0 if a day patient)

--	--

*Enter number or don't know (DK)*

8b.Type of ward

General ward	
Antenatal/postnatal ward	
High dependency unit	
Intensive care unit	
Other – please specify (below)	

*Mark with*

*X*

8c. Other ward description

--

--

*Economist CODE*

8d. Reason for admission

--

--

*Economist CODE*



## SERVICE USE

### ADDITIONAL HEALTH CARE USAGE (for yourself)

Participant ID						

Since we last saw you on

D	D	M	M	M	Y	Y

Enter date of baseline  
Interview from records before participant appointment

9. Have you had any other contacts with health professionals about **your own health**?

This includes routine contacts associated with normal health care.

Y	
N	

Mark with

X

If **No**, go to question 11.

10. If **Yes**, what was that contact?

Type of health care	No	Yes	How many times
GP visit in surgery			
GP home visit			
GP telephone contact			
Practice nurse			
District nurse			
Physiotherapist			
Calls to NHS direct			
Community psychiatrist			
Community psychologist			
Midwife in clinic (other than gFNP midwife)			
Midwife home visit (other than gFNP midwife)			
Hospital A&E department			
Hospital outpatient clinic appointment			
Health visitor			
Other—please specify			
Other—please specify			

Mark with X

Enter number or  
don't know (DK)

Economist CODE

--

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## SERVICE USE

Participant ID						

### ADDITIONAL HEALTH CARE USAGE (for yourself) (continued)

Since we last saw you on

D	D	M	M	M	Y	Y

Enter date of baseline  
Interview from records before participant appointment

11. Have you been prescribed any medications **for yourself**?

Y	
N	

Mark with

X

If **No**, go to question 13.

12. If **Yes**, can you tell me the name of that medication, and how often, and for how long you took it?

Name of medication	Number of times taken per day	Number of days

Economist CODE


## SERVICE USE

Participant ID

### PERSONAL SOCIAL SERVICES

Since we last saw you on

D	D	M	M	M	Y	Y

Enter date of baseline  
Interview from records before participant appointment

13. Have **you** used any social care services?

Y	
N	

Mark with

X

If No, go to question 15.

14. If **Yes**, can you tell me which of the following services you have had contact with, and how often?

Type of service	No	Yes	How many times
Social worker			
Home help or care worker			
Alcohol support services			
Drug/substance misuse services			
Crèche			
Family Support Worker			
Other—please specify			
Other—please specify			

Mark with X

Enter number or  
don't know (DK)

Economist CODE

--

--

## SERVICE USE

Participant ID						

### LEGAL SERVICES

Since we last saw you on

D	D	M	M	M	Y	Y

Enter date of baseline

Interview from records before participant appointment

*Remember everything you tell us is confidential*

15. Have **you** made use of any legal services ?

Y	
N	

Mark with

X

If No, go to question 17.

16. If Yes, can you tell me which of the following services you have had contact with, and how often?

Type of service	No	Yes	How many times
Police services			
Probation services			
Solicitors			
Legal aid			
Other—please specify			
Other—please specify			

Mark with X

Enter number or  
don't know (DK)

Economist CODE

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--

## SERVICE USE

Participant ID						

### ADDITIONAL INFORMATION (yourself)

Since we last saw you on

D	D	M	M	M	Y	Y

Enter date of baseline  
Interview from records before participant appointment

17. Have **you, your friends or relatives** incurred any additional costs as a result of your own health, e.g. as a result of your contacts with health or social services?

Y	
N	

Mark with  
X

If **No**, go to question 19.

18. If **Yes**, can you tell me what those costs were for and how much the cost was?

Type of cost	Details	Total additional cost (£###.##)	Economist CODE
Travel cost			
Lost earnings			
Child care costs			
Help with housework			
Other—please specify			
Other—please specify			

## SERVICE USE

Participant ID						

### HOSPITAL ADMISSIONS (for your baby)

Since we last saw you on:

D	D	M	M	M	Y	Y
---	---	---	---	---	---	---

Enter date of baseline  
Interview from records before participant appointment

19. **Has your baby** been admitted to hospital as an inpatient or day patient, including admission immediately following their birth?

Y	
N	

Mark with

X

If **No**, go to question 22.

If **Yes**, enter details below (for more than two admissions use separate additional forms)

20. Date of **FIRST** admission

D	D	M	M	M	Y	Y
---	---	---	---	---	---	---

20a. Number of nights (enter 0 if a day patient)

--	--

Enter number or don't know (DK)

20b. Type of ward

Special care baby unit	
High dependency unit	
Neonatal intensive care unit	
Other – please specify (below)	

Mark with

X

20c. Other ward description

--	--

Economist CODE

20d. Reason for admission.

--	--

Economist CODE

## SERVICE USE

Participant ID						

### HOSPITAL ADMISSIONS (for your baby) continued

If **Yes**, enter details below (for more than one admission use separate additional forms)

21. Date of **SECOND** admission

D	D	M	M	M	Y	Y

21a. Number of nights (enter 0 if a day patient)

--	--

Enter number or don't know (DK)

21b. Type of ward

Special care baby unit	
High dependency unit	
Neonatal intensive care unit	
Other – please specify (below)	

Mark with

X

21c. Other ward description

--	--

Economist CODE

21d. Reason for admission.

--	--

Economist CODE

## SERVICE USE

### ADDITIONAL HEALTH CARE USAGE (for your baby)

Participant ID						

Since we last saw you on

D	D	M	M	M	Y	Y

Enter date of baseline

Interview from records before participant appointment

22. Have you had any other contacts with health professionals **about your baby's health?**

This includes routine baby contacts associated  
with normal health care.

Y	
N	

Mark with

X

If **No**, go to question 24.

23. If **Yes**, what was that contact?

Type of health care	No	Yes	How many times
GP visit in surgery			
GP home visit			
GP telephone contact			
Practice nurse			
District nurse			
Physiotherapist			
Calls to NHS direct			
Community psychiatrist			
Community psychologist			
Midwife in clinic (other than gFNP midwife)			
Midwife home visit (other than gFNP midwife)			
Hospital A&E department			
Hospital outpatient clinic appointment			
Health visitor			
Other—please specify			
Other—please specify			

Mark with X

Enter number or  
don't know (DK)

Economist CODE

--

--



## SERVICE USE

Participant ID						

### ADDITIONAL HEALTH CARE USAGE (for your baby) (continued)

Since we last saw you on

D	D	M	M	M	Y	Y

Enter date of baseline  
Interview from records before participant appointment

24. Have you been prescribed any medications or drugs **for your baby**?

Y	
N	

Mark with  
X

If **No**, go to question 26.

25. If **Yes**, can you tell me the name of that medication, and how often, and for how long  
you gave it to your baby?

Name of medication	Number of times taken per day	Number of days

Economist CODE


## SERVICE USE

Participant ID						

### ADDITIONAL INFORMATION (for your baby)

Since we last saw you on

D	D	M	M	M	Y	Y

Enter date of baseline  
Interview from records before participant appointment

26. Have you, your friends or relatives incurred any additional costs as a result of your baby's health, e.g. as a result of your baby's contacts with health or social services?

