

# APPENDIX 2

Thomas Coram Research Unit  
41 Brunswick Square  
London WC1N 1AZ

327

## YOUNG MOTHERS PROJECT

### FIRST CONTACT

No: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

Length of Interview: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Date Checked in: \_\_\_\_\_

November 1983

To:

1

CHILDHOOD DETAILS

- 1.1 WEEKS PREGNANT [REDACTED]
- 1.2 ESTIMATED DATE OF DELIVERY [REDACTED]
- 1.3 DATE OF BIRTH [REDACTED]
- 1.4 PLACE OF BIRTH [REDACTED]
- 1.5 PERSONS BRINGING UP R UPTO AGE 16

CHECK FOR ANY PERIODS WHEN SEPARATED FROM EITHER/OR BOTH PARENTS AND FOR EACH PERIOD COVER:

1. REASON FOR SEPARATION
2. REASON BEGAN
3. LENGTH LASTED
4. HOW CARED FOR DURING SEPARATION (CHECK IF IN CARE)
5. R'S AGE WHEN SEPARATED FROM BM OR BF FOR LAST TIME

		Code	Col
	<u>LENGTH OF VISIT</u>		1/5
	IN MINUTES TO NEAREST 10 MINUTES: eg. 90 MINS = 09		6
	<u>DATE OF INTERVIEW</u>		7
	USE DECIMAL DATE (1)		8
			9
			10
	<u>FIELDWORKER</u>		
	LG = 4; AP = 8		11
	<u>OTHERS PRESENT IN INTERVIEW</u>	ADULTS	12
	NONE OF TIME = 0; SOME = 1; MOST = 2; ALL = 3	CHILDREN	13
1	<u>WEEKS PREGNANT</u>		14
			15
	<u>WHERE R LIVES NOW (18)</u>		16
	TO BE CODED		17
			18
2	<u>EDD</u>		19
	USE DECIMAL DATE (1)		20
			21
	<u>NB</u>		
	GENERAL CODES: -		
	NEVER CONSIDERED, NOT THOUGHT ABOUT IT = 7		
	UNDECIDED, DON'T KNOW = 8		
	NOT ASKED, NOT APPLICABLE, INFORMATION NOT OTHERWISE CONNECTED = 9		
.3	<u>DATE R BORN</u>		22
	USE DECIMAL DATE (1)		23
			24
			25
	R'S AGE LAST BIRTHDAY		26
			27
.4	<u>R'S PLACE OF BIRTH</u>		28
	USE LOCATIONS CODE (18)		29
			30
.5	<u>NO. OF CHANGES IN LIVING ARRANGEMENTS BIRTH - 16</u>		
	IF NO CHANGES, CODE = 0		31

- .6 \* Apart from your parents did anyone else play a large part in your upbringing?  
(NB Only covers person or persons with whom R lived at some point)

-7

LIVING ARRANGEMENTS SINCE 16

- |    |  |
|----|--|
| 1. | LIVING ARRANGEMENTS AT 16  |
| 2. | ANY CHANGES UPTO BEGINNING OF PREGNANCY                            |
| 3. | <u>IF 'YES' TO 2</u> , EACH NEW ARRANGEMENT (ie. WHO R LIVED WITH) |
| 4. | R'S AGE WHEN NEW ARRANGEMENT BEGAN                                 |

BY WHOM BROUGHT UP (UNTIL 16)

2 BIOLOGICAL PARENTS THROUGHOUT (TO 16) = 00; 1 BIOLOGICAL PARENT THROUGHOUT = 01; 2 BIOLOGICAL THEN 1 BIOLOGICAL = 02; 2 BIOLOGICAL THEN 1 BIOLOGICAL THEN 1 BIOLOGICAL AND STEP = 03; 1 BIOLOGICAL THEN 1 BIOLOGICAL AND STEP = 04; ADOPTIVE PARENTS THROUGHOUT = 05; ADD CODES AS NEW COMBINATIONS OCCUR AND NOTE IN (19)

32

PERIODS OF SEPARATION FROM BIOLOGICAL PARENTS EXCLUDING TIMES WHEN BM AND BF SEPARATED

CODE NUMBER LASTING MORE THAN 1 MONTH

BM

33

BF

34

BOTH

35

PERIODS OF TIME LIVED WITH BIOLOGICAL/SURROGATE PARENTS AND IN OTHER SETTINGS (UPTO 16)

CODE TO NEAREST YEAR.

LESS THAN SIX MONTHS = 00; NEVER APART = 20;  
NOT LIVED WITH AT ANY TIME = 50.

BM

36

37

BF

38

39

RELATIVE

40

41

OTHER SURROGATE PARENT

42

IN RESIDENTIAL CARE

43

BOARDING SCHOOL

44

AGE FIRST SEPARATED FROM BIOLOGICAL PARENTS

NEVER LIVED WITH PARENTS = 0; UNDER 3 = 1; 3-4 = 2; 5-7 = 3; 8-10 = 4; 11-15 = 5; 16+ = 6; NEVER SEPARATED UPTO START OF PREGNANCY = 7.

BM

45

BF

46

BOTH

47

AGE WHEN SEPARATED FOR LAST TIME FROM BIOLOGICAL PARENTS

NEVER LIVED WITH PARENTS = 0; UNDER 3 = 1; 3-4 = 2; 5-7 = 3; 8-10 = 4; 11-15 = 5; 16+ = 6; NEVER SEPARATED UPTO START OF PREGNANCY OR ONLY SEPARATED ONCE = 7.

BM

48

BF

49

BOTH

50

LIVING ARRANGEMENT AT 16

WITH BM AND BF = 0; WITH BM AND STEP = 1; WITH BF AND STEP = 2; WITH RELATIVE = 3; IN RESIDENTIAL CARE = 4.

51

NO. OF CHANGES IN LIVING ARRANGEMENTS BETWEEN 16 AND START OF PREGNANCY

IF NO CHANGES, CODE = 0

52

LIVING ARRANGEMENTS 16 - PREGNANCY

ADD CODES AS COMBINATIONS OCCUR AND NOTE IN (20)

53



330

Code

Co.

PERIODS OF TIME LIVED WITH BIOLOGICAL PARENTS AND OTHERS, 16 - PREGNANCY

LESS THAN 3 MONTHS = 0; 3-5 MONTHS = 1;  
6-11 MONTHS = 2; 12-17 MONTHS = 3; 18-23 MONTHS  
= 4; 24-35 MONTHS = 5; 36 MONTHS + = 6; NEVER  
APART = 7; NOT LIVED WITH AT ANY TIME = 8.

EM		54
BF		55
RELATIVE		56
OTHER SURROGATE PARENT		57
IN RESIDENTIAL CARE		58
ON OWN		59
WITH SP/BOYFRIEND		60

.8 FACTS ON BIOLOGICAL PARENTS

- |    |  |
|----|--|
| 1. | IF MARRIED OR COHABITING   |
| 2. | <u>IF 'YES' TO 1</u> , IF MARRIED/BEGAN COHABITING BEFORE R BORN |
| 3. | IF STILL LIVING TOGETHER   |
| 4. | <u>IF 'NO' TO 3</u> , R'S AGE WHEN SEPARATED                     |



8	<u>IF BIOLOGICAL PARENTS MARRIED/COHABITED</u>		
	NEITHER MARRIED NOR COHABITED = 0; COHABITED ONLY = 1; MARRIED BEFORE S BORN = 2; AFTER S BORN = 3.		61
	<u>IF BIOLOGICAL PARENTS SEPARATED</u>		
	ALWAYS LIVED TOGETHER = 0; SEPARATED = 1		62
	<u>IF NEVER MARRIED OR COHABITED, CODE = 9</u>		
	<u>IF BIOLOGICAL PARENTS ALIVE STILL</u>		
	BOTH ALIVE = 0; MF DEAD = 1; MM DEAD = 2; BOTH DEAD = 3		63
	<u>IF BIOLOGICAL PARENTS REMARRIED</u>		
	NEITHER = 0; MM = 1; MF = 2; BOTH = 3		64
	<u>IF BOTH STILL ALIVE AND LIVING TOGETHER, CODE = 9</u>		
	<u>R'S AGE WHEN BIOLOGICAL PARENTS DIED/SEPARATED/REARRIED</u>		
	UNDER 3 = 0; 3-4 = 1; 5-7 = 2; 8-10 = 3; 11-14 = 4; 15 OR OVER = 5		
	<u>IF NOT APPLICABLE, CODE = 9</u>		
		EM DIED	65
		BF DIED	66
		SEPARATED	67
		EM REMARRIED	68
		BF REMARRIED	69
	<u>AGE OF BIOLOGICAL PARENTS WHEN HAD FIRST CHILD/NOW</u>		
	CODE TO NEAREST YEAR. IF DOES NOT KNOW, CODE = 88.		
	IF DEAD, CODE AGE NOW = 98		
		EM Age had first child	70
		Age now	71
		BF Age had first child	72
		Age now	73
		EM	74
		BF	75
		EM	76
		BF	77
	<u>PLACE OF BIRTH OF BIOLOGICAL PARENTS</u>		
	USE 'LOCATIONS' CODE (18)		
		EM	78
		BF	2/5
		EM	6
		BF	7
		EM	8
		BF	9

No:

1

CHILDHOOD DETAILS

1.9 FACTS ON BIOLOGICAL MOTHER (BM)

1. IF STILL ALIVE
2. IF 'NO' TO 1, R'S AGE WHEN DIED
3. PLACE OF BIRTH
4. AGE NOW
5. WHERE LIVES
6. IF CURRENTLY EMPLOYED
7. IF 'YES' TO 6, CURRENT OCCUPATION
8. IF FULL-TIME OR PART-TIME
9. IF 'NO' TO 6, REASON NOT EMPLOYED
- 9a. USUAL/LAST OCCUPATION
10. IF CURRENTLY SEEKING WORK
11. IF SEPARATED FROM BF, IF REMARRIED/COHABITING
12. IF 'YES' TO 11, R'S AGE WHEN REMARRIED/BEGAN COHABITING
13. IF CURRENTLY MARRIED/COHABITING

TYPE OF WORK - BIOLOGICAL MOTHER/FATHER

RECLASSIFIED REGISTRAR - GENERAL (5)

IF NO OTHER WORK MENTIONED, CODE 'OTHER WORK' = 98

IF DID NOT WORK, CODE ALL = 95

IF DOES NOT KNOW, CODE = 88

BM MAIN WORK

OTHER WORK

BF MAIN WORK

OTHER WORK

WHERE BIOLOGICAL PARENTS LIVE NOW

USE LOCATIONS CODE (18)

BM

BF

BIOLOGICAL PARENTS CURRENT EMPLOYMENT STATUS

NOT EMPLOYED, NOT SEEKING WORK/RETIRED = 0; ILL-HEALTH = 1;  
DOMESTIC = 2; OTHER = 3; NOT EMPLOYED, SEEKING WORK = 4;  
EMPLOYED PART-TIME = 5; FULL TIME = 6.

BM

BF

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

No:

1

CHILDHOOD DETAILS

1.10 FACTS ON BIOLOGICAL FATHER (BF)

1. IF STILL ALIVE
2. IF 'NO' TO 1, R'S AGE WHEN DIED
3. PLACE OF BIRTH
4. AGE NOW
5. WHERE LIVES
6. IF CURRENTLY EMPLOYED
7. IF 'YES' TO 6, CURRENT OCCUPATION
8. IF 'NO' TO 6, REASON NOT EMPLOYED
- 8a USUAL/LAST OCCUPATION
9. IF CURRENTLY SEEKING WORK
10. IF SEPARATED FROM BM, IF REMARRIED/COHABITING
11. IF 'YES' TO 10, R'S AGE WHEN REMARRIED/BEGAN COHABITING
12. IF CURRENTLY MARRIED/COHABITING

SURROGATE PARENTS - RELATIONSHIP TO R

STEP-MOTHER = 0; STEP-FATHER = 1; FOSTER PARENT = 2;  
 ADOPTIVE PARENT = 3; GRANDPARENT = 4; OTHER RELATIVE = 5;  
 OTHER = 7.

IF NOT APPLICABLE, CODE = 9

FIRST		26
SECOND		27

R'S AGE WHEN BEGAN/ENDED LIVING WITH FIRST SURROGATE

UNDER 3 = 0; 3-4 = 1; 5-7 = 2; 8-10 = 3; 11-15 = 4;  
 16+ = 5; STILL LIVING WITH = 6.

BEGAN		28
ENDED		29

IF FIRST SURROGATE STILL ALIVE

YES = 0; DIED WHEN R UNDER 3 = 1; 3-4 = 2; 5-7 = 3; 8-10 = 4; 11-15 = 5  
 16+ = 6.

		30
--	--	----

WHERE FIRST SURROGATE BORN/LIVES NOW

USE LOCATIONS CODE (18)

SURROGATE BORN		31
		32
		33
SURROGATE LIVES NOW		34
		35
		36

IF STILL SURROGATE

NO = 0; FIRST - YES = 1; SECOND - YES = 2.

		37
--	--	----

No:

1.12

SIBLINGS (FULL, STEP, HALF)

	Oldest Sibling	Sibling 2	Sibling 3	Sibling 4	Sibling 5	Sibling 6	Sibling 7
RELATIONSHIP TO R (FULL, STEP, etc.)							
SEX							
AGE NOW							
WHERE LIVES NOW							
EMPLOYMENT/ EDUCATIONAL STATUS NOW							
MARITAL STATUS							
NO. OF CHILDREN							
AGES OF CHILDREN							
AGE HAD FIRST CHILD							
EMPLOYMENT							

NO. OF SIBLINGS (INCLUDING STEP, HALF)

CODE NO. 8 OR MORE = 8

TOTAL

38

HALF/STEP

39

S'S POSITION

OLDEST = 0; MIDDLE = 1; YOUNGEST = 2; ONLY = 3.

40

NO. OF SIBLINGS WITH BABY/PREGNANT BY 20

CODE NO.

41

WHERE SIBLINGS LIVE NOW

CODE NO. LIVING IN EACH AREA

IN SAME OR NEIGHBOURING  
LOCAL AUTHORITY

42

ELSEWHERE IN LONDON

43

HOME COUNTIES

44

ELSEWHERE IN BRITAIN  
(ENGLAND/SCOTLAND/WALES)

45

OTHER

46

SIZE OF IMMEDIATE FAMILYCOUNT LIVING BIOLOGICAL PARENTS + STEP PARENTS + ALL FULL/HALF SIBS +  
STEPSIBLINGS

47

48

1.13

## RELIGION

- a) Were you brought up in a particular religion? What did that involve for you? CHECK FOR REGULAR ATTENDANCE AT PLACE OF WORSHIP; ATTENDANCE AT PARTICULAR SCHOOLS; BELIEFS AND PRACTICES OF RELIGION THAT AFFECTED R'S WAY OF LIFE
- b) What about now - are you a member of any particular religion or religious group? What does that involve for you now?



3 RELIGION IN UPBRINGING AND NOW

NONE MENTIONED = 0; CHRISTIAN/CATHOLIC = 1; PROTESTANT = 2;  
 RASTAFARIAN = 3; JEWISH = 4; ISLAM = 5; HINDU = 6; OTHER =  
 7.

NOW		49
UPBRINGING		50

HOW INVOLVED IN RELIGION

IN UPBRINGING = 0; NOW = 1; BOTH = 2.

REGULAR ATTENDANCE AT PLACE OF WORSHIP		51
EDUCATION		52
WAY OF LIFE		53

1

## SECONDARY SCHOOLS ATTENDED

1. NO. OF SCHOOLS ATTENDED
FOR EACH SCHOOL ATTENDED COVER:-
2. TYPE OF SCHOOL (MIXED/SINGLE SEX: DENOMINATIONAL: DAY/BOARDING: COMPREHENSIVE/ GRAMMAR/ SEC. MOD./ SPECIAL/ PRIVATE)
3. AGE R STARTED <u>AND</u> LEFT
4. REASON LEFT/CHANGED TO OTHER SCHOOL
5. DATE LEFT LAST SCHOOL

NO. OF SECONDARY SCHOOLS ATTENDED

CODE NUMBER

54

CODE FIRST THREE SCHOOLS

TYPE OF SCHOOL

COMPREHENSIVE - MIXED, NON-DENOM = 0; DENOM = 1;  
 SINGLE SEX, NON-DENOM = 2; DENOM = 3; SPECIAL  
 SCHOOL - DAY = 4; BOARDING = 5; OTHER = 7

AGES ATTENDED SCHOOL

11 = 0; 12 = 2; 13 = 2; 14 = 3; 15 = 4; 16 = 5;  
 17 OR MORE = 6; RIGHT THROUGH = 7

REASON WENT TO SCHOOL/CHANGED SCHOOL

LOCAL SCHOOL = 0; PARENTS PREFERRED SCHOOL (EG: BECAUSE  
 SINGLE SEX, DENOMINATIONAL) = 1; FAMILY MOVED = 2;  
 PARENTS DISSATISFIED WITH SCHOOL = 3; S. DISSATISFIED  
 = 4; SCHOOL WANTED S. TO LEAVE = 5; S HAD SPECIAL NEED  
 = 6; OTHER = 7.

FIRST SCHOOL

TYPE		55
AGE STARTED		56
AGE LEFT		57
REASON WENT		58

SECOND SCHOOL

TYPE		59
AGE STARTED		60
AGE LEFT		61
REASON CHANGED		62

THIRD SCHOOL

TYPE		63
AGE STARTED		64
AGE LEFT		65
REASON CHANGED		66

1.2

## FURTHER EDUCATION/VOCATIONAL TRAINING AFTER LEFT SCHOOL

FOR EACH COURSE ATTENDED, COVER:-

1. TYPE OF COURSE
2. IF FULL-TIME OR PART-TIME
3. LENGTH OF TIME ATTENDED COURSE
4. IF FINISHED COURSE

2

FURTHER EDUCATION ATTENDED

NO = 0; AT COLLEGE/DAY RELEASE = 1; AT COLLEGE, OTHER P/T = 2;  
 NURSING = 3; COLLEGE FULL-TIME = 4  
 IF MORE THAN ONE, CODE HIGHEST

67

IF FE ATTENDED IMMEDIATELY AFTER SCHOOL AND IF FULL- OR PART-TIME

IMMEDIATELY AFTER SCHOOL ONLY - P/T = 0; F/T = 1; LATER ONLY - P/T = 2;  
 F/T = 3; BOTH = 4; IMMEDIATELY AFTER SCHOOL AND LATER - BOTH P/T = 5;  
 BOTH F/T = 6; P/T AFTER SCHOOL = 7; F/T AFTER SCHOOL, P/T LATER = 8.  
 OF NO FE ATTENDED, CODE = 9.

68

AGE ATTENDED FE

16 = 0; 17 = 1; 18 = 2; 19 = 3; 20 = 4; CONTINUING = 7. IF NOT  
 ATTENDED FE, CODE = 9.

STARTED

69

LEFT

70

TYPE OF COURSE (19)

TO BE CODED

71

YEARS ATTENDED SECONDARY SCHOOL/FE

CODE NUMBER TO NEAREST YEAR (4)  
 IF NOT ATTENDED FE, CODE = 9

SCHOOL

72

FE

73

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2.3 ACADEMIC OR VOCATIONAL QUALIFICATIONS ACHIEVED (AT SCHOOL OR LATER)

3

HIGHEST QUALIFICATION RECEIVED (3)

NONE = 0; CSE BELOW 'O' LEVEL EQUIVALENT = 1; CLERICAL/SECRETARIAL  
QUALIFICATION = 2; GCE 'O' LEVEL = 3; GCE 'A' LEVEL = 4

74

No:

2.4

## ATTITUDE TO SECONDARY SCHOOL

- a) What did you think of secondary school? Was there anything you liked/disliked about it?
- b) Did you feel the same way about school throughout your time at secondary school or was there a time when you liked/disliked it more? When? Why?
- c) Did you think it was a good school or not so good? Why?
- d) What about the other school(s) you went to - did you think it was good or not so good? Why?
- e) Were you happy at school or not?
- f) Were there ever times when you were happy/unhappy? When? Why?
- g) Did you attend school regularly or not? Did you take any time off? How much? Why?
- h) Did your friends feel the same about school or did they feel differently?
- i) How did you feel when you left?



ATTITUDE TO SECONDARY SCHOOL

POSITIVE, NO QUALIFICATIONS = 0; POSITIVE, WITH QUALIFICATIONS = 1;  
ACCEPTING, NO QUALIFICATIONS = 2; ACCEPTING, QUALIFICATIONS = 3;  
MIXED = 4; NEGATIVE, WITH QUALIFICATIONS = 5; NEGATIVE, NO QUALIFICATIONS = 6.

75

IF FELT THE SAME THROUGH SECONDARY SCHOOL

YES = 0; NO, PERIOD WHEN MORE POSITIVE = 1; NO, PERIOD WHEN MORE  
NEGATIVE = 2.

76

ASSESSMENT OF SCHOOL

GOOD/POSITIVE, NO QUALIFICATIONS = 0; GOOD/POSITIVE, WITH  
QUALIFICATIONS = 1; ACCEPTING, NO QUALIFICATIONS = 2; ACCEPTING  
QUALIFICATIONS = 3; MIXED = 4; NEGATIVE/NOT SO GOOD, WITH QUALI-  
FICATIONS = 5; NEGATIVE/NOT SO GOOD, NO QUALIFICATIONS = 6.

1ST/ONLY SCHOOL

77

2ND SCHOOL

78

3RD SCHOOL

3/5

2.5

## ATTITUDE TO EXAMS/ACADEMIC QUALIFICATIONS

- a) What did you feel about exams and qualifications while you were at school?
- b) Did you ever feel you wanted to get some qualifications? What happened? Why didn't you follow that up?
- c) While you were at school, did you ever consider going on to further education?

2.6

## PARENTS AMBITIONS FOR R

- a) What did your parents want you to get out of school?
- b) Were there any qualifications they wanted you to get?
- c) Do you think they would have felt differently if you'd been a boy? How did you feel about that?
- d) Did you have any disagreements or rows about your schooling?

ATTITUDE TO EXAMS/QUALIFICATIONS

GENERALLY HOSTILE = 0; INDIFFERENT = 1; GENERALLY POSITIVE = 2;

6

INTEREST IN QUALIFICATIONS

WANTED = 0; NEVER WANTED = 1.

7

INVOLVEMENT WITH QUALIFICATIONS

NEVER TRIED TO FOLLOW COURSE LEADING TO QUALIFICATIONS = 0; EXCLUDED FROM FOLLOWING COURSE = 1; FOLLOWED COURSE BUT STOPPED BEFORE TOOK QUALIFICATION = 2; TOOK EXAMS/QUALIFICATIONS BUT FAILED = 3; GOT SOME EXAMS/QUALIFICATIONS, BUT EXCLUDED FROM FOLLOWING OTHERS = 4; GOT SOME EXAMS/QUALIFICATIONS, BUT STOPPED BEFORE TOOK OTHERS = 5; FOLLOWED COURSE, GOT EXAM/QUALIFICATIONS = 6.

8

IF CONSIDERED FE

NEVER CONSIDERED = 0; CONSIDERED, THEN DROPPED IDEA = 1; CONSIDERED BUT COULD NOT GET PLACE = 2; CONSIDERED AND GOT PLACE = 3.

9

PARENTAL AMBITIONS FOR SCHOOLING

NONE = 0; MENTIONED - VAGUE = 1; SPECIFIED = 2.

SUMMARY		10
SPECIFIC QUALS/EXAMS		11
FE		12
OTHER		13

2.7

## R'S AMBITIONS AND EXPECTATIONS AT END OF SCHOOL CAREER

- a) At the time you left school, did you have any ideas about what you wanted to do with your life?
- b) What about work? What about further education?
- c) What about having children?
- d) Did you have any idea then when you wanted to start having children?
- e) What about getting married?
- f) Did you have any idea when you wanted to get married?
- g) Did you have any other things you wanted to do?
- h) Did you have any other ideas about jobs or further education you wanted to follow earlier on at secondary schooling? What happened to those ideas?

7 R'S GOALS AND ASPIRATIONS WHEN LEFT SCHOOL

NONE MENTIONED = 0; HAD GOALS EARLIER AT SECONDARY SCHOOL, BUT NOT WHEN LEFT = 1; HAD GOALS WHEN LEFT = 2; HAD DIFFERENT GOALS EARLIER AND WHEN LEFT = 3.

SUMMARY		14
<u>SPECIFIC WORK</u>		15
FE		16
HAVING CHILDREN		17
MARRIAGE/COHABITATION		18
OTHER		19

PARENTAL AMBITIONS AFTER SCHOOL

NONE S AWARE OF = 0; S AWARE OF = 1

SUMMARY		20
<u>SPECIFIC WORK</u>		21
FE		22
HAVING CHILDREN		23
MARRIAGE		24
OTHER		25

TYPE OF JOB WANTED BY R AND PARENTS

NOTHING SPECIFIED = 00; MANAGEMENT = 01; CARING PROFESSIONAL = 02; TEACHING = 03; OTHER PROFESSION = 04; OFFICE WORKER (SECRETARIAL, CLERICAL, ETC.) = 05; SHOP WORKER = 06; TECHNICIAN = 07; SKILLED MANUAL (TRAD. ROLE) = 08; SKILLED MANUAL (OTHER) = 09; FACTORY WORK = 10; OTHER MANUAL = 11; OTHER = 77

R		26
		27
PARENTS		28
		29

2.8

## PARENTS AMBITIONS FOR R AT END OF SCHOOL CAREER

- a) What did your parents want you to do when you left school? What were their reasons?
- b) Do you think they would have been different if you'd been a boy? How do you feel about that?
- c) Did you have any disagreements or rows about your future?

343

Code

Col

R'S PERCEPTION OF EFFECT ON PARENTS AMBITIONS OF GENDER

NOTHING MENTIONED = 0; MENTIONED R POSITIVE = 1; R HAS  
MIXED FEELINGS = 2; R NEGATIVE = 3; R HAS OTHER FEELINGS  
=4;

CAREER

30

SCHOOLING

31

2.9

## EXPERIENCE OF DISCRIMINATION AT SCHOOL

- a) Could you tell us something about the children at your school. What proportion were white? Were any of those Irish? What about the rest? What proportion were black? Afro-Caribbean? Asian? Greek Cypriot? Turkish Cypriot?
- b) Did you feel that mix was good or not? Why (not)? How would you have liked it to be?
- c) How did the different groups get on? Were the relations generally good or not? Was there ever any conflict or other trouble?
- d) What about you - how did you get on with the children from other (groups)? Did you have any close friends from other groups?
- e) Were there any teachers from (groups)? How many?
- f) How often were you taught by (group) teacher? How did you feel about that? Did it make any difference?
- g) How did the school itself treat the different groups of children?
- h) Did the school do anything to increase understanding or improve relations between the groups? Was it at all successful or did it make no difference?
- i) Were any groups treated better than others? Any treated worse?
- j) Were there any teachers who did not like or get on with certain groups of children?
- k) Did you ever feel you were treated differently at school because you were (GROUP)? How did that make you feel?
- l) And did you ever feel you were treated differently at school because you were a girl/girl in a girl's school? How did that make you feel?



<p>9 <u>PROPORTION OF CHILDREN AT SCHOOL FROM OWN GROUP</u>          ALL/NEARLY ALL = 0; MOST, BUT SUBSTANTIAL MINORITY NOT = 1; HALF = 2;          SUBSTANTIAL MINORITY = 3; VERY FEW = 4;</p>		32					
<p><u>RELATIONSHIPS AND CHILDREN FROM OTHER GROUPS</u>          VERY FEW CHILDREN FROM OTHER GROUPS = 0; LITTLE OR          NO CONTACT = 1; GOT ON BADLY, NO EXCEPTIONS = 2; GOT ON          BADLY, SOME EXCEPTIONS = 3; MIXED = 4; OK/ACCEPTING, SOME          EXCEPTIONS = 5; NO EXCEPTIONS = 6; WELL/POSITIVE, SOME          EXCEPTIONS = 7; WELL/POSITIVE, WITHOUT EXCEPTIONS = 8.</p>	<table border="1"> <tr> <td data-bbox="1166 405 1321 488">GENERAL</td> <td data-bbox="1321 405 1433 488"></td> <td data-bbox="1433 405 1520 488">33</td> </tr> <tr> <td data-bbox="1166 488 1321 546">R</td> <td data-bbox="1321 488 1433 546"></td> <td data-bbox="1433 488 1520 546">34</td> </tr> </table>	GENERAL		33	R		34
GENERAL			33				
R		34					
<p><u>IF R HAD FRIENDS FROM OTHER GROUPS</u>          NO = 0; YES, NOT CLOSE = 1; YES, SOME CLOSE = 3.</p>		35					
<p><u>IF TEACHERS FROM OWN GROUP</u>          NONE = 0; SOME, R NEVER TAUGHT BY ANY = 1; R TAUGHT ONLY ONCE OR TWICE = 2;          R TAUGHT MORE OFTEN = 3.</p>		36					
<p><u>SCHOOL'S TREATMENT OF ETHNIC GROUPS</u>          NOTHING MENTIONED = 0; DIFFERENCE, BUT NO GROUP          TREATED BETTER/WORSE AND R'S GROUP NOT EFFECTED = 1;          DIFFERENCE, SOME GROUPS TREATED BETTER/WORSE, BUT DID          NOT EFFECT R'S GROUP = 2; R'S GROUP TREATED          BETTER = 3; R'S GROUP TREATED WORSE = 4; OTHER          DIFFERENCES EFFECTING R'S GROUP = 5.</p>		37					
<p><u>SCHOOL ATTEMPTS TO INCREASE INTER-GROUP UNDERSTANDING</u>          NOTHING MENTIONED = 0; MENTIONED - SUCCESSFUL = 1; MADE NO DIFFERENCE          = 2; MADE MATTERS WORSE = 3; R DOES NOT KNOW IMPACT = 4.</p>		38					
<p><u>R'S PERCEPTION OF EFFECT OF ETHNIC GROUP MEMBERSHIP AND GENDER IN EDUCATION</u>          NOTHING MENTIONED = 0; MENTIONED, POSITIVE = 1; MIXED = 2;          NEGATIVE = 3; OTHER EFFECT = 4.</p>	<table border="1"> <tr> <td data-bbox="1107 1301 1321 1361">ETHNIC GROUP</td> <td data-bbox="1321 1301 1433 1361"></td> <td data-bbox="1433 1301 1520 1361">39</td> </tr> <tr> <td data-bbox="1107 1361 1321 1420">GENDER</td> <td data-bbox="1321 1361 1433 1420"></td> <td data-bbox="1433 1361 1520 1420">40</td> </tr> </table>	ETHNIC GROUP		39	GENDER		40
ETHNIC GROUP			39				
GENDER		40					

2.9

2.10

## ATTITUDE TO FURTHER EDUCATION (IF COURSE ATTENDED)

- a) What did you think of (FE)? Was there anything you liked/disliked about it?
- b) Did you think it was a good course or not so good? Why?

ATTITUDE TO FE

POSITIVE, NO QUALIFICATIONS = 0; POSITIVE, WITH QUALIFICATIONS = 1;  
ACCEPTING, NO QUALIFICATIONS = 2; ACCEPTING, QUALIFICATIONS = 3;  
MIXED = 4; NEGATIVE, WITH QUALIFICATIONS = 5; NEGATIVE, NO QUALIFICATIONS  
= 6.

41

ASSESSMENT OF FE COURSE

GOOD/POSITIVE, NO QUALIFICATION = 0; GOOD/POSITIVE WITH QUALIFICATIONS =  
1; ACCEPTING, NO QUALIFICATIONS = 2; ACCEPTING, WITH QUALIFICATIONS = 3;  
MIXED = 4; NEGATIVE/NOT SO GOOD AND WITH QUALIFICATIONS = 5; NEGATIVE/NOT  
SO GOOD, NO QUALIFICATIONS = 6.

42

2.11

## EXPERIENCE OF DISCRIMINATION AT FE (IF ATTENDED)

- a) Could you tell us something about the other students at F/E? What proportion were white? Were any of those Irish? What about the rest? What proportion were black? Afro-Caribbean? Asian? Greek Cypriot? Turkish Cypriot?
- b) Did you feel that mix was good or not? Why (not)? How would you have liked it to be?
- c) How did the different groups get on? Were the relations generally good or not? Was there ever any conflict or other trouble?
- d) What about you - how did you get on with the students from other (groups)? Did you have any close friends from other groups?
- e) Were there any teachers from (groups)? How many?
- f) How often were you taught by (group) teacher? How did you feel about that? Did it make any difference?
- g) How did the college itself treat the different groups of students?
- h) Did the college do anything to increase understanding or improve relations between the groups? Was it at all successful or did it make no difference?
- i) Were any groups treated better than others? Any treated worse?
- j) Were there any teachers who did not like or get on with certain groups of students?
- k) Did you ever feel you were treated differently at college because you were (group)?
- l) And did you ever feel you were treated differently at F/E because you were a girl? How did that make you feel?





347

Code

Col

PERIOD OF TIME BETWEEN LEAVING SCHOOL AND INTERVIEW

CODE NO. OF MONTHS

43

44

EMPLOYMENT HISTORY SINCE LEFT SCHOOL

CODE NO. OF MONTHS

TIME IN  
EMPLOYMENT

45

46

TIME IN MSC  
PROGRAMME

47

48

TIME IN FE  
COURSE

49

50

TIME UNEMPLOYED  
DREW NAT. INS.

51

52

TIME UNEMPLOYED  
DREW SUP. BEN.

53

54

TIME UNEMPLOYED  
DREW NO BENEFIT

55

56

NO. OF JOBS SINCE LEFT SCHOOL

CODE NO.

TOTAL

57

NO. HAD FOR MORE  
THAN 6 MONTHS

58

TYPE OF JOB DONE

RECLASSIFIED REGISTRAR GENERAL (5).

IF NO "OTHER WORK", CODE 'OTHER WORK' = 98

IF NEVER WORKED, CODE = 99

MAIN WORK

59

60

OTHER WORK

61

62

MSC PROGRAMMES ATTENDED (19)

TO BE CODED

63

R EMPLOYMENT STATUS AT START UP OF PREGNANCY

NOT EMPLOYED, NOT SEEKING WORK = 0; SEEKING WORK = 1; ON MSC PROGRAMME = 2;

IN FE = 3; EMPLOYED P/T = 4; F/T = 5.

64

TIME SINCE HAD LAST JOB AT START OF PREGNANCY

NEVER WORKED = 0; LESS THAN 3 MNS = 1; 3-5 MNS = 2; 6-8.9 MNS = 3; 9-11.9 MNS = 4; 12-17.9 MNS = 5; 18-23.9 MNS = 6; 2 YEARS OR MORE = 7.

65

## 3.2 FINDING WORK ON LEAVING SCHOOL

- a) Did you get any careers advice while you were at school? How did you feel about that?
- b) Do you think you got different careers advice because you were a girl or did it make no difference? What about because you were (GROUP)?
- c) Did you have a job arranged at the time you left school/FE?
- d) What did you do about getting work when you left school/FE?

## 3.3 DIFFICULTIES FINDING WORK

- a) Did you have any difficulties finding work when you first left school/FE? Why do you think you had difficulties?
- b) Have you had any difficulties, since then in finding work? Why do you think you had difficulties?
- c) Do you think it is more or less difficult for young people to find work these days or is it much the same as it always was?



ATTITUDE TO CAREERS ADVICE AT SCHOOL

NONE RECEIVED = 0; RECEIVED - FEELS POSITIVE, NO QJAL = 0; POSITIVE, WITH QJAL = 1; ACCEPTING, NO QUALIFICATIONS = 2; ACCEPTING, WITH QUALIFI-  
CATIONS = 3; MIXED = 4; NEGATIVE, WITH QUALIFICATIONS = 5; NEGATIVE, NO  
QUALIFICATIONS = 6.