Y	
N	

Mark with  
X

If No, this is the end of questions.

27. If Yes, can you tell me what those costs were for and how much the cost was?

Type of cost	Details	Total additional cost (£###.##)	Economist CODE
Travel cost			
Lost earnings			
Child care costs			
Help with housework			
Other—please specify			
Other—please specify			

Date Administered						
D	D	M	M	M	Y	Y

## 6 MONTH DEMOG/HEALTH *Face to face*

Participant ID					

Since we last saw you on

D	D	M	M	M	Y	Y
---	---	---	---	---	---	---

*Enter date of 2 month Interview from records before participant appointment*

1. Has there been any change in whether you have a partner?

Y	
N	

*Mark with  
X*

(if **NO** go to question 3)

2. If **YES**, select from the following:

No partner before, now have partner	
Partner before, now no partner	
Partner before, now new partner	

*Mark with  
X*

3. Has there been any change in your marital status?

Y	
N	

*Mark with  
X*

(if **NO**, got to question 4)

3a. If **Yes**, how would you describe yourself now?

Married/ Civil partnership	
Unmarried/Co-habiting	
Separated	
Widowed	
Divorced	
Single	

*Mark with  
X*

4. Can I ask if you have moved at all since we spoke to you last?

Y	
N	

*Mark with  
X*

*Confirm original address from contact sheet*  
(if **NO** go to question 5)

4a. If **Yes**, what is the postcode where you live now?

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

**DEMOG/HEALTH**  
**Face to face**

Participant ID					

5. Who is in your household? Has it changed since we talked to you last?

(if **NO**, go to question 6)

Y	
N	

Mark with  
X

5a. If **Yes**, apart from your baby(ies) can you tell me how many people you live with now?

Please remember that all the answers you give will be completely confidential. So, including yourself, how many people live regularly as members of the household you live in?

--	--

Enter number

5b. If **Yes**, who is in your household? (select **ALL** that apply)

Own mother/ both parents	
Husband/partner	
Foster parent	
Other adult relatives not including maternal mother (own father, aunt, grandmother, older sibling, etc)	
Other adults (friends, housemates etc)	
Live alone (No other adults)	

Mark with  
X

**DEMOG/HEALTH**  
**Face to face**

Participant ID					

Some women, on occasions, need to make contact with a refuge especially for women who need time away from a partner.

6. Have you needed to make contact with such a refuge since we spoke to you last?

(if **NO**, go to next section - EQ-5D)

Y	
N	

Mark with  
X

6a. If **Yes**, what led to the need to make contact?

Afraid of partner	
Have experienced verbal abuse by partner	
Have experienced physical abuse by partner	
Have experienced sexual abuse by partner	
Concerns for baby(ies) safety	
Recommendation of Social Services	
Other - please specify:	

Mark with  
X

6b. If **Yes**, what type of contact did you make?

Telephone contact	
Drop-in centre	
Stayed in refuge accommodation	
Other - please specify:	

Mark with  
X

6c. If you stayed at a refuge how long did you stay?  
(Number in days)

--	--	--

Enter number

## Health Status EQ-5D questionnaire

Please indicate which statement describes your own health state **TODAY** (please mark with X):

1. 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	
2. Self-care		
	I have no problems with washing or dressing myself	
	I have slight problems with washing or dressing myself	
	I have moderate problems with washing or dressing myself	
	I have severe problems with washing or dressing myself	
	I am unable to wash or dress myself	
3. 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	
4. 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	
5. 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**  
**Face to face**

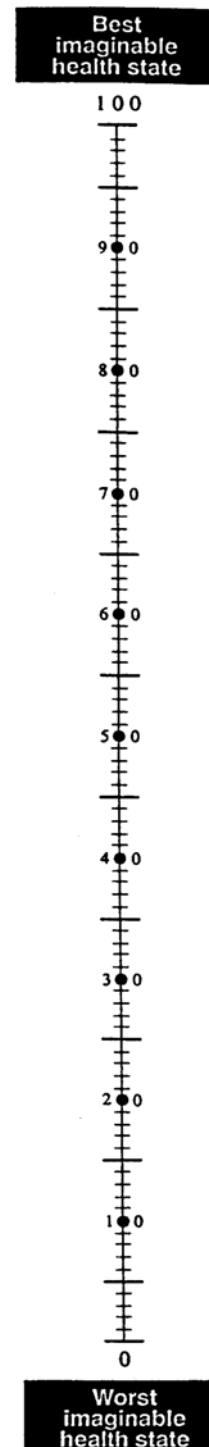
Participant ID						

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is **TODAY**, in your opinion.

Please do this by drawing a line from the box below, to whichever point on the scale indicates how good or bad your health state is today.

6. Your own health  
state today



# 6 MONTH EPDS

*Face to face*

Participant ID						

## EDINBURGH POSTNATAL DEPRESSION SCALE

### HOW YOU ARE FEELING QUESTIONNAIRE

These next questions are about how you have been feeling **IN THE PAST 7 DAYS**, not just how you feel today. Each statement about the way you feel has four different choices. Please tell me which answer comes closest to the way you have been feeling over the past week.

1	I have been able to laugh and see the funny side of things	As much as I always could	
		Not quite so much now	
		Definitely not so much now	
		Not at all	
2	I have looked forward with enjoyment to things	As much as I ever did	
		Rather less than I used to	
		Definitely less than I used to	
		Hardly at all	
3	I have blamed myself unnecessarily when things went wrong	Yes, most of the time	
		Yes, some of the time	
		Not very often	
		No, never	
4	I have been anxious or worried for no good reason	No, not at all	
		Hardly ever	
		Yes, sometimes	
		Yes, very often	
5	I have felt scared or panicky for no very good reason	Yes, quite a lot	
		Yes, sometimes	
		No, not much	
		No, not at all	



**EPDS**  
**Face to face**

Participant ID						

**EDINBURGH POSTNATAL DEPRESSION SCALE (continued)**

## How are you feeling questionnaire (continued)

6	Things have been getting on top of me	Yes, most of the time I haven't been able to cope at all	
		Yes, sometimes I haven't been coping as well as usual	
		No, most of the time I have coped quite well	
		No, I have been coping as well as ever	
7	I have been so unhappy that I have had difficulty sleeping	Yes, most of the time	
		Yes, sometimes	
		Not very often	
		No, not at all	
8	I have felt sad or miserable	Yes, most of the time	
		Yes, quite often	
		Not very often	
		No, not at all	
9	I have been so unhappy that I have been crying	Yes, most of the time	
		Yes, quite often	
		Only occasionally	
		No, never	
10	The thought of harming myself has occurred to me	Yes, quite often	
		Sometimes	
		Hardly ever	
		Never	

# 6 MONTH INFANT FEEDING

## Face to face

Participant ID						

Now I'd like to ask you some questions about feeding your baby.

We asked these questions a few months ago but are double checking as there are sometimes changes in how infants are fed.

1. Did you ever breastfeed your baby(ies)?

Note that when we ask about 'breastfeeding' we also mean  
'giving your baby expressed breast milk'

Y	
N	

Mark with

X

(if **NO** go to question 3)

2. If **Yes**, how old was your baby when he/she last had breast milk, or you put him/her to your breast/?

Tried but never took breast milk		
Less than one day		
Answer given in days		
Answer given in weeks		
Answer given in months		
Still breast feeding		

Mark with

X

Enter number

Mark with

X

And now I'm going to ask about when your baby first had infant formula (include any eaten with cereal).

3. How old was he/she when he/she first had Formula milk?

Has not had formula		
Less than one day		
Answer given in days		
Answer given in weeks		
Answer given in months		

Mark with

X

Enter number

4. Thinking about the milk that your baby has received over the last 7 days, has she/he had:

Only breast milk	
Only infant formula	
Breast milk and infant formula	

Mark with

X

# 6 MONTH LAC STATUS Face to face

Participant ID						

*'One more thing we didn't ask previously; the information is for a special part of this study that a small number of parents will be asked to take part in after babies are one year old'.*

1. Have you ever spent any time in care?  
(if **NO** finish this booklet)

Y	
N	

Mark with

X

**If interviewee asks for clarification explain as follows:**

*"Sometimes children have to spend time being looked after by people other than their parents, perhaps because their parents have problems that mean they are not able to care for them for a time. When this happens, social workers make arrangements for children to live with other people for a time.*

*Did you ever spend time living away from home, for example with foster carers or other members of their family, or in residential care? "*

If **YES**, ask as follows

2. When children are in care, they may live in range of placements. Which of the following did you live in when you were in care?

(interviewer please mark with 'X' for each positive response, more than one can be given)

Foster parents	
Children's home	
With other members of your family or friends (but not your parents)	
In supported housing	
In residential school	
Anywhere else? If <b>"YES"</b> ask for further details and enter below:	

Mark with

X

3. Are you still in care?  
(if **YES** finish this booklet)

Y	
N	

Mark with

X

If **NO**, ask as follows:

4. When did you leave care?

D	D	M	M	M	Y	Y
---	---	---	---	---	---	---

Enter date

5. Are you currently receiving any support from social services as a care leaver?

Y	
N	

Mark with

X

Date Administered						
D	D	M	M	M	Y	Y

## 6 MONTH SERVICE USE

Participant ID						

I am going to ask you about:

### HOSPITAL ADMISSIONS for YOURSELF

Since we last saw you on:

D	D	M	M	M	Y	Y

Enter date of 2 month  
Interview from records before participant appointment

1. Have **YOU** been admitted to hospital as an inpatient or day patient?

Y	
N	

Mark with

X

If **No**, go to question 4.

If **Yes**, enter details below (for more than two admissions use separate additional forms)

2. Date of **FIRST** admission

D	D	M	M	M	Y	Y

2a. Number of nights (enter 0 if a day patient)

--	--

Enter number or don't know (DK)

2b. Type of ward

Medical ward	
Surgical ward	
Short-stay/day care	
Intensive care unit	
Other – please specify (below)	

Mark with

X

2c. Other ward description

--

--

Economist CODE

2d. Reason for admission

--

--

Economist CODE

## SERVICE USE

Participant ID						

### HOSPITAL ADMISSIONS for YOURSELF continued

3. Date of **SECOND** admission

D	D	M	M	M	Y	Y

3a. Number of nights (enter 0 if a day patient)

--	--

Enter number or don't know (DK)

3b.Type of ward

Medical ward	
Surgical ward	
Short-stay/day care	
Intensive care unit	
Other – please specify (below)	

Mark with

X

3c. Other ward description

--

--

Economist CODE

3d. Reason for admission

--

--

Economist CODE

## SERVICE USE

### ADDITIONAL HEALTH CARE USAGE for YOURSELF

Participant ID						

Since we last saw you on

D	D	M	M	M	Y	Y

Enter date of 2 month  
Interview from records before participant appointment

#### 4. Have you had any other contacts with health professionals about **YOUR OWN HEALTH**?

This includes routine contacts associated with normal health care.

Y	
N	

Mark with

X

If **No**, go to question 6.

#### 5. I am going to read a list of different contacts, can you tell me if you used each and how many times?

Type of health care	No	Yes	How many times
GP visit in surgery			
GP home visit			
GP telephone contact			
Practice nurse			
District nurse			
Physiotherapist			
Calls to NHS direct			
Community psychiatrist			
Community psychologist			
Midwife in clinic (other than gFNP midwife)			
Midwife home visit (other than gFNP midwife)			
Hospital A&E department			
Hospital outpatient clinic appointment			
Health visitor			
Other—please specify			
Other—please specify			

Mark with X

Enter number or  
don't know (DK)

Economist CODE

--

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## SERVICE USE

Participant ID						

### ADDITIONAL HEALTH CARE USAGE for **YOURSELF** (continued)

Since we last saw you on

D	D	M	M	M	Y	Y

Enter date of 2 month  
Interview from records before participant appointment

6. Have you been prescribed any medications **FOR YOURSELF?**

Y	
N	

Mark with

X

If **No**, go to question 8.

7. If **Yes**, can you tell me the name of that medication, and how often, and for how long you took it?

Name of medication	Number of times taken per day	Number of days

Economist CODE


## SERVICE USE

Participant ID

### PERSONAL SOCIAL SERVICES for YOURSELF

Since we last saw you on

D	D	M	M	M	Y	Y
---	---	---	---	---	---	---

Enter date of 2 month  
Interview from records before participant appointment

8. Have **YOU** used any social care services?

(reminder the services are for the mother)

If No, go to question 10.

Y	
N	

Mark with

X

9. If **Yes**, can you tell me which of the following services you have had contact with, and how often?

Type of service	No	Yes	How many times
Social worker			
Home help or care worker			
Alcohol support services			
Drug/substance misuse services			
Crèche			
Family Support Worker			
Other—please specify			
Other—please specify			

Mark with X

Enter number or  
don't know (DK)

Economist CODE

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## SERVICE USE

Participant ID

### LEGAL SERVICES for YOURSELF

Since we last saw you on

D	D	M	M	M	Y	Y

Enter date of 2 month

Interview from records before participant appointment

10. Have **YOU** made use of any legal services ?

*Remember everything you tell us is confidential*

Y	
N	

Mark with

X

If No, go to question 12.

11. If Yes, can you tell me which of the following services you have had contact with, and how often?

Type of service	No	Yes	How many times
Police services			
Probation services			
Solicitors			
Legal aid			
Other—please specify			
Other—please specify			

Mark with X

Enter number or  
don't know (DK)

Economist CODE

--

--

## SERVICE USE

Participant ID						

### ADDITIONAL INFORMATION for YOURSELF

Since we last saw you on

D	D	M	M	M	Y	Y

Enter date of 2 month  
Interview from records before participant appointment

12. Have **you, your friends or relatives** incurred any additional costs as a result of **YOUR OWN HEALTH**, e.g. as a result of your contacts with health or social services?

Y	
N	

Mark with  
X

If **No**, go to question 14.