66

R'S PERCEPTION OF EFFECT OF GENDER AND ETHNIC GROUP MEMBERSHIP ON CAREERS ADV.

NOTHING MENTIONED = 0; MENTIONED - POSITIVE = 1; MIXED = 2;  
NEGATIVE = 3; OTHER EFFECT = 4.

GENDER

67

ETHNIC GROUP

68

DIFFICULTY FINDING WORK

NONE = 0; WHEN FIRST LEFT SCHOOL = 1; LATER = 2; BOTH = 3.

69

CAUSE OF DIFFICULTIES

NOTHING MENTIONED = 0; OWN SHORTCOMINGS = 1; FAILURE OF SCHOOL = 2; RACIAL  
DISCRIMINATION = 3; SEX DISCRIMINATION = 4; OTHER DISCRIMINATION = 5;  
RECESSION = 6; OTHER = 7.

70

3.4

## ATTITUDE TO WORK/MSC PROGRAMMES

## RECAP JOBS/MSC PROGRAMMES THAT R HAS HAD

- a) Did you like going out to work/MSC programmes?
- b) Did you like working better than being at school?
- c) Were there any jobs/MSC programmes you enjoyed doing? Why?
- d) Were there any you disliked?

ATTITUDE TO JOBS/MSC PROGRAMMES

POSITIVE, NO QJAL, NO EXCEPTIONS = 0; POSITIVE, QJALS, AND  
EXCEPTIONS = 1; ACCEPTING, NO QUALIFICATIONS = 2; GENERALLY ACCEPTING WITH  
QUALIFICATIONS = 3; MIXED = 4; NEGATIVE, WITH QUALIFICATIONS, EXCEPTIONS  
= 5; NEGATIVE, NO QUALIFICATIONS, EXCEPTIONS = 6.

JOBS

71

MSC PROGRAMMES

72

3.5

## EXPERIENCE OF DISCRIMINATION GETTING/AT WORK

- a) We've talked about how different **GROUPS** were treated at school. Do you feel that any **GROUPS** are treated better than others when it comes to finding work? Are any treated worse?
- b) What about at work - are any **GROUPS** treated better? Any treated worse?
- c) Have you ever felt that being (**GROUP**) has made any difference to your chances of getting work? What about to the type of job you could get? How did that make you feel?
- d) Did you ever feel - in any of the jobs/MSK programmes you've had - that you were treated differently because you were (**GROUP**)? Have there been any (other) difficulties for you because you were (**GROUP**)? How did that make you feel?
- e) In general, do you feel that girls and boys are treated differently either when it comes to finding work or when they are at work?
- f) And have you ever felt that being a girl has made any differences to your chances of getting work or to the type of job you could get? How did that make you feel?
- g) In the job(s) you've had/the MSK programmes you went on, were you ever treated differently because you were a girl? Were there any (other) difficulties for you because you were a girl? How did that make you feel?

TREATMENT OF ETHNIC GROUPS AND WOMEN

NOTHING MENTIONED = 0; DIFFERENCE, BUT NO GROUP TREATED BETTER/WORSE AND R'S GROUP NOT EFFECTED = 1; DIFFERENCE SOME GROUPS TREATED BETTER/WORSE, BUT DID NOT EFFECT R'S GROUP = 2; R'S GROUP TREATED BETTER = 3; R'S GROUP TREATED WORSE = 4; OTHER DIFFERENCES EFFECTING R'S GROUP = 5.

<u>FINDING WORK</u> ETHNIC GROUP		73
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WOMEN		74
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<u>AT WORK</u> ETHNIC GROUP		75
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WOMEN		76
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R'S PERCEPTION OF EFFECT OF GROUP MEMBERSHIP AND GENDER ON EMPLOYMENT

NOTHING MENTIONED = 0; MENTIONED - POSITIVE = 1; MIXED = 2; NEGATIVE = 3; OTHER EFFECT = 4.

ETHNIC GROUP		77
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GENDER		78
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4.1

## RELATIONSHIP WITH BIOLOGICAL MOTHER IN ADOLESCENCE (12+)

- a) What sort of relationship did you have with your mother while you were at secondary school?
- b) Was it close?
- c) Were you able to talk to her? Were there some things you weren't able to talk about? What sort of things?
- d) Did you ever resent her?
- e) Were there any serious disagreements? Were there serious disagreements about friends? Boys? Staying out? Other restrictions? What happened?
- f) Do you feel you had more disagreements than other young women of your age?
- g) Did the relationship change when you left school? In what way?



## 4.4

## RELATIONSHIP WITH SIBLINGS IN ADOLESCENCE

- a) What sort of relationship did you have with your SIBLINGS while you were at secondary school?
- b) Was it close?
- c) Were you able to talk to SIBLINGS? Were there some things you weren't able to talk about? What sort of things?
- d) Did you ever resent SIBLINGS?
- e) Were there any serious disagreements?
- f) Did the relationship change after you left school? In what way?





4.3

RELATIONSHIP WITH MOTHER SURROGATE OR OTHERS INVOLVED IN UPBRINGING (eg. STEP-PARENT) IN ADOLESCENCE (12+)

- a) What sort of relationship did you have with your (SURROGATE) while you were at secondary school?
- b) Was it close?
- c) Were you able to talk to her? Were there some things you weren't able to talk about? What sort of things?
- d) Did you ever resent her?
- e) Were there any serious disagreements? Were there serious disagreements about friends? Boys? Staying out? Other restrictions? What happened?
- f) Do you feel you had more disagreements than other young women of your age?
- g) Did the relationship change when you left school? In what way?



## 4.2

## RELATIONSHIP WITH BIOLOGICAL FATHER IN ADOLESCENCE (12+)

- a) What sort of relationship did you have with your father while you were at secondary school?
- b) Was it close?
- c) Were you able to talk to him? Were there some things you weren't able to talk about? What sort of things?
- d) Did you ever resent him?
- e) Were there any serious disagreements? Were there serious disagreements about friends? Boys? Staying out? Other restrictions? What happened?
- f) Do you feel you had more disagreements than other young women of your age?
- g) Did the relationship change when you left school? In what way?

RELATIONSHIP WITH PARENTS/SURROGATE/SIBLINGS WHILE AT SECONDARY SCHOOL

POSITIVE NO QUALIFICATIONS = 0; POSITIVE, WITH QUALIFICATIONS = 1;  
ACCEPTING, NO QUALIFICATIONS = 2; ACCEPTING, QUALIFICATIONS = 3;  
MIXED = 4; NEGATIVE, WITH QUALIFICATIONS = 5; NEGATIVE, WITHOUT  
QUALIFICATIONS = 6.

BM		4/5
BF		6
SURROGATE		7
SIBLINGS		8

CHANGE IN RELATIONSHIP SINCE LEFT SCHOOL

WHOLLY BETTER = 0; MAINLY BETTER = 1; BETTER IN SOME WAYS,  
WORSE IN OTHERS = 2; DIFFERENT, BUT NOT FOR BETTER WORSE  
= 3; UNCHANGED = 4; MAINLY WORSE = 5; WHOLLY WORSE = 6.

BM		9
BF		10
SURROGATE		11
SIBLINGS		12

CURRENT RELATIONSHIP WITH PARENTS/SURROGATE

CODE AS RELATIONSHIP WHILE AT SCHOOL

BM		13
BF		14
SURROGATE		15
SIBLINGS		16

CONFIDING

CAN TALK ON ALL SUBJECTS = 0; CAN TALK, SOME EXCEPTIONS = 1;  
CAN'T TALK = 2.

BM		17
BF		18
SURROGATE		19
SIBLING		20

AREAS OF DISAGREEMENT

NOT MENTIONED = 0; MENTIONED BM = 1; BF = 2; BM AND BF = 3;  
MENTIONED SURROGATE = 4; MENTIONED SIBLINGS = 5.

<u>WHILE AT SCHOOL</u> SUMMARY		21
<u>SPECIFIC</u> SCHOOL/ EDUCATION		22
BOYS		23
FRIENDS		24
RESTRICTIONS		25
OTHER		26
<u>AFTER SCHOOL</u> SUMMARY		27
<u>SPECIFIC</u> SEX		28
FRIENDS		29
RESTRICTIONS		30
OTHER		31

## 4.5 PEER GROUP RELATIONS DURING SECONDARY SCHOOL YEARS

1. IF HAD WIDE CIRCLE OF FRIENDS OR JUST A FEW
2. PROPORTION WHO WERE BOYS (ALL/MOSTLY/MIXED/SOME/NONE)
3. PROPORTION WHO WERE (GROUP) (ALL/MOSTLY/MIXED/SOME/NONE)
4. PROPORTION FROM OWN SCHOOL (ALL/MOSTLY/MIXED/SOME/NONE)
5. ANY FRIENDS WHO WERE "CLOSE"
6. IF 'YES' TO 5, IN WHAT WAY "CLOSE"

- 4.6 \* Did your friendships change when you left school?  
CHECK FOR CHANGES IN SEX AND ETHNICITY

PEER GROUP RELATIONS AT SCHOOL

WIDE CIRCLE = 0; FEW = 1; ONE OR TWO = 2; NONE = 3; VARIED = 4.

32

SEX OF FRIENDSALL GIRLS = 0; MOSTLY GIRLS = 1; MIXED = 2; MOSTLY BOYS = 3; ALL BOYS = 4;  
VARIED = 5.

33

ETHNIC GROUP OF FRIENDSALL FROM R'S GROUP = 0; MOSTLY = 1; MIXED = 2; MOSTLY NOT = 3; NONE = 4;  
VARIED = 5.

34

ANY CLOSE FRIENDS

NO = 0; YES = 1.

35

CHANGES IN FRIENDS SINCE LEFT SCHOOL (GENERAL)LITTLE OR NO CHANGE = 0; SOME CHANGE, BUT MOSTLY SAME = 1; SOME CHANGED,  
SOME NEW = 2; MOSTLY CHANGED = 3, NO CHANGE = 5.

36

CHANGES IN SEX/ETHNICITY

MORE GIRLS/OWN GROUP = 0; NO CHANGE = 1; FEWER GIRLS/OWN GROUP

SEX

37

ETHNICITY

38

## 4.7 INTERESTS AND ACTIVITIES

- a) While you were still going to secondary school, what sort of things did you do when you weren't at school?
- b) How did you spend your evenings? Weekends?
- c) Who did you go with?
- d) Did you ever do things with your family? Who in your family?
- e) While you were at school, was music important to you? What sort of music did you listen to?

- 4.8 \* Have your interests changed since you left school?  
CHECK FOR ACTIVITIES, WHO DOES ACTIVITIES WITH, MUSIC





## 5.1 FIRST PERIOD

- a) What age were you when you had your first period?
- b) Did you know what was happening?
- c) Had anyone talked to you beforehand (about period)? CHECK FOR MOTHER, OTHER RELATIVES, FRIENDS, SCHOOL
- d) What did (PERSON) say? How did you feel about what they said? Was it helpful or not?
- e) IF MOTHER NOT MENTIONED Why had you and your mother not talked about it?
- f) When you had your first periods, did you talk to anyone about that? CHECK FOR MOTHER, OTHER RELATIVES, FRIENDS, SCHOOL
- g) What did (PERSON) say? How did you feel about what they said? Was it helpful or not?

## 5.2 SUBSEQUENT PERIODS

1. REGULARITY AND FREQUENCY
2. ANY TIMES THAT IRREGULAR
3. IF 'YES' TO 2, WHO R DISCUSSED WITH
4. IF IRREGULAR UPTO TIME PREGNANCY BEGAN

	Code	Col
<p><u>AGE WHEN HAD FIRST PERIOD</u></p> <p>10 - 10.11 = 0; 11 - 11.11 = 1; 12 - 12.11 = 2; 13 - 13.11 = 3; 13 - 13.11 = 4; 14 - 14.11 = 5; 15 - 15.11 = 6; OLDER = 7.</p>		39
<p><u>R'S KNOWLEDGE OF WHAT WAS HAPPENING</u></p> <p>LITTLE OR NONE = 0; SOME IDEA = 1; FULLY AWARE = 2.</p>		40
<p><u>REGULARITY OF PERIODS</u></p> <p>NEVER IRRGULAR = 0; SOMETIMES, BUT NOT AT TIME OF CONCEPTION = 1; AT TIME OF CONCEPTION = 2; ALWAYS = 3.</p>		41
<p><u>DISCUSSION ABOUT PERIODS</u></p> <p>NOT MENTIONED = 0; TALKED TO BEFORE HAD 1ST PERIOD = 1; TALKED TO WHEN HAD FIRST PERIOD = 2; TALKED TO ABOUT IRRREGULAR PERIODS = 3; 1+2 = 4; 1+3 = 5; 2+3 = 6; 1+2+3 = 7.</p>	SUMMARY	42
	BM	43
	OTHER RELATIVES	44
	FRIENDS	45
	SCHOOL	46
	OTHER	47
<p><u>R'S ATTITUDE TO DISCUSSION</u></p> <p>POSITIVE/HELPFUL, NO QUALIFICATIONS = 0; WITH QUALIFICATIONS = 1; ACCEPTING, NO QUALIFICATIONS = 2; QUALIFICATIONS = 3; MIXED = 4; NEGATIVE/UNHELPFUL, WITH QUALIFICATIONS = 5; NO QUALIFICATIONS = 6.</p>	SUMMARY	48
	BM	49
	OTHER RELATIVES	50
	FRIENDS	51
	SCHOOL	52
	OTHER	53

## 5.3 BECOMING PREGNANT

- a) At the time you had your first period, did you know how women became pregnant? What age were you when you found out?
- b) Who told you?
- c) Did anyone else talk to you about it? CHECK FOR MOTHER, OTHER RELATIVE, FRIENDS, SCHOOL
- d) How did you feel about what (PERSON) said? Was it helpful or not?

## 5.4 CONTRACEPTION

- a) Has anyone ever talked to you about contraception and birth control? CHECK FOR MOTHER, OTHER RELATIVES, FRIENDS, SCHOOL, GP/FP CLINIC
- b) How did you feel about what (PERSON) said? Was it helpful or not?

KNOWLEDGE OF CONCEPTION

NOT KNOWN = 0; KNOWN - TOLD BY BM = 1; BF = 2; OTHER RELATIONS = 3;  
FRIEND = 4; SCHOOL = 5; OTHER = 6; CAN'T REMEMBER = 7.

54

DISCUSSION ABOUT CONCEPTION AND R'S ATTITUDE

NOT MENTIONED = 0; MENTIONED - POSITIVE/HELPFUL, NO  
QUALIFICATIONS = 1; WITH QUALIFICATIONS = 2; ACCEPTING,  
NO QUALIFICATIONS = 3; QUALIFICATIONS = 4; MIXED = 5;  
NEGATIVE, WITH QUALIFICATIONS = 6; NO QUALIFICATIONS = 7.

SUMMARY

55

BM

56

OTHER RELATIVE

57

FRIENDS

58

SCHOOL

59

OTHER

60

DISCUSSION ABOUT CONTRACEPTION AND R'S ATTITUDE

SUMMARY

61

BM

62

OTHER RELATIVE

63

FRIENDS

64

SCHOOL

65

GP/CLINIC

66

OTHER

67

- 5.5 \* Attitudes vary a lot about contraception. Some people think it is not good to use it, others think it's a good thing that it is widely used. What are your views about contraception? Have these changed?

5.6 METHODS OF CONTRACEPTION

- a) What methods of contraception do you know about? Any others?
- b) Where did you learn of (EACH METHOD MENTIONED)?
- c) Have you ever used (METHOD)? What did you think of (METHOD)? Did you stop using (METHOD)? Why?
- d) Have you ever considered using (METHOD)? Why not?
- e) Are there any (other) methods of contraception you wouldn't use? Why?

359

Code

Col

ATTITUDE TO CONTRACEPTION

OPPOSED, NO QUALIFICATIONS = 0; WITH QUALIFICATIONS = 1; MIXED (GOOD IN SOME CASES, NOT IN OTHERS) = 2; ACCEPTING, NO QUALIFICATIONS = 3; WITH QUALIFICATIONS = 4; POSITIVE/GOOD IDEA, WITH QUALIFICATIONS = 5; NO QUALIFICATIONS = 6.

68

KNOWLEDGE OF AND ATTITUDE TO METHODS

NOT MENTIONED = 0; MENTIONED AND NOT CONSIDERED AND NOT USED, NO DISAPPROVAL = 1; DISAPPROVES = 2; CONSIDERED AND NOT USED, NO DISAPPROVAL = 3; DISAPPROVES = 4; NO DISAPPROVAL = 5; USED, DISAPPROVES = 6; USED, NO DISAPPROVAL = 7.

PILL		69
COIL		70
SHEATH		71
CAP		72
WITHDRAWAL		73
OTHER		74

## 5.7 ATTENDANCE AT GP OR CLINIC FOR CONTRACEPTION

1. IF EVER ATTENDED GP OR CLINIC FOR CONTRACEPTION
2. IF CLINIC, TYPE
3. IF 'YES' TO 1, AGE FIRST WENT
4. HOW LONG ATTENDED AND HOW OFTEN WENT
5. IF STOPPED
6. IF 'YES' TO 5, REASON STOPPED ATTENDING

## 5.8 ATTITUDE TO GP OR CLINIC ATTENDED FOR CONTRACEPTION

- a) How did you feel about going?
- b) How were you treated? Were there any times you were unhappy about how you were treated? How did you feel about that?
- c) What were the staff like? Were there any exceptions to this?



360

Code

Col

USE OF GP/CLINIC, FOR CONTRACEPTION

NEVER USED = 0; ATTENDED BUT STOPPED, DISLIKED ATMOSPHERE,  
OTHER USERS = 1; DISLIKED INDIVIDUAL STAFF = 2; OTHER  
REASON = 3; NO REASON GIVEN = 4; ATTENDED UPTO TIME OF  
PREGNANCY = 5.

CLINIC		75
GP		76

GENERAL ATTITUDE TO CLINIC TREATMENT

POSITIVE, NO QUALIFICATIONS = 0; POSITIVE, WITH QUALIFICATIONS  
= 1; ACCEPTING, NO QUALIFICATIONS = 2; ACCEPTING WITH QUALIFICA-  
TIONS = 3; MIXED = 4; NEGATIVE, WITH QUALIFICATIONS = 5;  
NEGATIVE, NO QUALIFICATIONS = 6.

CLINIC		77
GP		78

5.9

## BOYS AND CONTRACEPTION

- a) Do boys have different attitudes to contraception? Why? Are they as concerned as girls about it? Why not?
- b) Whose responsibility do you think contraception should be - mainly the girls, mainly the boys, or equal?
- c) Have you known any boys take any responsibility for contraception? What happened?

361

Code

Col

R'S PERCEPTION OF BOYS ATTITUDES TO CONTRACEPTION

NO DIFFERENCE = 0; VARIES = 1; BOYS LESS CONCERNED GENERALLY = 2; BOYS MORE CONCERNED GENERALLY = 3.

5/5

RESPONSIBILITY FOR CONTRACEPTION

BOTH EQUALLY = 0; VARIES = 1; BOYS = 2; GIRLS = 3.

6

## 5.10 CONFIDANTS ON SEX AND CONTRACEPTION

- a) Before you got pregnant, was there anyone you talked to about things like sexual relations and contraception? CHECK FOR MOTHER, FATHER, OTHER RELATIVES, FRIENDS (BOTH FEMALE AND MALE), ANYONE AT SCHOOL
- b) Were these things you would have liked to talk about (more)/(to someone)? Was there anyone you would have liked to talk to - but didn't?
- c) Would you have liked more information or advice on the things we've mentioned, like your periods, becoming pregnant, sexual relations or contraception? What would you have liked more information or advice about?

## 5.11 PRESSURE TO USE OR NOT TO USE CONTRACEPTION

- a) Has anyone ever put pressure on you to use contraception? Who? When? What happened? How did you feel about it?
- b) Had anyone ever put pressure on you NOT to use contraception? Who? When? What happened? How did you feel about it?

362

Code

Col

CONFIDANT ON SEX AND CONTRACEPTION

NOT MENTIONED = 0; NOT MENTIONED - BUT WOULD LIKE TO  
HAVE TALKED TO = 1; MENTIONED = 2; MENTIONED - WOULD  
LIKE TO HAVE TALKED TO MORE = 3.

SUMMARY

7

BM

8

BF

9

OTHER RELATIVES

10

FRIENDS

11

SCHOOL/GP ETC.

12

OTHER

13

MORE ADVICE WANTED ON SEX, ETC.

NO = 0; YES = 1.

14

PRESSURE TO USE CONTRACEPTION

NO PRESSURE TO USE OR NOT TO USE = 0; PRESSURE TO USE = 1; PRESSURE NOT TO  
USE = 2; PRESSURE TO USE AND NOT USE = 3.

15

5.12

## CONTRACEPTION AND PREGNANCY

- a) Did you use contraception when you first started having intercourse? Why/why not?
- b) Were you using contraception at the time you became pregnant? Were you using it regularly?
- c) Were you trying to get pregnant or did it just happen?
- d) Did you believe you could get pregnant or did you have reason to think you wouldn't do?
- e) Was it important to you that you did not get pregnant or were you not particularly concerned whether you did or not?
- f) Did you take chances? Were you aware of that at the time? Why (did you take a chance)?

363

Code

Col

<u>USE OF CONTRACEPTION IN EARLY I/C</u> NOT USED = 0; USED = 1; USED REGULARLY = 2.	EARLY I/C	16
	PREGNANCY	17
<u>IF TRYING TO GET PREGNANT</u> YES, TRYING = 0; NO - HAD REASON TO THINK COULD NOT GET PREGNANT = 1; NO - BELIEVED COULD GET PREGNANT = 2.		18
<u>IMPORTANCE OF NOT GETTING PREGNANT</u> IMPORTANT THAT DID <u>NOT</u> GET PREGNANT = 0; NOT PARTICULARLY CONCERNED = 1.		19

## 6.1 DETAILS OF PUTATIVE FATHER (PF)

1. AGE AT LAST BIRTHDAY
2. PLACE OF BIRTH
3. CURRENT EMPLOYMENT STATUS (EMPLOYED, STUDYING, UNEMPLOYED)
4. IF CURRENTLY EMPLOYED/STUDYING, OCCUPATION/COURSE STUDIED
5. IF CURRENTLY UNEMPLOYED - LENGTH OF TIME OUT OF WORK
6. USUAL OCCUPATION/LAST OCCUPATION
7. WHERE LIVES



364

	Code	Col
<u>DATE BORN</u>		20
USE DECIMAL DATE (1)		21
		22
		23
<u>PF AGE AT LAST BIRTHDAY</u>		24
		25
<u>PF PLACE OF BIRTH</u>		26
USE LOCATIONS CODE (18)		27
		28
<u>CURRENT EMPLOYMENT STATUS</u>		
NOT EMPLOYED = 0; AT SCHOOL = 1; PROGRAMME = 2; IN FE = 3; EMPLOYED P/T = 4; P/T = 5.		29
<u>CURRENT/USUAL OCCUPATION</u>		
RECLASSIFIED REGISTRAR GENERAL (5)		30
IF NEVER WORKED, CODE = 98		31
<u>TIME OUT OF WORK</u>		
LESS THAN 6 MONTHS = 0; 6-11 MNS = 1; 12-17 MNS = 2; 18-23 MNS = 3; 2 YEARS OR MORE = 4; IF NOT OUT OF WORK - CODE = 9		32
<u>WHERE PF LIVES</u>		33
USE LOCATIONS CODE (18)		34
		35

## 6.2

DETAILS OF PF'S BIOLOGICAL PARENTS (ASK FOR MOTHER AND FATHER)

1. PLACE OF BIRTH
2. IF ALIVE
3. CURRENT COHABITATION STATUS (LIVING TOGETHER/LIVING APART: IF LIVING APART, IF LIVING WITH OTHER PARTNER)
4. WHERE LIVE
5. IF CURRENTLY EMPLOYED
6. IF 'YES' TO 5, CURRENT OCCUPATION
7. IF 'NO' TO 5, REASON NOT EMPLOYED

365

Code

Col

<u>PF'S PARENTS PLACE OF BIRTH</u> USE LOCATIONS CODE (18)	PFBM		36
			37
			38
	PFBF		39
			40
			41
<u>PF'S PARENTS OCCUPATION</u> USE RECLASSIFIED REGISTRAR GENERAL IF DOESN'T KNOW, CODE = 88	PFM		42
			43
	PFF		44
			45
<u>WHERE PF'S PARENTS LIVE NOW</u> USE LOCATIONS CODE (18)	PFBM		46
			47
			48
	PFBF		49
			50
			51

6.3

## DETAILS OF PF'S SIBLINGS

	SIB 1	SIB 2	SIB 3	SIB 4	SIB 5	SIB 6
AGE						
SEX						
MARITAL STATUS						
NO. OF CHILDREN						
AGE OF CHILDREN						

6.4

## RELATIONSHIP BETWEEN R AND PF'S FAMILY

- a) How did you get on with PF's FAMILY before the pregnancy? Were there any exceptions to that? Anyone you didn't get on with/did get on with?
- b) Has it changed since the pregnancy? Have there been any exceptions to that? Is there anyone you get on with better/less well?

366

Code

Col

<u>NO. OF PF SIBLINGS (AND HALF, STEP)</u>		52
CODE NO. 8 OR MORE = 8		53
<u>NO. OF SIBLINGS WITH BABY/PREGNANT BY 20</u>		54

## 6.5 RELATIONSHIP BETWEEN PF AND R'S FAMILY

- a) How did PF get on with your family before the pregnancy? Were there any exceptions to that? Anyone he didn't get on with/did get on with?  
CHECK FOR R'S PARENTS
- b) Has it changed since the pregnancy? Have there been any exceptions to that? Is there anyone he gets on with better/less well?  
CHECK FOR R'S PARENTS

1.1.1

## 6.6 RELATIONSHIP BETWEEN R AND P/FATHER

1. PERIOD OF TIME KNOWN OF EACH OTHER
2. HOW LONG HAD SEXUAL RELATIONS BEFORE PREGNANCY BEGAN
3. GENERAL RELATIONSHIP IF ENDED, WHEN ENDED
4. WHY ENDED
5. IF COHABITING/MARRIED, DATE OF COHABITATION AND/OR MARRIAGE

RELATIONSHIP BETWEEN R/PF AND FAMILIES

POSITIVE, NO QUALIFICATIONS = 0; POSITIVE WITH QUALIFICATIONS = 1; ACCEPTING, NO QUALIFICATIONS = 2; ACCEPTING WITH QUALIFICATIONS = 3; NO CONTACT = 4; MIXED = 5; NEGATIVE WITH QUALIFICATIONS = 6; NEGATIVE, NO QUALIFICATIONS = 7.

R — PF FAMILY BEFORE PREG.		55
SINCE PREG.		56
PF — R FAMILY BEFORE PREG.		57
SINCE PREG.		58

CHANGE IN RELATIONSHIP SINCE PREG.

WHOLLY BETTER = 0; MAINLY BETTER = 1; UNCHANGED = 2; BETTER IN SOME WAYS - WORSE IN TOHERS = 3; DIFFERENT, NEITHER BETTER NOR WORSE = 4; MAINLY WORSE = 5; WHOLLY WORSE = 6; BROKEN OFF ALL CONTACT = 7.

R — PF FAMILY		59
PF — R FAMILY		60

LENGTH OF RELATIONSHIP R — PF

LESS THAN A MONTH = 0; LESS THAN 3 MONTHS = 1; LESS THAN 6 MONTHS = 2; LESS THAN 12 MONTHS = 3; 12-17 MONTHS = 4; 18-23 MONTHS = 5; 24-29 MONTHS = 6; 30 MONTHS OR MORE = 7.

TIME KNOWN EACH OTHER		61
TIME HAD SEX RELS.		62

KIND OF RELATIONSHIP

NO RELATIONSHIP = 0; STEADY BOYFRIEND = 2; ENGAGED = 3; COHABITING = 4; MARRIED = 5; OTHER = 7.

AT START OF PREGNANCY		63
CURRENT		64

LENGTH OF TIME MARRIED/COHABITING

CODE NO. OF MONTHS

IF NOT APPLICABLE, CODE = 99

MARRIAGE		65
		66
COHABITED (INCL. MARRIAGE)		67
		68

AGE WHEN COHABITATION BEGAN

CODE AGE AT LAST BIRTHDAY

R		69
		70
PF		71
		72

## 6.7 FEELINGS OF R FOR PF

- a) How did you get on together (at the time the pregnancy began)?
- b) Have your feelings changed? In what way?
- c) Were you able to talk to him (at the time the pregnancy began)? Were there some things you weren't able to talk about then? What sort of things?
- d) Has that changed? In what way?

## 6.8 ATTITUDE OF PUTATIVE FATHER TO CONTRACEPTION

- a) Did you ever discuss the possibility of becoming pregnant with your boyfriend? What did he say?
- b) What is his attitude to contraception? Has this changed?



368

Code

Col

FEELINGS FOR PF

NEGATIVE/HOSTILE = 0; LITTLE OR NO FEELINGS = 1; SOME POSITIVE FEELINGS (QUITE FOND, LIKED) = 2; VERY POSITIVE = 3.

PREG. BEGAN

73

NOW

74

CHANGES IN FEELINGS SINCE PREGNANCY

MORE NEGATIVE = 0; LITTLE/NO CHANGE = 1; MORE POSITIVE = 2; OTHER = 7.

75

IF COULD TALK TO PF

NO = 0; ABOUT SOME THINGS = 1; ALL THINGS = 2;

PREG. BEGAN

76

NOW

77

IF DISCUSSED POSSIBILITY OF PREGNANCY WITH PF

NO = 0; YES PF DID NOT WANT PREGNANCY = 1; UNCONCERNED/DIS-INTERESTED = 2; MIXED FEELINGS = 3; WANTED PREGNANCY = 4.

78

PF'S ATTITUDE TO CONTRACEPTION

OPPOSED, NO QUALIFICATION = 0; WITH QUALIFICATION = 1; MIXED = 2; ACCEPTING NO QUALIFICATION = 3; WITH QUALIFICATION = 4; POSITIVE, WITH QUAL. = 5; NO QUAL. = 6.

6/5

No:

7

PREGNANCY

7.1

PREVIOUS PREGNANCIES

- |    |                                      |
|----|--------------------------------------|
| 1. | NO. OF PREVIOUS PREGNANCIES          |
| 2. | <u>FOR EACH</u> R'S AGE WHEN BEGAN   |
| 3. | <u>FOR EACH</u> OUTCOME OF PREGNANCY |

7.2

SUSPICIONS OF PREGNANCY

- |    |   |
|----|---|
| 1. | STAGE OF PREGNANCY R FIRST SUSPECTED WAS PREGNANT |
| 2. | REASON R SUSPECTED                                |

369

Code

Col

PREVIOUS PREGNANCIES

CODE NUMBER EXCL. PRESENT PREGNANCY

TOTAL

6

MISCARRIAGES

7

ABORTIONS

8

POST-NATAL  
DEATHS

9

AGE FIRST PREGNANCY BEGAN (INCLUDING CURRENT PREGNANCY IF FIRST)

10

AGE AT LAST BIRTHDAY

11

STAGE OF PREGNANCY R SUSPECTED/CONFIRMED PREGNANT

SUSPECTED

12

CODE TO NEAREST WEEK

CONFIRMED

13

REASON FOR DELAY IN CONFIRMATIONS'S DISBELIEF = 0; S ANXIETY = 1; OTHER S REASON = 2; DUE TO SERVICES = 3.  
OTHER REASON = 7.

14

7.3

## RESPONSE TO SUSPICIONS

- a) How did you feel about that (suspecting you were pregnant)?
- b) What did you do?
- c) Did you do anything to try to make your periods come?
- d) Did you try not to think about it (that you might be pregnant)?

7.4

## CONFIRMATION OF PREGNANCY

1. STAGE OF PREGNANCY WHEN CONFIRMED
2. IF MORE THAN 4 WEEKS BETWEEN SUSPICIONS AND CONFIRMATION, REASON NOT CONFIRMED SOONER
3. WHO CONFIRMED

370

Code

Col

RESPONSE TO SUSPICIONS

WHOLLY POSITIVE = 0; MAINLY POSITIVE = 1; ACCEPTING = 2; MIXED = 3; MAINLY  
NEGATIVE = 4; WHOLLY NEGATIVE = 5.

15

7.5

## CONFIDANTS ABOUT PREGNANCY

- a) Before it was confirmed, did anyone else know you might be pregnant?  
CHECK FOR PARENTS, OTHER RELATIONS, P/F, FRIENDS
- b) What made them think you might be pregnant? Did you tell them or did they guess? Who did you tell first? Why?
- c) Who was the first person to know that you were definitely pregnant?  
Why (PERSON)?
- d) At any stage of the pregnancy was there anyone you didn't want to know you might be or were pregnant? Why not?

7.6

## R'S ATTITUDE TO PREGNANCY

- a) Can you remember how you felt when the pregnancy was confirmed? Were you happy or unhappy? Did you have any other feelings? Did you have any doubts? Any worries? Did you feel there was anything good about it?
- b) Have your feelings about the pregnancy changed since? Do you feel happier or less happy? Do you (still) have doubts/worries? Do you feel there is anything good about it?

371

Code

Col

PERSONS TOLD/KNEW ABOUT PREGNANCY

NOT MENTIONED = 0; TOLD OF SUSPICIONS = 1; KNEW MIGHT  
BE PREGNANT, NOT TOLD BY R = 2; 1ST PERSON TO KNOW R  
DEFINITELY PREGNANT = 3; 1+2 = 4; 1+3 = 5; 2+3 = 6;  
1+2+3 = 7.

BM		16
BF		17
OTHER RELATIVES		18
PF		19
FRIENDS		20
OTHER		21

S'S FEELINGS ABOUT PREGNANCY (17)

LITTLE/NONE = 0; SOME = 1; MODERATE = 2;  
HIGH = 3.

FIRST KNEW POSITIVE		22
NEGATIVE		23
OVERALL POSITIVE		24
NEGATIVE		25
		26

7.7

## TERMINATION

1. DID R CONSIDER ABORTION AT ANY TIME
2. IF 'YES' TO 1, WHEN IN PREGNANCY
3. IF TRIED TO GET ABORTION
4. IF 'YES' TO 3, WHAT HAPPENED
5. IF ANYONE MENTIONED ABORTION TO R AND CHECK FOR PARENTS, OTHER RELATIVES, P/F, HEALTH WORKERS
6. IF 'YES' TO 5, R'S REACTION

7.8

## ATTITUDE TO ABORTION

- a) People vary a lot in their views about abortion - what do you think about it? Have your ideas changed since the pregnancy?
- b) Have you known anyone who has had an abortion?
- c) Are there any circumstances in which you might consider having an abortion?





## 7.9 ADOPTION

1. DID R CONSIDER HAVING BABY ADOPTED
2. IF 'YES' TO 1, WHEN IN PREGNANCY
3. IF TRIED TO GET ADOPTION
4. IF 'YES' TO 3, WHAT HAPPENED
5. IF ANYONE MENTIONED ADOPTION TO R AND CHECK FOR PARENTS, OTHER RELATIVES, P/F, HEALTH WORKERS
6. IF 'YES' TO 5, R'S REACTION

## 7.10 ATTITUDE TO ADOPTION

- a) People vary a lot in their views about adoption - what do you think about it? Have your ideas changed since the pregnancy?
- b) Have you known anyone who has had a child adopted?
- c) Are there any circumstances in which you might consider having a child adopted?

<u>IF R CONSIDERED ABORTION OR ADOPTION</u> NOT CONSIDERED = 0; CONSIDERED, TOOK NO STEPS = 1; TOOK STEPS = 2.	ABORTION	27
	ADOPTION	28
<u>ATTITUDE TO ABORTION / ADOPTION</u> WHOLLY HOSTILE/OPOSED = 0; HOSTILE WITH SOME EXCEPTIONS = 1; MIXED (IN FAVOUR IN SOME CASES, HOSTILE IN OTHERS) = 2; UNDECIDED = 3; IN FAVOUR, WITH SOME EXCEPTIONS = 4; WHOLLY IN FAVOUR = 5.	ABORTION	29
	ADOPTION	30
<u>CIRCUMSTANCES R WOULD CONSIDER ABORTION/ADOPTION</u> NONE MENTIONED = 0; IF C OR R ILL/HANDICAPPED OR R RAPED = 1; OTHER SPECIFIC CIRCUMSTANCES = 2.	ABORTION	31
	ADOPTION	32
<u>ATTITUDE CHANGED SINCE PREGNANCY</u> NO CHANGE = 0; MORE IN FAVOUR = 1; MORE HOSTILE = 2; OTHER CHANGE = 3.	ABORTION	33
	ADOPTION	34
<u>REACTION OF OTHERS TO PREGNANCY</u> NOT TOLD = 0; POSITIVE, NO QUALS. = 1; POSITIVE, QUALS. = 2; ACCEPTING, NO QUALS. = 3; ACCEPTING, QUALS. = 4; MIXED = 5; NEGATIVE, WITH QUALS. = 6; NEGATIVE, NO QUALS. = 7.	<u>BM</u> AT FIRST	35
	NOW	36
	<u>BF</u> AT FIRST	37
	NOW	38
	<u>SURROGATE</u> AT FIRST	39
	NOW	40
	<u>OTHER RELS</u> AT FIRST	41
	NOW	42
	<u>PF</u> AT FIRST	43
	NOW	44
	<u>RF</u> AT FIRST	45
	NOW	46
	<u>FRIENDS(M)</u> AT FIRST	47
	<u>FRIENDS(F)</u> AT FIRST	48
	NOW	49
	<u>EMPLOYERS/SCHOOL/FE</u> AT FIRST	50
	NOW	51

## 7.11 REACTION OF OTHERS TO PREGNANCY

COVER: BM;  
BF;  
OTHER RELATIVES;  
P/F;  
P/F FAMILY;  
FRIENDS - MALE AND FEMALE;  
SCHOOL OR EMPLOYER

## FOR EACH COVER:

1. IF KNOWS R PREGNANT
2. IF 'YES' TO 1, HOW (R TOLD, GUESSED, TOLD BY OTHER)
3. IF PARENTS/SIBLING NOT TOLD DIRECTLY, REASON NOT TOLD
4. REACTION WHEN TOLD
5. CURRENT ATTITUDE TO PREGNANCY



7.12

## EMPLOYMENT/SCHOOL DURING PREGNANCY

1. WHEN STOPPED/EXPECTS TO STOP SCHOOL/WORK
2. REASON STOPPED/STOPPING THEN
3. IF PLANS TO TAKE MATERNITY LEAVE AND IF NOT REASON

7.13

## PROGRESS OF PREGNANCY

- a) Has it been an easy or difficult pregnancy so far?
- b) Have there been any periods of illness? Any (other) complications?
- c) Have there been any periods in hospital? When? How long for?
- d) Have you given up or stopped doing anything because of the pregnancy? How have you felt about that?
- e) What do you think about the way you look? What do you like? What don't you like?
- f) Have there been any periods when you felt depressed or worried? When was that? How long did it last? How did you feel then?
- g) Did you talk to anyone about how you felt CHECK FOR PARENTS, OTHER RELATIVES, P/F, FRIENDS. Was this helpful or not? Why?
- h) Since you've been pregnant, have you cried? What about? Was that just on the odd occasion or more often? Was that helpful?

WHEN STOPPED WORK/SCHOOL IN PREGNANCY

52

CODE TO NEAREST WEEK. IF STILL AT SCHOOL/FE, MSC PROGRAMME/EMPLOYMENT,  
CODE = 50 . IF NOT AT ANY AT START OF OR DURING PREGNANCY, CODE = 00.

53

PLANS FOR MATERNITY LEAVE

NOT IN EMPLOYMENT = 0; CURRENTLY ON ML = 1; WILL TAKE LEAVE = 2; NOT TAKING,  
NOT ELIGIBLE = 3; NOT TAKING, ELIGIBLE BUT DOES NOT WANT TO = 4; NOT TAKING,  
ELIGIBLE, OTHER REASON = 5.

54

ASSESSMENT OF PREGNANCY

EASY = 0; MIXED = 1; DIFFICULT = 2.

55

SELF-IMAGE

POSITIVE (ABOUT WAY LOOKS), NO QUAL. = 0; QUAL. = 1; ACCEPTING, NO QUAL. = 2;  
QUAL. = 3; MIXED = 4; NEGATIVE, WITH QUAL. = 5; NO QUAL. = 6.

56

PERIOD(S) FELT DEPRESSED/WORRIED

NONE MENTIONED = 0; MENTIONED, NOT CONTINUING = 1; CONTINUING = 2.

57

PERSON(S) TALKED TO ABOUT DEPRESSION/WORRY

NOT MENTIONED = 0; MENTIONED - NOT HELPFUL = 1;  
MIXED = 2; HELPFUL = 3.

IF NO PERIODS OF DEPRESSION ETC. CODES = 9.

BM		58
BF		59
RELATIVES		60
FRIENDS		61
PF		62
SERVICES		63
OTHER		64

7.14

## OTHERS PREGNANT DURING R'S PREGNANCY

- a) Did any friends or relatives become pregnant just before you? Who?
- b) Did that make you want to have a baby ?
- c) Did your pregnancy make anyone you know want to have a baby?
- d) Has anyone you know become pregnant since you? Who?

7.15

## SUPPORT IN PREGNANCY

- a) Have you had enough support during pregnancy?
- b) What kind of extra support would you have liked?
- c) Who have you had most support from?



OTHERS PREGNANT BEFORE R

NO FRIENDS/RELATIONS PREGNANT BEFORE R = 0; FRIENDS/RELATIVE MENTIONED - NO EFFECT ON R = 1; INFLUENCED R TO HAVE BABY = 2.

65

OTHERS PREGNANT SINCE R

CODE NUMBER MENTIONED.

66

SUPPORT IN PREGNANCY

ENOUGH SUPPORT = 0; NOT ENOUGH, NO EXTRA SUPPORT SPECIFIED = 1; EXTRA SUPPORT SPECIFIED = 2.

67

SOURCE OF MOST SUPPORT

NO ONE MENTIONED = 0; BM = 1; BF = 2; OTHER RELATIONS = 3; FRIENDS = 4; PF = 5; SERVICES = 6; OTHER = 7.

68

8.1

## CONTACT WITH BABIES

FOR EACH BABY R HAS HAD CONTACT WITH COVER:

1. HOW R KNEW BABY
2. PERIOD OF TIME OVER WHICH R HAD CONTACT
3. HOW OFTEN IN CONTACT OVER THAT PERIOD (ie. LIVED WITH R; DAILY; MOST DAYS; WEEKLY; LESS OFTEN)
4. AGE OF R AND BABY AT PERIOD OF CONTACT
5. WHAT R DID FOR BABY (IF FED, BATHED, CHANGED) AND HOW OFTEN
6. IF EVER LOOKED AFTER BABY BY SELF AND IF SO HOW OFTEN, LONGEST PERIOD AND IF BABY USUALLY AWAKE

377

Code

Col

NO. OF BABIES R KNOWS/HELPED CARE FOR  
CODE NUMBER

KNOWN

69

HELPED CARE FOR

70

GENERAL RATING ON CONTACT WITH BABY

NONE/LITTLE = 0; SOME = 1; MODERATE = 2; HIGH = 3.

TO BE CODED

71

8.2

## CONTACT WITH MOTHERS

- a) Have you talked with any women who have had children about what its like to have a baby to care for? When was that - since pregnancy or before?  
CHECK FOR OWN MOTHER, OTHER RELATIVES, FRIENDS
- b) What did they say?

8.5

## MATERIAL PREPARATIONS

- a) What have you got ready for the baby so far?
- b) Where are these things from (SOURCE OF ITEM, eg. earnings, DHSS grant, money from parents or P/F, given in kind)
- c) What have you got for yourself, for the pregnancy and your stay in hospital? Where have these things come from? (SOURCE OF ITEM)
- d) Has anyone given you money to buy things for the baby or for yourself, like maternity clothing? CHECK FOR PARENTS, OTHER RELATIVES, P/F, DHSS
- e) Are you happy with what you've got for the baby or that you expect to get? Why not?

378

Code

Col

NO. OF MOTHERS R HAS TALKED WITH

CODE NO. 8 OR MORE = 8.

72

MOTHERS S TALKED TONOT DISCUSSED = 0; DISCUSSED - BEFORE PREGNANT = 1;  
SINCE PREGNANT = 2; BOTH BEFORE AND SINCE PREGNANT = 3.

BM

73

OTHER RELATIVES

74

FRIENDS

75

OTHERS

76

ITEMS THAT R HAS READYNOT READY = 0; READY - R BOUGHT EARNINGS = 1;  
FROM BENEFITS/DHSS = 2; R BOUGHT, MONEY GIVEN BY  
REL/PF ETC. = 3; ITEM GIVEN = 4; OTHER = 7.

COT

77

PRAM

78

CLOTHING

7;5

CHANGING

6

BATHING

7

FEEDING

8

FOR SELF

9

SOURCES OF MONEY FOR BABY/SELFNOT MENTIONED = 0; MENTIONED - FOR BABY = 2;  
FOR SELF = 3; FOR BOTH = 4.

PARENTS

10

OTHER RELATIVES

11

PF

12

DHSS

13

OTHER

14

ATTITUDE TO WHAT HAS GOT/EXPECTS TO GET FOR BABY

HAPPY = 0; NOT HAPPY - CAN'T AFFORD SOME ITEMS = 1; UNHAPPY WITH QUALITY = 2.

15

8.4

## ANTE-NATAL CARE

- |    |                                |
|----|--------------------------------|
| 1. | TYPE OF CARE                   |
| 2. | WEEKS PREGNANT AT BOOKING-IN   |
| 3. | ANY APPOINTMENTS MISSED        |
| 4. | IF EVER ACCOMPANIED TO CLINIC  |
| 5. | <u>IF 'YES' TO 4</u> , BY WHOM |

379

Code

Col

TYPE OF ANTE-NATAL CARE

HOSPITAL ONLY = 0; SHARED = 1.

16

WEEKS PREGNANT AT BOOKING-IN

CODE NUMBER OF WEEKS

17

18

APPOINTMENTS MISSED

CODE NO. NONE = 0.

19

IF ACCOMPANIED

CODE NO. OF TIMES ACCOMPANIED

SUMMARY

20

RM

21

PF

22

OTHER

23

8. 5

## ATTITUDE TO ANTE-NATAL CARE

IF SHARED, COVER BOTH HOSPITAL AND GP

- a) How do you feel about going to CLINIC?
- b) What do you think about the (CLINIC)?
- c) How have you been treated? Have there been anytimes you've been unhappy about how you've been treated? How did you feel about that?
- d) What are the staff like? Are there any exceptions?
- e) Have you ever asked any questions, for instance, about the progress of the pregnancy or what the staff are doing? What happened? Were you satisfied with the answer or not?
- f) How easy is it to ask questions?
- g) Do you feel ante-natal care is worthwhile, or a bit of a waste of time? Has it been of any use to you?
- h) Would you prefer clinics especially for young mothers like yourself, or do you prefer a general clinic?



380

Code

Col

ATTITUDE TO CLINIC

POSITIVE, NO QUAL. = 0; POSITIVE WITH QUAL. = 1;  
 ACCEPTING, NO QUAL. = 2; ACCEPTING, WITH QUAL. = 3;  
 MIXED = 4; NEGATIVE, WITH QUAL. = 5; NEGATIVE, NO  
 QUAL. = 6.

HOSPITAL

24

GP

25

STAFF FROM R GROUP

NONE, R NOT LIKE MORE = 0; NONE, R LIKE MORE = 1; SOME, R LIKE LESS = 2;  
 NOT LIKE MORE/LESS = 3; LIKE MORE = 4.

26

IF R FEELS ANC WORTHWHILE

WORTHWHILE AND USE TO R = 0; WORTHWHILE BUT NOT TO R = 1; WASTE OF TIME, BUT  
 USE TO R = 2; WASTE OF TIME, NO USE TO R = 3.

27

PREFERENCE FOR SPECIAL CLINICS

PREFER YOUNG MOTHERS' CLINIC = 0; PREFER GENERAL CLINIC = 1.

28

8.6

## ANTE-NATAL CLASSES

1. IF ATTENDED ANTE-NATAL CLASSES
2. IF 'NO' TO 1, IF KNEW OF ANY CLASSES
3. IF 'YES' TO 2, REASON NOT ATTENDED
4. IF 'YES' TO 1, WHEN STARTED ATTENDING AND TYPE ATTENDED
5. NO. ATTENDED
6. ANY MISSED
7. IF STILL GOING
8. IF 'NO' TO 7, REASON STOPPED
9. IF ANYONE SUGGESTED R ATTEND AND CHECK FOR PARENTS, OTHER RELATIVES, FRIENDS, HEALTH WORKERS
10. IF ANYONE PRESSED R TO ATTEND

ATTENDANCE AT ANTE-NATAL CLASSES

CODE NUMBER ATTENDED

29

TYPE ATTENDEDHOSPITALS = 0; LOCAL CLINIC = 1; NCT = 2; 0+1 = 3; 0+2 = 4; 1+2 = 5;  
0+1+2 = 6.

30

IF NONE ATTENDED, CODE = 9.

REASON NOT ATTENDEDNONE KNOWN OF = 0; NOT INVITED = 1; INCONVENIENT LOCATION = 2; ANXIOUS ABOUT  
MIXING/ATTENDING = 3; TOO BUSY = 4; FELT NO NEED = 5; USED OTHER SOURCE FOR  
RELAXATION = 6; OTHER - 7.

31

REASON STOPPED GOINGSTILL GOING = 0; COURSE COMPLETED = 1; DISLIKED COURSE = 2; GOT NOTHING FROM  
GOING = 3; TOO BUSY = 4; ILLNESS/HOSPITALISATION = 5.

32

IF SUGGESTED/PRESSED TO ATTEND

NO = 0; SUGGESTED = 1; PRESSED = 2; BOTH = 3.

33

8.7

## ATTITUDE TO ANTE-NATAL CLASSES

- a) What do you think about (CLASS)?
- b) How have you been treated? Have there been any times you've been unhappy about how you've been treated? How did you feel about that?
- c) What are/were the staff like? Are/were there any exceptions?
- d) Do you feel that the classes have been useful or rather a waste of time? Have they been of any use to you?

8.8

- \* ANY SOURCE IN WHICH READ ABOUT PREGNANCY, BIRTH, BABIES, PARENTHOOD, AND CHECK FOR BOOKS, HOSPITAL PAMPHLET, MAGAZINES

ATTITUDE TO CLASSES

POSITIVE, NO QUAL. = 0; POSITIVE, WITH QUALS = 1; ACCEPTING, NO QUAL. = 2;  
ACCEPTING, WITH QUAL. = 3; MIXED = 4; NEGATIVE, WITH QUAL = 5; NEGATIVE,  
NO QUAL = 6.

34

IF R FEELS CLASSES USEFUL

USEFUL AND OF USE TO R = 0; USEFUL BUT NO USE TO R = 1; WASTE OF TIME BUT  
SOME USE TO R = 2; WASTE OF TIME, NO USE TO R = 3.

35

MATERIAL READ BY R

NONE MENTIONED = 0; HOSPITAL/GP PAMPHLET = 1; MAGAZINE = 2; BOOK = 3; 1+2 = 4;  
1+3 = 5; 2+3 = 6 1+2+3 = 7.

36

8.9

## ATTITUDE TO READING

- a) What did you think of (READING)?
- b) Was it useful to you in any way, or not?

&amp;10

## HEALTH MEASURES IN PREGNANCY

- a) Has anyone suggested you should do anything about your diet ... smoking ... resting ... anything else? CHECK FOR PARENTS, OTHER RELATIVES, FRIENDS, P/F, HEALTH WORKERS. What did you think of their advice?
- b) Have you made changes during the pregnancy to help make sure you and baby are healthy? What about diet ... smoking ... resting ... anything else? Is there anything else you feel you should have done but haven't?

ATTITUDE TO READING.

AS ATTITUDE TO CLASSES 8.7.

37

IF READING USEFUL

NOT AT ALL = 0; INDIFFERENT = 1; SOME WAS = 2; ALL USEFUL = 3.

38

HEALTH MEASURES IN PREGNANCY

NOTHING MENTIONED = 0; SUGGESTED TO R - NOTHING DONE, R DOES NOT FEEL SHOULD HAVE DONE = 1; R FEELS SHOULD HAVE DONE = 2; SUGGESTED TO R - R DONE SOMETHING, R DOES NOT FEEL SHOULD DO MORE = 3; R FEELS SHOULD DO MORE = 4; NOT SUGGESTED, BUT R DONE, DOES NOT FEEL SHOULD DO MORE = 5; FEELS SHOULD DO MORE = 6.

SUMMARY

39

SPECIFIC  
DIET

40

SMOKING

41

REST

42

OTHER

43

ADVICE ON HEALTH MEASURES

NONE = 0; ADVICE GIVEN - R THOUGHT USEFUL = 1; R THOUGHT SOME USEFUL = 2; R THOUGHT NEITHER USEFUL NOR BAD = 3; R THOUGHT SOME BAD/NOT USEFUL = 4.

SUMMARY

44

SPECIFIC  
BM

45

BF

46

OTHER RELATIVES

47

PF

48

FRIENDS

49

SERVICES

50

8.11

## SMOKING

1. DID R SMOKE BEFORE PREGNANCY
2. IF CHANGED SMOKING BEHAVIOUR IN PREGNANCY
3. IF 'YES' TO 2, HOW CHANGED
4. WHEN CHANGED
5. AT WHOSE INITIATIVE
6. IF 'NO' TO 2, IF ANYONE ADVISED R TO CHANGE
7. IF 'YES' TO 6, WHY R NOT CHANGED





## 8.12 DRINKING

1. DID R DRINK BEFORE PREGNANCY
2. IF CHANGED DRINKING HABITS IN PREGNANCY
3. IF 'YES' TO 2, HOW CHANGED
4. WHEN CHANGED
5. AT WHOSE INITIATIVE
6. IF 'NO' TO 2, IF ANYONE ADVISED R TO CHANGE
7. IF 'YES' TO 6, WHY R NOT CHANGED



8.15

## DRUGS

1. IF R TAKING ANY DRUGS BEFORE PREGNANCY
2. IF 'YES' TO 1, WHAT DRUGS
3. IF CHANGED DRUG-TAKING IN PREGNANCY
4. IF 'YES' TO 3, HOW CHANGED
5. WHEN CHANGED
6. AT WHOSE INITIATIVE
7. IF 'NO' TO 3, IF ANYONE ADVISED R TO CHANGE
8. IF 'YES' TO 6, WHY R NOT CHANGED

386

Code

Col

SMOKING, DRINK, DRUGS

DID NOT SMOKE, ETC., BEFORE PREGNANCY - NO CHANGE SINCE = 0;  
TAKEN UP SINCE = 1; SMOKED, ETC., BEFORE PREGNANCY - GAVE UP  
WHEN PREGNANT = 2; CUT DOWN WHEN PREGNANT = 3; CUT DOWN, BUT  
BACK TO FORMER LEVEL = 4; INCREASED = 5; INCREASED , BUT  
BACK TO FORMER LEVEL = 6.

SMOKING

51

DRINKING

52

DRUGS

53

8.14

## CONFIDANTS ABOUT BIRTH

- \* Have you talked with anyone about giving birth and what it's like?  
CHECK FOR MOTHER, OTHER RELATIVES, FRIENDS, HEALTH WORKERS
- \* What did they say? How do you feel about that?
- \* Would you have liked to talk about it (more)/(to someone)?

8.15

## ATTITUDE TO BIRTH

- \* How do you feel about the prospect of giving birth, I mean, the labour and delivery? Is there anything you are worried about?
- \* Do you expect anyone to be with you? In the labour? At the birth?
- \* Would you like anyone (else) to be there? Who? Why? Why not?

DISCUSSED BIRTH

NOT DISCUSSED = 0; DISCUSSED FEELS POSITIVE ABOUT DISC. = 1;  
DISCUSSED AND HAD MIXED IMPACT = 2; HAD LITTLE OR NO IMPACT  
ON R = 3; R FEELS NEGATIVE ABOUT DISC. = 4.

SUMMARY		54
<u>SPECIFIC</u> EM		55
OTHER RELATIVES		56
FRIENDS		57
OTHER		58

IF SATISFIED WITH DISCUSSION OF BIRTH

LIKED TO HAVE TALKED MORE = 0; NOT LIKED TO = 1.

59

ATTITUDE TO BIRTH

POSITIVE, NO QUAL = 0; POSITIVE WITH QUALIFICATION = 1; ACCEPTING  
NO QUAL. = 2; ACCEPTING, WITH QUAL = 3; MIXED = 4; NEGATIVE WITH  
QUAL = 5; NEGATIVE, NO QUAL = 6;

IF DOES NOT DISTINGUISH BETWEEN LABOUR AND DELIVERY,  
CODE BOTH THE SAME.

LABOUR		60
DELIVERY		61

OTHERS EXPECTED TO BE AT BIRTH

NOT EXPECTED, NOT WANTED = 0; NOT EXPECTED BUT WANTED  
= 1; EXPECTS SOMEONE PRESENT - LABOUR ONLY = 2; OTHER  
ALSO WANTED BUT NOT EXPECTED = 3; EXPECTS SOMEONE  
PRESENT - DELIVERY ONLY = 4; OTHER ALSO WANTED BUT  
NOT EXPECTED = 5; EXPECTS SOMEONE PRESENT FOR BOTH = 6;  
OTHER ALSO WANTED BUT NOT EXPECTED = 7.

SUMMARY		62
<u>SPECIFIC</u> EM		63
OTHER RELATIVE		64
PF		65
FRIEND		66
OTHER		67

9.1 CONTACT WITH LOCAL AUTHORITY SOCIAL SERVICES DEPARTMENT, PROBATION SERVICE, EDUCATION WELFARE OR VOLUNTARY SOCIAL WORK AGENCY

1.	IF R HAS EVER HAD DEALINGS WITH ANY OF THESE AGENCIES
2.	<u>IF 'YES' TO 1, FOR EACH AGENCY</u> AGE AT FIRST CONTACT
3.	WHO INITIATED CONTACT
4.	REASON FOR CONTACT
5.	IF STILL IN CONTACT

NB CHECK FOR CONTACT WITH HOSPITAL SOCIAL WORKERS AND ASK 3,4, AND 5.



388

Code

Col

CONTACT WITH OTHER AGENCIES

NO CONTACT = 0; CONTACT - FIRST AT 15 OR OVER = 1;  
16 = 2; 17 = 3; 18 = 4 19 = 5; SINCE PREGNANCY  
BEGAN = 6.

SUMMARY		68
SPECIFIC SOC. SERVICES DEPT.		69
OTHER AGENCY		70

9.2

ATTITUDE TO AGENCY IF IN CONTACT DURING PREGNANCY

- a) What do you think of (AGENCY)?
- b) How have you been treated? Have there been any times you were unhappy about how you were treated? How did you feel about that?
- c) What were the staff like? Were **there** any exceptions?
- d) Did you feel the (AGENCY) has been useful or rather a waste of time? Has it been of any use to you?
- e) Have you had any cash or goods from (AGENCY) during the pregnancy?

389

Code

Col

ATTITUDE TO SERVICE .

POSITIVE, NO QUAL = 0; POSITIVE WITH QUAL = 1;  
ACCEPTING NO QUAL = 2; ACCEPTING, WITH QUAL  
= 3; MIXED = 4; NEGATIVE WITH QUAL = 5;  
NEGATIVE , NO QUAL = 6.

SOC. SERVICES DEPT.

71

OTHER AGENCY

72

IF FEELS CONTACT USEFUL

USEFUL = 0; NOT USEFUL = 1.

SOC. SERVICES DEPT.

73

OTHER AGENCY

74

CASH/GOODS RECEIVED IN PREGNANCY

NONE MENTIONED = 0; CASH = 1; GOODS = 2; BOTH = 3.

75

9.3 WILLINGNESS TO USE SOCIAL SERVICES IF NOT IN CONTACT DURING PREGNANCY (EXCEPT FOR HOSPITAL SOCIAL WORKER)

- a) Would you ever consider going to social services? Why not?
- b) Why would you go?

390

Code

Col

WILLINGNESS TO USE SOCIAL SERVICES

NOT CONSIDER = 0; CONSIDER = 1.

76

## 10.1 REGULAR SOURCES OF INCOME FOR R

1.	IF HAS REGULAR EARNINGS
2.	<u>IF 'YES' TO 1</u> , TAKE HOME PAY PER WEEK
3.	<u>IF 'NO' TO 1</u> , TAKE HOME PAY PER WEEK IN LAST JOB
4.	IF RECEIVES STATE BENEFIT
5.	<u>IF 'YES' TO 3</u> , TYPE OF BENEFIT
6.	WHEN FIRST BEGAN TO DRAW
7.	AMOUNT OF BENEFIT PER WEEK
8.	<u>IF 'NO' TO 1 AND 3</u> , REASON DRAWS NO BENEFITS
9.	ANY OTHER REGULAR SOURCES OF INCOME AND <u>CHECK FOR MONEY FROM RELATIVES OR P/F</u>

391

Code Col

<u>S'S EARNINGS - CURRENT TAKE HOME PAY PER WEEK</u>		77
CODE CURRENT EARNINGS OR AT TIME STOPPED WORK/MADE UNEMPLOYED IF NOT EMPLOYED IN LAST YEAR, CODE = 900		78
		8/5

<u>REGULAR SOURCES OF INCOME</u>		
NONE MENTIONED = 0; EARNINGS = 1; MATERNITY BENEFIT = 2; EDUCATION GRANT = 3; UNEMPLOYMENT BENEFIT = 4; SUP. BEN. = 5; MONEY FROM PF = 6; OTHER = 7.	MAIN SOURCE	6
	OTHER SOURCE	7

<u>AMOUNT OF REGULAR INCOME</u>		
CODE CURRENT INCOME FROM ALL SOURCE(S) PER WEEK		8
IF WITH SP AND GETS NO INCOME FOR SELF, CODE = 000.		9
		10

## 10.2 REGULAR SOURCES OF INCOME FOR SPOUSE OR COHABITEE (IF APPLICABLE)

1. IF HAS REGULAR EARNINGS
2. IF 'YES' TO 1, TAKE HOME PAY PER WEEK
3. IF 'NO' TO 1, TAKE HOME PAY PER WEEK IN LAST JOB
4. IF RECEIVES STATE BENEFIT
5. IF 'YES' TO 3, TYPE OF BENEFIT
6. WHEN FIRST BEGAN TO DRAW
7. AMOUNT OF BENEFIT PER WEEK
8. IF 'NO' TO 1 AND 3, REASON DRAWS NO BENEFITS
9. ANY OTHER REGULAR SOURCES OF INCOME AND CHECK FOR MONEY FROM RELATIVES OR P/F



SP/COHAB. EARNINGS - WEEKLY TAKE HOME PAYCODE CURRENT EARNINGS OR AT TIME MADE UNEMPLOYED  
IF NOT EMPLOYED IN LAST YEAR, CODE = 900

11

12

13

REGULAR SOURCES OF INCOME FOR SP/COHAB.NOT MENTIONED = 0; EARNINGS = 1; EDUCATION GRANT = 2; UNEMPLOYMENT BENEFIT = 3;  
SUP. BEN. = 4; OTHER = 7.

14

AMOUNT OF REGULAR INCOME

CODE CURRENT INCOME FROM SOURCE(S) PER WEEK

15

16

17

10.3

## IRREGULAR SOURCES OF INCOME

- a) Do you sometimes get money from anywhere else? AND CHECK FOR OCCASIONAL EARNINGS OR MONEY FROM RELATIVES OR P/F
- b) Where/who from?
- c) How much do you get?
- d) At what kinds of intervals?
- e) How do you feel about that?

393

Code

Col

OTHER IRREGULAR SOURCES OF INCOME

NOT MENTIONED = 0; MENTIONED - USUALLY FORTNIGHTLY = 1;  
USUALLY MONTHLY = 2; LESS FREQUENT = 3; VARIES = 4.

SUMMARY		18
SPECIFIC JCC. EARNINGS		19
PARENTS/RELATIVES		20
PF		21
OTHER		22

10.4

## BENEFITS APPLIED FOR SINCE PREGNANCY

COVER:		MATERNITY PAY; MATERNITY ALLOWANCE; SUPPLEMENTARY BENEFIT (IF NOT COVERED IN 10.1); MATERNITY GRANT; FREE MILK; RENT OR RATE REBATE/ALLOWANCE (IF R OR SPOUSE/COHABITER IS HOUSEHOLDER);  FREE DENTAL TREATMENT; FREE PRESCRIPTIONS.
FOR EACH APPLIED FOR COVER:-		
1.	HOW R KNEW ABOUT BENEFIT	
2.	OUTCOME OF APPLICATION	
3.	IF ENCOUNTERED ANY DIFFICULTIES IN APPLYING FOR BENEFIT	
FOR EACH <u>NOT</u> APPLIED FOR THAT R APPEARS ELIGIBLE FOR, COVER:-		
1.	IF KNEW ABOUT BENEFIT	
2.	<u>IF 'YES' TO 1</u> , IF THINKS POSSIBLE/DEFINITELY ELIGIBLE	
3.	<u>IF 'YES' TO 2</u> , IF CONSIDERED APPLYING	
4.	WHY NOT APPLIED	

394

Code

Col

BENEFITS APPLIED FOR SINCE PREGNANCY

NOT APPLIED FOR, NOT ELIGIBLE = 0; R NOT HEARD OF BENEFIT = 1; R THINKS INELIGIBLE = 2; R THINKS ELIGIBLE, NOT CONSIDERED APPLYING = 3; CONSIDERED APPLYING, BUT DECIDED AGAINST = 4; CONSIDERED APPYING AND STILL MIGHT = 5; APPLIED, NOT HEARD IF GRANTED = 6; APPLIED, NOT GRANTED = 7; APPLIED AND GRANTED = 8

MATERNITY PAY		23
MATERNITY ALLOW.		24
SUP. BEN.		25
MATERNITY GRANT		26
FREE MILK		27
RENT/RATES		28
DENTAL TREATMENT		29
FREE PRESC.s		30

NO. OF BENEFITS APPLIED FOR

APPLIED FOR		31
RECEIVED		32

## D.5 GRANTS FROM SOCIAL SECURITY FOR CLOTHING, FURNISHINGS, OTHER BABY THINGS

1.	HAS R APPLIED FOR GRANT
2.	<u>IF 'YES' TO 1</u> , HOW R KNEW ABOUT GRANT
3.	OUTCOME OF APPLICATION (INCLUDING SIZE OF GRANT)
4.	IF ENCOUNTERED ANY DIFFICULTIES IN APPLYING FOR GRANT
5.	<u>IF 'NO' TO 1 AND R ON SUPPLEMENTARY BENEFIT</u> , IF SOCIAL SECURITY GIVEN GRANT
6.	<u>IF 'YES' TO 5</u> , SIZE OF GRANT
7.	AT WHOSE INITIATIVE GRANT GIVEN
8.	<u>IF 'NO' TO 5</u> , IF KNEW ABOUT GRANTS
9.	<u>IF 'YES' TO 8</u> , IF CONSIDERED APPLYING
10.	WHY NOT APPLIED

395

	Code	Col
<u>GRANT FROM DHSS FOR CLOTHING, ETC.</u> NOT APPLIED, NOT ELIGIBLE = 0; NOT HEARD OF GRANT = 1; NOT APPLIED, THINKS ELIGIBLE = 2; THINKS ELIGIBLE, NOT CONSIDERED APPLYING = 3; CONSIDERED APPLYING, BUT DECIDED AGAINST = 4; CONSIDERED APPLYING - STILL MIGHT = 5; APPLIED NOT HEARD IF GRANTED = 6; APPLIED, NOT GRANTED = 7; APPLIED AND GRANTED/GIVEN BY DHSS = 8.		33
<u>SIZE OF GRANT</u>		34
ROUNDED TO NEAREST £: FOR EXAMPLE 10 = 010.		35
<u>ANY DIFFICULTIES ENCOUNTERED IN APPLYING FOR BENEFITS/GRANTS</u> NONE MENTIONED = 0; BENEFIT IN 10.4 = 1; GRANT IN 10.5 = 2; BOTH = 3.		36
		37

## ATTITUDE TO DHSS (IF APPLIED FOR SUPPLEMENTARY BENEFIT)

- a) What do you think about (DHSS)?
- b) How have you been treated? Have there been any times you've been unhappy about the way you've been treated? How do you feel about that?
- c) What are the staff like? Have there been any exceptions?



396

Code

Col

ATTITUDE TO DHSS

POSITIVE, NO QUAL = 0; POSITIVE, WITH QUAL = 1; ACCEPTING, NO QUAL = 2;  
QUAL = 3; MIXED = 4; NEGATIVE, WITH QUAL = 5; NO QUAL = 6.

38

10.7

## BOARD MONEY

- a) Do you/have you ever give(n) money to your parents? (Or whoever R lives with excluding SP or cohabiter)
- b) When did you start giving money? Do you still give money?
- c) IF NOT GIVING MONEY - When did you stop? Why did you stop?
- d) How much do you give?
- e) What does that cover (eg. rent, heat, electricity, food)
- f) Did you decide to give something or did your parents (or whoever R lives with) suggest that you give something?
- g) Did you decide the amount or did they?
- h) How do they feel about it (the amount R gives)?
- i) How do you feel about it? CHECK WHETHER R FEELS IT IS AN ADEQUATE AMOUNT AND WHETHER SHE FEELS SHE GETS BACK (IN MONEY OR GOODS) AS MUCH AS SHE PUTS IN

397

Code

Col

IF R PAYS IN FOR KEEP

LIVES ON OWN OR ONLY WITH SP/COHABITEE = 0; HAS NEVER PAID = 1; HAS PAID,  
NOT NOW = 2; PAYS NOW = 3.

39

AMOUNT R PAYS FOR BOARD MONEY

40

CODE CURRENT AMOUNT PER WEEK

41

ITEMS COVERED BY BOARD MONEY

NOT MENTIONED = 0; MENTIONED = 1.