13. If **Yes**, can you tell me what those costs were for and how much the cost was?

Type of cost	Details	Total additional cost (£###.##)	Economist CODE
Travel cost			
Lost earnings			
Child care costs			
Help with housework			
Other—please specify			
Other—please specify			

## SERVICE USE

Participant ID						

### HOSPITAL ADMISSIONS for YOUR BABY

Now I am going to ask you about services for your **BABY**

Since we last saw you on:

D	D	M	M	M	Y	Y

Enter date of 2 month  
Interview from records before participant appointment

14. **Has your BABY** been re-admitted to hospital as an inpatient or day patient? Please do not include their hospital admission immediately following their birth.

Y	
N	

Mark with

X

If **No**, go to question 17.

If **Yes**, enter details below (for more than two admissions use separate additional forms)

15. Date of **FIRST** admission

D	D	M	M	M	Y	Y

15a. Number of nights (enter 0 if a day patient)

--	--

Enter number or don't know (DK)

15b. Type of ward

Children's ward	
Special care baby unit	
High dependency unit	
Neonatal intensive care unit	
Other – please specify (below)	

Mark with

X

15c. Other ward description

--	--

Economist CODE

15d. Reason for admission.

--	--

Economist CODE

## SERVICE USE

### HOSPITAL ADMISSIONS for YOUR BABY (continued)

Participant ID						

If **Yes**, enter details below (for more than one admission use separate additional forms)

16. Date of **SECOND** admission

D	D	M	M	M	Y	Y

16a. Number of nights (enter 0 if a day patient)

--	--

Enter number or don't know (DK)

16b. Type of ward

Children's ward	
Special care baby unit	
High dependency unit	
Neonatal intensive care unit	
Other – please specify (below)	

Mark with

X

16c. Other ward description

--	--

Economist CODE

16d. Reason for admission.

--	--

Economist CODE

## SERVICE USE

### ADDITIONAL HEALTH CARE USAGE for YOUR BABY

Participant ID						

Since we last saw you on

D	D	M	M	M	Y	Y

Enter date of 2 month

Interview from records before participant appointment

17. Have you had any other contacts with health professionals **about your BABY'S health?**

This includes routine baby contacts associated  
with normal health care.

Y	
N	

Mark with

X

If **No**, go to question 19.

18. If **Yes**, I am going to read a list of different contacts, can you tell me if you used each and how many times?

Type of health care	No	Yes	How many times
GP visit in surgery			
GP home visit			
GP telephone contact			
Practice nurse			
District nurse			
Physiotherapist			
Calls to NHS direct			
Community psychiatrist			
Community psychologist			
Hospital A&E department			
Hospital outpatient clinic appointment			
Health visitor			
Other—please specify			
Other—please specify			

Mark with X

Enter number or  
don't know (DK)

Economist CODE

--

--

## SERVICE USE

Participant ID						

### ADDITIONAL HEALTH CARE USAGE for YOUR BABY (continued)

Since we last saw you on

D	D	M	M	M	Y	Y

Enter date of 2 month  
Interview from records before participant appointment

19. Has your **BABY** been prescribed any medications or drugs?

Y	
N	

Mark with  
X

If **No**, go to question 21.

20. If **Yes**, can you tell me the name of that medication, and how often, and for how long  
you gave it to your baby?

Name of medication	Number of times taken per day	Number of days

Economist CODE


## SERVICE USE

Participant ID						

### ADDITIONAL INFORMATION for YOUR BABY

Since we last saw you on

D	D	M	M	M	Y	Y

Enter date of 2 month  
Interview from records before participant appointment

21. Have you, your friends or relatives incurred any additional costs

as a result of your **BABY'S** health or welfare,

e.g. as a result of **your baby's** contacts with health or social services?

Y	
N	

Mark with

X

Please do not to include any additional costs that were reported in response to question 13 (i.e. additional costs in relation to **your own** health)

**If No**, this is the end of questions.

22. **If Yes**, can you tell me what those costs were for and how much the cost was?

Type of cost	Details	Total additional cost (£###.##)	Economist CODE
Travel cost			
Lost earnings			
Child care costs			
Help with housework			
Other—please specify			
Other—please specify			

Date Administered						
D	D	M	M	M	Y	Y

## 12 MONTH DEMOGRAPHICS

Participant ID					

Since we last saw you on

D	D	M	M	M	Y	Y
---	---	---	---	---	---	---

Enter date of 6 month Interview from records before participant appointment

1. Has there been any change in whether you have a partner?

Y	
N	

Mark with  
X

(if **NO** go to question 3)

2. If **YES**, select from the following:

No partner before, now have partner	
Partner before, now no partner	
Partner before, now new partner	

Mark with  
X

3. Has there been any change in your marital status?

Y	
N	

Mark with  
X

(if **NO**, got to question 4)

3a. If **Yes**, how would you describe yourself now?

Married/ Civil partnership	
Unmarried/Co-habiting	
Separated	
Widowed	
Divorced	
Single	

Mark with  
X

4. Can I ask if you have moved at all since we spoke to you last?

Y	
N	

Mark with  
X

Confirm original address from contact sheet  
(if **NO** go to question 5)

4a. If **Yes**, what is the postcode where you live now?

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



## DEMOGRAPHICS

Participant ID					

5. Who is in your household? Has it changed since we talked to you last?

(if **NO**, go to question 6)

Y	
N	

Mark with  
X

5a. If **Yes**, apart from your baby(ies) can you tell me how many people you live with now?

Please remember that all the answers you give will be completely confidential. So, including yourself, how many people live regularly as members of the household you live in?

--	--

Enter number

5b. If **Yes**, who is in your household? (select **ALL** that apply)

Own mother/ both parents	
Husband/partner	
Foster parent	
Other adult relatives not including maternal mother (own father, aunt, grandmother, older sibling, etc)	
Other adults (friends, housemates etc)	
Live alone (No other adults)	

Mark with  
X

## DEMOGRAPHICS

Participant ID					

Some women, on occasions, need to make contact with a refuge especially for women who need time away from a partner.

6. Have you needed to make contact with such a refuge since we spoke to you last?

(if **NO**, go to next section - AAPI)

Y	
N	

Mark with  
X

6a. If **Yes**, what led to the need to make contact?

Afraid of partner	
Have experienced verbal abuse by partner	
Have experienced physical abuse by partner	
Have experienced sexual abuse by partner	
Concerns for baby(ies) safety	
Recommendation of Social Services	
Other - please specify:	

Mark with  
X

6b. If **Yes**, what type of contact did you make?

Telephone contact	
Drop-in centre	
Stayed in refuge accommodation	
Other - please specify:	

Mark with  
X

6c. If you stayed at a refuge how long did you stay?  
(Number in days)

--	--	--

Enter number

# 12 MONTH AAPI

Participant ID					

## Thoughts about parenting and children

I am going to read out some statements about parenting and raising children. You might remember that you were asked these questions once before, when we first talked to you. As before, I want you to decide the amount that you agree or disagree with each statement using this scale (hand response card). There are no right or wrong answers, reply with your own opinion.

**Strongly Agree** – You strongly support this statement or feel that it is true most or all of the time

**Agree** – You feel that this statement is true some of the time

**Strongly Disagree** – You feel strongly against the statement or that it is not true

**Disagree** – You feel that you cannot support the statement or that it is not true some of the time

**Uncertain** – Use this option only when you find it impossible to decide on one of the other choices

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1	Children should keep their feelings to themselves.					
2	Children should do what they're told to do when they're told to do it. It's that simple.					
3	Parents should be able to confide in their children.					
4	Children need to be allowed freedom to explore their world safely					
5	Smacking teaches children right from wrong.					
6	The sooner children learn to feed and dress themselves and use the toilet, the better off they will be as adults.					
7	Children who are one year old should be able to stay away from things that would harm them.					
8	Children should be potty trained when they are ready and not before.					
9	A certain amount of fear is necessary for children to respect their parents.					
10	Good children always obey their parents.					
11	Children should know what their parents need without being told.					
12	Children should be taught to obey their parents at all times.					
13	Children should be aware of ways to comfort their parents after a hard days work.					
14	Parents who nurture themselves make better parents.					
15	It's okay to smack as a last resort.					

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
16	'Because I said so!' is the only reason parents need to give.					
17	Parents need to push their children to do better.					
18	Time out is an effective way to discipline children.					
19	Children have a responsibility to please their parents.					
20	There is nothing worse than a strong-willed two year old.					
21	Children learn respect through strict discipline.					
22	Children who feel secure often grow up expecting too much.					
23	Sometimes smacking is the only thing that will work.					
24	Children can learn good discipline without being smacked.					
25	A good smacking lets children know parents mean business.					
26	Smacking teaches children it's alright to hit others.					
27	Children should be responsible for the wellbeing of their parents.					
28	Strict discipline is the best way to praise children.					
29	Children should be their parents best friend.					
30	Children who receive praise will think too much of themselves.					
31	Children need discipline, not smacking.					
32	Smacking a child out of love is different than smacking a child out of anger.					
33	In fathers absence, the son needs to become the man of the house.					
34	Strong willed children must be taught to mind their parents.					
35	A good child will comfort both parents after they have argued.					
36	Parents who encourage their children to talk to them only end up listening to complaints.					
37	A good smacking never hurt anyone.					
38	Babies need to learn how to be considerate of the needs of their mother.					
39	Letting a child sleep in the parents bed every now and then is a bad idea.					
40	A good child sleeps through the night.					

# 12 MONTH EPDS

Participant ID						

## EDINBURGH POSTNATAL DEPRESSION SCALE

### HOW YOU ARE FEELING QUESTIONNAIRE

These next questions are about how you have been feeling **IN THE PAST 7 DAYS**, not just how you feel today. Each statement about the way you feel has four different choices. Please tell me which answer comes closest to the way you have been feeling over the past week.

1	I have been able to laugh and see the funny side of things	As much as I always could	
		Not quite so much now	
		Definitely not so much now	
		Not at all	
2	I have looked forward with enjoyment to things	As much as I ever did	
		Rather less than I used to	
		Definitely less than I used to	
		Hardly at all	
3	I have blamed myself unnecessarily when things went wrong	Yes, most of the time	
		Yes, some of the time	
		Not very often	
		No, never	
4	I have been anxious or worried for no good reason	No, not at all	
		Hardly ever	
		Yes, sometimes	
		Yes, very often	
5	I have felt scared or panicky for no very good reason	Yes, quite a lot	
		Yes, sometimes	
		No, not much	
		No, not at all	

## EDINBURGH POSTNATAL DEPRESSION SCALE (continued)

## How are you feeling questionnaire (continued)

6	Things have been getting on top of me	Yes, most of the time I haven't been able to cope at all	
		Yes, sometimes I haven't been coping as well as usual	
		No, most of the time I have coped quite well	
		No, I have been coping as well as ever	
7	I have been so unhappy that I have had difficulty sleeping	Yes, most of the time	
		Yes, sometimes	
		Not very often	
		No, not at all	
8	I have felt sad or miserable	Yes, most of the time	
		Yes, quite often	
		Not very often	
		No, not at all	
9	I have been so unhappy that I have been crying	Yes, most of the time	
		Yes, quite often	
		Only occasionally	
		No, never	
10	The thought of harming myself has occurred to me	Yes, quite often	
		Sometimes	
		Hardly ever	
		Never	

# 12 MONTH EQ-5D

Participant ID					

## Health Status EQ-5D questionnaire

Please indicate which statement describes your own health state **TODAY** (please mark with X):

1. 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	
2. Self-care		
	I have no problems with washing or dressing myself	
	I have slight problems with washing or dressing myself	
	I have moderate problems with washing or dressing myself	
	I have severe problems with washing or dressing myself	
	I am unable to wash or dress myself	
3. 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	
4. 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	
5. 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	

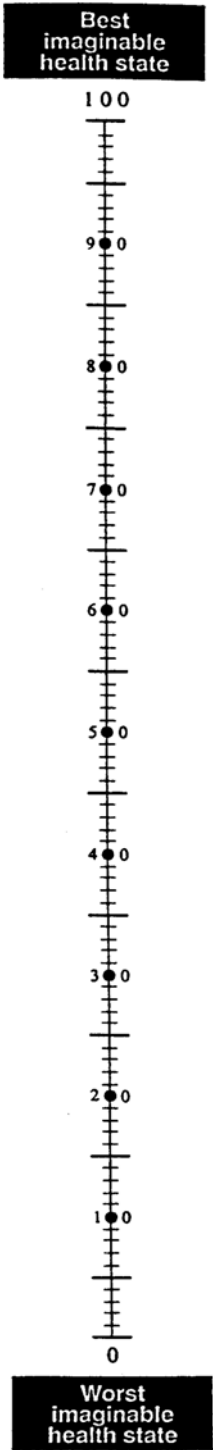
Participant ID						

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is **TODAY**, in your opinion.

Please do this by drawing a line from the box below, to whichever point on the scale indicates how good or bad your health state is today.

6. Your own health  
state today





# 12 MONTH CHILD HEALTH

Participant ID					

1. I am going to go through a list of immunisations that are usually offered to babies in the first year. Can you tell me which your baby has received?

You may find it useful to have your Red Book handy.

	8 weeks	3 months	4 months	12 months
Diphtheria				n/a
Tetanus				n/a
Pertussis (whooping cough)				n/a
Polio				n/a
Haemophilus influenzae type B				
Pneumococcal infection		n/a		n/a
Meningococcus group C	n/a			

1 = YES

2 = NO

3 = Decided/advised

not to have it

(If birth weight and/or NHS number not given at two months ask for details below, otherwise got to PSOC)

2. What was your baby's birth weight (in grams)? First born

Baby's weight (in grams)     (in lbs/oz)

3. What is your baby's NHS number?

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

If multiple birth please complete as necessary

4. What is your baby's birth weight (in grams)? Second born

Baby's weight (in grams)     (in lbs/oz)

5. What is your baby's NHS number?

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

6. What is your baby's birth weight (in grams)? Third born

Baby's weight (in grams)     (in lbs/oz)

7. What is your baby's NHS number?

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

# 12 MONTH PSOC

Participant ID					

## PARENTING SENSE OF COMPETENCE SCALE

*The next questions are about your feelings about parenting.*

Please tell me the answer that best describes your feelings from these choices:

Strongly agree, agree, slightly agree, slightly disagree, disagree and strongly disagree  
(hand response card)

Your first reaction to each question should be your answer.