HOUSING

42

FUEL

43

FOOD

44

OTHER

45

10.8

## ORGANISATION OF FINANCES BETWEEN R AND SPOUSE/COHABITER

1.	IF R AND/OR SP/COHABITER HAVE BANK A/C <u>AND IF SO</u> IF JOINT OR SINGLE
2.	WHO ACTUALLY PAYS FOR (ie. SEES TO) HOUSING COSTS: FUEL BILLS: DAILY HOUSEHOLD ITEMS
3.	IF MONEY TRANSFERRED BETWEEN S AND SP/COHABITER
4.	<u>IF 'YES' TO 3</u> , HOW IS TRANSFER ORGANISED (ie. WHOLE WAGES, PAY TO BANK A/C, HOUSEKEEPING)
5.	WHAT TRANSFER SUPPOSED TO COVER
6.	IF REGULAR AMOUNT
7.	<u>IF 'YES' TO 6</u> , AMOUNT REGULARLY TRANSFERRED
IF BOTH S AND SP/COHABITER EARN OR DRAW BENEFIT, COVER:-	
1.	IF EARNINGS/BENEFIT IS ENTIRELY/PARTIALLY POOLED OR KEPT ENTIRELY SEPARATE
2.	<u>IF POOLED</u> , HOW POOLING ORGANISED (eg. THROUGH BANK, POOLING CASH)
3.	<u>IF PART POOLED/ENTIRELY SEPARATE</u> , IF S AND SP/COHABITER EARNINGS NOT POOLED ARE USED FOR SEPARATE PURPOSES
4.	ANY CHANGES IN HOW FINANCES ORGANISED SINCE FIRST LIVED TOGETHER
5.	<u>IF 'YES' TO 5</u> , NATURE OF CHANGE
6.	WHEN OCCURRED

BANK ACCOUNTS

NEITHER S NOR SP HAVE BANK ACCOUNT = 0; SP HAS - S HAS NOT = 1; S HAS - SP HAS NOT = 2; S AND SP EACH HAVE SEPARATE ACCOUNTS = 3; S HAS SINGLE A/C AND JOINT = 4; SP HAS SINGLE AND JOINT = 5; BOTH HAVE SINGLE A/C AND JOINT = 6; JOINT A/C ONLY = 7.

46

WHO PAYS BILLS

S MAINLY = 0; SP MAINLY = 1; VARIES = 2;  
STANDING ORDERS = 3; OTHERS = 7.

HOUSING COSTS

47

FUEL

48

DAILY HOUSEHOLD ITEMS

49

TRANSFER OF MONEY BETWEEN S AND SP

NO = 0; YES - SP PUTS MONEY INTO S'S ACCOUNT = 1; SP GIVES HOUSEKEEPING ALLOWANCE = 2; SP GIVES ALL EARNINGS TO S (EXCL. 'POCKET MONEY') = 3; OTHER TRANSFER SP TO S = 4; TRANSFER S TO SP = 5.

50

IF TRANSFERRED PER WEEK

ACTUAL AMOUNT TO NEAREST £. IF MONTHLY TRANSFER, DIVIDE BY 4.

51

IF NO REGULAR TRANSFER CODE = 99

52

ITEMS TRANSFER COVERS

NOT MENTIONED = 0; SP TO S = 1;  
S TO SP = 2; BOTH = 3.

FOOD/HOUSEHOLD

53

RENT, ETC.

54

FUEL

55

PERSONAL

56

OTHER

57

IF NO TRANSFER, CODE = 9

IF EARNINGS POOLED

S NOT EARNING OR DRAWING BENEFIT = 0; SP NOT EARNING OR DRAWING BENEFIT = 1;  
BOTH EARNING/DRAWING BENEFIT - NOT POOLED = 2; PARTIALLY POOLED = 3; TOTALLY POOLED VIA BANK = 4; TOTALLY POOLED, OTHER WAY = 5.

58

IF NOT POOLED TOTALLY, IF S/SP EARNINGS USED FOR SEPARATE PURPOSES

NO = 0; YES = 1.

IF ONLY ONE EARNS/DRAWS BENEFIT OR TOTALLY POOLED, CODE = 9

59

NUMBER OF CHANGES IN HOW FINANCES ORGANISED

SINCE LIVED TOGETHER

60

SINCE PREGNANT

61

CHANGE IN ORGANISATION OF FINANCES (SPECIFIC)

WHOLE WAGE SYSTEM = 0; ALLOWANCE SYSTEM = 1; POOLING = 2;  
INDEPENDENT MANAGEMENT = 3; OTHER = 7.

TO

62

IF NOT CHANGED, CODE CURRENT SYSTEM UNDER 'TO' AND CODE 'FROM' = 9

FROM

63

## 10.9 FINANCIAL DIFFICULTIES

- a) Since the pregnancy began, has there been any time when you (and your SP/cohabitee) when you've had no income at all? When? Why?
- b) Since the pregnancy began have you had to give up or cut down anything because money was short?
- c) Have there been any times when you haven't been able to afford to eat properly? When? What did you do?
- d) Have you had any (other) worries about money? What are/were they?  
AND CHECK FOR ANY DEBTS OR LOANS: RENT ARREARS: SERVICES CUT OFF OR THREATENED: REPOSSESSION OF GOODS
- e) Is lack of money a problem at present? How does that affect you? How do you feel about it?
- f) Do you expect money to be a problem after the baby is born? In what way? How do you think it will affect you and the baby?

399

Code

Col

NO INCOME OR UNABLE TO AFFORD TO EAT

NEITHER = 0; NO INCOME - NOT NOW = 1; NO INCOME - NOW = 2; UNABLE TO EAT  
PROPERLY = 3; 1+3 = 4; 2+3 = 5.

64

MONEY WORRIES

NOT MENTIONED = 0; MENTIONED = 1.

SUMMARY

65

SPECIFIC  
DEBTS/LOANS

66

RENT ARREARS

67

SERVICES THREATENED

68

REPOSSESSION

69

OTHER

70

IF MONEY A PROBLEM NOW OR EXPECTED TO BE AFTER C BORN

NEITHER = 0; NOW ONLY = 1; AFTER C BORN = 2; BOTH = 3.

71

11.1

## CURRENT ACCOMMODATION

1. TYPE OF HOUSING (eg. HOUSE - TERRACED, SEMI-DET., DETACHED; FLAT; MAISONETTE, BED-SIT; HOTEL/B&B, MOTHER AND BABY HOME/OTHER RESIDENTIAL)
2. TYPE OF TENANCY
3. IF RENTED, IF FURNISHED/UNFURNISHED
4. HOUSEHOLDER (IF R LIVES WITH SP/COHABITEE, CHECK WHOSE NAME TENANCY IS IN)
5. IF HOUSEHOLDER IS R OR SP/COHABITEE, ACCOMMODATION COSTS (ie. RENT OR MORTGAGE)
6. IF ACCOMMODATION HAS KITCHEN/BATHROOM/HOT RUNNING WATER/WC
7. NO. OF BEDROOMS
8. IF R SHARES BEDROOM (EXCLUDING SP/COHABITER) /KITCHEN/BATHROOM/WC
9. FLOOR SITTING ROOM ON
10. IF ACCOMMODATION HAS TELEPHONE
11. IF 'YES' TO 10, IF R (+SP/COHABITEE) HAVE SOLE USE
12. IF R HAS ACCESS TO GARDEN
15. IF 'YES' TO 12, IF HAS SOLE/SHARED USE OF GARDEN



	Code	Col																		
<u>TYPE OF HOUSING</u> HOUSE - DETACHED = 00; SEMI-DETACHED = 01; TERRACE = 02; P BUILT FLAT = 03; OTHER FLAT = 04; P BUILT MAISONNETTE = 05; OTHER MAISONNETTE = 06; BED-SIT = 07; M AND B HOME = 08; OTHER RESIDENTIAL HOME = 09; HOTEL/BED & BREAKFAST = 10; OTHER = 77		72 73																		
<u>HOUSEHOLDER</u> R OR SP/COHABITEE = 0; PARENTS = 1; OTHER RELATIVE (OWN FAMILY) = 2; RELATIVE, PF FAMILY = 3; FRIEND = 4; OTHER = 5 IN M/B HOME, OTHER RESIDENTIAL HOME /HOTEL, CODE = 9		74																		
<u>TYPE OF TENANCY (OF HOUSEHOLDER)</u> OWNER OCC. = 0; RENT - PRIVATE FURNISHED = 1; UNFURNISHED = 2; HOUSING ASSOCIATION = 3; COUNCIL = 4; TIED TO JOB = 5; OTHER = 7		75																		
<u>NET RENT/MORTGAGE PER WEEK</u> IF MONTHLY FIGURE GIVEN DIVIDE BY 4. IF R DOES NOT KNOW, CODE = 98		76 77																		
<u>IF R CONTRIBUTES TO HOUSING COSTS</u> NO = 0; R + SP/COHABITEE MAKE CONTRIBUTION = 1; R MAKES CONTRIBUTIONS = 2; IF R IS HOUSEHOLDER OR LIVES ALONE WITH R, CODE = 9		78																		
<u>NO. OF BEDROOMS</u> CODE NUMBER		9/5																		
<u>IF R SHARES BEDROOM</u> CODE NUMBER OF PEOPLE R SHARES WITH EXCL. SP/COHAB.		6																		
<u>AMENITIES</u> NO-USE/NONE = 0; SHARED WITH OTHER HOUSEHOLDS = 1; EXCLUSIVE USE = 2.	<table border="1"> <tr> <td data-bbox="1005 1243 1300 1310">RUNNING HOT WATER</td> <td data-bbox="1300 1243 1420 1310"></td> <td data-bbox="1420 1243 1522 1310">7</td> </tr> <tr> <td data-bbox="1005 1310 1300 1377">BATH</td> <td data-bbox="1300 1310 1420 1377"></td> <td data-bbox="1420 1310 1522 1377">8</td> </tr> <tr> <td data-bbox="1005 1377 1300 1444">INDOOR WC</td> <td data-bbox="1300 1377 1420 1444"></td> <td data-bbox="1420 1377 1522 1444">9</td> </tr> <tr> <td data-bbox="1005 1444 1300 1512">KITCHEN</td> <td data-bbox="1300 1444 1420 1512"></td> <td data-bbox="1420 1444 1522 1512">10</td> </tr> <tr> <td data-bbox="1005 1512 1300 1579">CENTRAL HEATING</td> <td data-bbox="1300 1512 1420 1579"></td> <td data-bbox="1420 1512 1522 1579">11</td> </tr> <tr> <td data-bbox="1005 1579 1300 1624">GARDEN</td> <td data-bbox="1300 1579 1420 1624"></td> <td data-bbox="1420 1579 1522 1624">12</td> </tr> </table>	RUNNING HOT WATER		7	BATH		8	INDOOR WC		9	KITCHEN		10	CENTRAL HEATING		11	GARDEN		12	
RUNNING HOT WATER		7																		
BATH		8																		
INDOOR WC		9																		
KITCHEN		10																		
CENTRAL HEATING		11																		
GARDEN		12																		
<u>FLOOR SITTING-ROOM ON</u> BASEMENT = 0; GROUND = 1; FIRST = 2; SECOND = 3; ETC. TO SEVENTH OR HIGHER = 8		13																		

11.2

NO. OF ADDRESSES SINCE PREGNANCY BEGAN

IF MORE THAN ONE ADDRESS, FOR EACH COVER:-	
1.	STAGE. OF PREGNANCY MOVED
2.	REASON MOVED
3.	TYPE OF HOUSING
4.	TYPE OF TENANCY
5.	HOUSEHOLDER

401

Code

Col

NO. OF ADDRESSES SINCE PREGNANCY BEGAN  
IF IN SAME ADDRESS THROUGHOUT, CODE = 1

14

PREVIOUS ADDRESSES - TYPE OF HOUSING/TENANCY

PREVIOUS ADDRESS

AS 'TYPE OF HOUSING' IN 11.1

TYPE OF HOUSING

15

AS 'HOUSEHOLDER' IN 11.1

HOUSEHOLDER

16

AS 'TYPE OF TENANCY' IN 11.1

TENANCY

17

NO. OF CHANGES IN ADDRESS/HOUSEHOLD COMPOSITION SINCE BECAME PREGNANT

18

## 11.5 MEMBERS OF CURRENT HOUSEHOLD AT CURRENT ADDRESS

RELATIONSHIP TO R OR OTHER STATUS (eg. LODGER, FRIEND OF R)	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

NB: CHECK FOR ANY CHANGES OF HOUSEHOLD AT CURRENT ADDRESS - SINCE R PREGNANT  
AND IF CHANGED, INDICATE NATURE OF CHANGE.



11.4

MEMBERS OF HOUSEHOLD IN PREVIOUS ADDRESS DURING PREGNANCY

RELATIONSHIP TO R OR OTHER STATUS	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

NB CHECK FOR ANY CHANGES OF HOUSEHOLD AT PREVIOUS ADDRESS AND IF CHANGE,  
INDICATE NATURE OF CHANGE

403

Code

Col

TYPE OF HOUSEHOLD (17)

INDIVIDUALS UNDER 60 = 0; SMALL ADULT = 1;  
 SMALL FAMILIES = 2; LARGE FAMILIES = 3;  
 LARGE ADULT = 4; OLDER ADULT = 5.

CURRENT

19

PREVIOUS ADDRESS

20

NOs IN HOUSEHOLD

CURRENT

21

PREVIOUS ADDRESS

22

OTHERS IN HOUSEHOLD

NOT MENTIONED = 0; PREVIOUS ADDRESS = 1;  
 PRESENT ADDRESS = 2; CURRENTLY = 3; 1+2 = 4;  
 1+3 = 5; 2+3 = 6; 1+2+3 = 7.

SP/COHAB

23

BM/BF

24

SIBLINGS

25

OTHER RELATIVES

26

FRIENDS

27

LODGER

28

OTHER

29

115

## EXPECTATIONS ABOUT ACCOMMODATION AFTER BIRTH

1. IF R EXPECTS TO MOVE IN NEXT 9 MONTHS (ie. UPTO C=6 MONTHS)
2. IF 'YES' TO 1, WHEN EXPECTS TO MOVE
3. WHERE R EXPECTS TO MOVE TO (COVER TENANCY, TYPE OF ACCOMMODATION, LOCATION)
4. IF R EXPECTS TO LIVE WITH ANYONE NOT IN CURRENT HOUSEHOLD IN NEXT 9 MONTHS AND CHECK FOR COHABITATION EXPECTATIONS
5. IF 'YES' TO 4, WHO EXPECTS TO LIVE WITH (IF MALE, AS WIFE OR COHABITER)
6. WHEN EXPECTS TO START LIVING WITH THEM



EXPECTATIONS OF MOVING HOUSE/GETTING COUNCIL ACCOM.

NONE = 0; EXPECTS, BUT DOES NOT KNOW WHEN = 1; EXPECTS TO MOVE BEFORE BIRTH = 2; EXPECTS TO MOVE AFTER BIRTH - SPECIFIC DATE = 3; EXPECTS TO MOVE AFTER BIRTH BUT DOES NOT KNOW WHEN = 4.

GENERAL		30
COUNCIL		31

TYPE OF MOVE

TO SET UP HOME ON OWN = 0; TO SET UP HOME ALONE WITH S + SP = 1; TO LIVE WITH SP/COHABITEE AND OTHERS = 2; TO LIVE WITH OTHER RELATIVES (NO SP/COHAB.) = 3; TO LIVE WITH OTHERS (NO SP/COHAB) = 4; TO MOVE INTO M AND B HOME/OTHER RESIDENTIAL HOME = 5; OTHER = 7.

32

EXPECTATIONS OF LIVING WITH ANYONE IN NEXT 9 MONTHS

NO CHANCE = 0; GET MARRIED = 1; COHABIT = 2; OTHER CHANGE = 3.

33

11.6 COUNCIL ACCOMMODATION APPLIED FOR

1.	IF R ATTEMPTED TO GET COUNCIL ACCOMMODATION SINCE PREGNANCY BEGAN
2.	<u>IF 'NO' TO 1</u> , ANY PARTICULAR REASON WHY NOT
3.	<u>IF 'YES' TO 1</u> , IF NAME ON COUNCIL LIST
4.	TYPE OF ACCOMMODATION WANTED (BOTH TYPE <u>AND</u> LOCATION)
5.	IF HAD ANY OFFERS
6.	<u>IF 'YES' TO 5</u> , WHAT WAS OFFERED
7.	R'S RESPONSE TO OFFER
8.	<u>IF 'YES' TO 1</u> , IF EXPECTS TO GET COUNCIL ACCOMMODATION
9.	<u>IF 'YES' TO 8</u> , WHEN EXPECTS TO GET ACCOMMODATION
10.	TYPE OF ACCOMMODATION EXPECTED (TYPE <u>AND</u> LOCATION)

405

Code

Col

ATTEMPTS TO GET COUNCIL ACCOMMODATION SINCE PREGNANCY

S HAS COUNCIL ACCOM. IN OWN NAME = 0; JOINT NAME = 1; IN NAME OF SP/COHAB. = 2;  
HAS TRIED TO GET COUNCIL ACCOM. - ON WAITING LIST = 3; TURNED DOWN = 4; WANTS  
TO GET COUNCIL ACCOM. AND STEPS TAKEN = 5; NEITHER IN COUNCIL NOR TRIED TO  
GET = 6.

34

11.7

## ATTITUDE TO HOUSING DEPARTMENT (IF APPLIED FOR ACCOMMODATION)

- a) What do you think about (HOUSING DEPARTMENT)?
- b) How have you been treated? Have there been any times when you've been unhappy about the way you've been treated? How do you feel about that?
- c) What were the staff like? Have there been any exceptions?
- d) Have you had any (other) difficulties in getting Council accommodation? What happened?

406

Code

Col

ATTITUDE TO HOUSING DEPT.

POSITIVE, NO QUAL = 0; WITH QUAL = 1; ACCEPTING, NO QUAL = 2; QUAL = 3;  
MIXED = 4; NEGATIVE, WITH QUAL = 5; NO QUAL = 6.

35

DIFFICULTIES GETTING COUNCIL ACCOM.

NONE MENTIONED = 0; MENTIONED = 1.

36

2.1 OWN RELATIVES R IS IN REGULAR CONTACT WITH CURRENTLY EITHER BY PHONE OR DIRECT (REGULAR = AT LEAST FORTNIGHTLY)

Relationship to R	Age	Frequency of contact	Type of contact (eg. mostly phone, who visits who)	If pregnant/age of youngest child	Ethnic group	Linkages

CHECK FOR: PARENTS, SIBLINGS, STEP-RELATIVES, AUNTS/UNCLES, COUSINS, GRAND-PARENTS

DO NOT ENTER: SPOUSE/COHABITEE OF RELATIVE OR CHILDREN UNDER 16 EXCEPT R'S SIBLINGS

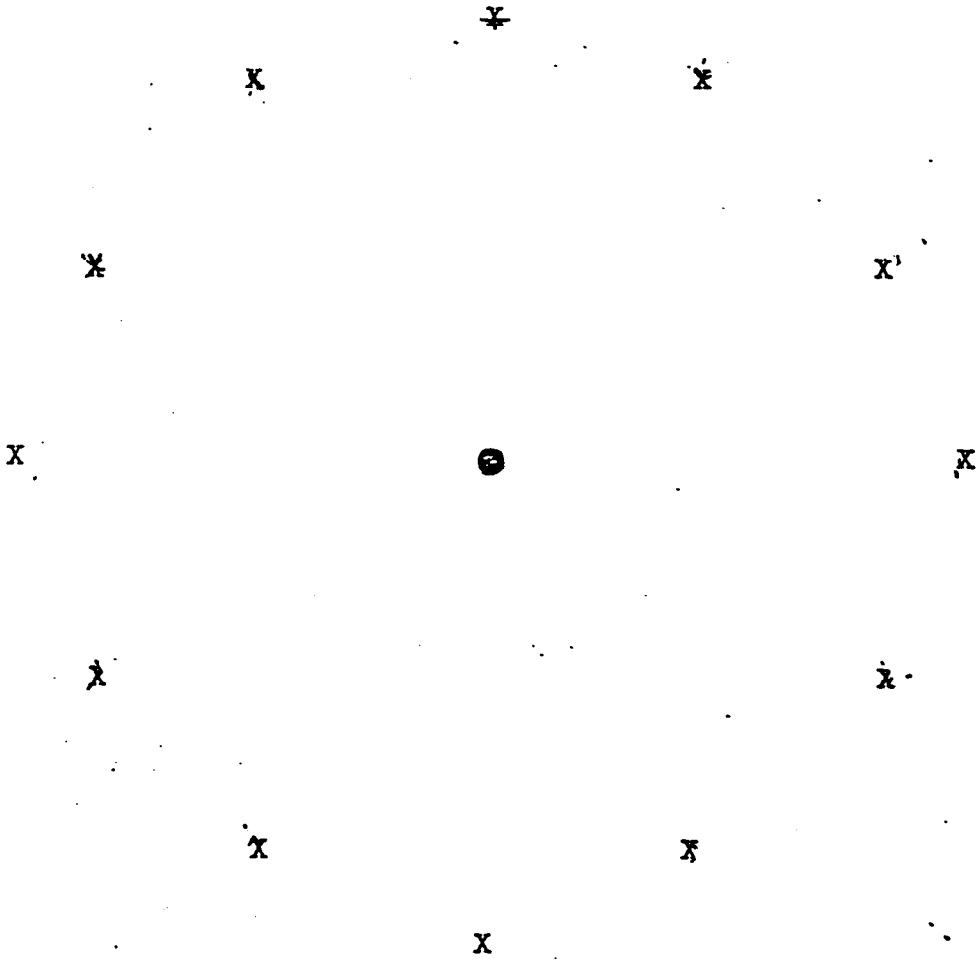
NB CHECK LINKAGES 12.1 - 12.3 WHEN S NOT PRESENT

RESOURCES  
POTENTIAL SOURCES OF SUPPORT (INFORMAL)

C

1.1

DRAW NETWORK AND LINKAGES



Co:

2.2 PUTATIVE FATHER AND HIS RELATIVES R IS IN REGULAR CONTACT WITH CURRENTLY EITHER BY PHONE OR DIRECT (REGULAR = AT LEAST FORTNIGHTLY)

Relationship to R	Age	Frequency of contact	Type of contact (eg. mostly phone, who visits who)	If pregnant/age of youngest child	Ethnic group	Linkages

**CHECK FOR: PARENTS, SIBLINGS, STEP-RELATIVES, AUNTS/UNCLES, COUSINS, GRAND-PARENTS**

**DO NOT ENTER: SPOUSE/COHABITER OF RELATIVE OR CHILDREN UNDER 16 EXCEPT R'S SIBLINGS**

**EXCLUDE COHABITEE**

**NB CHECK LINKAGES 12.1 - 12.3 WHEN S NOT PRESENT**

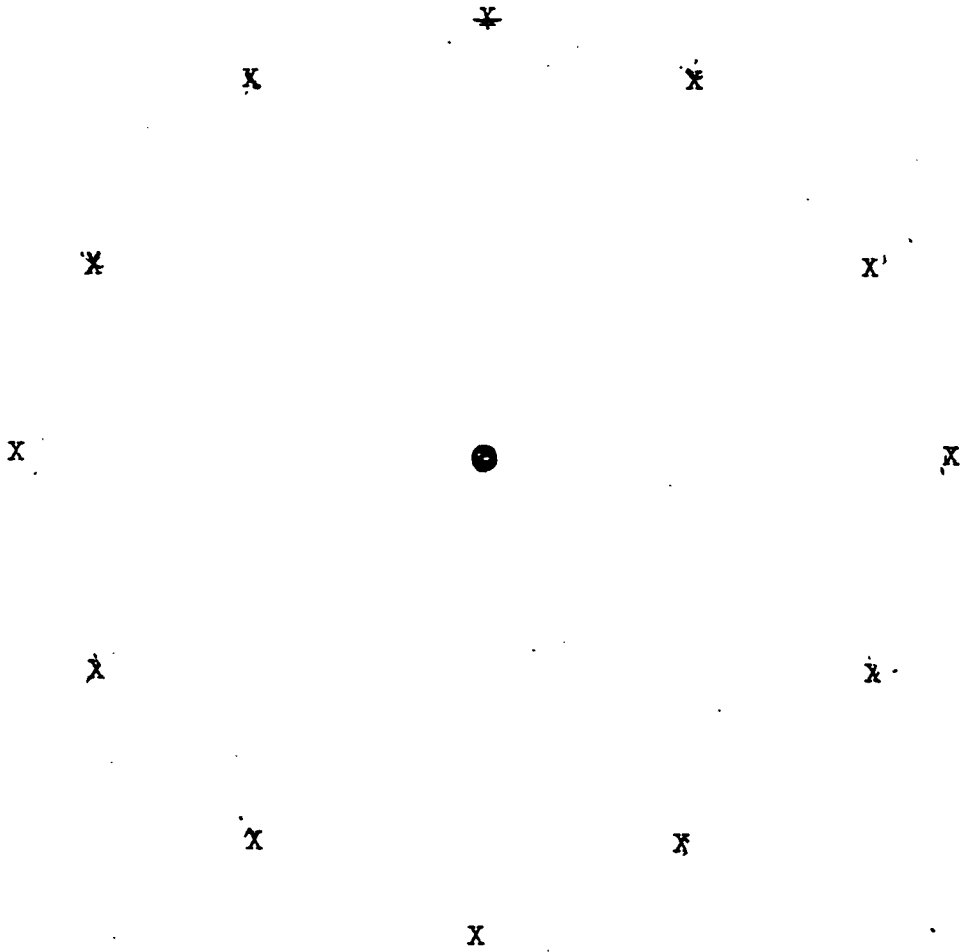


RESOURCES  
POTENTIAL SOURCES OF SUPPORT (INFORMAL)

COI

1.2

DRAW NETWORK AND LINKAGES



11

409

Code

Col

TOTAL NO. OF INDIVIDUALS IN NETWORK

37

RM AND RF COUNT SEPARATELY. ALL OTHER COUPLES COUNT AS ONE. USE 2 DIGITS FOR EXAMPLE, 7 = 07.

38

TOTAL NO. OF LINKAGES IN NETWORK

39

USE 2 DIGITS

40

COMPOSITION OF NETWORK

USE 2 DIGITS WHERE 2 COLUMNS

OWN RELATIVES		41
		42
PF	/ / / / /	
		43
PF FAMILY		44
		45
GIRLFRIENDS		46
		47
BOYFRIENDS	/ / / / /	
		48
MALE FRIENDS	/ / / / /	
		49
OTHERS	/ / / / /	
		50

FREQUENCY SEES PARENTS/PUTATIVE FATHER

NEVER = 0; OCC. LESS THAN MONTHLY = 1; MONTHLY = 2; FORTNIGHTLY = 3; WEEKLY = 4; MORE THAN WEEKLY = 5; LIVES WITH = 6.

BM		51
BF		52
PF		53

TOTAL NO. SEEN AT LEAST WEEKLY

54

USE 2 DIGITS.

55

NO. IN NETWORK FROM SAME GROUP

USE 2 DIGITS WHERE 2 COLUMNS

TOTAL		56
		57
PF		58
PF FAMILY		59
		60



410

Code

Col

	Code	Col
		61
	GIRLFRIENDS	62
	BOYFRIENDS	63
	MALE FRIENDS	64
<u>NO. IN NETWORK PREGNANT/HAVING 1ST BABY UNDER 20</u>	TOTAL	65
	OWN PARENTS	66
	OWN RELATIVES	67
	PF	68
	PF FAMILY	69
	GIRLFRIENDS	70
	BOYFRIENDS	71
	MALE FRIENDS	72

2.3 OTHERS (INCLUDING FRIENDS, SELF-HELP GROUPS, HEALTH/WELFARE WORKERS) IS IN REGULAR CONTACT WITH CURRENTLY EITHER BY PHONE OR DIRECT (REGULAR = AT LEAST FORTNIGHTLY)

Status*/Name and first knew**	Age	Frequency of contact	Type of contact (eg. most- ly phone, who visits who)	If preg- nant/age of young- est child	Ethnic group	Link- ages

\* STATUS = BOYFRIEND (B), GIRLFRIEND (G), MALE FRIEND (M)

\*\* FIRST KNEW = BEFORE SEC. SCHOOL (P), SECONDARY SCHOOL - SAME SCHOOL (S),  
OTHER SCHOOL (OS), AFTER SCHOOL - WORK (W), FE (F), OTHER (O)

NB CHECK LINES 12.1 - 12.3 WHEN S NOT PRESENT

\* Do you feel close to any of these people in 12.3?  
Who? Anyone else? In what way (close)?

411

Code

Col

WHERE FIRST KNEW FRIENDS IN NETWORK (INCL. PF, BOYFRIENDS, GIRL AND MALE FRIENDS)

CODE NUMBER, 8 OR MORE = 8

BEFORE SEC. SCHOOL		73
SEC. SCHOOL - OWN		74
- OTHER		75
AFTER SCHOOL - WORK/FE		76
- OTHER		77

12.4

## EFFECT OF PREGNANCY ON SOCIAL NETWORK / LIFE

- a) Has becoming pregnant made any difference to your social life - I mean the friends, relations and other people you see regularly?
- b) Are there any (other) people you used to see before the pregnancy who you don't see now or not so much? CHECK FOR RELATIVES, MALE AND FEMALE FRIENDS, P/F AND FAMILY
- c) Are there any (other) people you see more of now or have started to see regularly since the pregnancy? CHECK FOR RELATIVES, MALE AND FEMALE FRIENDS, P/F AND FAMILY
- d) Has being pregnant changed how you get on with your male friends? Has it changed how they are towards you?
- e) Has it changed how you get on with anyone else? Is there anyone (else) you feel close to? Anyone you get on with less well?
- f) How do you feel about these changes? Have they been for the better, or for the worse? Do you have any regrets about the way things have been changed?
- g) Is there anyone you would like to see more of at present?



412

	Code	Col
<u>EFFECT OF PREGNANCY ON SOCIAL NETWORK</u>		
NO DIFFERENCE = 0; MORE/CLOSER/BETTER - NO QUAL = 1; SOME QUAL = 2; MIXED = 3; LESS/LESS WELL/WORSE - SOME QUAL = 4; NO QUAL = 5; OTHER CHANGE = 6		
<u>SUMMARY</u>		
QUANTITY		78
QUALITY		10/5
<u>SPECIFIC- RELS</u>		
QUANTITY		6
QUALITY		7
<u>MALE FRIENDS</u>		
QUANTITY		8
QUALITY		9
<u>FEMALE FRIENDS</u>		
QUANTITY		10
QUALITY		11
<u>PF</u>		
QUANTITY		12
QUALITY		13
<u>OTHER</u>		
QUANTITY		14
QUALITY		15
<u>ASSESSMENT OF CHANGES</u>		
EITHER FOR BETTER OR WORSE = 0; WHOLLY BETTER = 1; MAINLY BETTER = 2; MIXED 3; MAINLY WORSE = 4; WHOLLY WORSE = 5.		
		16

## .5 ATTITUDE TO CONFIDING

- a) What do you think about turning to others with any personal worries or problems - I mean something that was quite serious? Do you think it's a good idea or do you think it's better to keep such things to yourself?
- b) Is there anyone you talk to about worries or problems or other personal matters? Anyone else? CHECK FOR RELATIVES, FRIENDS, FATHER OF CHILD, SOCIAL WORKERS. Are there any subjects you would not discuss with them?
- c) Who would you turn to first?

## 2.6 ATTITUDE TO RECEIVING SUPPORT

- a) What do you think about accepting help from others? Are you the sort of person who finds it difficult to ask for or accept help from others? Are there any exceptions to that?
- b) Is there anyone you would definitely not ask or accept help from?
- c) Who would you turn to first for help?

413

Code

Col

ATTITUDE TO IDEA OF CONFIDING

NEGATIVE ORIENTATION = 0; POSITIVE ORIENTATION - NO PERSONAL EXPERIENCE = 1;  
BUT WOULD NOT PERSONALLY = 2; POSITIVE ORIENTATION = 3.

17

CONFIDANTS OF R

CODE NUMBER

TOTAL		18
BM		19
BF		20
OTHER RELATIVES		21
PF		22
FRIENDS		23
GP, SOCIAL WORKER		24
OTHER		25

PERSON R CONFIDES IN FIRST/TURNS TO FIRST FOR HELP

RM = 0; RF = 1; OTHER RELATIVES = 2; PF = 3;  
BF RELATIVES = 4; FRIENDS = 5; GP, SOCIAL  
WORKER, ETC. = 6; OTHER = 7; VARIES = 8.

CONFIDE		26
TURN TO FOR HELP		27

ATTITUDE TO RECEIVING SUPPORT

NEGATIVE ORIENTATION = 0; POSITIVE ORIENTATION - NO PERSONAL EXPERIENCE = 1;  
POSITIVE ORIENTATION - BUT WOULD NOT PERSONALLY = 2; POSITIVE ORIENTATION = 3.

28

## 13.1 ATTITUDE TO BOYFRIENDS

- a) What do you look for in a boyfriend?
- b) Do you prefer your boyfriend to be from a particular ethnic group or do you not mind (which ethnic group that your boyfriend comes from)?
- c) Have you ever had a boyfriend who was not (GROUP)?

## 13.2 ATTITUDE TO SEX

- a) Who do you think usually gets more out of having sex - boys or girls?
- b) Has this been true in your case?
- c) Have you usually enjoyed sex or has it been more often disappointing or something you have put up with?

ETHNIC GROUP PREFERENCE OF BOYFRIENDS

PREFERS OWN GROUP = 0; PREFERS OTHER GROUP = 1; PREFERS FROM OWN AND OTHER SPECIFIED GROUP = 2; PREFERS NOT TO BE FROM GROUP = 3. NO PREF. = 4.

29

IF EVER HAD BOYFRIEND NOT FROM OWN ETHNIC GROUP

NO = 0; YES = 1.

30

ATTITUDE TO SEX

BOYS USUALLY GET MORE OUT OF SEX = 0; EQUAL = 1; VARIES = 2; GIRLS = 3.

31

IF TRUE IN OWN CASE

NO = 0; YES = 1.

32

IF ENJOYED SEX

USUALLY ENJOYED = 0; VARIED = 1; USUALLY NOT = 2.

33

- 13.3 \* Do you think your pregnancy will affect your future relationships with boy-friends? What about with male friends?

13.4 ATTITUDE TO COHABITATION

- a) Do you think it is better to live together instead of getting married? Any exceptions? Why (not)?
- b) Would you ever consider living with the baby's father? With your current boyfriend? Would that be on the understanding that if it worked out you'd get married - or doesn't it matter whether you got married or not?
- c) Do you think you will ever live with him? When do you think you might begin to?

AFFECT OF PREGNANCY ON FUTURE RELATIONS WITH MEN

NONE MENTIONED = 0; WHOLLY IMPROVE/POSITIVE = 1; MAINLY IMPROVE/POSITIVE = 2; MIXED = 3; MAINLY WORSEN/NEGATIVE = 4; WHOLLY WORSEN/NEGATIVE = 5; OTHER = 6.

BOYFRIENDS

34

MALE FRIENDS

35

ATTITUDE TO COHABITATION

BETTER TO LIVE TOGETHER, NO EXCEPTIONS = 0; EXCEPTIONS = 1; VARIES = 2; BETTER TO GET MARRIED, EXCEPTIONS = 3; NO EXCEPTIONS = 4.

36

CONSIDER LIVING WITH BOYFRIEND

WOULD NOT CONSIDER = 0; WOULD ONLY CONSIDER IF MARRIED = 1; WOULD ONLY CONSIDER WITH VIEW TO MARRIAGE = 2; WOULD CONSIDER, NO QUAL RE MARRIAGE = 3;

PF

37

IF LIVING WITH ALREADY, CODE = 9

BOYFRIEND

38

13.5

## ATTITUDE TO MARRIAGE

- a) What benefits, if any do women get from marriage? What are the disadvantages for them?
- b) What benefits do men get? What are the disadvantages?
- c) Who gets the better deal from marriage - men or women?
- d) On balance, do you think marriage is a good idea for women or are they generally better off not married?
- e) Do you think your ideas about marriage are unusual or are they generally shared by most women?
- f) Do you think marriage would be a good idea for you at some stage? When (would it be a good idea)? Why then?
- g) Do you think marriage was a good idea for you at that stage? Why (not)? Would it ever had been (a good idea)?
- h) Do you expect to get married to the baby's father? When?
- i) Did/have you feel/felt under any pressure to get married? Who from?