		Strongly agree	Agree	Slightly agree	Slightly disagree	Disagree	Strongly disagree
1	The problems of taking care of a baby are easy to solve once you know how your actions affect your baby, an understanding I have acquired.						
2	I meet my own personal expectations for expertise in caring for my baby.						
3	I would make a fine model for a new mother to follow in order to learn what she would need to know to be a good parent.						
4	Being a parent is manageable and any problems are easily solved.						
5	If anyone can find the answer to what is troubling my baby, I am the one.						
6	A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one.						
7	Considering how long I've been a mother, I feel thoroughly familiar with this role.						
8	I honestly believe I have all the skills necessary to be a good mother to my baby.						

**PARENTING SENSE OF COMPETENCE SCALE (continued)**

		Strongly agree	Agree	Slightly agree	Slightly disagree	Disagree	Strongly disagree
9	Even though being a parent could be rewarding, I am frustrated now while my child is only an infant.						
10	I do not know why it is, but sometimes when I am supposed to be in control, I feel more like the one being manipulated.						
11	My mother was better prepared to be a good mother than I am.						
12	Sometimes I feel like I'm not getting anything done.						
13	I go to bed the same way I wake up in the morning – feeling I have not accomplished a whole lot.						
14	My talents and interests are in other areas, not being a parent .						
15	If being a mother of an infant were only more interesting, I would be motivated to do a better job as a parent.						
16	Being a parent makes me tense and anxious.						
17	Being a good mother is a reward in itself.						

# 12 MONTH SMOKING AND ALCOHOL

Participant ID					

## Questions about smoking

### 1. Information from 6 month questionnaire

Enter details from 6 month Interview before participant appointment

Smoker	
Was smoker but quit	
Non smoker	

Mark with  
X

2. At the current time, does anybody, including yourself, smoke in your home, even with windows or doors open?

Y	
N	

Mark with  
X

Now I would like to ask you about changes in your smoking since we last talked.

### Ask **non-smokers** or **quitters**

3. I know that when we last asked, you were not smoking cigarettes. Has that changed? Are you currently smoking?

Y	
N	

Mark with  
X

### Ask **smokers**

4. I know that when we last asked, you were smoking cigarettes. Has that changed? Are you currently smoking?

Y	
N	

Mark with  
X

**If No**, to one of the above, go to Alcohol questions, (question number 10)

**If Yes**, to one of the above:

Tell me about your smoking habits at the moment, in the past few weeks?

5. How many cigarettes do you smoke on a typical day?

Enter number

6. Have you been trying to cut down the number of cigarettes you smoke recently?

Y	
N	

Mark with  
X

**If no**, go to question 9.

7. **If Yes trying to cut down**: in the past week, have you used any nicotine replacement products, such as nicotine patches, gum, or lozenges?

Y	
N	

Mark with  
X

8. **If Yes trying to cut down**, so, currently, about how many cigarettes are you now smoking on a typical day

Enter number

9. Ask **all smokers and quitters**: How many cigarettes would you say you smoked yesterday, that is on (*name day*) (even a puff?)

Enter number

## SMOKING AND ALCOHOL

Participant ID						

### Questions about alcohol

Now I am going to ask about alcohol.

By alcohol I mean beer, lager, cider, wine, alcopops, and spirits such as vodka, whisky, gin or rum.

10. Do you drink alcohol?

Y	
N	

Mark with

X

If **No** move to next section - Drug use.

11. If **Yes**, in the past **month**, which of these frequencies (*give card*) best describes how often you drank alcohol?

Every day	
5 or 6 times a week	
3 or 4 times a week	
1 or 2 times a week	
1 or 2 times a month	
Less than once a month	
Never	
(Refused to answer)	

Mark with

X

12. Was the past month a typical month?

Y	
N	

Mark with

X

12a. If **no** which of these frequencies (*card*) best describes how often you usually drink alcohol in a **typical month**?

Every day	
5 or 6 times a week	
3 or 4 times a week	
1 or 2 times a week	
1 or 2 times a month	
Less than once a month	
Never	
(Refused to answer)	

Mark with

X

13. On the days when you do drink alcohol, on average how many units do you drink **in a day**?

Enter number

By a unit I mean, half a pint of beer, a glass of wine, or a single measure of spirit or liqueur. A bottle of wine = 6 units/6 glasses, alcopop = 1 unit.

# 12 MONTH CHANGES IN DRUGS

Participant ID						

*Now I would like to ask you about any changes in drug use since we last talked. Some women will try to stop using drugs when they are pregnant or breastfeeding, but may find it very hard to change a pattern of drug use or may re-start once the baby is older*

## Questions about Marijuana

*First of all I would like to ask about marijuana, also called spliffs or dope.*

1. In the past month, on how many days did you use marijuana?

Every day	
5 or 6 times a week	
3 or 4 times a week	
1 or 2 times a week	
1 or 2 times a month	
Less than once a month	
Never	
(Refused to answer)	

*Mark with*

*X*

## Questions about drugs

*Now I am going to ask about drugs that people use to get high (like cocaine, amphetamines, crystal meth, LSD, ecstasy, PCP, ketamine, heroin or inhalants such as spray paint, hairspray or paint thinner).*

2. In the past month, on how many days did you use any of these street drugs?

Every day	
5 or 6 times a week	
3 or 4 times a week	
1 or 2 times a week	
1 or 2 times a month	
Less than once a month	
Never	
(Refused to answer)	

*Mark with*

*X*

# 12 MONTH RELATIONSHIPS

Participant ID					

*I would like to ask some questions about family and friend relationships. These questions may describe ways that your current or past partner or someone else important to you has acted.*

1	Within the last year have you been slapped, kicked or otherwise physically hurt by someone?	Yes, frequently	
		Yes, occasionally	
		No	
1a	IF YES, by whom? (more than one person can be identified)	Partner	
		Ex-partner	
		Other family member	
		Friend/acquaintance	
		Stranger	
2	Within the last year have you been threatened with physical violence or other bad consequences by someone?	Yes, frequently	
		Yes, occasionally	
		No	
2a	IF YES, by whom? (more than one person can be identified)	Partner	
		Ex-partner	
		Other family member	
		Friend/acquaintance	
		Stranger	

## RELATIONSHIPS

Participant ID						

3	Within the last year have you been shouted or yelled at, sworn at or insulted by someone important to you?	Yes, frequently	
		Yes, occasionally	
		No	
3a	IF YES, by whom? (more than one person can be identified)	Partner	
		Ex-partner	
		Other family member	
		Friend/acquaintance	
4	Within the last year <b>has anyone</b> forced you to have sexual relations?	Yes, frequently	
		Yes, occasionally	
		No	
4a	IF YES, by whom? (more than one person can be identified)	Partner	
		Ex-partner	
		Other family member	
		Friend/acquaintance	
		Stranger	



# 12 MONTH

## Parental Stress Index –PSI

(Abidin,1995)

Participant ID					

### FEELINGS ABOUT BEING A PARENT

*Most people find looking after a baby can be stressful from time to time. Please tell us how you are feeling about yourself and your baby.*

Please tell me the answer that best describes your feelings from these choices:

Strongly agree, agree, slightly agree, slightly disagree, disagree and strongly disagree

(hand response card)

Your first reaction to each question should be your answer.

		Strongly agree	Agree	Not sure	Disagree	Strongly disagree
1	I often have the feeling that I cannot handle things very well.					
2	I find myself giving up more of my life to meet my baby's needs than I ever expected.					
3	I feel trapped by my responsibilities as a parent.					
4	Since having this baby, I have been unable to do new and different things.					
5	Since having this baby, I feel that I am almost never able to do things that I like to do.					
6	I am unhappy with the last purchase of clothing I made for myself.					
7	There are quite a few things that bother me about my life.					
8	Having a baby has caused more problems than I expected in my relationship with my partner (or closest friend).					
9	I feel alone and without friends.					
10	When I go to a party, I usually expect not to enjoy myself.					

# Parental Stress Index –PSI

(Abidin,1995)

Participant ID

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

		Strongly agree	Agree	Not sure	Disagree	Strongly disagree
11	I am not as interested in people as I used to be.					
12	I don't enjoy things as I used to.					
13	My baby rarely does things for me that make me feel good.					
14	Most times I feel that my baby does not like me and does not want to be close to me.					
15	My baby smiles at me much less than I expected.					
16	When I do things for my baby, I get the feeling that my efforts are not appreciated very much.					
17	When playing, my baby doesn't often giggle or laugh.					
18	My baby doesn't seem to learn as quickly as most babies.					
19	My baby doesn't seem to smile as much as most babies.					
20	My baby is not able to do as much as I expected.					
21	It takes a long time and it is very hard for my baby to get used to new things.					
22	I expected to have closer and warmer feelings for my baby than I do and this bothers me.					
23	Sometimes my baby does things that bother me just to be mean.					
24	My baby seems to cry or fuss more often than most babies.					
25	My baby generally wakes up in a bad mood.					
26	I feel that my baby is very moody and easily upset.					

**Parental Stress Index –PSI**  
(Abidin,1995)

Participant ID					

		Strongly agree	Agree	Not sure	Disagree	Strongly disagree
27	My baby does a few things which bother me a great deal.					
28	My baby reacts very strongly when something happens that my baby doesn't like.					
29	My baby gets upset easily over the smallest thing.					
30	My baby's sleeping or eating schedule was much harder to establish than I expected.					
31	There are some things my baby does that really bother me a lot.					
32	My baby turned out to be more of a problem than I had had expected.					
33	My baby makes more demands on me than most babies.					

**Parental Stress Index –PSI**  
(Abidin,1995)

Participant ID						

34. Think carefully and count the number of things which your baby does that bother you. For example: cries, is overactive, doesn't settle, refuses food, etc. Tell me the number of things which your baby does that bother you .

10+	
8-9	
6-7	
4-5	
1-3	

Mark with  
X

35. For the next statement, please choose one response from the choices "1" to "5" .

"I feel that I am ....."

1	Not very good at being a parent	
2	A person who has some trouble being a parent	
3	An average parent	
4	A better than average parent.	
5	A very good parent	

Mark with  
X

36. For the next statement, please select one response from the choices "1" to "5" .

"I have found that getting my baby to do something or stop doing something is..."

1	Much harder than I expected	
2	Somewhat harder than I expected	
3	About as hard as I expected	
4	Somewhat easier than I expected	
5	Much easier than I expected	

Mark with  
X

# 12 MONTH SOCIAL NETWORKS

Participant ID					

1. About how many close friends and close relatives do you have (people you feel at ease with and can talk to about what is on your mind?)

Close friends

Enter number

Relatives

Enter number

*People sometimes look to others for companionship, assistance, or other types of support? How often is each of the following kinds of support available to you if you need it?*

	1 None of the time	2 A little of the time	3 Some of the time	4 Most of the time	5 All of the time
2. Someone to help you if you were confined to bed					
3. Someone you can count on to listen to you when you need to talk					
4. Someone to give you good advice about a crisis					
5. Someone to take you to the doctor if you needed it					
6. Someone who shows you love and affection					
7. Someone to have a good time with					
8. Someone to give you information to help you understand a situation					
9. Someone to confide in or talk to about yourself or your problems					
10. Someone who hugs you					
11. Someone to get together with for relaxation					
12. Someone to prepare your meals if you were unable to do it yourself.					
13. Someone whose advice you really want					
14. Someone to do things with to help you get your mind off things					
15. Someone to help with daily chores if you were sick					
16. Someone to share your most private worries and fears with					
17. Someone to turn to for suggestions about how to deal with a personal problem					
18. Someone to do something enjoyable with					
19. Someone who understands your problems					
20. Someone to love you and make you feel wanted					

Date Administered						
D	D	M	M	M	Y	Y

# 12 MONTH SERVICE USE

Participant ID						

I am going to ask you about:

## HOSPITAL ADMISSIONS for YOURSELF

Since we last saw you on:

D	D	M	M	M	Y	Y

Enter date of 6 month  
Interview from records before participant appointment

1. Have **YOU** been admitted to hospital as an inpatient or day patient?

Y	
N	

Mark with

X

If **No**, go to question 4.

If **Yes**, enter details below (for more than two admissions use separate additional forms)

2. Date of **FIRST** admission

D	D	M	M	M	Y	Y

2a. Number of nights (enter 0 if a day patient)

--	--

Enter number or don't know (DK)

2b. Type of ward

Medical ward	
Surgical ward	
Short-stay/day care	
Intensive care unit	
Other – please specify (below)	

Mark with

X

2c. Other ward description

--

--

Economist CODE

2d. Reason for admission

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--

Economist CODE

## SERVICE USE

Participant ID						

### HOSPITAL ADMISSIONS for YOURSELF continued

3. Date of **SECOND** admission

D	D	M	M	M	Y	Y

3a. Number of nights (enter 0 if a day patient)

--	--

Enter number or don't know (DK)

3b.Type of ward

Medical ward	
Surgical ward	
Short-stay/day care	
Intensive care unit	
Other – please specify (below)	

Mark with

X

3c. Other ward description

--

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Economist CODE

3d. Reason for admission

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Economist CODE

## SERVICE USE

### ADDITIONAL HEALTH CARE USAGE for YOURSELF

Participant ID						

Since we last saw you on

D	D	M	M	M	Y	Y

Enter date of 6 month  
Interview from records before participant appointment

#### 4. Have you had any other contacts with health professionals about **YOUR OWN HEALTH**?

This includes routine contacts associated with normal health care.

Y	
N	

Mark with

X

If **No**, go to question 6.