416

	Code	Col
<u>ADVANTAGES AND DISADVANTAGES FROM MARRIAGE</u>		
NONE MENTIONED = 0; ADVANTAGES ONLY = 1; DISADVANTAGES ONLY = 2; BOTH = 3.	FOR WOMEN	39
	FOR MEN	40
<u>BETTER DEAL FROM MARRIAGE</u>		
MEN = 0; WOMEN = 1; EQUAL = 2; VARIES = 3.		41
<u>IF GOOD IDEA FOR WOMEN</u>		
GOOD IDEA = 0; VARIES = 1; GENERALLY BETTER OFF NOT MARRIED = 2.		42
<u>IF R BELIEVES VIEWS UNUSUAL</u>		
NO = 0; IN SOME RESPECTS = 1; YES = 2.		43
<u>PRESENT MARITAL/COHABITATION STATUS</u>		
NOT COHAB/MARRIED, NO PLANS = 0; EXPECTS TO GET MARRIED/COHABIT - BEFORE PREGNANCY = 1; WITHIN 6 MONTHS AFTER BIRTH = 2; LATER = 3; DON'T KNOW WHEN = 4; MARRIED - NOT LIVING WITH SP = 5; COHABITING/LIVING WITH SP = 6;		
IF MARRIED CODE 'COHABITATION' = 0	COHABITATION	44
	MARRIED	45
<u>WOULD MARRIAGE BE A GOOD IDEA FOR R (R NOT MARRIED)</u>		
NOT A GOOD IDEA = 0; GOOD IDEA AT SOME STAGE = 1.		46
<u>AGE WHEN MARRIAGE A GOOD IDEA (R NOT MARRIED)</u>		
UNDER 20 = 0; EARLY 20s (20-23) = 1; MID 20s (24-26) = 2; LATE 20s (27-29) = 3; EARLY 30s (30-33) = 4; MID 30s (34-36) = 5; LATER = 6.		47
<u>WAS MARRIAGE A GOOD IDEA FOR R (R MARRIED)</u>		
NOT A GOOD IDEA THEN - NEVER WOULD HAVE BEEN = 0; MIGHT HAVE BEEN AT SOME STAGE = 1; WOULD BE AT SOME STAGE = 2; A GOOD IDEA THEN = 3.		48
<u>IF PRESSURE TO GET MARRIED</u>		
NO = 0; YES = 1.		49

13.6

## MEN'S ROLE WITH CHILDREN

- a) Who should contribute to the cost of bringing-up young children? Anyone else?
- b) What do you think about mothers of young children under a year going out to full-time work - from choice rather than financial necessity?
- c) Who should be involved in physically caring for the baby - things like changing nappies, bathing, feeding, seeing to it at night or comforting it when it cries? Anyone else?
- d) What about fathers - should they be involved in this sort of physical caring? How much should they do?
- e) Are there any other ways in which fathers should be involved with their children?
- f) Do you think a man could care for and bring up a young child as well as a woman? Why/why not?

417

Code

Col

CONTRIBUTORS TO COST/PHYSICAL CARE OF BRINGING-UP CHILDREN

MENTIONED = 0; MENTIONED - COST = 1;  
PHYSICAL CARE = 2; BOTH = 3.

PF

50

COHABITEE (NOT BF)

51

BM/BF

52

RELATIVE

53

OTHERS

54

ATTITUDE TO EMPLOYED MOTHERS

POSITIVE, NO QUAL = 0; WITH QUAL = 1; ACCEPTING, NO QUAL = 2; WITH QUAL = 3;  
NEGATIVE = 4; HOSTILE/NEGATIVE, WITH QUAL = 5; NO QUAL = 6.

55

DIFFERENT WAYS FATHERS SHOULD BE INVOLVED WITH THEM

MENTIONED = 0; MENTIONED = 1.

56

HOW MEN BRING UP CHILDREN AS WELL AS WOMEN

NO QUAL = 0; USUALLY, SOME EXCEPTIONS/QUALS = 1; VARIES - SOME COULD,  
COULD NOT = 2; USUALLY NOT, SOME EXCEPTIONS = 3; NO, NO QUAL = 4.

57

14:1

## PERCEPTION OF SELF AS UNSUPPORTED

- a) Do you think of yourself as bringing-up your baby on your own?
- b) Who else do you see being involved in the baby's upbringing?

14:2

## ATTITUDE OF R AND OTHERS TO SINGLE PARENTS

- a) Is it better for a woman and her child to live with the father - or not? Why?
- b) What other living arrangements do you think might be good for the mother and child? Which arrangement do you think would be best for the mother? What about for the child?
- c) Do you think people these days look down upon women who have children without living with the child's father? Have you ever felt this? From whom? How did that make you feel?

IF SEES SELF AS BRINGING UP BABY ON OWN

NO = 0; YES = 1.

58

OTHERS INVOLVED IN UPBRINGING

NOT MENTIONED = 0; MENTIONED = 1.

OWN PARENTS

59

OWN RELS.

60

PF

61

PF FAMILY

62

FRIENDS

63

OTHERS

64

IF BETTER FOR WOMAN TO LIVE WITH C'S FATHER

BETTER TO LIVE WITH FATHER = 0; VARIES = 1; BETTER NOT = 2.

65

OTHER GOOD LIVING ARRANGEMENTS

NONE MENTIONED = 0; MENTIONED FOR MOTHER = 1. FOR CHILD = 2: BOTH = 3.

66

R'S VIEWS OF SOCIETY'S ATTITUDES TO SINGLE MOTHERS

LOOKED DOWN ON = 0; VARIES = 1; NOT LOOKED DOWN ON = 2

67

IF R EVER FELT LOOKED DOWN ON

NO = 0; YES = 1

68

14.3

## PERCEPTION OF SELF AS YOUNG

- a) Do you think you are having your first baby at a younger age than most women?
- b) Has being pregnant made you feel more grown-up or has it not made much difference? Has it changed how you think of yourself in any other ways?
- c) Has it affected how other people think of you or treat you? Do people treat you in a more adult way? How do you feel about that?

14.4

## ATTITUDE OF R AND OTHERS TO YOUNG MOTHERS

- a) Do you think age is an important consideration in deciding when you have a first child? Are there any other important considerations when deciding to have a first child?
- b) If you could start again, when would you choose to have a first child? Why then?
- c) Do people look down upon women who have a first child before 20? Have you ever felt this? From whom? How did that make you feel?

	Code	Col						
<p><u>IF R SEES SELF STARTING FAMILY YOUNG</u></p> <p>ABOUT USUAL = 0; NO USUAL WAY/VARIES TOO MUCH = 1; YOUNGER THAN USUAL = 2.</p>		69						
<p><u>EFFECT OF PREGNANCY ON SELF-IMAGE AND HOW OTHERS SEE R</u></p> <p>NOTHING MENTIONED = 0; FEEL MORE ADULT/TREATED MORE ADULT = 1; OTHER IMPACT = 2; 1+2 = 3.</p>	<table border="1"> <tr> <td data-bbox="1150 347 1337 421">SELF-IMAGE</td> <td data-bbox="1337 347 1422 421"></td> <td data-bbox="1422 347 1508 421">70</td> </tr> <tr> <td data-bbox="1150 421 1337 481">OTHERS</td> <td data-bbox="1337 421 1422 481"></td> <td data-bbox="1422 421 1508 481">71</td> </tr> </table>	SELF-IMAGE		70	OTHERS		71	
SELF-IMAGE		70						
OTHERS		71						
<p><u>IF AGE IS IMPORTANT CONSIDERATION IN DECIDING WHEN TO HAVE CHILDREN</u></p> <p>NO IMPORTANT CONSIDERATIONS MENTIONED = 0; AGE IMPORTANT ONLY = 1; OTHER CONSIDERATIONS MENTIONED, NOT AGE = 2; AGE AND OTHER CONSIDERATIONS = 3.</p>		72						
<p><u>WHEN CHOSE TO HAVE FIRST CHILD</u></p> <p>YOUNGER AGE = 0; SAME AS NOW = 1; OLDER = 2.</p>		73						
<p>UNDER 20 = 0; EARLY 20s (20-23) = 1; MID 20s (24-26) = 2; LATE 20s (27-29) = 3; 30 OR OLDER = 4.</p>		74						
<p><u>R'S VIEWS ON SOCIETY'S ATTITUDES TO YOUNG MOTHERS</u></p> <p>LOOKED DOWN ON = 0; VARIES = 1; NOT LOOKED DOWN ON = 2.</p>		75						
<p><u>IF R EVER FELT LOOKED DOWN ON</u></p> <p>NO = 0; YES = 1.</p>		76						

## 14.5 DISCRIMINATION FROM SERVICES SINCE PREGNANCY

RECAP SERVICES THAT R HAS HAD DEALINGS WITH, INCLUDING DHSS, HOUSING DEPT., SOCIAL SERVICES, ANTE-NATAL CARE, ANTE-NATAL SERVICES

- a) Since you've been pregnant, have you been treated badly or made to feel badly by any of these (services) because you are unmarried? ... young? ... (GROUP)?

FOR EACH INSTANCE, COVER:-

- b) What did they do or say?  
c) Why do you think they were like that?  
d) How did you feel about that?  
e) Have you done anything to avoid that happening again?

AFTER EACH EXAMPLE, PROBE FOR OTHER EXAMPLES IN THAT SERVICE, THEN OTHER SERVICES



420

Code

Col

EXPERIENCE OF DISCRIMINATION IN PREGNANCY

NONE MENTIONED = 0; BECAUSE UNMARRIED = 1;  
BECAUSE OF AGE = 2; BECAUSE OF ETHNIC GROUP  
= 3; 1+2 = 4; 1+3 = 5; 2+3 = 6; 1+2+3 = 7

SUMMARY		77
SPECIFIC ANTE-NATAL CARE		78
ANTE-NATAL CLASSES		11/5
SOCIAL SERVICES		6
HOUSING		7
DHSS		8
OTHER		9

1.6

## IMPROVEMENTS IN SERVICES

RECAP SERVICES AGAIN AS IN 14.5

- a) Is there anything you'd like to see different in these services? Anything else? Any (other) changes or improvements?
- b) Would you prefer any of these services to provide separately for young mothers, like yourself, or would you rather be part of the general service?

421

Code

Col

IMPROVEMENTS IN SERVICES

0 DIFFERENCES, IMPROVEMENTS, SEPARATE PROVISION = 0;  
IMPROVEMENT MENTIONED = 1; LIKE SEPARATE PROV. FOR  
YOUNG MOTHERS = 2; 1+2 = 3.

SUMMARY		10
SPECIFIC ANTE-NATAL CARE		11
ANTE-NATAL CLASSES		12
SOCIAL SERVICES		13
HOUSING		14
DHSS		15
OTHER		16

## 1 SATISFACTION WITH LIFE

- a) If you could live your life over again, what changes would you like to make?
- b) Do you have any (other) regrets?
- c) And looking back just over your teens, do you think of that as mainly a good or bad time?

422

Code

Col

CHANGES WOULD MAKE IN LIFE/REGRETS

NOT MENTIONED = 0; MENTIONED = 1.

SUMMARY		17
<u>SPECIFIC</u>		
SCHOOL/FE/ACADEMIC ACHIEVEMENTS		18
WORK/CAREER		19
HAVING CHILD		20
UPBRINGING		21
OTHER		22

VIEW OF TEENS

MAINLY GOOD = 0; MIXED = 1; MAINLY BAD = 2

23

15.2

## FUTURE PLANS

- a) Do you feel you can affect/influence the way your life turns out - or do you feel there's not much you can do about it? What (else) effects it?
- b) Do you expect to (return to) work after C is born? When? Full-time or part-time?
- c) Do you have any plans for further education? What? When?
- d) IF RETURNING TO WORK/FE IN C'S FIRST YEAR, who will look after C? Have you asked about that? Is the arrangement more or less finalised?
- e) Do you want more children? How many? When do you want the next?
- f) Do you have any (other) ideas about your future?
- g) What about the next 3 years - do you have any ideas about what they hold for you? Do you have any worries? Any hopes?

INFLUENCE OVER LIFE.

NOT MUCH CAN DO = 0; CAN AFFECT LIFE = 1

24

WORK EXPECTATIONS - WHEN EXPECTS TO RETURN

NEVER EXPECTS TO RETURN = 0; EXPECTS TO RETURN WHEN C LESS THAN 6 MONTHS = 1;  
 EXPECTS TO RETURN WHEN C 6-11 MONTHS = 2; WHEN C 12-17 MONTHS = 3; WHEN C  
 OLDER = 4; DOES NOT KNOW WHEN = 5.

25

WORK EXPECTATIONS - IF EXPECTS TO RETURN TO FULL-TIME OR PART-TIME JOB

PART-TIME = 0; FULL-TIME = 1

26

PLANS FOR FURTHER EDUCATION - WHEN EXPECTS TO RETURN

AS "WORK EXPECTATIONS"

27

PLANS FOR FURTHER EDUCATION IF EXPECTS TO BE FULL-TIME OR PART-TIME

AS "WORK EXPECTATIONS"

28

CHILD-CARE PLANS IN WORK/FE

NONE MADE = 0; BM = 1; OTHER OWN RELATIVE = 2; PF FAMILY = 3; FRIEND = 4;  
 CHILDMINDER = 5; CRECHE = 6; OTHER = 7

29

NO. OF FURTHER CHILDREN WANTED (EXCL. CURRENT PREG.)

CODE NO. UP.

4 OR MORE = 4.

IF DEPENDS ON SEX OF FURTHER CHILDREN, TAKE NO. WOULD IDEALLY LIKE IF SEX  
 WAS "RIGHT".

1 OR 2 = 5; 2 OR 3 = 6; 3 OR 4 = 7

30

WHEN WANTS NEXT CHILD

CODE AGE OF FIRST CHILD TO NEAREST YEAR (4) WHEN WANTS NEXT BORN

31

OTHER IDEAS ABOUT FUTURE

NONE MENTIONED = 0; MENTIONED = 1.

32

NEXT 3 YEARS

NOTHING MENTIONED = 0; HOPES POSITIVE EXPECTATIONS = 1; WORRIES NEGATIVE  
 EXPECTATIONS = 2; OTHER EXPECTATIONS, NEITHER POSITIVE NOR NEGATIVE = 3;  
 1+2 = 4; 1+3 = 5; 2+3 = 6; 1+2+3 = 7

33

16.1

R'S VIEW OF INTERVIEW

16.2

- a) Would you prefer to be interviewed by someone nearer your own age?
- b) Would you have found it easier to be interviewed by someone (GROUP)?
- c) Would you have found it easier to be interviewed by a man?



424

Code

Col

'S VIEW OF INTERVIEW/INTERVIEWER

POSITIVE, NO QUAL = 0; WITH QUAL = 1; ACCEPTING,  
 O QUAL = 2; WITH QUAL = 3; MIXED = 4; NEGATIVE,  
 WITH QUAL = 5; NO QUAL = 6

INTERVIEW

34

INTERVIEWER

35

REFERENCE ON INTERVIEWER

REFER INTERVIEWER NOT OF OWN AGE/OTHER ETHNIC GROUP/  
 O BE WOMAN = 0; NO PREFERENCE = 1; PREFER INTERVIEWER  
 EARER OWN AGE/OF OWN ETHNIC GROUP/TO BE MAN = 2

AGE

36

ETHNIC GP

37

GENDER

38

NO. OF SPONTANEOUS REFERENCES TO DISCRIMINATION

MARITAL STATUS

39

ETHNIC GROUP

40

GENDER

41

HOSPITAL FIRST SEEN AT

NORTH MIDDLESEX = 0; WHITTINGTON = 1.

42

ADDRESS, PHONE NUMBER OF SOMEONE WHO WILL KNOW WHERE R CAN BE CONTACTED IF MOVES





4. Biography (cover key features of background and current situation).

5. Plans to move

Thomas Coram Research Unit  
University of London  
41 Brunswick Square  
London WC1N 1AZ.

**MOTHERS PROJECT (16 - 23 YEAR OLDS)  
SECOND CONTACT**

No: .....
Date of Visit: .....
Length of Interview: .....
Interviewer: .....
Date Checked In: .....
Child's Name: .....
Child's Date of Birth: .....

**CONTENTS:**

<b>SECTION 1</b>	<b>Changes in Circumstances</b>	<b>2 - 11, 22 - 23</b>
<b>SECTION 2</b>	<b>Housing</b>	<b>12 - 15, 22 - 23 150 - 157</b>
<b>SECTION 3</b>	<b>General State of Mother</b>	<b>16 - 21, 24 - 25</b>
<b>SECTION 4</b>	<b>Diary</b>	<b>50 - 51</b>
<b>SECTION 5</b>	<b>Satisfaction with Life</b>	<b>52 - 55, 66 - 67 84 - 85</b>
<b>SECTION 6</b>	<b>Social Network (Mother)</b>	<b>56 - 65</b>
<b>SECTION 7</b>	<b>Motherhood</b>	<b>68 - 83</b>
<b>SECTION 8</b>	<b>Child</b>	<b>86 - 119</b>
<b>SECTION 9</b>	<b>R and C Feelings</b>	<b>120 - 127</b>
<b>SECTION 10</b>	<b>Caregiving Environment</b>	<b>128 - 149</b>
<b>SECTION 11</b>	<b>Material Support</b>	<b>158 - 187</b>
<b>SECTION 12</b>	<b>Services</b>	<b>188 - 195</b>
<b>SECTION 13</b>		<b>195</b>
<b>CONTACT SUMMARY SHEET</b>		
<b>KEY CONCEPT - BIOGRAPHY</b>		
<b>KEY CONCEPT - SUPPORT</b>		
<b>CAREGIVING NETWORK FOR R</b>		
<b>CAREGIVING NETWORK FOR C</b>		

<u>LENGTH OF VISIT</u> CODE TO NEAREST 10 MINUTES, EG: 90 MINUTES = 09.		1/8
		9
<u>DATE OF INTERVIEW</u> USE DECIMAL DATE (1).		10
		11
		12
		13
<u>FIELDWORKER</u> LG = 4; AP = 8; PR = 5.		14
<u>OTHERS PRESENT IN INTERVIEW</u> NONE OF TIME = 0; SOME = 1; MOST = 2; ALL = 3.	ADULTS	15
	CHILDREN	16
<u>WHERE R NOW LIVES (10)</u> USE LOCATION CODE		17
		18
		19
<u>C'S DATE OF BIRTH</u> USE DECIMAL DATE (1)		20
		21
		22
		23
<u>R'S AGE AT INTERVIEW</u> TO NEAREST YEAR (4)		24
		25
<u>SEX OF CHILD</u> BOY = 0; GIRL = 1.		26
<u>C'S AGE AT INTERVIEW</u> TO NEAREST MONTH (4)		27
		28

## 1. CHANGES IN CIRCUMSTANCE

FROM

1.1

RECAP CIRCUMSTANCES AT C1THEN CHECK FOR ANY CHANGES SINCE C1

		<u>Changes</u>
a	HOUSING	
b	HOUSEHOLD COMPOSITION	
c	MARITAL/COHABITING STATUS	
d	EMPLOYMENT (COVER HOURS, OCCUPATION, LOCATION)	
e	SCHOOLING/FE (COVER F/T OR P/T, TYPE OF COURSE, LOCATION)	
f	MSC PROGRAMME (COVER HOURS, TYPE, LOCATION)	

FOR EACH CHANGE MENTIONED, COVER

1. WHEN IT OCCURED
2. NATURE OF CHANGE
3. REASON FOR CHANGE
4. HOW R FELT ABOUT CHANGE

ENTER NO. OF CHANGES IN EACH AREA (a-f) IN COLUMN  
HEADED 'CHANGES' - IF NO CHANGE, PUT 0.

CODE DETAILS OPPOSITE.

ENTER FULL DETAILS IN 'BIOGRAPHY' SECTION.



.1

<u>NO. OF ADDRESSES SINCE C1</u> IF IN SAME ADDRESS THROUGHOUT, CODE = 1.	SINCE C1		29
	C1 → BIRTH		30
	BIRTH → C2		31
<u>NO. OF CHANGES IN HOUSEHOLD COMPOSITION</u> DO NOT COUNT ADDITION OF C AS CHANGE	SINCE C1		32
	C1 → BIRTH		33
	BIRTH → C2		34
<u>MARITAL/COHABITING STATUS</u> NEITHER MARRIED NOR COHABITING = 0; COHABITING, NOT MARRIED = 1; MARRIED = 2; MARRIED, NOT COHABITING = 3; OTHER = 7.	C1		35
	BIRTH		36
	C2		37
<u>CHANGES IN MARITAL/COHABITING STATUS</u> NONE = 0; NON COHAB. > COHAB. = 1; NON COHAB. > MARRIED = 2; COHAB. > MARRIED = 3; COHAB. > NON COHAB. = 4; MARRIED > NON COHAB. = 5; OTHER = 7.	SINCE C1		38
	C1 → BIRTH		39
	BIRTH → C2		40
<u>EMPLOYMENT/EDUCATION/TRAINING STATUS</u> NOT EMPLOYED = 0; ON MSC PROG. = 1; IN SCHOOL = 2; IN P/T FE = 3; IN F/T FE = 4; EMPLOYED P/T = 5; EMPLOYED F/T = 6.	AT C1		41
	AT C2		42
<u>CHILD'S AGE R RETURNED TO MSC PROG/SCHOOL/FE/EMPLOYMENT</u> CODE TO NEAREST MONTH (4). IF R DONE MORE THAN ONE SINCE BIRTH, CODE EARLIEST.			43
<u>TIME IN EMPLOYMENT, ETC., SINCE BIRTH</u> 1 MONTH OR LESS = 1; IF R HAD NO TIME, CODE = 0.	TOTAL		44
	MSC		45
	SCHOOL		46
	FE	P/T	47
		F/T	48
	EMPLOYMENT	P/T	49
F/T		50	

08A

1. CHANGE IN CIRCUMSTANCES

FROM

1.1a

MEMBERS OF CURRENT HOUSEHOLD

	RELATIONSHIP TO R OR OTHER STATUS (e.g. LODGER, FRIEND OF R)	ADULT (i.e. 16 OR OVER) OR CHILD <u>IF CHILD AGE</u>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

<u>TYPE OF HOUSEHOLD (17)</u> INDIVIDUALS UNDER 60 = 0; SMALL - ADULT = 1; SMALL FAMILIES = 2; LARGE FAMILIES = 3; LARGE - ADULT = 4; OLDER ADULT = 5. IF NO 'PREVIOUS HOUSEHOLD', CODE = 7.	CURRENT HOUSEHOLD	51
	PREVIOUS HOUSEHOLD	52
<u>NO. OF PEOPLE IN HOUSEHOLD</u> 8 OR MORE = 8. IF NO 'PREVIOUS HOUSEHOLD', CODE = 7.	CURRENT HOUSEHOLD	53
	PREVIOUS HOUSEHOLD	54
<u>OTHERS IN HOUSEHOLD</u>  NOT MENTIONED = 0; CURRENT HOUSEHOLD = 1; PREVIOUS HOUSEHOLD = 2; 1 + 2 = 3.	SP/PRESENT COHAB.	55
	CF	56
	BM/BF	57
	SIBLINGS	58
	OTHER RELATIVES	59
	RELATIVES OF SP/COHAB/CF	60
	FRIENDS	61
	LODGER	62
	OTHERS	63



1. CHANGE IN CIRCUMSTANCES

CROSS REF.

FROM T

1.1b

DETAILS OF SP/COHAB.

- |    |   |
|----|---|
| 1. | AGE AT LAST BIRTHDAY  |
| 2. | PLACE OF BIRTH  |
| 3. | CURRENT EMPLOYMENT STATUS (EMPLOYED, STUDYING, UNEMPLOYED)            |
| 4. | <u>IF CURRENTLY EMPLOYED/STUDYING</u> , OCCUPATION/<br>COURSE STUDIED |
| 5. | <u>IF CURRENTLY UNEMPLOYED</u> - LENGTH OF TIME OUT<br>OF WORK        |
| 6. | USUAL OCCUPATION/<br>LAST OCCUPATION                                  |

IF SP/COHAB. SAME AS 'PUTATIVE FATHER' AT C1, AND  
 DETAILS OF 'PUTATIVE FATHER' AND FAMILY COLLECTED  
 AT C1, CHECK 1.1b, Q4-6 FOR CHANGE SINCE C1, THEN  
 GO TO PAGE 4.

<p>SP/COHAB. SAME AS 'PUTATIVE FATHER' AT C1          YES = 0; NO = 1; NO SP/COHAB. AT C2 = 2.  <u>IF SP/COHAB. SAME, CODE 9s TO PAGE 12 EXCEPT FOR</u>  <u>'CURRENT EMPLOYMENT STATUS', 'CURRENT/USUAL</u>  <u>OCCUPATION', 'TIME OUT OF WORK'</u></p>		64
<p><u>DATE BORN</u>          USE DECIMAL DATE (1)</p>		65
		66
		67
		68
<p><u>CF AGE AT LAST BIRTHDAY</u></p>		69
<p><u>CF PLACE OF BIRTH</u>          USE LOCATION CODE (18)</p>		70
		71
		72
<p><u>CURRENT EMPLOYMENT STATUS</u>          NOT EMPLOYED = 0; AT SCHOOL = 1; PROGRAMME = 2;          IN FE = 3; EMPLOYED P/T = 4; F/T = 5.</p>		73
<p><u>CURRENT/USUAL OCCUPATION</u>          RECLASSIFIED REGISTRAR GENERAL (5)  <u>IF NEVER WORKED, CODE = 98.</u></p>		74
		75
<p><u>TIME OUT OF WORK</u>          LESS THAN 6 MONTHS = 0; 6-11 MONTHS = 1; 12-17          MONTHS = 2; 18-25 MONTHS = 3; 2 YEARS OR MORE = 4;  <u>IF NOT OUT OF WORK, CODE = 9.</u></p>		76

## 1. CHANGE IN CIRCUMSTANCES

CROSS REF

FROM

1.1c

DETAILS OF SP/COHAB. BIOLOGICAL PARENTS (ASK FOR MOTHER AND FATHER)

1. PLACE OF BIRTH
2. IF ALIVE
3. CURRENT COHABITATION STATUS (LIVING TOGETHER/  
LIVING APART: IF LIVING APART, IF LIVING WITH  
OTHER PARTNER)
4. WHERE LIVE
5. IF CURRENTLY EMPLOYED
6. IF YES, TO 5, CURRENT OCCUPATION
7. IF NO TO 5, REASON NOT EMPLOYED

1c	<u>SP/COHAB. PARENTS PLACE OF BIRTH</u> USE LOCATION CODE (18)	BM		77	
				78	
				2/8	
			BF		9
					10
					11
	<u>SP/COHAB. PARENTS OCCUPATION</u> USE RECLASSIFIED REGISTRAR GENERAL IF DOES NOT KNOW, CODE = 88.	BM		12	
				13	
		BF		14	
			15		
<u>WHERE SP/COHAB PARENTS LIVE NOW</u> USE LOCATIONS CODE (18)	BM		16		
			17		
			18		
	BF		19		
			20		
			21		

## 1. CHANGES IN CIRCUMSTANCE

CROSS RE  
FROM

1.1d

## DETAILS OF SP/COHAB. SIBLINGS

	SIB1	SIB2	SIB3	SIB4	SIB5	SIB6
AGE						
SEX						
MARITAL STATUS						
NO. OF CHILD- REN						
AGE OF CHILD- REN						



ld	<u>NO. OF SP/COHAB. SIBLINGS (AND HALF, STEP)</u>		<b>22</b>
	CODE NO. 8 OR MORE = 8		<b>23</b>
	<u>NO. OF SIBLINGS WITH BABY/PREGNANT BY 20</u>		<b>24</b>

2.1

COVER FOR EACH NEW ADDRESS SINCE C1

- |     |  |
|-----|--|
| 1.  | TYPE OF HOUSING (FOR EXAMPLE, HOUSE - TERRACED; SEMI; DETACHED; FLAT; MAISONETTE; BED-SIT; HOTEL/ B + B; M + B HOME; OTHER RESIDENTIAL). |
| 2.  | TYPE OF TENACY <u>AND IF RENTED</u> , IF FURNISHED/ UNFURNISHED.   |
| 3a  | HOUSEHOLDER (IF R LIVING WITH SP/COHAB., CHECK WHOSE NAME TENACY IS IN).   |
| 3b  | IF HOUSEHOLDER IS R OR SP/COHAB., HOUSING COSTS (THAT IS, RENT OR MORTGAGE).   |
| 4.  | FLOOR SITTING-ROOM ON.   |
| 5.  | <u>NO. OF BEDROOMS AND IF R SHARED BEDROOM, WITH WHOM (EXCL. SP/COHAB.)</u> .  |
| 6.  | IF R (AND SP/COHAB. + C) HAVE SAME/SHARED/NO USE OF -  |
| i   | KITCHEN  |
| ii  | BATHROOM   |
| iii | INDOOR WC  |
| iv  | RUNNING HOT WATER  |
| v   | GARDEN   |
| vi  | TELEPHONE  |
| 7.  | LOCATION   |

CODE DETAILS OPPOSITE ENTER FULL DETAILS IN 'BIOGRAPHY' SECTION
--

1	<u>TYPE OF HOUSING</u>		25
	HOUSE - DETACHED = 00; SEMI-DETACHED = 01; TERRACE = 02; P BUILT FLAT = 03; OTHER FLAT = 04; P BUILT MAISONNETTE = 05; OTHER MAISONNETTE = 06; BED-SIT = 07; M AND B HOME = 08; OTHER RESIDENTIAL HOME = 09; HOTEL/BED & BREAKFAST = 10; OTHER = 77.		26
	<u>HOUSEHOLDER</u>		
	R OR SP/COHABITEE = 0; PARENTS = 1; OTHER RELATIVE (OWN FAMILY) = 2; RELATIVE, PF FAMILY = 3; FRIEND = 4; OTHER = 5. IN M/B HOME, OTHER RESIDENTIAL HOME/HOTEL, CODE = 9.		27
	<u>TYPE OF TENANCY (OF HOUSEHOLDER)</u>		
	OWNER OCC. = 0; RENT - PRIVATE FURNISHED = 1; UNFURNISHED = 2; HOUSING ASSOCIATION = 3; COUNCIL = 4; TIED TO JOB = 5; OTHER = 7.		28
	<u>NET RENT/MORTGAGE PER WEEK</u>		
	IF MONTHLY FIGURE GIVEN DIVIDE BY 4.		
	<u>IF R DOES NOT KNOW</u> , CODE = 98.		29
	<u>IF R CONTRIBUTES TO HOUSING COSTS</u>		
	NO = 0; R + SP/COHABITEE MAKE CONTRIBUTION = 1; R MAKES CONTRIBUTIONS = 2; <u>IF R IS HOUSEHOLDER OR LIVES ALONE WITH R</u> , CODE = 9.		30
	<u>NO. OF BEDROOMS</u>		
	CODE NUMBER		31
	<u>IF R SHARES BEDROOM</u>		
	NO (OR ONLY WITH SP/COHAB.) = 0; YES WITH C = 1 YES, WITH OTHER = 2; YES, C + OTHER = 3.		32
	<u>AMENITIES</u>	RUNNING HOT WATER	33
	NO USE/NONE = 0; SHARED WITH OTHER HOUSEHOLDS = 1; EXCLUSIVE USE = 2.	BATH	34
		INDOOR WC	35
		KITCHEN	36
		CENTRAL HEATING	37
		GARDEN	38
			39

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[Faint, mostly illegible text, possibly a main body paragraph.]

[Faint, mostly illegible text, possibly a concluding paragraph or signature area.]

[Faint, mostly illegible text, possibly a footer or additional notes.]

FLOOR SITTING ROOM IS ON

BASEMENT = 0; GROUND = 1; FIRST = 2; SECOND = 3;  
ETC., TO SEVENTH OR HIGHER = 8.

40

LAST ADDRESSES - TYPE OF HOUSING/TENANCY

AS 'TYPE OF HOUSING' IN 2.1

PREVIOUS ADDRESS

AS 'HOUSEHOLDER' IN 2.1

TYPE OF HOUSING

41

AS 'TYPE OF TENANCY' IN 2.1

42

HOUSEHOLDER

43

TENANCY

44

384

16

CROSS RE

3. GENERAL STATE OF MOTHER  
PREGNANCY

FROM

3.1

PROGRESS OF PREGNANCY

- |   |  |
|---|--|
| a | *Last time we met, you were _____ weeks pregnant. What was the rest of the pregnancy like?                     |
| b | *Did you have any periods of illness in those last _____ weeks? Any (other) complications? When? How long for? |
| c | *Did you have any periods in hospital? When? How long for?   |

)

3. GENERAL STATE OF MOTHER  
BIRTH/HOSPITAL STAY

FROM

3.2

PERCEPTION OF BIRTH

- |   |  |
|---|--|
| a | *Looking back, are your memories of the labour and birth mostly good or mostly bad? Why? |
| b | *Was anything (else) good? Anything (else) bad?  |
| c | *Could anything or anybody have made it better or easier?                                |



MEMORIES OF LABOUR/BIRTH

MOSTLY GOOD = 0; NEITHER GOOD NOR BAD, BUT OTHER = 1;  
NO MEMORIES = 2; GOOD AND BAD (VERY MIXED) = 3; MOSTLY  
BAD = 4.

45

COULD IT HAVE BEEN MADE BETTER

NO = 0; YES = 1.

46

3. GENERAL STATE OF MOTHER  
BIRTH/HOSPITAL STAY

CROSS REF

FROM T

3.3

INFORMAL OTHERS PRESENT AT BIRTH (EXCL. HOSPITAL  
STAFF)

		<u>No. present</u>
1.	WHO WAS PRESENT FOR ALL OR PART OF LABOUR	
2.	<u>FOR EACH PERSON, HOW LONG PRESENT FOR</u>	
3.	WHO WAS PRESENT AT THE DELIVERY	

FOR EACH PERSON MENTIONED, PROBE

4.	*How did you feel about _____ being there? Were you pleased or would you rather s/he had not been there?
5.	*Would you have liked him/her to have stayed longer?
6.	*Was there anyone else you would have liked to have been there? Did you ask him/her? Why was not s/he there?

ENTER NO. OF PEOPLE PRESENT FOR 1 AND 3 IN COLUMN HEADED 'NO. PRESENT' - IF NONE, PUT 0.

CODE FACTUAL DETAILS OPPOSITE.

ENTER FULL DETAILS IN SUPPORT SECTION.

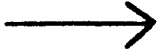
<u>NO. OF OTHERS PRESENT</u>	LABOUR	47
CODE NO.	DELIVERY	48
<u>ATTITUDE TO OTHERS PRESENT</u>		49
SATISFIED = 0; DISSATISFIED - WANTED PERSON (S) TO BE THERE WHO WAS NOT AND/OR TO STAY LONGER = 1; DISSATISFIED - WANTED PERSON(S) PRESENT NOT TO BE THERE = 2; 1 + 2 = 3.		
<u>OTHERS PRESENT</u>	SP/COHAB/CF	50
NOT PRESENT = 0; PRESENT - LABOUR = 1; PRESENT - DELIVERY = 2; PRESENT - BOTH = 3.	PARENT(S)	51
	OTHER RELATIVE(S)	52
	OTHER	53

22

1. CHANGE IN CIRCUMSTANCE

CROSS REF

FROM



IF R MARRIED AT TIME OF BIRTH, GO TO NEXT PAGE

1.2

REGISTRATION OF BIRTH

1. WAS BIRTH REGISTERED SINGLY OR JOINTLY WITH CF

CHECK IF R LIVING WITH CF AT TIME

438

23

REGISTRATION OF BIRTH

REGISTERED SINGLY = 0; JOINTLY = 1;  
IF R MARRIED, CODE = 9.