#### 5. I am going to read a list of different contacts, can you tell me if you used each and how many times?

Type of health care	No	Yes	How many times
GP visit in surgery			
GP home visit			
GP telephone contact			
Practice nurse			
District nurse			
Physiotherapist			
Calls to NHS direct /111			
Community psychiatrist			
Community psychologist			
Midwife in clinic (other than gFNP midwife)			
Midwife home visit (other than gFNP midwife)			
Hospital A&E department			
Hospital outpatient clinic appointment			
Health visitor			
Other—please specify			
Other—please specify			

Mark with X

Enter number or  
don't know (DK)

Economist CODE

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## SERVICE USE

Participant ID						

### ADDITIONAL HEALTH CARE USAGE for **YOURSELF** (continued)

Since we last saw you on

D	D	M	M	M	Y	Y

Enter date of 6 month  
Interview from records before participant appointment

6. Have you been prescribed any medications **FOR YOURSELF?**

Y	
N	

Mark with

X

If **No**, go to question 8.

7. If **Yes**, can you tell me the name of that medication, and how often, and for how long you took it?

Name of medication	Purpose/reason for medication	Number of times taken per day	Number of days	Economist CODE
				<input type="text"/>
				<input type="text"/>
				<input type="text"/>
				<input type="text"/>
				<input type="text"/>

## SERVICE USE

Participant ID

### PERSONAL SOCIAL SERVICES for YOURSELF

Since we last saw you on

D	D	M	M	M	Y	Y
---	---	---	---	---	---	---

Enter date of 6 month  
Interview from records before participant appointment

8. Have **YOU** used any social care services?

(reminder the services are for the mother)

If No, go to question 10.

Y	
N	

Mark with

X

9. If **Yes**, can you tell me which of the following services you have had contact with, and how often?

Type of service	No	Yes	How many times
Social worker			
Home help or care worker			
Alcohol support services			
Drug/substance misuse services			
Family Support Worker			
Other—please specify			
Other—please specify			

Mark with X

Enter number or  
don't know (DK)

Economist CODE

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## SERVICE USE

Participant ID

### LEGAL SERVICES for YOURSELF

Since we last saw you on

D	D	M	M	M	Y	Y

Enter date of 6 month

Interview from records before participant appointment

10. Have **YOU** made use of any legal services ?

*Remember everything you tell us is confidential*

Y	
N	

Mark with

X

If No, go to question 12.

11. If Yes, can you tell me which of the following services you have had contact with, and how often?

Type of service	No	Yes	How many times
Police services			
Probation services			
Solicitors			
Legal aid			
Other—please specify			
Other—please specify			

Mark with X

Enter number or  
don't know (DK)

Economist CODE

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## SERVICE USE

Participant ID						

### ADDITIONAL INFORMATION for YOURSELF

Since we last saw you on

D	D	M	M	M	Y	Y

Enter date of 6 month  
Interview from records before participant appointment

12. Have **you, your friends or relatives** incurred any additional costs as a result of **YOUR OWN HEALTH**, e.g. as a result of your contacts with health or social services?

Y	
N	

Mark with  
X

If No, go to question 14.

13. If Yes, can you tell me what those costs were for and how much the cost was?

Type of cost	Details	Total additional cost (£###.##)	Economist CODE
Travel cost			
Lost earnings			
Child care costs			
Help with housework			
Other—please specify			
Other—please specify			

## SERVICE USE

Participant ID						

### HOSPITAL ADMISSIONS for YOUR BABY

Now I am going to ask you about services for your **BABY**

Since we last saw you on:

D	D	M	M	M	Y	Y

Enter date of 6 month  
Interview from records before participant appointment

14. Has your (now one year old) **BABY** been admitted to hospital as an inpatient or day patient? Please do not include their hospital admission immediately following their birth.

Y	
N	

Mark with

X

If **No**, go to question 17.

If **Yes**, enter details below (for more than two admissions use separate additional forms)

15. Date of **FIRST** admission

D	D	M	M	M	Y	Y

15a. Number of nights (enter 0 if a day patient)

--	--

Enter number or don't know (DK)

15b. Type of ward

Paediatric intensive care	
Paediatric high dependency care	
General children's ward	
Other – please specify (below)	

Mark with

X

15c. Other ward description

--	--

Economist CODE

15d. Reason for admission.

--	--

Economist CODE

## SERVICE USE

### HOSPITAL ADMISSIONS for YOUR BABY (continued)

Participant ID						

16. Date of **SECOND** admission

D	D	M	M	M	Y	Y

16a. Number of nights (enter 0 if a day patient)

--	--

Enter number or don't know (DK)

16b. Type of ward

Paediatric intensive care	
Paediatric high dependency care	
General children's ward	
Other – please specify (below)	

Mark with

X

16c. Other ward description

--	--

Economist CODE

16d. Reason for admission.

--	--

Economist CODE

## SERVICE USE

### ADDITIONAL HEALTH CARE USAGE for YOUR BABY

Participant ID					

Since we last saw you on

D	D	M	M	M	Y	Y

Enter date of 6 month

Interview from records before participant appointment

17. Have you had any other contacts with health professionals **about your BABY'S health?**

This includes routine baby contacts associated  
with normal health care.

Y	
N	

Mark with

X

If **No**, go to question 19.

18. If **Yes**, I am going to read a list of different contacts, can you tell me if you used each and how many times?

Type of health care	No	Yes	How many times
GP visit in surgery			
GP home visit			
GP telephone contact			
Practice nurse			
District nurse			
Physiotherapist			
Calls to NHS direct /111			
Community psychiatrist			
Community psychologist			
Hospital A&E department			
Hospital outpatient clinic appointment			
Health visitor			
Other—please specify			
Other—please specify			

Mark with X

Enter number or  
don't know (DK)

Economist CODE

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## SERVICE USE

Participant ID						

### ADDITIONAL HEALTH CARE USAGE for YOUR BABY (continued)

Since we last saw you on

D	D	M	M	M	Y	Y

Enter date of 6 month  
Interview from records before participant appointment

19. Has your **BABY** been prescribed any medications or drugs?

Y	
N	

Mark with

X

If **No**, go to question 21.

20. If **Yes**, can you tell me the name of that medication, and how often, and for how long  
you gave it to your baby?

Name of medication	Purpose/reason for medication	Number of times taken per day	Number of days	Economist CODE
				<div></div>
				<div></div>
				<div></div>
				<div></div>
				<div></div>



## SERVICE USE

Participant ID						

### ADDITIONAL INFORMATION for YOUR BABY

Since we last saw you on

D	D	M	M	M	Y	Y

Enter date of 6 month  
Interview from records before participant appointment

21. Have you, your friends or relatives incurred any additional costs

as a result of your **BABY'S** health or welfare,

e.g. as a result of **your baby's** contacts with health or social services?

Y	
N	

Mark with

X

Please do not to include any additional costs that were reported in response to question 13 (i.e. additional costs in relation to **your own** health)

**If No**, this is the end of questions.

22. **If Yes**, can you tell me what those costs were for and how much the cost was?

Type of cost	Details	Total additional cost (£###.##)	Economist CODE
Travel cost			
Lost earnings			
Child care costs			
Help with housework			
Other—please specify			
Other—please specify			