54

3. GENERAL STATE OF MOTHER  
BIRTH/HOSPITAL STAY

CROSS RE

FROM

3.4 LENGTH OF HOSPITAL STAY FOR R AND C

3.5 R'S PHYSICAL HEALTH - HOSPITAL STAY

a \*How did you feel after the birth? And how did you feel during the rest of the time you were in hospital?

b \*Were there any times you felt ill? Or in pain or discomfort?

c \*Did you receive any medical care or treatment?

FOR EACH EPISODE/CONDITION MENTIONED, COVER:

- 1. NATURE OF CONDITION
- 2. HOW LONG LASTED
- 3. TREATMENT RECEIVED, IF ANY

**LENGTH OF HOSPITAL STAY**

**CODE NO. OF DAYS, EG: 2 = 02.**

R

55

56

C

57

58

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3. GENERAL STATE OF MOTHER  
PHYSICAL HEALTH

FROM

3.6

R'S PHYSICAL HEALTH - REST OF PERIOD

- a \*What has your health been like since you left hospital?
- b \*Do you feel you've recovered physically from the pregnancy and birth? In what way (haven't you recovered)? How long did it take (to recover)?
- c \*Do you think the pregnancy or birth has affected your health in any (other) ways?
- d \*Since the birth have you had any (other) illness . . . any (other) condition that has caused you pain or discomfort . . . any coughs, colds, infections . . . any stomach or bowel upsets . . . backaches or headaches . . . (other) periods when you've felt unwell?

FOR EACH EPISODE/CONDITION MENTIONED, COVER

- 1. NATURE OF CONDITION
- 2. HOW LONG LASTED
- 3. TREATMENT RECEIVED, IF ANY

AND CHECK IF ANY OTHER CONDITION





3. GENERAL STATE OF MOTHER  
PHYSICAL HEALTH

CROSS R

FROM

3.7

R'S PHYSICAL HEALTH - LONG-STANDING CONDITIONS

a	*Finally, could I check if you have any long-standing illness or disability, either that you have all the time or which recurs from time to time?
---	---

FOR EACH EPISODE/CONDITION MENTIONED, COVER

- |    |   |
|----|---|
| 1. | <u>NATURE</u> OF CONDITION                                      |
| 2. | <u>WHEN R FIRST HAD</u> CONDITION                               |
| 3. | IF <u>PERMANENT</u> OR <u>RECURRENT</u>                         |
| 4. | IF HAS <u>ANY EFFECT</u> ON WHAT R CAN DO                       |
| 5. | IF AFFECTED <u>SINCE BIRTH AND IF SO, FOR HOW MUCH TIME</u>     |
| 6. | <u>TREATMENT RECEIVED</u> SINCE BIRTH INCLUDING MEDICATION/AIDS |

IF R HAS ANY LONG-STANDING CONDITIONS

CODE NO. MENTIONED

62

NATURE OF CONDITIONS

CONTINUOUS = 0; RECURRENT = 1; BOTH = 2.

IF NO CONDITIONS, CODE + 9.

63

IF EFFECTED BY CONDITIONS SINCE BIRTH

NO = 0; YES = 1.

IF NO CONDITIONS, CODE = 9.

64

3. GENERAL STATE OF MOTHER  
PHYSICAL HEALTH

CROSS REI

FROM

3.8

## R'S PHYSICAL HEALTH - SUPPORT WHEN ILL

- a \*Have there been any times since C was born when you've found it hard to look after him/her because of your health?
- b CHECK ANY CONDITIONS THAT APPEAR LIKELY TO HAVE MADE CARE OF CHILD HARD THAT ARE NOT MENTIONED.  
\*What about \_\_\_\_\_ ?
- c CHECK ANY LONG-STANDING CONDITIONS THAT APPEAR LIKELY TO HAVE MADE CARE OF CHILD HARD THAT ARE NOT MENTIONED  
\*What about \_\_\_\_\_ ?

## FOR EACH MENTIONED, PROBE

1. \*What happened then? How did you manage?
2. \*Did anyone help out? Who? What did they do?
3. \*How did you feel about that help?
4. \*Did anyone else help? What about SP?
5. \*Did anyone make an offer to help that you did not take up? Who? Why did you not take it up?
6. \*Did you get enough support or would you have liked more? What sort? From whom?

ENTER FULL DETAILS FOR 1-6  
IN SUPPORT SECTION

TIMES R FOUND IT HARD TO LOOK AFTER C SINCE BIRTH BECAUSE OF R'S HEALTH  
CODE NO. OF OCCASIONS MENTIONED.

65

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AAA

32

3. GENERAL STATE OF MOTHER  
TIREDNESS

CROSS RE

FROM

3.9

R'S TIREDNESS

- a \*Do you ever get tired? How often have you felt tired in the last month?
- b \*When do you feel tired? Do you ever wake feeling tired?
- c \*Could you describe how you feel when you are tired? Does it interfere with your doing things?
- d \*What, if anything, do you try and do about it? Do you go to bed earlier? Try and sleep in the day? Have you had to cut down on anything (because you feel tired)?
- e \*What do you put it down to?
- f \*Has your tiredness changed at all over the period since C was born? Has it got more or less or changed in some other way? Has there been any (other) period since the birth when you've felt very tired? When? How long did that last?
- g \*Do you have as much energy now as you used to have before you were pregnant?

.9	<u>FREQUENCY OF TIREDNESS IN LAST MONTH</u> NEVER TIRED = 0; ODD OCCASIONS (ONCE OR TWICE) = 1; SOME DAYS = 2; MOST DAYS = 3; EVERY DAY = 4.	66
	<u>CHANGES IN TIREDNESS SINCE C BORN</u> NO CHANGE = 0; GOT MORE = 1; GOT LESS = 2; QUALITATIVE CHANGE = 3; OTHER CHANGES = 7.	67
	<u>IF R HAS AS MUCH ENERGY NOW AS BEFORE PREGNANCY</u> SAME AMOUNT = 0; MORE ENERGY NOW = 1; LESS NOW = 2; OTHER = 7.	68

244

34

3. GENERAL STATE OF MOTHER  
PSYCHOLOGICAL STATE

CROSS F

FROM

3.10

R'S PSYCHOLOGICAL STATE - EARLY WEEKS

- |   |  |
|---|--|
| a | *Women vary a lot in how they feel in themselves in the first few weeks after having a baby. Some feel very happy, others anxious or depressed. How did you feel in those early weeks? |
| b | *Why do you think you felt like that? How long did you feel like that? Did you feel like that all the time, or were there any times you felt better/worse? How did you feel then?      |



[The body of the document contains several paragraphs of text that are extremely faint and difficult to read. The text appears to be a formal report or document, possibly related to a technical or scientific field. The content is largely illegible due to the quality of the scan.]

ANA

CROSS RE

36

3. GENERAL STATE OF MOTHER  
PSYCHOLOGICAL STATE

FROM

3.11

R'S PSYCHOLOGICAL STATE - LAST MONTH

- a \*Are you the sort of person who worries a lot or are you generally easy-going? Are you generally cheerful or do you tend to get low?
- b \*How have you felt in yourself in the last month? Have you felt like that all the time or have there been times you have felt better/worse?
- c \*Have there been any days you have felt good - I mean, really happy or cheerful? What sort of things have made you feel like that?
- d \*Have there been any times when you have been worried or anxious about things? What sort of things have you been worried about? Have there been any worries about C? How often have you felt worried - has it been just odd days or most days or something in between?
- e \*Have you felt low or depressed at any time in the last month? What's made you feel low? How have you felt? How often have you felt low - just odd days or most days or something in between?
- f \*Have you felt irritable at times in the last month? What makes you irritable? Who did you get irritable with? How often do you feel irritable (odd days, some days, most days)?

1	<u>OVERALL FEELINGS - SELF - LAST MONTH</u> NONE/LITTLE = 0; SOME = 1; MODERATE = 2; A LOT = 3.	POSITIVE FEELINGS	69
		NEGATIVE FEELINGS	70

CROSS

FROM

38

3. GENERAL STATE OF MOTHER  
PSYCHOLOGICAL STATE

3.11

R'S PSYCHOLOGICAL STATE - LAST MONTH (CONT)

THE UNIVERSITY OF CHICAGO  
LIBRARY

3. GENERAL STATE OF MOTHER  
PSYCHOLOGICAL STATE

CROSS R.

FROM

3.12

R'S PSYCHOLOGICAL STATE - BEFORE LAST MONTH

- a \*Have there been any (other) times since C was born that you have felt good for a period - I mean, really happy or cheerful for more than a few days? How often have you felt like this? What sort of things have made you feel like this?
- b \*And have there been any (other) periods when you have felt worried or anxious for more than a few days? When was that? How long did that last? What were you worried about?
- c \*And have there been any (other) periods of more than a few days when you have felt low or depressed? What did you put that down to? How did you feel then? When was that? How long did that last?

OTHER TIMES FELT REALLY GOOD/WORRIED/  
DEPRESSED

GOOD

71

NO. OF OCCASIONS MENTIONED.

WORRIED

72

DEPRESSED

73

3. GENERAL STATE OF MOTHER  
PSYCHOLOGICAL STATE

CROSS RI

FROM

3.13

**SELECT WORST PERIOD OF NEGATIVE SELF FEELINGS AND  
COVER BELOW FOR THAT PERIOD**

- |   |  |
|---|--|
| a | *When you were feeling (low/worried) what did you do about it? Was there anything you could do to make yourself feel less (low/worried)? Could you stop yourself feeling (low/worried) by turning your attention to something else - or was it always there? |
| b | *Did you keep how you felt to yourself or talk to others about how you felt? Who did you talk to? Anyone (else) among your family and friends? Anyone outside? What did they say? Was that helpful or not? Why?  |
| c | *When you began to feel (better/less worried/less low), what did you put that down to? Was anyone or anything particularly helpful during the period? Do you feel you could have done with more help or support? From when?                                  |

**ENTER FULL DETAILS IN SUPPORT SECTION**



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RECORDED AT THE OFFICE OF THE CLERK OF THE SUPREME COURT  
JAN 10 1900

3. GENERAL STATE OF MOTHER  
FURTHER PREGNANCIES

CROSS 1

FROM

3.14

FURTHER PREGNANCIES SINCE C BORN

- a \*Do you want any more children? How many more do you want?
- b \*How many more, if any, do you expect to have? When would you like the next one?
- c \*Have you been pregnant again since C was born? Are you trying to get pregnant at present?
- d \*When did you get pregnant (that is, C's age when began)? Were you trying to get pregnant or did it just happen?
- e \*Are you still pregnant? What happened?

ENTER FULL DETAILS OF ANY PREGNANCY IN BIOGRAPHY SECTION

<u>NO. OF FURTHER CHILDREN WANTED/EXPECTED</u> CODE NO. NO MORE = 0.	WANTED		74
	EXPECTED		75
<u>WHEN WOULD LIKE NEXT ONE</u> CODE C'S AGE TO NEAREST YEAR (4) WHEN WANTS NEXT CHILD IF NO MORE WANTED, CODE = 9.			76
<u>PREGNANCY SINCE C BORN</u> NO PREGNANCIES = 0; BEEN PREGNANT, NOT NOW - MISCARRIAGE = 1; BEEN PREGNANT, NOT NOW - ABORTION = 2; BEEN PREGNANT, ENDED THROUGH MISCARRIAGE, PREGNANT NOW = 3; BEEN PREGNANT, ENDED THROUGH ABORTION, PREGNANT NOW = 4; PREGNANT NOW, FIRST TIME = 5; IF UNCERTAIN IF PREGNANT NOW, CODE = 6. IF PREGNANT BEFORE, IF NOT PREGNANT BEFORE, CODE = 7.			77
<u>IF TRYING TO GET PREGNANT</u> YES, TRYING = 0; NOT TRYING = 1; <u>IF NOT PREGNANT, CODE = 9.</u>	PAST PREG.		78
	CURRENT PREG.		3/8

3. GENERAL STATE OF MOTHER  
FURTHER PREGNANCIES

CROSS

FROM

→ IF NOT PREGNANT SINCE C BORN, GO TO NEXT PAGE

3.15

R'S ATTITUDE TO PREGNANCY

- a \*How did you feel when you first knew you were pregnant? Were you happy or unhappy? Did you have any other feelings? Any doubts or worries?
- b \*Have/Did your feelings change(d)? Do/Did you feel happier or less happy? Do/Did you (still) have doubts/worries? Do/Did you feel there is/was anything good about it?

RATE OPPOSITE  
ENTER FULL DETAILS IN BIOGRAPHY SECTION

5

R'S FEELINGS ABOUT PREGNANCY

NONE/LITTLE = 0; SOME = 1;  
MODERATE = 2; A LOT = 3.

POSITIVE FEELINGS

9

NEGATIVE FEELINGS

10

3. GENERAL STATE OF MOTHER  
CONTRACEPTION

CROSS RI

FROM

3.16

R'S DISCUSSION ABOUT CONTRACEPTION

a	*Since C was born, have you asked anyone's help or advice about contraception or been to see anyone about it? Anyone else? What sort of advice or help were you looking for?
b	*And has anyone said anything to you about contraception? Asked you if you planned to use contraception or suggested that you did? Anyone else?

FOR EACH SOURCE OF SUPPORT MENTIONED, COVER

1.	<u>WHAT THEY SAID AND DID</u>
2.	<u>HOW R FELT ABOUT WHAT THEY SAID OR DID</u>
3.	IF R FOUND THAT <u>HELPFUL/UNHELPFUL</u>

ENTER FULL DETAILS IN SUPPORT SECTION

5 R'S DISCUSSION ABOUT CONTRACEPTION

R NOT ASKED HELP/NO-ONE SAID ANYTHING = 0; R ASKED FOR HELP/ADVICE = 1; OTHER(S) SAID SOMETHING TO R = 2; R ASKED AND OTHER(S) SAID = 3.

11

827

CROSS R

50

4. DIARY

FROM

4.1

\*I'd like to talk about what life has been like for you and C since you've had C. First, it would be helpful if you could give me some idea of what life is like for you and C now. Could you take me through the last week and tell me for each day how you spent your time, in particular, who you saw and the things you did. Also, what C did - who s/he met, any outings s/he had, anyone who looked after her/him, apart from yourself.





## 5. SATISFACTION WITH LIFE

CROSS I

FROM

5.1

## TYPICALITY OF LAST WEEK

- |   |   |
|---|---|
| a | *Was last week fairly typical or was it unusual for either you or C in any way?                   |
| b | *Looking back, do you feel it was a good week or a bad week - or neither - in particular? Why?    |
| c | *You've told me how you spent the week - but would you rather have been doing anything different? |

LAST WEEK

GOOD WEEK = 0; NEITHER = 1; GOOD AND BAD = 2; BAD WEEK = 3.

12

TYPICALITY OF LAST WEEK

TYPICAL = 0; UNUSUAL FOR R = 1; UNUSUAL FOR C = 2; UNUSUAL FOR BOTH = 3.

13

5.2

## OPPORTUNITIES TO DO ACTIVITIES THAT R LIKES

- a \*What sort of things do you like to do with your time if you get the opportunity? What else? Are there things you like to do at home/outside your home?
- b FOR EACH ACTIVITY ASK:-  
\*When did you last do (ACTIVITY)? Are you able to (ACTIVITY) as much as you would like? Why not? How do you feel about that? Do you mind or not?
- c \*Are there any other things you enjoy doing, but never or rarely get to do? Why don't you get to do (ACTIVITY) more often?
- d \*Do you get enough time just for yourself? How do you feel about that? Do you mind or not?
- e \*Do you ever find yourself getting bored? When does this happen? How often?

OPPORTUNITIES TO DO ACTIVITIES R LIKES

R MENTIONS NO ACTIVITIES THAT LIKES TO DO = 0; R  
MENTIONS ONE OR MORE ACTIVITIES - CAN DO ALL AS MUCH  
AS LIKE = 1; CAN ONLY DO SOME AS MUCH AS LIKES = 2;  
CAN DO NONE AS MUCH AS LIKES = 3.

14

IF R GETS ENOUGH TIME FOR SELF

YES = 0; NO - DOES NOT MIND = 1; NO - MINDS = 2.

15

IF R EVER GETS BORED

NO = 0; YES = 1.

16

6. SOCIAL NETWORK  
MOTHER

6.1

OWN RELATIVES R IS IN REGULAR CONTACT WITH CURRENTLY EITHER BY I  
OR DIRECT (REGULAR = AT LEAST ONCE A MONTH)

Relationship to R. <u>If share household</u> , put tick in column	Age	Frequency of contact	Type of contact (eg: mostly phone, who visits who.	If pregnant /age of youngest child	Ethnic group	L

CHECK FOR: PARENTS, SIBLINGS, STEP-RELATIVES, AUNTS/UNCLES, COUSINS, GRANDPARENTS.

DO NOT ENTER: SPOUSE/COHABITEE OF RELATIVE OR CHILDREN UNDER 16 EXCEPT R'S SIBLINGS.

NB: CHECK LINKAGES WHEN R NOT PRESENT

<u>TOTAL NO. OF INDIVIDUALS IN NETWORK</u>			17
BM AND BF COUNT SEPARATELY. ALL OTHER COUPLES COUNT AS ONE. USE 2 DIGITS FOR EXAMPLE, 7 = 07.			18
<u>TOTAL NO. OF LINKAGES IN NETWORK</u>			19
USE 2 DIGITS			20
<u>COMPOSITION OF NETWORK</u>  8 OR MORE = 8. IF SP/COHABITEE IS FATHER, CODE CF = 9.	OWN RELATIVES		21
	CF		22
	FAMILY OF CF/SP/COHAB		23
	GIRLFRIENDS		24
	BOYFRIENDS		25
	MALE FRIENDS		26
	WELFARE/HEALTH WORKERS		27
	GROUPS		28
	OTHERS		29
<u>FREQUENCY SEES OWN PARENTS/CHILD'S FATHER</u>  NEVER = 0; OCC. LESS THAN MONTHLY = 1; MONTHLY = 2; FORTNIGHTLY = 3; WEEKLY = 4; MORE THAN WEEKLY = 5; LIVES WITH = 6. IF SP/COHAB. IS FATHER, CODE CF = 9.	BM		30
	BF		31
	CF		32
<u>TOTAL NO. SEEN AT LEAST WEEKLY</u>			33
USE 2 DIGITS			34
<u>NO. IN NETWORK FROM SAME ETHNIC GROUP</u>  <u>IF SP/COHAB IS FATHER, CODE CF = 9.</u>	TOTAL		35
			36
	CF		37
	FAMILY OF CF/SP/COHAB		38
			39
	GIRLFRIENDS		40
		41	

6. SOCIAL NETWORK  
MOTHER

6.2

CF (+SP) AND HIS RELATIVES R IS IN REGULAR CONTACT WITH CURRENTLY  
EITHER BY PHONE OR DIRECT (REGULAR = AT LEAST MONTHLY)

Relationship to R. <u>If share household, put tick in column</u> ↓	Age	Frequency of contact	Type of contact (eg: mostly phone, who visits who.)	If pregnant /age of youngest child	Ethnic group	Linkage

CHECK FOR: PARENTS, SIBLINGS, STEP-RELATIVES, AUNTS/UNCLES, COUSINS, GRANDPARENTS.

DO NOT ENTER: SPOUSE/COHABITEE OF RELATIVE OR CHILDREN UNDER 16 EXCEPT R'S SIBLINGS.

EXCLUDE COHABITEE OR HUSBAND LIVING WITH R

NB: CHECK LINKAGES WHEN R NOT PRESENT



	BOYFRIENDS		42
	OTHER		43
<u>NO. IN NETWORK PREGNANT/HAVING 1ST BABY UNDER 20</u>  CODE NUMBER, 8 OR MORE = 8 (EXCEPT 'TOTAL'). IF SP/COHAB. IS FATHER, CODE = 1. IF CURRENTLY UNDER 20 OR IF HAD EARLIER CHILD UNDER 20.	TOTAL		44
			45
	OWN PARENTS		46
	OWN RELATIVES		47
	CF		48
	FAMILY OF CF/SP/COHAB		49
	GIRLFRIENDS		50
	BOYFRIENDS		51
	MALE FRIENDS		52

WHERE FIRST KNEW FRIENDS IN NETWORK (INCL.  
BOYFRIENDS, GIRL AND MALE FRIENDS)

CODE NO. 8 OR MORE = 8.	BEFORE SEC. SCHOOL		53
	SEC. SCHOOL - OWN		54
	SEC. SCHOOL - OTHER		55
	AFTER SCHOOL - WORK/FE		56
	AFTER SCHOOL - OTHER		57
	SINCE C BORN		58

6. SOCIAL NETWORK  
MOTHER

5.3

OTHERS (INCLUDING FRIENDS, SELF-HELP AND OTHER GROUPS, HEALTH/WELF WORKERS) IS IN REGULAR CONTACT WITH CURRENTLY EITHER BY PHONE OR DIRECT (REGULAR = AT LEAST ONCE A MONTH)

Status*/Name and first knew**, <u>If share household</u> , put tick in column	Age	Frequency of contact	Type of contact (eg: mostly phone, who visits who.	If pregnant /age of youngest child	Ethnic group	Lin age

\* STATUS = BOYFRIEND (B), GIRLFRIEND (G), MALE FRIEND (M).

\*\* FIRST KNEW = BEFORE SECONDARY SCHOOL (P), SECONDARY SCHOOL - SAME SCHOOL (S), OTHER SCHOOL (OS), AFTER SCHOOL - WORK (W), FE (F), SINCE C BORN (C), OTHER (O).

NB: CHECK LINKAGES WHEN R NOT PRESENT

CHECK ANY CONTACTS MADE SINCE C BORN

CHECK FOR ANY BOYFRIENDS



## 6.4 CLOSENESS TO OTHERS

a	*We've talked about relatives, friends, and others you are in regular contact with. RECAP NETWORK. Are there any of these you feel close to?
b	*Is there anyone else, who you don't see so regularly, that you feel close to?
FOR EACH PERSON MENTIONED, PROBE	
c	*In what way do you feel close?

## 6.5 CLOSEST CONTACT

a	RECAP PEOPLE MENTIONED AS CLOSE *Which of these people do you feel closest to?
---	---

NO. OF PEOPLE R FEELS CLOSE TO

CODE NO.

8 OR MORE = 8 (EXCEPT 'TOTAL')

TOTAL

59

60

OWN PARENTS

61

OTHER OWN RELATIVES

62

CF (IF NOT COHAB)

63

FAMILY OF CF/SP/  
COHAB

64

GIRLFRIENDS

65

BOYFRIENDS

66

OTHER MALE FRIENDS

67

OTHERS

68

PERSON R FEEL CLOSEST TO

OWN PARENTS = 0; OTHER OWN RELS. = 1; CF (IF NOT  
COHAB.) = 2; FAMILY OF CF/SP/COHAB. = 3; GIRLFRIEND  
= 4; BOYFRIEND = 5; OTHER MALE FRIEND = 6; OTHER  
= 7; DON'T KNOW/CAN'T DISTINGUISH = 8.

IF FEELS CLOSE TO NO-ONE, CODE = 9.

69

6. SOCIAL NETWORK  
MOTHER

CROSS

FROM

6.6

## CHANGES IN RELATIONSHIPS SINCE C BORN

- |   |   |
|---|---|
| a | *Since C was born, have there been any changes in how much you see your relatives (or CF's)? What about your friends? |
| b | *Are there any (relatives/friends) you see more of? Any you see less of or have lost contact with?                    |
| c | *And have there been any changes in how you get on with any firends or relatives?                                     |
| d | *Are there any you have become closer to? Any you are less close to or have fallen out with?                          |

**ENTER FULL DETAILS IN 'BIOGRAPHY' SECTION**

EFFECT OF PREGNANCY ON SOCIAL NETWORK

NO DIFFERENCE = 0; MORE/CLOSER/  
 BETTER - NO QUAL = 1; SOME NEGATIVE  
 QUAL. = 2; MIXED = 3; LESS/LESS  
 WELL/LESS CLOSE/WORSE - SOME  
 POSITIVE QUAL. = 4; NO QUAL. = 5;  
 OTHER CHANGE = 6.

SUMMARY

QUANTITY		70
QUALITY		71

SPECIFIC -  
OWN RELATIVES

QUANTITY		72
QUALITY		73

FAMILY OF CF/  
SP/COHAB

QUANTITY		74
QUALITY		75

MALE FRIENDS

QUANTITY		76
QUALITY		77

FEMALE FRIENDS

QUANTITY		78
QUALITY		4/8

OTHERS

QUANTITY		9
QUALITY		10

66

## 5. SATISFACTION WITH LIFE

FROM

5.3

## SATISFACTION WITH SOCIAL LIFE

- |   |  |
|---|--|
| a | *Are you happy with the social side of your life, or could it be better? What would make it better?                      |
| b | *Is there anyone you would like to see more of? What prevents you seeing them more?                                      |
| c | *You said you were not happy with the social side of your life - how does that make you feel? Does it ever get you down? |
| d | *Do you ever feel lonely? How often? What do you do when you feel like that?   |



SATISFACTION WITH SOCIAL SIDE OF LIFE

HAPPY WITH SOCIAL SIDE = 0; COULD BE BETTER = 1;

11

OTHERS WOULD LIKE TO SEE MORE OF  
NO-ONE MENTIONED = 0; MENTIONED  
= 1.

SUMMARY

12

CF (IF NOT COHAB)

13

OWN FAMILY

14

FAMILY OF CF/SP/  
COHAB

15

GIRLFRIEND

16

BOYFRIEND

17

OTHERS

18

IF EVER FEELS LONELY

NEVER = 0; SOMETIMES = 1.

19

7. MOTHERHOOD  
SALIENESS

CROSS R

FROM

7.1

## PERCEPTION OF SELF

- |   |  |
|---|--|
| a | *What difference has having a child made to your life? Has it made any other differences? Is (difference) for better or worse? |
| b | *Has having a baby changed you in any way? Has it changed the sort of person you are? How do you feel about that?              |
| c | *And do other people see you differently since you had a baby? Who? In what way? How do you feel about that?                   |

L

DIFFERENCES C MADE TO R'S LIFE

NONE MENTIONED = 0; MENTIONED - POSITIVE ONLY = 1;  
 MAINLY POSITIVE (SOME NEGATIVE) = 2; MIXED = 3;  
 MAINLY NEGATIVE (SOME POSITIVE) = 4; NEGATIVE ONLY  
 = 5; OTHER = 7.

20

EFFECT OF HAVING C ON R AND HOW OTHERS SEE R

NO CHANGE = 0; CHANGED - POSITIVE ONLY = 1; MAINLY  
 POSITIVE (SOME NEGATIVE) = 2; MIXED = 3; MAINLY  
 NEGATIVE (SOME POSITIVE) = 4; NEGATIVE ONLY = 5;  
 OTHER = 7.

EFFECT ON R/PERSON R IS

21

HOW OTHERS SEE R

22

81A

70

7. MOTHERHOOD  
SATISFACTION WITH MOTHERHOOD

CROSS R

FROM

7.2

ENJOYMENT OF MOTHERHOOD

- |   |  |
|---|--|
| a | *What would you say are the <u>best</u> things about being a mother and having a baby? Is there anything (else) you enjoy?   |
| b | *What are the <u>worst</u> things about being a mother and having a baby? Is there anything (else) you do not like about it?   |
| c | *Some women feel that motherhood is something that they could or should get more out of. Do you ever feel you could enjoy motherhood more? Would anything enable you to enjoy it more? |

2

IF R EVER FEELS COULD ENJOY MOTHERHOOD MORE

NO = 0; YES - NOTHING SPECIAL MENTIONED THAT WOULD  
 ENABLE R TO ENJOY IT MORE = 1; YES - MATERIAL/  
 FINANCIAL FACTOR MENTIONED = 2; YES - OTHER FACTOR  
 MENTIONED = 3; YES - MATERIAL/FINANCIAL AND OTHER  
 MENTIONED = 4.

23

SATISFACTION WITH MOTHERHOOD RATING

NONE/LITTLE = 0; SOME = 1; MODERATE = 2;  
 A LOT = 3.

POSITIVE

24

NEGATIVE

25

7.3

## COPING WITH MOTHERHOOD

- a \*Have you found these first few months as a mother easy or hard? Has it got easier or harder with time or remained much the same? How has it got easier/harder?
- b \*Has it been easier or harder than you had expected? Are there any (other) ways in which being a mother has been different from what you had expected?
- c \*How do you feel you are coping as a mother? Are you coping as well as you'd like?
- d \*How do other people think you are coping as a mother? Is there anyone who thinks you are coping well? Is there anyone who thinks you are not coping well? How does that make you feel?
- e \*Are you happy with the kind of mother you are or are there ways in which you'd like to be different? In what ways would you like to be different?

3	<u>IF FIRST FEW MONTHS EASY/HARD</u> EASY = 0; EASY SOME WAYS/SOME STAGES, HARD OTHERS = 1; HARD = 2.	26
	<u>IF GOT EASIER OR HARDER</u> GOT EASIER = 0; STAYED THE SAME = 1; EASIER IN SOME WAYS, HARDER IN OTHERS = 2; GOT HARDER = 3.	27
	<u>EASIER/HARDER THAN EXPECTED</u> EASIER THAN EXPECTED = 0; AS EXPECTED = 1; NO EXPECTATIONS = 2; EASIER IN SOME WAYS, HARDER IN OTHERS = 3; HARDER THAN EXPECTED = 4.	28
	<u>WAYS BEING A MOTHER DIFFERENT TO WHAT WAS EXPECTED</u> CODE NO. MENTIONED	29
	<u>HOW R SEES SELF COPING</u> VERY WELL = 0; QUITE WELL = 1; NOT SO WELL, WELL IN SOME WAYS/NOT WELL IN OTHERS = 2; NOT AT ALL WELL, BADLY = 3.	30
	<u>IF COPING AS WELL AS WOULD LIKE</u> YES = 0; NO = 1.	31
	<u>IF R HAPPY WITH KIND OF MOTHER SHE IS</u> YES = 0; NO = 1.	32
	<u>HOW OTHERS SEE R COPING</u> NOT MENTIONED = 0; MENTIONED = 1.	33
	OTHER(S) THINK COPING WELL	33
	OTHER(S) THINK NOT COPING WELL	34

7.4

## SUPPORT WITH MOTHERHOOD

- a \*You said that you'd found these first few months as a mother easy and/or that you felt you were coping well as a mother. Why do you think that is? Has anyone or anything helped?
- b \*Could these early months have been made easier for you? How?
- c \*In general, do you feel you've had enough support since C was born - or could you have done with more? From whom? What?

ENTER FULL DETAILS IN SUPPORT SECTION



COULD EARLY MONTHS HAVE BEEN MADE EASIER

NO = 0; YES - NOTHING SPECIFIC MENTIONED = 1; YES -  
SPECIFIC FACTOR MENTIONED = 2.

35

IF FEELS HAD ENOUGH SUPPORT

YES = 0; NO - NO-ONE SPECIFIC MENTIONED = 1; NO -  
OTHER(S) MENTIONED = 2.

36

03A

7. MOTHERHOOD  
ROLE CONFLICT AND PREFERENCE

CROSS R

76

FROM

7.5

ROLE CONFLICT AND PREFERENCE

- |   |  |
|---|--|
| a | *Do you feel you ought to be at home (full-time) with C?   |
| b | <u>IF NOT EMPLOYED/ON COURSE</u><br>*Do you ever wish you were not at home, for instance, at work or on a course? Why? What would you like to be doing?  |
| c | <u>IF EMPLOYED/ON COURSE</u><br>*Do you ever wish you were at home? What would you like to be doing?   |
| d | *If you had the chance, what would you ideally like to do - stay at home or go to work or take a course, either full-time or part-time? What work or course would you ideally like to do? What sort of hours? What prevents you? |

5	<u>IF FEELS OUGHT TO BE AT HOME WITH C</u> NO = 0; YES = 1.		37									
	<u>IF EVER WISHES WERE NOT AT HOME</u> NO = 0; YES - NOTHING SPECIFIC MENTIONED = 1; YES - AT SCHOOL = 2; AT FE = 3; AT WORK = 4; OTHER = 7. <u>IF EMPLOYED/ON COURSE, CODE = 9.</u>		38									
	<u>IF WISHES AT HOME</u> NO = 0; SOMETIMES = 1. <u>IF AT HOME, NOT ON COURSE/EMPLOYED, CODE = 9.</u>		39									
	<u>IDEAL SITUATION</u> NO CHANGE = 0; CHANGE TO BEING AT HOME = 1; CHANGE TO P/T COURSE = 2; CHANGE TO P/T WORK = 3; CHANGE TO F/T COURSE + 4; CHANGE TO F/T WORK = 5; CHANGE, BUT UNDECIDED TO WHAT = 6; UNDECIDED = 7; WANTS TO CHANGE = 8.  <u>CODE 9 FOR CURRENT SITUATIONS THAT          DO NOT APPLY</u>	<table border="1"> <tr> <td data-bbox="917 952 1276 1052"><u>CURRENT SITUATION AT HOME</u></td> <td data-bbox="1276 952 1404 1052"></td> <td data-bbox="1404 952 1541 1052">40</td> </tr> <tr> <td data-bbox="917 1052 1276 1131">ON P/T COURSE/WORK</td> <td></td> <td>41</td> </tr> <tr> <td data-bbox="917 1131 1276 1220">ON F/T COURSE/WORK</td> <td></td> <td>42</td> </tr> </table>	<u>CURRENT SITUATION AT HOME</u>		40	ON P/T COURSE/WORK		41	ON F/T COURSE/WORK		42	
<u>CURRENT SITUATION AT HOME</u>		40										
ON P/T COURSE/WORK		41										
ON F/T COURSE/WORK		42										
	<u>OVERALL</u> SATISFIED WITH CURRENT SITUATION = 0; NOT SATISFIED = 1.		43									

7. MOTHERHOOD  
ROLE PREFERENCE

CROSS R

FROM

→ IF CURRENTLY EMPLOYED OR IN EDUCATION, GO TO NEXT PAGE

7.6

## WORK/EDUCATION EXPECTATIONS

- |   |   |
|---|---|
| a | *Do you think you might look for a job or take up further education or training during the next year? Why (not)? What sort of work/course? Full-time or part-time? How likely is it (you will look for a job/take up a course)? |
| b | *Have you taken any steps so far? What have you done?   |

WORK/TRAINING EXPECTATIONS OVER NEXT YEAR

NO EXPECTATIONS = 0; MIGHT LOOK FOR JOB/EDUC. - NO STEPS TAKEN = 1; STEPS TAKEN = 2; DEFINITELY WILL LOOK - NO STEPS TAKEN = 3; STEPS TAKEN = 4.

SUMMARY

44

SPECIFIC  
JOB

45

EDUCATION/TRAINING

46

7. MOTHERHOOD  
ROLE PREFERENCE

CROSS F

FROM



IF NOT CURRENTLY EMPLOYED NOR IN EDUCATION, GO TO PAGE 84.

7.7

DECISION TO RETURN TO EMPLOYMENT/EDUCATION

- a \*When did you decide to take a job/go on a course?
- b \*Why did you decide to take a job/go on a course?  
Any other reasons?
- c \*Is it the same job/course you were doing before you had C? Were you on maternity leave?  
IF NOT - Why did you take (job)?

ENTER FULL DETAILS IN BIOGRAPHY SECTION

467

81

→ IF NOT CURRENTLY EMPLOYED NOR IN EDUCATION, GO TO  
NEXT PAGE

7.8

## ATTITUDE TO EMPLOYMENT/COURSE

- a \*How do you feel now about returning to/taking up  
work/(COURSE)? Do you have any reservations or  
regrets? Is there anything (else) good about it?
- b \*Do you enjoy your job/course or not?
- c \*Do you think you might stop working full-time/  
part-time/finish with your course in the next  
year? Why? When? What might you do instead?  
How likely is it?

ENTER FULL DETAILS IN BIOGRAPHY SECTION



10000  
10000

THE UNIVERSITY OF CHICAGO  
LIBRARY

Faint, illegible text, possibly bleed-through from the reverse side of the page.

5. SATISFACTION WITH LIFE  
LIVING ARRANGEMENTS

FROM

5.4

IDEAL LIVING ARRANGEMENT

- a \*People today live in many kinds of set-up.  
RECAP R'S ARRANGEMENT  
How do you feel about that (arrangement)? Are there any advantages for you? Any disadvantages? What about for C - any advantages? Any disadvantages?
  
- b \*Is there any set-up you think you might prefer? Why?

469

85

4 ATTITUDE TO CURRENT LIVING ARRANGEMENTS

POSITIVE = 0; ACCEPTING = 1; MIXED = 2; NEGATIVE = 3.

47

IDEAL LIVING ARRANGEMENT

NO ALTERNATIVE PREFERRED = 0; ALTERNATIVE PREFERRED = 1.

48

8.1

## C'S PHYSICAL HEALTH - SINCE BIRTH

- |   |   |
|---|---|
| a | *Has C had any illness or periods of being unwell since s/he was born?  |
| b | *Has s/he had any -<br>- coughs or colds<br>- difficulty breathing, chestiness or croup<br>- vomiting or diarrhoea<br>- times you felt s/he was in a lot of pain<br>- listlessness or loss of appetite<br>- temperatures<br>- rashes<br>- fits, convulsions, strong reactions to injections |

FOR EACH EPISODE MENTIONED, COVER

- |    |  |
|----|--|
| 1. | <u>HOW LONG IT LASTED</u>  |
| 2. | <u>IF CONSULTED HEALTH VISITOR OR GP OR HOSPITAL O/P OR IF C IN PATIENT.</u> |

470

87

C'S HEALTH SCORE

49

LEAVE BLANK - TO BE RATED AT OFFICE

50

8.2

## SUPPORT FOR MOST WORRYING CONDITION

a	<p><u>RECAP EPISODE MENTIONED IN 8.1</u> *Was any of these a worry for you at the time or difficult to cope with?</p>
IF NO, GO TO NEXT PAGE	
b	<p><u>RECAP EPISODES MENTIONED IN 8.2a</u> *Which of these was most worrying for you at the time? How did you feel when C got (CONDITION)? Did your feelings change?</p>
c	*How old was C when (CONDITION) began? Was it the first time s/he'd had it?
d	*Did you talk to anyone or seek anyone's advice? <u>CHECK FOR FAMILY, CF, FRIENDS, CHEMIST, HEALTH VISITOR, GP, HOSPITAL.</u>
e	<u>IF GP NOT CONTACTED -</u> *Did you consider seeing the doctor about it? Why not?
FOR EACH SOURCE OF SUPPORT CONTACTED, COVER	
1.	AT WHAT POINT R CONTACTED THEM (GET PICTURE OF SEQUENCE OF CONTACTS)
2.	WHAT THEY SAID <u>OR</u> ADVISED <u>OR</u> DID (eg. prescribed)
3.	<u>HOW R FELT</u> ABOUT WHAT THEY SAID OR DID
4.	IF R FOUND WHAT THEY SAID/DID <u>HELPFUL/UNHELPFUL/NEITHER</u>
f	*Was there anyone you felt could have been more helpful or sympathetic? What would you have liked them to do?
g	*Was there any help or support you needed, but couldn't get?

ENTER FULL DETAILS IN SUPPORT SECTION

)

IF ANYONE COULD HAVE BEEN MORE HELPFUL/HELP NEEDED,  
NOT GOT

NOTHING MENTIONED = 0; SOMEONE/SOMETHING MENTIONED = 1.

51

57%

8. CHILD HEALTH/SUPPORT

FROM

8.3

C'S HANDICAP OR DISABILITY - SUSPECTED OR CONFIRMED

a \*Does C have a confirmed handicap or disability? Have there been any queries or suspected problems about C, for instance, to do with his/her hearing or eyesight or development?  
CHECK FOR ANY QUERIES SINCE CLEARED UP

b \*Did you first notice (CONDITION) or did someone else? Who? How old was C then?

c IF SOMEONE ELSE NOTICED FIRST  
 \*What did s/he say? How did you feel about what s/he said and the way s/he said it?

d IF R FIRST NOTICED  
 \*What made you think something might be wrong? Who was the first person you discussed your suspicions with? How long after you first had them?

e IF NOT NOTICED FIRST BY HEALTH VISITOR/GP  
 \*Have you discussed (CONDITION) with a health visitor or doctor? (Why not?) How long after you/(other) first noticed it? Has a health visitor or doctor agreed there may be a query about C's (CONDITION)? What did s/he say to you about it?

f \*Has the query about C's (CONDITION) been definitely confirmed or cleared up? When was that? Who by? What have they said to you about C's (CONDITION) and how it might affect C? Is C receiving any treatment or help at present? Is any planned?

g \*What do you think may have caused (CONDITION)?



HANDICAPS OR DISABILITIES FOR C

NOTHING MENTIONED = 0; SUSPECTED - NOW CONFIRMED THAT  
C DOES NOT HAVE = 1; STILL SUSPECTED/UNCONFIRMED = 2;  
CONFIRMED = 3.

52

8. CHILD HEALTH/SUPPORT

CROSS

FROM

8.3 cont.

C'S HANDICAP OR DISABILITY - SUSPECTED OR CONFIRMED

h	*How did you feel when you first thought C might have (CONDITION)? Have your feeling changed since?
i	*How many doctors have you seen about (CONDITION)? Have you talked to the health visitor? Have you talked to anyone else or asked anyone's advice about C's condition(s) or your feelings about it? <u>CHECK FOR CF, FAMILY, FRIENDS.</u>
FOR EACH SOURCE OF SUPPORT MENTIONED, COVER	
1.	<u>AT WHAT POINT</u> R DISCUSSED CONDITION (GET PICTURE OF SEQUENCE OF CONTACT).
2.	WHAT THEY SAID OR ADVISED <u>OR</u> DID.
3.	<u>HOW R FELT</u> ABOUT WHAT SAID OR DID
4.	IF R FOUND WHAT THEY SAID WAS <u>HELPFUL/UNHELPFUL/NEITHER.</u>
j	*Has there been anyone you felt could have been more helpful or sympathetic? What would you have liked them to do?
k	*Has there been any help or support you've needed, but not got? What?

ENTER FULL DETAILS FOR b-c IN SUPPORT SECTION

3  
k)

IF ANYONE COULD HAVE BEEN MORE HELPFUL/HELP NEEDED,  
NOT GOT

NOTHING MENTIONED = 0; SOMEONE/SOMETHING MENTIONED = 1.

53

## 8.4

## C'S VACCINATIONS

a	*Has C had any vaccinations yet?
b	*Has s/he had a full course of vaccinations so far, or has she missed any? Which ones? Why?
c	*Did you have any difficulty deciding whether or not to get C vaccinated?
d	*Did you talk to anyone or seek anyone's advice about whether or not to get C vaccinated? <u>CHECK FOR CF, RELATIVES, FRIENDS, GP, HEALTH VISITOR.</u>
FOR EACH SOURCE OF SUPPORT MENTIONED COVER	
1.	<u>AT WHAT POINT R DISCUSSED</u> (GET PICTURE OF SEQUENCE OF CONTACT)
2.	<u>WHAT THEY SAID OR ADVISED.</u>
3.	<u>HOW R FELT</u> ABOUT WHAT THEY SAID OR DID.
4.	IF R FOUND WHAT THEY SAID/ADVISED <u>HELPFUL/UNHELPFUL/NEITHER.</u>
e	*Has there been anyone you felt could have been more helpful? What would you have liked them to do?
f	*Has there been any advice or help you've needed but not got? What?

ENTER FULL DETAILS FOR c-f IN SUPPORT SECTION

<u>R'S VACCINATIONS</u> NO VACCINATIONS = 0; SOME, OTHERS MISSED = 1; FULL COURSE = 2.		54
<u>IF C HAD DIFFICULTY IN DECIDING TO GET C VACCINATED</u> NO DIFFICULTY MENTIONED = 0; DIFFICULTY MENTIONED = 1.		55
) <u>IF ANYONE COULD HAVE BEEN MORE HELPFUL/HELP NEEDED, NOT GOT</u> NOTHING MENTIONED = 0; SOMEONE/SOMETHING MENTIONED = 1.		56

8. CHILD  
FEEDING

CROSS

FROM

8.5

## CHILD FEEDING - HISTORY

- |    |  |
|----|--|
| 1. | METHOD OF FEEDING USED INITIALLY (THAT IS, IMMEDIATELY AFTER BIRTH).   |
| 2. | ANY CHANGES SUBSEQUENTLY<br><u>CHECK FOR END OF BREAST OR BOTTLE OR TUBE FEEDING: BEGINNING OF BREAST OR BOTTLE FEEDING OR SOLIDS.</u> |
| 3. | <u>FOR EACH CHANGE</u> , C'S AGE WHEN OCCURRED.  |

5

CHILD FEEDING

BREAST = 0; EXPRESSED BREAST MILK IN BOTTLE = 1;  
 BOTTLE = 2; BREAST AND BOTTLE = 3; BREAST AND  
 SOLIDS = 4; BOTTLE AND SOLIDS = 5; BREAST AND BOTTLE  
 = 6; OTHER = 7.

IF INITIALLY TUBE FED, CODE FIRST  
 OTHER METHOD USED.

AT BIRTH

57

NOW

58

IF C EVER BREAST FED

NO = 0; EXPRESSED BREAST MILK IN BOTTLE = 1; YES = 2.

59

C'S AGE WHEN R STOPPED BREAST-FEEDING

CODE C'S AGE TO NEAREST MONTH. LESS THAN 2 WEEKS = 0;  
 6 MONTHS OR MORE = 6; STILL BREAST - FEEDING = 7.

60

IF NEVER BREAST FED, CODE = 9.

8. CHILD  
FEEDING/SUPPORT

CROSS R

FROM

8.6

## INITIAL FEEDING

- a \*You said you began by breast/bottle feeding C. Why did you use that method (rather than breast/bottle feeding)?
- b \*Did you raise it with anyone before the birth, to get their views or just to discuss it? Did anyone raise it with you? What about at the hospital? Did you read anything about it?

FOR EACH SOURCE OF SUPPORT MENTIONED, COVER

1. AT WHAT POINT R DISCUSSED OR READ (GET PICTURE OF SEQUENCE)
2. WHO INITIATED DISCUSSION
3. WHAT THEY SAID OR ADVISED
4. HOW R FELT ABOUT WHAT WAS SAID OR DONE
5. IF WHAT SAID/ADVISED WAS HELPFUL/UNHELPFUL/NEITHER

- c \*Did anything (else) influence you?
- d \*Did you feel free to make up your mind or did you feel at all coerced into (breast/bottle) feeding?
- e \*How do you feel now about bottle/breast feeding C to begin with? Are there any things you are pleased about? Any reservations or regrets?

ENTER FULL DETAILS FOR b-e IN SUPPORT SECTION



REASONS GIVEN FOR CHOICE OF FEEDING METHOD

NOT MENTIONED = 0; MENTIONED AS REASON FOR BOTTLE FEEDING = 1; MENTIONED AS REASON FOR BREAST FEEDING = 2.

COST		61
C'S HEALTH/WELFARE		62
EFFECT ON R'S LIFE/ ACTIVITIES/RELATIONS		63
CONVENIENCE		64
PERSONAL APPEAL/LACK OF APPEAL OF METHOD (EG: NATURALNESS, EMBARASS- MENT, DISGUST)		65
DOUBTS ABOUT ABILITY TO USE METHOD		66
ATTITUDE/VIEWS/PRESSURE OF OTHERS		67
OTHER		68

IF FELT FREE TO MAKE UP MIND

YES, FREE = 0; FELT COERCED = 1.

69

ATTITUDE TO INITIAL FEEDING METHOD

POSITIVE = 0; ACCEPTING = 1; MIXED = 2; NEGATIVE = 3.

70

8. CHILD FEEDING/SUPPORT

8.7

INITIAL FEEDING - IMPLEMENTATION

a	*Did anyone try to help you at the beginning?
b	*Did you find it easy or difficult getting bottle/breast feeding established? In what ways was it difficult? Was there anything you found difficult?
c	*Did you discuss it with anyone or did anyone try and help? Did you read anything about it?
FOR EACH SOURCE OF SUPPORT MENTIONED IN a OR c, COVER:	
1.	<u>AT WHAT POINT HELPED/DISCUSSED/READ (ESTABLISH SEQUENCE).</u>
2.	<u>WHO INITIATED HELP/DISCUSSION.</u>
3.	WHAT SAID <u>OR</u> ADVISED <u>OR</u> DID.
4.	<u>HOW R FELT</u> ABOUT WHAT SAID OR DID.
5.	IF WHAT SAID/ADVISED/DID WAS <u>HELPFUL/UNHELPFUL/NEITHER.</u>
d	*Was there anyone you felt could have been more helpful or sympathetic? Was there any help you needed but did not get?

ENTER FULL DETAILS IN SUPPORT SECTION

IF EASY/DIFFICULT GETTING FEEDING ESTABLISHED

EASY = 0; GENERALLY EASY, BUT DIFFICULTY MENTIONED = 1;  
NEITHER EASY OR DIFFICULT = 2; EASY IN SOME WAYS,  
DIFFICULT IN OTHERS = 3; DIFFICULT = 4.

71

IF ANYONE COULD HAVE BEEN MORE HELPFUL/HELP NEEDED,  
NOT GOT

NOTHING MENTIONED = 0; SOMEONE/SOMETHING MENTIONED = 1.

72

8. CHILD  
FEEDING/SUPPORT

CROSS

FROM

8.8

## INTRODUCTION OF SOLIDS - IMPLEMENTATION

- |   |  |
|---|--|
| a | *Did anyone try to help you when you were first introducing solids?  |
| b | *Has it been easy or difficult getting C introduced to solids? In what ways has it been difficult? Has there been anything you've found difficult? |
| c | *What did you do about (DIFFICULTY)? Did you discuss it with anyone or did anyone try and help? Did you read anything about it?                    |

FOR EACH SOURCE OF SUPPORT MENTIONED IN a OR c, COVER:

- |    |  |
|----|--|
| 1. | <u>AT WHAT POINT</u> R DISCUSSED OR READ (GET PICTURE OF SEQUENCE) |
| 2. | <u>WHO INITIATED</u> DISCUSSION                                    |
| 3. | WHAT SAID <u>OR</u> ADVISED <u>OR</u> DID                          |
| 4. | <u>HOW R FELT</u> ABOUT WHAT SAID OR DID                           |
| 5. | IF WHAT SAID/ADVISED/DID WAS <u>HELPFUL/UNHELPFUL/NEITHER</u>      |

- |   |   |
|---|---|
| d | *Was there anyone you felt could have been more helpful or sympathetic? Was there any help you needed, but did not get? |
|---|---|

ENTER FULL DETAILS IN SUPPORT SECTION

8	<u>IF EASY/DIFFICULT GETTING SOLIDS INTRODUCED</u> EASY = 0; GENERALLY EASY, BUT DIFFICULTY MENTIONED = 1; NEITHER EASY NOR DIFFICULT = 2; EASY IN SOME WAYS, DIFFICULT IN OTHERS = 3; DIFFICULT = 4.	73
)	<u>IF ANYONE COULD HAVE BEEN MORE HELPFUL/HELP NEEDED,</u> <u>NOT GOT</u> NOTHING MENTIONED = 0; SOMEONE/SOMETHING MENTIONED = 1.	74

8. CHILD  
FEEDING/SUPPORT

CROSS REI

FROM

8.9

## FEEDING C - PEOPLE INVOLVED

- |       |   |
|-------|---|
| 1.    | NO. OF TIMES C NORMALLY FED IN 24 HOURS   |
| 2.    | OTHERS <u>APART FROM R</u> WHO HAVE FED C IN LAST WEEK AND FOR <u>EACH HOW</u> OFTEN FED C. |
| 3.    | PROPORTION OF FEEDING DONE BY R (ALL/MOST/HALF/SOME/NONE)                                   |
| 4.    | TYPICALITY OF LAST WEEK COMPARED TO LAST MONTH FOR:   |
| (i)   | PROPORTION OF FEEDING DONE BY R (THAT IS, DOES SHE USUALLY DO MORE/LESS/SAME)               |
| (ii)  | DO OTHERS WHO HAVE FED C NORMALLY DO MORE/LESS/SAME/NONE                                    |
| (iii) | DOES ANYONE ELSE NOT INCLUDED IN (2) USUALLY FEED C WEEKLY, <u>AND IF SO</u> , HOW OFTEN?   |

NB: CHECK FOR CONSISTENCY WITH DIARY AND CARE-GIVING ENVIRONMENT

ENTER FULL DETAILS FOR 1-4 IN SUPPORT SECTION

9 PROPORTION OF FEEDING DONE BY R AND OTHERS IN LAST WEEK

USE CODE D(2).

R		75
CF/SP/COHAB		76
RELATIVES		77
FRIENDS		78
OTHER(S)		5/8

TYPICALITY OF AMOUNT DONE LAST WEEK COMPARED TO LAST MONTH

USE CODE C(2).

R		9
CF/SP/COHAB		10
RELATIVES		11
FRIENDS		12
OTHER(S)		13

8. CHILD  
SLEEPING/SUPPORT

CROSS R:

FROM

## 8.10 NIGHT SLEEPING PATTERN

1. DOES C SLEEP REGULARLY THROUGH NIGHT (NB: NIGHT = MIDNIGHT TO 6 AM; REGULARLY = WAKES LESS THAN ONCE A WEEK)
2. IF YES, C'S AGE WHEN BEGAN SLEEPING REGULARLY
3. IF NO, IF C EVER HAD PERIOD WHEN SLEPT REGULARLY AND IF YES, WHEN STARTED AND STOPPED
4. NO. OF TIMES WOKEN IN NIGHT IN LAST WEEK
  - (i) ONCE
  - (ii) MORE OFTEN
5. IF WOKEN HOW LONG C AWAKE FOR
6. WHO, IF ANYONE, SAW TO C
7. TYPICALITY OF LAST WEEK TO LAST MONTH, FOR:
  - (i) C WAKING
  - (ii) WHO GOT UP TO SEE TO C
8. IF CHILD WOKEN IN LAST MONTH CHECK IF ANYONE OTHER THAN R GOT UP TO SEE TO C IN LAST MONTH, AND IF SO, WHO AND HOW OFTEN

ENTER FULL DETAILS FOR 6, 7(ii), 8 IN SUPPORT SECTION



DOES C SLEEP REGULARLY THROUGH NIGHT

YES = 0; USUALLY DOES, BUT HAS NOT FOR LAST 2 WEEKS = 1; NO, BUT HAS DONE = 2; NO, NEVER HAS = 3.

14

NO. OF TIMES C WOKEN IN NIGHT IN LAST WEEK

NO. OF NIGHTS  
WOKEN AT LEAST ONCE

15

NO. OF NIGHTS WOKEN  
MORE THAN ONCE

16

LENGTH OF TIME C AWAKE

15 MINUTES OR LESS + 0; 30 MINUTES OR LESS = 1;  
45 MINUTES OR LESS + 2; 60 MINUTES OR LESS = 3;  
MORE THAN 1 HOUR = 4; VARIED = 7.

17

IF NEVER WOKE, CODE = 9.

WHO GOT UP TO SEE TO C

R

18

CODE NO. OF TIMES PERSON GOT UP TO C.  
IF NO-ONE GOT UP, CODES = 0.

OTHER(S)

19

IF NEVER WOKE, CODE = 9.

TYPICALITY OF LAST WEEK COMPARED TO LAST MONTH

USE CODE C(2)

NO. OF TIMES C WOKE

20

HOW OFTEN R SAW TO  
C

21

8.12

LEARNING TO CARE FOR C

a      \*We've already talked about feeding C but there are many other things involved in looking after a baby.

How did you learn to look after C? Did anyone tell you how to do it, or show you, during the pregnancy? What about while you were in hospital? And since then?

CHECK FOR FAMILY, FRIENDS, ANTE-NATAL CLASSES, HEALTH VISITOR.

FOR EACH SOURCE MENTIONED, COVER:

1.      WHEN INVOLVED (BEFORE, DURING PREGNANCY, HOSPITAL STAY, ETC.)
2.      HOW KNOWLEDGE IMPARTED (FOR EXAMPLE, TOLD, DEMONSTRATED, HELPED R INITIALLY)
3.      WHETHER HELPFUL/UNHELPFUL/NEITHER

b      \*Is there anyone you felt could have been more helpful to you in learning to look after C? Has there been any help you've needed, but have not got?

**ENTER FULL DETAILS FOR a-b IN SUPPORT SECTION**

2(b)

LEARNING TO CARE FOR C:  
IF ANYONE COULD HAVE BEEN MORE HELPFUL/HELP NEEDED, NOT  
GOT.

22

NOTHING MENTIONED = 0; SOMEONE/SOMETHING MENTIONED = 1.

8. CHILD  
PHYSICAL CARE/SUPPORT

CROSS R

FROM

8.13

## DIFFICULTIES WITH CARING FOR C

- |   |   |
|---|---|
| a | *In the first few weeks after you had C did you feel at all worried or anxious or scared about looking after C? What about since? Do you still feel like that? When did you stop feeling worried? |
| b | *What were you worried/anxious/scared about?  |
| c | *Did you discuss it with anyone or did anyone try and help?   |

FOR EACH SOURCE MENTIONED, COVER:

- |    |   |
|----|---|
| 1. | <u>AT WHAT POINT R DISCUSSED (ESTABLISH SEQUENCE OF EVENTS)</u> |
| 2. | <u>WHO INITIATED DISCUSSION</u>                                 |
| 3. | WHAT SAID <u>OR ADVISED OR DID</u>                              |
| 4. | IF WHAT SAID/ADVISED/DID WAS <u>HELPFUL/UNHELPFUL/NEITHER</u>   |

ENTER FULL DETAILS FOR c IN SUPPORT SECTION

3

DIFFICULTIES WITH CARING FOR C

NEVER FELT WORRIED, ANXIOUS, ETC., ABOUT CARING FOR C  
= 0; FELT WORRIED, ETC., AT BEGINNING, NOT NOW = 1;  
STILL DOES FEEL = 2; BECAME WORRIED, ETC., LATER,  
BUT NOT NOW = 3; STILL DOES FEEL = 4.

23

8.14

## NAPPY CHANGING - PEOPLE INVOLVED.

- |    |   |
|----|---|
| 1. | OTHERS <u>APART FROM R</u> WHO CHANGED C IN LAST WEEK                                       |
| 2. | PROPORTION OF CHANGING DONE BY R (ALL/MOST/HALF/SOME/NONE)                                  |
| 3. | TYPICALITY OF LAST WEEK COMPARED TO LAST MONTH FOR:   |
|    | (i) PROPORTION OF CHANGING DONE BY R (THAT IS, DOES SHE USUALLY DO MORE/LESS/SAME)          |
|    | (ii) DO OTHERS MENTIONED IN (1) DO MORE/LESS/NONE/SAME                                      |
|    | (iii) DOES ANYONE NOT MENTIONED IN (1) USUALLY CHANGE C WEEKLY <u>AND IF SO</u> , HOW OFTEN |

NB: CHECK FOR CONSISTENCY WITH DIARY AND CARE-GIVING ENVIRONMENT

ENTER FULL DETAILS FOR 1-3 IN SUPPORT SECTION

1.14	<u>PROPORTION OF NAPPY CHANGING DONE BY R AND OTHERS IN LAST WEEK</u>  USE CODE D(2)	R		24
		CF/SP/COHAB		25
		RELATIVES		26
		FRIENDS		27
		OTHER(S)		28
	<u>TYPICALITY OF AMOUNT DONE LAST WEEK COMPARED TO LAST MONTH.</u>  USE CODE C(2)	R		29
		CF/SP/COHAB		30
		RELATIVES		31
		FRIENDS		32
		OTHER(S)		33

8.15

## BATHING/WASHING C - PEOPLE INVOLVED

1.	OTHERS <u>APART FROM R</u> WHO BATHED/WASHED C IN LAST WEEK
2.	PROPORTION OF BATHING/WASHING DONE BY R (ALL/MOST/HALF/SOME/NONE)
3.	TYPICALITY OF LAST WEEK COMPARED TO LAST MONTH FOR: <ul style="list-style-type: none"> <li>(i) PROPORTION OF BATHING/WASHING DONE BY R (THAT IS, DOES SHE USUALLY DO MORE/LESS/SAME)</li> <li>(ii) DO OTHERS MENTIONED IN (1) USUALLY DO MORE/LESS/NONE/SAME</li> <li>(iii) DOES ANYONE NOT MENTIONED IN (1) USUALLY BATH/WASH C WEEKLY <u>AND IF SO</u>, HOW OFTEN</li> </ul>
<u>NB</u> CHECK FOR CONSISTENCY WITH DIARY AND CARE-GIVING ENVIRONMENT	

ENTER FULL DETAILS FOR 1-3 IN SUPPORT SECTION
---



.5

PROPORTION OF BATHING/WASHING DONE BY  
R AND OTHERS IN LAST WEEK

R

34

CF/SP/COHAB

35

RELATIVES

36

FRIENDS

37

OTHER(S)

38

TYPICALITY OF AMOUNT DONE LAST WEEK  
COMPARED TO LAST MONTH

R

39

CF/SP/COHAB

40

RELATIVES

41

FRIENDS

42

OTHER(S)

43

8.16

## PERCEPTION OF C AND BELIEFS

- a \*If you had to say what sort of personality or character s/he has got, how would you describe him/her?
- b \*Is s/he friendly or shy? Easy or difficult? In what ways difficult? Is s/he contented or unsettled?
- c \*Most babies have off days - how often does s/he have an off day? What is s/he like then?
- d \*You mentioned that (CHILD) was like (PERSON)/had (CHARACTERISTICS mentioned in a and b). Why do you think she is like that? Do you think this is the kind of person s/he will always be or do you think s/he will change? When?
- e \*Some people say that a child is mainly shaped by the people who bring it up. Others say a child is born with a basic character, which stays much the same. What do you think?
- f \*What do you think are the most important things in a child's life so s/he grows up to be a happy individual? To be a healthy individual?

6	<u>DESCRIPTION OF CHILD</u>	FRIENDLY/SHY	44
	POSITIVE = 0; BOTH (FOR EXAMPLE, EASY SOMETIMES DIFFICULT OTHERS) = 1; NEGATIVE = 2.	EASY/DIFFICULT	45
		CONTENTED/UNSETTLED	46
	<u>IF R THINKS C WILL CHANGE (d)</u>		
	THINKS C WILL ALWAYS BE THIS KIND OF PERSON = 0; SOME ASPECTS MAY CHANGE, OTHERS NOT = 1; THINKS C WILL CHANGE = 2.		47
	<u>INFLUENCE ON CHILD</u>		
	PEOPLE WHO BRING CHILD UP = 0; BOTH IMPORTANT = 1; BASIC CHARACTER = 2.		48

8.17

CONFIDING ABOUT C

a \*If you had any worry or problem with C, who would be the first person you would want to discuss it with? Is there anyone else you would want to discuss it with? What about SP? Who would you turn to first?

ENTER FULL DETAILS IN SUPPORT SECTION

L7 FIRST PERSON C WOULD WANT TO DISCUSS C WORRY WITH

SP/COHAB = 0; CF (IF NOT SP/COHAB) = 1; MM = 2;  
 OTHER OWN RELATIVE = 3; FAMILY OF SP/CF/COHAB = 4;  
 FRIEND = 5; PROFESSIONAL WORKER/SERVICE = 6;  
 OTHER = 7.

49

PEOPLE C WOULD DISCUSS C PROBLEM WITH

NOT MENTIONED = 0; MENTIONED = 1;  
 FIRST PERSON R WOULD TURN TO = 2.

SP/COHAB

50

CF (IF NOT  
 SP/COHAB)

51

MM

52

OTHER OWN  
 RELATIVE

53

FAMILY OF  
 SP/COHAB/CF

54

FRIEND

55

PROFESSIONAL

56

OTHER

57

## 9. R AND C FEELINGS

120

FROM

9.1

## SEX OF CHILD

- |   |   |
|---|---|
| a | *Before C was born, did you want a boy or girl? What did CF want? Did anyone else in your/ either family have a strong preference?  |
| b | *How did you feel when you found out C was a boy/ girl? Did you feel any disappointment s/he was not a girl/boy? Has that changed or do you still feel a bit disappointed?                  |
| c | *Was anyone (else) disappointed C was not a girl/ boy? How did you feel about that? Do they still feel that way? Has it made any difference to how they are with C or what they do to help? |

SEX PREFERENCE FOR C

NONE/NO-ONE ELSE HAD STRONG PREFERENCE = 0; BOY = 1;  
GIRL = 2; ONE/SOME HAD STRONG PREFERENCE FOR A BOY,  
ONE/SOME FOR A GIRL = 3.

R		59
CF		60
OWN FAMILY		61
CF FAMILY		62

R RESPONSE TO C'S SEX AT BIRTH

NO RESPONSE = 0; HAPPY, POSITIVE = 1; MIXED = 2;  
DISAPPOINTED/NEGATIVE = 3.

63

CHANGES IN HOW R FEELS ABOUT C'S SEX

NO CHANGE, NOT NEGATIVE = 0; NO CHANGE, STILL  
NEGATIVE = 1; CHANGE, LESS NEGATIVE, STILL SOME  
NEGATIVE = 2; CHANGE, NEGATIVE GONE = 3; CHANGE,  
BECOME NEGATIVE = 4.

64

OTHER PERSON(S) DISAPPOINTED BY C'S SEX

NON MENTIONED = 0; MENTIONED, MADE NO  
DIFFERENCE TO HELP = 1; MENTIONED, R  
DOESN'T KNOW IF AFFECTED HELP = 2;  
MENTIONED - MADE DIFFERENCE TO  
HELP = 3.

SUMMARY

65

CF

66

OWN RELATIVES

67

CF FAMILY

68

FRIENDS

69

OTHERS

70

9.2

R'S FEELINGS FOR C

a \*Women vary in how they feel towards their babies at first. How did you feel towards C in the first week or so after s/he was born?

b IF NEGATIVE OR NOT POSITIVE -  
\*Why do you think you felt that way?

c \*Did this/these feeling(s) for C change? In what way(s)? Gradually or suddenly?  
GET STORY, INCLUDING TIMING

IF NOT APPARENT ASK:

d \*Has there been any time - at the beginning or later - when you've had no feelings for C one way or the other? Any times you've felt disappointed?

e \*Have there been any times you've felt very angry towards C or feared you might lose your temper? Have you ever?

f \*And have there been any times you've felt very anxious or worried about C - that you might drop or hurt her or she might die? Did you find you had to keep checking C was alright?

IF STRONG FEELINGS MENTIONED, COVER:

1. INTENSITY

2. DURATION (WHEN BEGAN AND IF ENDED, WHEN)

g \*How do you feel towards C now?



2	<u>NEGATIVE FEELINGS MENTIONED</u> NEVER FELT = 0; FELT AT BEGINNING, NOT NOW = 1; FELT AT BEGINNING, STILL DOES = 2; FIRST FELT LATER, NOT NOW = 3; FIRST FELT LATER, STILL DOES = 4.	SUMMARY	71
		NO FEELINGS	72
		DISAPPOINTMENT	73
		VERY ANGRY	74
		VERY ANXIOUS	75
		OTHER NEGATIVE	76

IF NO NEGATIVE FEELINGS FOR C MENTIONED IN 9.1/2,  
GO TO 9.5

9.3

## NEGATIVE FEELINGS FOR C

- a \*How did you feel about (NEGATIVE FEELING)? Did you feel guilty or blame yourself? Did you feel miserable or depressed about it?
- b \*Did you have any bad dreams or nightmares at or about this time? What about other feelings not necessarily connected with C?  
GET FULL DESCRIPTION
- c \*Could you put your worries to the back of your mind/stop yourself feeling like that? Were there things you did or someone else could do, that helped you do this? Did anything else help take your mind off (FEELING)?

IF FELT ANGER, ASK (d)

- d \*What sort of things did you do when you felt angry or felt you might lose your temper? Did you let off steam? How?
- e \*Did you ask yourself why you felt (FEELING)? Why do you think now you had those feelings towards C? Did you think that at the time?
- f \*Why do you think they went away?
- g \*Did you think other mothers felt like that towards their babies or did you feel it was just you? Do you actually know any other mothers who have felt that way?
- h \*If you had known other mothers feel that way sometimes, do you think it would have made any difference to you?

[The main body of the page contains extremely faint and illegible text, likely bleed-through from the reverse side of the document. The text is too light to be transcribed accurately.]

9.4

## NEGATIVE FEELINGS FOR C - SUPPORT

a	*Did you tell anyone about those feelings or did you keep them to yourself? <u>CHECK CF, FAMILY, FRIENDS</u>
b	<u>IF TOLD</u> *Were you reluctant to? <u>IF NOT TOLD</u> *Why not? What do you think you were afraid of?
c	*Did you talk to your GP or the Health Visitor or anyone else outside your family or friends? Did anyone raise it with you?
FOR EACH SOURCE MENTIONED, COVER:	
1.	<u>AT WHAT POINT R DISCUSSED (ESTABLISH SEQUENCE OF CONTACTS)</u>
2.	HOW PERSON REACTED <u>AND</u> WHAT SAID/ADVISED/DID
3.	<u>HOW R FELT</u> ABOUT REACTION
4.	IF WHAT SAID/ADVISED/DID WAS <u>HELPFUL/UNHELPFUL/NEITHER</u>
d	*Was there anyone you felt could have been more helpful or sympathetic? Was there any help you needed, but did not get?

ENTER FULL DETAILS FOR a-d IN SUPPORT SECTION
---

4  
)

IF ANYONE COULD HAVE BEEN MORE HELPFUL/HELP NEEDED,  
NOT GOT

NOTHING MENTIONED = 0; SOMEONE/SOMETHING MENTIONED = 1.

77

FROM

IF R NOT EMPLOYED OR ON COURSE SINCE C BORN, GO TO 10.3

10.1

CHILD-CARE ARRANGEMENTS IF R EMPLOYED/ON COURSE SINCE C BORN  
(COVER CURRENT AND ANY PREVIOUS)

1 TYPE OF CAREGIVER (PRIMARY AND SECONDARY) (9)

FOR PRIMARY AND SECONDARY, COVER:

2a TIMES C LEFT/COLLECTED BY R

2b WHERE C CARED FOR

3. DAYS PER WEEK LEFT

4. ANY OTHER CHILDREN CARED FOR AND IF SO, AGES

5. IF A FRIEND/KNOWN TO R BEFORE C STARTED

6. FEE PER WEEK

7. IF S PROVIDES ANYTHING IN KIND

IF CURRENTLY CARED FOR WHILE R WORKS/ON COURSE, ASK:

a \*Are you thinking of moving C (FROM CAREGIVER)? Why?  
Where are you considering moving C to? Have you done anything about it so far?

b \*If you could try and imagine a situation in which you could actually choose the child-care arrangement you felt was best for you and C what would that arrangement be? Why?

1 NO. OF CHANGES IN CHILD CARE ARRANGEMENTS SINCE RETURNED TO EMPLOYMENT/COURSE (9)

CODE NO. OF ARRANGEMENTS C HAS HAD. IF SAME THROUGHOUT CODE = 1. IF NO SECONDARY ARRANGEMENTS, CODE = 0.

PRIMARY		78
SECONDARY		6/8

CHILD-CARE ARRANGEMENTS - GENERAL

PRIMARY ONLY IN C/G HOME = 0; PRIMARY AND SECONDARY, BOTH IN C/G HOME = 1; PRIMARY ONLY IN C'S OWN HOME = 2; PRIMARY IN C/G HOME, SECONDARY IN C HOME = 3; PRIMARY AND SECONDARY, BOTH IN C'S HOME = 4; PRIMARY ONLY, MOSTLY IN C/G HOME = 5.

WHEN R FIRST RETURNED		9
IF NO CHANGE IN PRIMARY OR SECONDARY CODE 'WHEN R FIRST RETURNED' = 8.	NOW (OR WHEN R STOPPED EMPLOYMENT)	10

CHILD-CARE ARRANGEMENT - SPECIFIC

MINDER - NOT KNOWN TO R BEFORE = 0; MINDER KNOWN TO R BEFORE = 1; MM = 2; OTHER RELATIVE = 3; CF/SP/COHAB = 4; NURSERY = 5; OTHER = 7.

IF NO CHANGE IN PRIMARY OR SECONDARY, CODE 'WHEN FIRST RETURNED' = 8; IF NO SECONDARY ARRANGEMENT, CODE 'SECONDARY' = 9.

WHEN R FIRST RETURNED PRIMARY		11
SECONDARY		12
NOW (OR WHEN R STOPPED EMPLOYMENT) PRIMARY		13
SECONDARY		14

10. CAREGIVING ENVIRONMENT

FROM



IF R NOT CURRENTLY ON COURSE/IN EMPLOYMENT, GO TO NEXT PAGE

10.2

GETTING C TO/FROM PRIMARY CAREGIVER

IF CHILD NOT CARED FOR IN OWN HOME, COVER:

1. WHO TAKES C TO PRIMARY CAREGIVER
2. TIME TAKEN TO GET THERE
3. WHO COLLECTS C FROM PRIMARY CAREGIVER
4. TIME TAKEN TO GET HOME



2

TIME TO GET C TO/FROM CAREGIVER

CAREGIVER LIVES WITH C = 0; CAREGIVER COMES TO C'S HOME = 1; 5 MINUTES OR LESS = 2; 15 MINUTES OR LESS = 3; 30 MINUTES OR LESS = 4; 45 MINUTES OR LESS = 5; 60 MINUTES OR LESS = 6; MORE THAN 60 MINUTES = 7.

TO		15
FROM		16

WHO TAKES/COLLECTS C

ALWAYS R = 0; MOSTLY R = 1; SHARED USUALLY WITH OTHER = 2; MOSTLY OTHER = 3; ALWAYS OTHER = 4

IF CAREGIVER AT C'S HOUSE, CODE = 9.

TAKES C		17
COLLECTS C		18

10.3

TIMES C CARED FOR BY OTHERS IN LAST WEEK

- CHECK FOR:
1. SP, CF, OTHERS IN HOUSEHOLD IF NOT MENTIONED
  2. FOR EACH OCCASION OTHER ADULTS/CHILDREN C MAY HAVE MET WHILE BEING CARED FOR (EXCLUDING MEMBERS OF C HOUSEHOLD) AND ENTER IN 10.6)

FOR EACH OCCASION MENTIONED, COVER:

	Who cared for C <u>and</u> where	If while R at work/course, put tick	If planned, spontaneous offer/request	Time C cared for (eg: 9 - 11 am)
1				
2				
3				
4				
5				
6				
7				
8				
9				

NO. OF PEOPLE WHO CARED FOR C IN LAST WEEK

TOTAL

19

20

CF/SP/COHAB

21

R'S RELATIVES

22

CF FAMILY

23

R/CF FRIENDS

24

C/M OR NURSERY

25

OTHER(S)

26

AMOUNT OF TIME C CARED FOR BY OTHERS

TOTAL

27

28

CODE TO NEAREST HOUR (4). IF C CARED FOR BY MORE THAN ONE PERSON TOGETHER, COUNT SEPARATELY UNDER EACH CATEGORY (EG: CF AND CF FAMILY) BUT COUNT ONLY ONCE IN 'TOTAL'.

CF/SP/COHAB

29

30

USE 2 DIGITS, FOR EXAMPLE, 4 HOURS = 04.

R'S RELATIVES

31

32

CF FAMILY

33

34

R/CF FRIENDS

35

36

C/M OR NURSERY

37

38

OTHER(S)

39

40

Cont. →



.3

NO. OF TIMES C CARED FOR BY OTHERS IN  
LAST WEEKCODE NO. OF TIMES MENTIONED,  
8 OR MORE = 8.

TOTAL

41

42

CF/SP/COHAB

43

R RELATIVES

44

CF FAMILY

45

R/CF FRIENDS

46

C/M OR  
NURSERY

47

OTHER(S)

48

10. CAREGIVING ENVIRONMENT

136

FROM

10.4a

FOR EACH CAREGIVER MENTIONED IN 10.3, HOW OFTEN  
NORMALLY CARES FOR C

IF CAREGIVER NORMALLY CARES FOR CHILD AT LEAST ONCE  
A FORTNIGHT, ENTER CAREGIVER IN 10.5

10.4b

TYPICALITY OF LAST WEEK FOR NO. OF TIMES C CARED FOR  
BY OTHERS (THAT IS, IS C USUALLY CARED FOR BY OTHERS  
MORE OFTEN, LESS OFTEN, NOT AT ALL, OTHER DIFFERENCE  
OR WAS LAST WEEK TYPICAL).

4 TYPICALITY OF LAST WEEK COMPARED TO  
LAST MONTH FOR AMOUNT OF TIME C LOOKED  
AFTER BY OTHERS

USE CODE C(2)

TOTAL 49

CF/SP/  
COHAB 50

R'S  
RELATIVES 51

CF FAMILY 52

R/CF  
FRIENDS 53

C/M OR  
NURSERY 54

OTHER(S) 55





496

496  
139

1.5

PEOPLE WHO NORMALLY CARE FOR C  
AT LEAST FORTNIGHTLY

CODE NO. MENTIONED OVERALL AND IN EACH  
CATEGORY

TOTAL

56

57

CF/SB/COHAB

58

R-RELATIVES

59

CF FAMILY

60

R/CF FRIENDS

61

CM OR  
NURSERY

62

OTHER(S)

63



6	<u>NO. OF PEOPLE C SAW IN LAST WEEK (EXCL. PERSONS CARING FOR C FOR TIMES CARED FOR C AND CODED IN 10.3 AND MEMBERS OF HOUSEHOLD)</u>  CODE NO. OF PEOPLE MENTIONED.	TOTAL ADULTS		64	
				65	
		CHILDREN		66	
				67	
		CF/SP IF NOT IN HOUSEHOLD		68	
		R RELATIVE	ADULTS		69
			CHILDREN		70
		CF FAMILY	ADULTS		71
			CHILDREN		72
		R/CF FRIENDS	ADULTS		73
			CHILDREN		74
		AT C/M NURSERY	ADULTS		75
			CHILDREN		76
		OTHER(S)	ADULTS		77
			CHILDREN		78
		<u>NO. OF TIMES C SAW PEOPLE IN LAST WEEK</u>			7/8
<u>EXCL. TIMES CARED FOR BY PERSON(S) CODED IN 10.3 AND MEMBERS OF HOUSEHOLD)</u>			9		

10. CAREGIVING ENVIRONMENT

CROSS REF.

FROM T

10.7

TYPICALITY OF LAST WEEK FOR NO. OF PEOPLE C SAW  
(THAT IS, DOES C NORMALLY SEE MORE PEOPLE OR LESS,  
OR DIFFERENT PEOPLE OR WAS LAST WEEK TYPICAL).

10.8

ANY OTHERS C NORMALLY SEES AT LEAST EVERY MONTH  
(IF NOT MENTIONED AND NOT MEMBER OF HOUSEHOLD, CHECK  
FOR CF AND SP).

ENTER IN 10.9 OR 10.10

TYPICALITY OF LAST WEEK COMPARED TO LAST MONTH FOR  
NO. OF TIMES C SAW PEOPLE

TOTAL

10

11

CF/SP/COHAB

12

R'S RELATIVES

13

CF FAMILY

14

R/CF FRIENDS

15

AT C/M OR NURSERY

16

OTHER(S)

17


10. CAREGIVING ENVIRONMENT SUMMARY

CROSS REF.

FROM 7

10.9

RELATIVES C IS IN REGULAR CONTACT WITH (REGULAR = AT LEAST MONTHLY) - (INCLUDE CF, OTHER RELATED MEMBERS OF HOUSEHOLD)

Relationship to C. <u>If member of C household</u> put tick in column 	Child (if so, age) or adult	Frequency of contact	Type of contact (put tick)	
			Cares for C	Other

ENTER DETAILS ON CHILD'S NETWORK DIAGRAM

The image shows a very faint grid or table structure on the left side of the page. It appears to be a ledger or a data table with several rows and columns. The lines are extremely light and difficult to discern, but the overall shape suggests a structured layout of information. The grid is roughly rectangular and occupies the left third of the page's width.

10. CAREGIVING ENVIRONMENT SUMMARY

CROSS REF

FROM

10.10

OTHERS CHILD IS IN REGULAR CONTACT WITH (REGULAR = AT LEAST MONTHLY) (INCLUDE CF, OTHER NON-RELATED MEMBERS OF HOUSEHOLD)

Relationship to C. <u>If member of C household</u> put tick in column	Child (if so, age) or adult	Frequency of contact	Type of contact (put tick)	
			Cares for C	Other

ENTER DETAILS ON CHILD'S NETWORK DIAGRAM



1/ 0	NO. OF INDIVIDUALS IN C NETWORK (THAT IS, C IN REGULAR CONTACT WITH MONTHLY) (EXCLUDE R).	TOTAL	18
			19
		OF WHOM, (a) NO. IN C HOUSEHOLD	20
			21
		(b) NO. WHO ARE LESS THAN 16	22
			23
		(c) NO. SEEN WEEKLY	24
			25
		CF/SP/COHAB	26
		R'S RELATIVES	27
			28
		CF FAMILY	29
			30
		R/CF FRIENDS	31
			32
NURSERY/CM	33		
	34		
OTHER	35		

## 10. CAREGIVING ENVIRONMENT

FROM

## 10.11 SATISFACTION WITH CHILD-CARE

- a \*How do you feel about the amount others do with and for C? Is there anything in particular you would like more help with? Is there anyone you would like to do more? What about SP?
- b \*Are you usually able to find someone to look after C when you want to go out? Is there anyone you particularly like leaving C with? Anyone you do not like leaving C with?
- c \*How do you feel about the amount of time you have without C? Would you like more or less - or is it about right at present?

ENTER FULL DETAILS IN SUPPORT SECTION

11	<u>SATISFACTION WITH AMOUNT OTHERS DO FOR/WITH C</u> POSITIVE = 0; ACCEPTING = 1; MIXED = 2; NEGATIVE = 3.	36	
	<u>PERSON(S) LIKE MORE HELP FROM</u> NOT MENTIONED = 0; MENTIONED = 1.	SUMMARY	37
		CF/SP/COHAB	38
		OWN RELATIVES	39
		CF FAMILY	40
		OTHER(S)	41
	<u>ATTITUDE TO TIME WITHOUT C</u> HAS ENOUGH = 0; LIKE LESS = 1; LIKE MORE = 2.		42

2. HOUSING  
SATISFACTION

CROSS R

FROM

2.2

## SATISFACTION WITH HOUSING

- a \*How do you feel about your present accommodation? Is there anything/what do you like about it? Is there anything/what do you dislike about it? What about the area? Is there anything you like about it? Anything you do not like about it?
- b \*Would you like to move? Why? What sort of accommodation would you like? Where would you like to move to?
- c \*How likely do you think such a move is? How do you feel about this?
- d \*Do you expect to move (any where else)(in the meantime)? Where? When?

ENTER FULL DETAILS IN BIOGRAPHY SECTION

<u>ATTITUDE TO CURRENT HOUSING/AREA</u> POSITIVE = 0; ACCEPTING = 1; MIXED = 2; NEGATIVE = 3.	HOUSING		43
<u>IF WANTS TO MOVE</u> NO = 0; YES = 1.	AREA		44
			45

2.3

## CONTACT WITH HOUSING DEPARTMENT (HD)

1.	CHECK IF R HAS APPLIED TO HOUSING DEPARTMENT SINCE C1 <u>OR IF APPLIED BEFORE C1</u> , IF HAD ANY FURTHER CONTACT SINCE C1.
2.	<u>IF YES</u> - TYPE OF ACCOMMODATION <u>AND</u> LOCATION WANTED BY R; - WHAT HD TOLD R ABOUT PROSPECTS OF GETTING HOUSED AND PROSPECTS OF GETTING ACCOMMODATION/ LOCATION WANTED;
3.	HOW R FELT ABOUT WHAT HD TOLD HER;
4.	NO. OF OFFERS MADE BY HD TO R;
5.	R'S RESPONSE TO OFFERS.
a.	*How do you feel about the way you have been treated by the HD? Have there been any times you have been unhappy at the way you have been treated? What have the staff been like? Have there been any exceptions?

<u>ENTER FULL DETAILS</u> IN BIOGRAPHY AND SUPPORT SECTIONS (1-2) (3-5, a)
---

ATTITUDE TO HOUSING DEPARTMENT

NO CONTACT SINCE C1 = 0; POSITIVE = 1; ACCEPTING = 2;  
MIXED = 3; NEGATIVE = 4.

47

2.4

## OTHER HOUSING OPTIONS

1. OTHER STEPS TAKEN BY R SINCE C1 TO SEEK NEW ACCOMMODATION

CHECK FOR IF CONSIDERED -

- HOUSING ASSOCIATION
- MORTGAGE
- PRIVATE RENTED
- SHORT-LIFE ACCOMMODATION (SQUATTING)
- SHARING (EXCL. SP) AND IF SO, WITH WHOM.

FOR EACH CONSIDERED, COVER:

2. TYPE OF ACCOMMODATION AND LOCATION WANTED BY R
3. ACTION TAKEN BY R AND IF NONE, REASON NOT PURSUED
4. RESPONSE OF AGENCY/INDIVIDUAL
5. HOW R FELT ABOUT RESPONSE
6. ANY OFFERS MADE TO R AND R RESPONSE TO THESE

ENTER FULL DETAILS IN BIOGRAPHY AND SUPPORT SECTIONS  
(1-3) (4-6)



OTHER HOUSING STEPS TAKEN BY R  
NOT CONSIDERED = 0; CONSIDERED,  
NO ACTION = 1; ACTION TAKEN = 2.

SUMMARY

49

HOUSING ASSOCIATION

50

MORTGAGE

51

PRIVATE RENT

52

SHORT-LIFE

53

OTHER

54

2. HOUSING  
SUPPORT

FROM

2.5

## HOUSING - SUPPORT

a	<p>*Have/did you talk over your housing situation with anyone? Has anyone helped you look for new accommodation?  <u>CHECK CF, FAMILY, FRIENDS, SOCIAL WORKER</u></p>
FOR EACH SOURCE OF SUPPORT MENTIONED, COVER:	
1.	AT WHAT POINT R DISCUSSED/HELPED (ESTABLISH SEQUENCE OF CONTACTS)
2.	WHAT PERSON SAID/ADVISED/DID
3.	<u>HOW R FELT</u> ABOUT WHAT SAID/DID
4.	IF WHAT SAID/ADVISED/DID WAS <u>HELPFUL/UNHELPFUL/NEITHER</u>
b	<p>*Was there anyone you felt could have been more helpful or sympathetic? Was there any help you needed, but did not get?</p>

ENTER FULL DETAILS IN SUPPORT SECTION
---------------------------------------

5  
)

IF ANYONE COULD HAVE BEEN MORE HELPFUL/HELP NEEDED,  
NOT GOT

NONE MENTIONED = 0; SOMEONE/SOMETHING MENTIONED = 1.

55

11. MATERIAL SUPPORT  
INCOME

CROSS RE

FROM

11.1

REGULAR SOURCES OF INCOME FOR R AND SP (CURRENT)

FOR R AND SP, COVER:

1. IF HAS REGULAR EARNINGS
2. IF YES TO 1, TAKE HOME PAY PER WEEK
3. IF RECEIVES STATE BENEFIT
4. IF YES TO 3, TYPE OF BENEFIT
5. WHEN FIRST BEGAN TO DRAW
6. AMOUNT OF BENEFIT PER WEEK
7. IF NO TO 1 AND 3, REASON DRAWS NO BENEFITS
8. ANY OTHER REGULAR SOURCES OF INCOME AND CHECK FOR MONEY FROM RELATIVES OR CF (IF NOT LIVING WITH R)

ENTER FULL DETAILS IN SUPPORT SECTION

1	<u>REGULAR SOURCES OF INCOME FOR R AND SP</u>			
	R	MAIN SOURCE		56
		OTHER SOURCE		57
	SP	MAIN SOURCE		58
		OTHER SOURCE		59
	<u>AMOUNT OF REGULAR INCOME</u>		R	
	CODE CURRENT INCOME FROM ALL SOURCE(s) PER WEEK. IF NO SP, CODE 'SP' = 999.			60
	<u>IF NO INCOME, CODE = 000.</u>			61
<u>IF DOES NOT KNOW, CODE = 888.</u>			62	
		SP		
			63	
			64	
			65	
		SP + R		
			66	
			67	
			68	

11. MATERIAL SUPPORT  
INCOME

CROSS RE

FROM

11.2

IRREGULAR SOURCES OF INCOME FOR R (CURRENT)

a	*Do you sometimes get money from anywhere else? <u>CHECK FOR OCCASIONAL EARNINGS OR MONEY FROM RELATIVES OR CF</u>
b	*Where/who from?
c	*How much do you get?
d	*At what kinds of intervals?
e	*How do you feel about that?

ENTER FULL DETAILS IN SUPPORT SECTION

2	<u>OTHER IRREGULAR SOURCES OF INCOME</u> NOT MENTIONED = 0; MENTIONED - USUALLY FORTNIGHTLY = 1; USUALLY MONTHLY = 2; LESS OFTEN = 3; VARIES = 4.	SUMMARY	69
		SPECIFIC OCC. EARNINGS	70
		OWN RELATIVES	71
		CF	72
		OTHER(S)	73

11. MATERIAL SUPPORT INCOME

FROM

11.3

SOURCES OF INCOME FOR OTHERS IN HOUSEHOLD (EXCLUD. SP AND CHILDREN)

FOR EACH ADULT IN HOUSEHOLD, COVER:	
1.	IF EMPLOYED FULL-TIME OR PART-TIME
2.	<u>IF NOT EMPLOYED</u> , HOW LONG SINCE LAST EMPLOYED
3.	IF IN RECEIPT OF BENEFIT
4.	<u>IF RECEIVES BENEFIT</u> , WHEN FIRST BEGAN TO DRAW BENEFIT
5.	TYPE OF BENEFIT RECEIVED



3 SOURCES OF INCOME FOR OTHERS IN HOUSEHOLD

CODE NO. OF MEMBERS OF HOUSEHOLD WITH SOURCE OF INCOME  
 IF MEMBER HAS MORE THAN ONE SOURCE, COUNT IN EACH  
 TYPE OF SOURCE

IF HOUSEHOLD CONSISTS OF R + C OR R + C + SP,  
CODES = 9.

NO. OF SOURCES OF INCOME			74
EARNINGS	P/T		75
	F/T		76
BENEFIT	GAP		77
	UNEMPLOY		78
	SICKNESS		8/8
	SUPPLE.		9
OTHER			10
OTHER SOURCE			11

11. MATERIAL SUPPORT  
BENEFITS

CROSS R

FROM

11.4

CHILD BENEFIT

- |    |                           |
|----|---------------------------|
| 1. | WHO COLLECTS              |
| 2. | FREQUENCY COLLECTED       |
| 3. | WHAT USED FOR             |
| 4. | HOW IMPORTANT CB IS TO R. |

.4

WHO COLLECTS CHILD BENEFIT

R = 0; CF = 1; OTHER = 2.

12

FREQUENCY COLLECTED

WEEKLY = 0; LESS OFTEN = 1.

13

11. MATERIAL SUPPORT  
BENEFITS

FROM

11.5

BENEFITS APPLIED FOR SINCE C1

CHECK IF R OR SP APPLIED FOR OR BEGAN TO RECEIVE OR HAVE BEEN REFUSED THE FOLLOWING BENEFITS SINCE C1:

- (a) MATERNITY PAY
- (b) MATERNITY ALLOWANCE
- (c) MATERNITY GRANT
- (d) SUPPLEMENTARY BENEFIT (AND IF YES, IF HEATING ALLOWANCE, AND IF YES - DEDUCTED AT SOURCE OR GIVEN IN CASH TO R)
- (e) FREE MILK
- (f) RENT/RATE/HOUSING REBATE/ALLOWANCE (IF R OR SP HOUSEHOLDER)
- (g) FAMILY INCOME SUPPLEMENT
- (h) UNEMPLOYMENT BENEFIT
- (i) FREE DENTAL TREATMENT
- (j) FREE PRESCRIPTIONS

FOR EACH APPLIED FOR, COVER:

- 1. HOW R KNEW ABOUT BENEFIT
- 2. OUTCOME OF APPLICATION
- 3. IF ENCOUNTERED ANY DIFFICULTIES IN APPLYING

FOR EACH NOT APPLIED FOR, THAT R SEEMS ELIGIBLE FOR, COVER:

- 4. IF R KNEW ABOUT BENEFIT (IF NOT CLEAR FROM C1)
- 5. IF YES TO , IF R THINKS POSSIBLY/DEFINITELY ELIGIBLE
- 6. IF YES TO , IF CONSIDERED APPLYING
- 7. WHY NOT APPLIED

ENTER FULL DETAILS FOR 1-7 IN SUPPORT SECTION

5

BENEFITS APPLIED FOR SINCE C1

NOT APPLIED FOR, NOT ELIGIBLE = 0;  
 R NOT HEARD OF BENEFIT = 1; R THINKS  
 INELIGIBLE = 2; R THINKS ELIGIBLE,  
 NOT CONSIDERED APPLYING = 3;  
 CONSIDERED APPLYING, BUT DECIDED  
 AGAINST = 4; CONSIDERED APPLYING  
 AND STILL MIGHT = 5; APPLIED, NOT  
 HEARD IF GRANTED = 6; APPLIED,  
 NOT GRANTED = 7; APPLIED AND  
 GRANT'D = 8.

IF APPLIED FOR AND GRANTED BEFORE  
 C1, CODE = 8.

MATERNITY PAY 14

MATERNITY ALLOW. 15

SUP. BENEFIT 16

MATERNITY GRANT 17

FREE MILK 18

RENT/RATES 19

DENTAL TREATMENT 20

FREE PRESCRIPTION 21

UNEMPLOY. BENEFIT 22

FAMILY INCOME  
SUPPLEMENT 23NO. OF BENEFITS APPLIED FOR

APPLIED FOR 24

INCLUDE BENEFITS APPLIED FOR/RECEIVED  
 SINCE PREGNANCY BEGAN.

RECEIVED 25

11. MATERIAL SUPPORT  
GRANTS

CROSS RE

FROM

11.6

GRANTS FROM SOCIAL SECURITY FOR CLOTHING, FURNISHINGS,  
OTHER BABY THINGS SINCE C1

- |     |  |
|-----|--|
| 1.  | HAS R APPLIED FOR GRANT  |
| 2.  | <u>IF YES TO 1</u> , HOW R KNEW ABOUT GRANT  |
| 3.  | OUTCOME OF APPLICATION (INCLUDING<br>SIZE OF GRANT)                                  |
| 4.  | IF ENCOUNTERED ANY DIFFICULTIES IN<br>APPLYING FOR GRANT                             |
| 5.  | <u>IF NO TO 1 AND R ON SUPPLEMENTARY BENEFIT, IF<br/>SOCIAL SECURITY GIVEN GRANT</u> |
| 6.  | <u>IF YES TO 5</u> , SIZE OF GRANT   |
| 7.  | AT WHOSE INITIATIVE GRANT GIVEN  |
| 8.  | <u>IF NO TO 5</u> , IF KNEW ABOUT GRANTS   |
| 9.  | <u>IF YES TO 8</u> , IF CONSIDERED APPLYING  |
| 10. | WHY NOT APPLIED  |

ENTER FULL DETAILS IN SUPPORT SECTION
---------------------------------------

.6	<p><u>GRANT FROM DHSS FOR CLOTHING, ETC., SINCE C1</u>            NOT APPLIED, NOT ELIGIBLE = 0; NOT HEARD OF GRANT = 1;            NOT APPLIED, THINKS INELIGIBLE = 2; THINKS ELIGIBLE,            NOT CONSIDERED APPLYING = 3; CONSIDERED APPLYING, BUT            DECIDED AGAINST = 4; CONSIDERED APPLYING - STILL MIGHT            = 5; APPLIED NOT HEARD IF GRANTED = 6; APPLIED, NOT            GRANTED = 7; APPLIED AND GRANTED/GIVEN BY DHSS = 8.</p>		26
	<p><u>SIZE OF GRANTS RECEIVED SINCE C1</u></p>		27
	<p>CODE TO NEAREST £: FOR EXAMPLE 10 = 010.</p>		28
			29
	<p><u>ANY DIFFICULTIES ENCOUNTERED IN APPLYING FOR BENEFITS/            GRANTS</u>            NONE MENTIONED = 0; BENEFIT IN 11.5 = 1; GRANT IN            11.6 = 2; BOTH = 3.</p>		30

11. MATERIAL SUPPORT  
DHSS



IF NOT IN CONTACT WITH DHSS SINCE C1, GO TO NEXT PAGE

11.7

CONTACT WITH DHSS

- a \*How have you been treated? Have there been any times you have been unhappy about the way you have been treated?
- b \*What have the staff been like? Any exceptions?
- c \*Were you kept waiting? How did you feel about that?
- d \*What do you think about being on supplementary benefit? How would you describe it?

ENTER FULL DETAILS IN SUPPORT SECTION



7

ATTITUDE TO DHSS

NO CONTACT SINCE C1 = 0; POSITIVE = 1; ACCEPTING = 2;  
MIXED = 3; NEGATIVE = 4.

31

FROM

11.8

HELP IN KIND

- |    |  |
|----|--|
| 1. | IF OTHER PEOPLE PROVIDE R WITH GOODS IN KIND FOR C, FOR INSTANCE, CLOTHING, FOOD OR CREAMS OR NAPPIES, TOYS OR EQUIPMENT<br><u>CHECK FOR CF, FAMILY, FRIENDS</u> |
| 2. | IF OTHER PEOPLE PASS ON/HAND DOWN CLOTHING, TOYS, EQUIPMENT FOR C  |
| 3. | <u>IF YES TO 1 OR 2, WHO PROVIDES</u>  |
| 4. | WHAT IS PROVIDED   |
| 5. | HOW OFTEN PROVIDED   |

ENTER FULL DETAILS IN SUPPORT SECTION

<u>HELP IN KIND RECEIVED BY R</u>  NONE MENTIONED = 0; HAND DOWNS = 1; OTHER HELP IN KIND = 2; 1 + 2 = 3.	SUMMARY		32
	SPECIFIC OWN RELATIVES		33
	CF FAMILY		34
	FRIENDS		35
	HEALTH/WELFARE WORKERS		36
	OTHER(S)		37

11. MATERIAL SUPPORT  
BOARD MONEY

FROM



IF R OR SP ARE HOUSEHOLDERS, GO TO NEXT PAGE

11.9

BOARD MONEY PAID BY R (+SP) TO HOUSEHOLDER/INSTITUTION

- a \*Do you/have you ever give(n) money to your parents?  
(Or whoever R lives with EXCLUDING SP OR COHABITEE)
- b \*When did you start giving money? Do you still  
give money?
- c IF NOT GIVING MONEY -  
\*When did you stop? Why did you stop?
- d \*How much do you give?
- e \*What does that cover?  
CHECK RENT, HEAT, ELECTRICITY, FOOD.
- f \*Did you decide to give something or did your  
parents (or whoever R lives with) suggest that  
you give something?
- g \*Did you decide the amount or did they?
- h \*How do you feel about it (the amount R gives)?  
CHECK WHETHER R FEELS IT IS AN ADEQUATE AMOUNT  
AND WHETHER SHE FEELS SHE GETS BACK (IN MONEY OR  
GOODS) AS MUCH AS SHE PUTS IN

9	<u>IF R PAYS IN FOR KEEP</u> LIVES ON OWN OR ONLY WITH SP/COHABITEE = 0; HAS NEVER PAID = 1; HAS PAID, . NOT NOW = 2; PAYS NOW = 3.		38
	<u>AMOUNT R PAYS FOR BOARD MONEY</u> CODE CURRENT AMOUNT PER WEEK <u>IF DOES NOT PAY, CODE = 99.</u>		39
	<u>ITEMS COVERED BY BOARD MONEY</u> NOT MENTIONED = 0; MENTIONED = 1. <u>IF DOES NOT PAY, CODE = 9.</u>	HOUSING	41
		FUEL	42
		FOOD	43
OTHER		44	

11. MATERIAL SUPPORT  
ORGANISATION OF FINANCES

FROM

7

11.10

## ORGANISATION OF FINANCE

- |     |  |
|-----|--|
| 1.  | HOW R (+SP) INCOME COMES INTO HOUSEHOLD (CASH, GIRO, VIA BANK A/C, ETC.)   |
| 2.  | IF R (+SP) HAVE BANK, BUILDING SOCIETY, OR OTHER CURRENT OR SAVINGS ACCOUNTS <u>AND IF YES</u> , WHERE <u>AND IF SINGLE OR JOINT</u>                     |
| 3.  | HOW IS R (+SP) INCOME STORED (EG: IN BANK, BUILDING SOCIETY, ETC., ACCOUNT <u>AND IF SO</u> , WHOSE; R AND SP HOLDS PERSONALLY; COMMUNALLY IN HOUSEHOLD) |
| 4.  | <u>IF LIVING WITH SP</u> , HOW FAMILY FINANCES ORGANISED (FOR EXAMPLE, WHOLE WAGE WITH/WITHOUT SP ALLOWANCE; INDEPENDENT; POOLING; HOUSEKEEPING; ETC.)   |
| 5.  | ANY (OTHER) MONEY TRANSFERRED TO R FROM INDIVIDUAL (IN OR OUT OF HOUSEHOLD)  |
| 6.  | <u>IF TRANSFER IN 4 OR 5</u> , SOURCE OF TRANSFER (FOR EXAMPLE, SP, PARENTS, ETC.)   |
| 7.  | IF REGULAR IN AMOUNT <u>AND</u> TIMING   |
| 8.  | HOW MUCH <u>AND</u> IN WHAT FORM TRANSFERRED   |
| 9.  | WHAT TRANSFER COVERS (FOR EXAMPLE, FOOD, FUEL, ETC.)   |
| 10. | <u>IF LIVING WITH SP AND INCOMES NOT POOLED</u> , IF R AND SP INCOMES FOR SEPARATE PURPOSES  |
| 11. | WHOSE MONEY PAYS FOR -<br>-HOUSING COSTS<br>-FUEL BILLS<br>-FOOD/HOUSEHOLD ITEMS<br>-C'S REGULAR NEEDS<br>-C'S TOYS, CLOTHES, EQUIPMENT                  |
| 12. | IF R HAS A CREDIT CARD/BELONGS TO A CLUB OR CATALOGUE/HAS A BUDGET ACCOUNT AT A SHOP   |

.10	<u>HOW INCOME COMES INTO HOUSEHOLD</u>	R		45
	CASH = 0; GIRO/OTHER CHEQUE) = 1; DIRECT INTO ACCOUNT = 2; 0+1 = 3; 0+2 = 4; 1+2 = 5; OTHER = 7	SP		46
	<u>IF S/SP HAVE BANK ACCOUNT ETC.</u>	R		47
	NO = 0; SINGLE A/C = 1; JOINT = 2; SINGLE + JOINT = 3.	SP		48
	<u>TRANSFER OF MONEY BETWEEN S + SP</u>			
	NONE = 0; YES - SP PUTS MONEY INTO S's A/C = 1; SP GIVES S HOUSEKEEPING ALLOWANCE = 2; SP GIVES ALL EARNINGS/BENEFIT TO S (EXCL. 'POCKET MONEY) = 3; OTHER TRANSFER SP TO S = 4; TRANSFER S TO SP = 5.			49
	<u>IF NO SP, CODE = 9.</u>			
	<u>IF TRANSFERRED AMOUNT REGULAR</u>			
	NO = 0; YES = 1.			50
	<u>SUM TRANSFERRED PER WEEK</u>			51
	ACTUAL AMOUNT TO NEAREST £.			52
	<u>IF NO SP OR NO REGULAR TRANSFER, CODE = 999.</u>			53
	<u>ITEMS TRANSFER COVERS</u> NOT MENTIONED = 0; SP > S = 1; S > SP = 2; BOTH = 3. <u>IF NO SP OR NO TRANSFER, CODE = 9.</u>	HOUSING		54
		FUEL		55
		FOOD/HOUSEHOLD		56
		CHILD		57
		PERSONAL		58
		OTHER		59
	<u>WHOSE MONEY PAYS FOR</u> S'S MONEY = 0; SP MONEY = 1; BOTH = 2; VARIES, S OR SP = 3; OTHERS MONEY = 4; VARIES, S OR OTHER = 5; S + OTHERS = 6.	HOUSING		60
		FUEL		61
		FOOD		62
		C'S REG. NEEDS		63
		C'S TOYS, ETC.		64

178

11. MATERIAL SUPPORT  
ORGANISATION OF SUPPORT

FROM

T

11.11

## ORGANISATION OF FINANCES - SATISFACTION

a	<p><u>RECAP WAY INCOME ALLOCATED TO R</u> *How do you feel about (getting money this way)/ (this way of organising your family finances)? Are there any advantages? Any disadvantages?</p>
b	<p><u>IF LIVING WITH SP</u> *Who or what do you feel is in control of your family finances? How do you feel about that?</p>



.10	<u>SUMMARY OF HOW FINANCES ORGANISED</u> WHOLE WAGE, NO SP ALLOWANCE = 0; SP ALLOWANCE = 1; INDEPENDENT MANAGEMENT = 2; POOLING = 3; HOUSEKEEPING = 4; OTHER = 7. IF NO SP, CODE = 9		65
.11	<u>SATISFACTION WITH ORGANISATION OF FINANCE</u> POSITIVE = 0; ACCEPTANCE = 1; MIXED = 2; NEGATIVE = 3; NEGATIVE/MIXED SHOULD INCLUDE CRITICISMS OF S OR OTHERS FINANCIAL BEHAVIOUR AS WELL AS OF SYSTEM.		66
	<u>PERSON R FEELS IS IN CONTROL OF FINANCES</u> R = 0; SP = 1; BOTH = 2; OTHER PERSON = 3; INSTITUTION = 4.		67
	<u>R'S ATTITUDE TO CONTROL</u> POSITIVE = 0; ACCEPTING = 1; MIXED = 2; NEGATIVE = 3.		68

11. MATERIAL SUPPORT  
HEATING/DRYING

CROSS REF

FROM

TO

11.12

HEATING, WASHING, DRYING

- |    |  |
|----|--|
| 1. | <u>IF NOT CENTRALLY HEATED</u> , KINDS OF HEATING USED IN C'S ROOM <u>AND ELSEWHERE</u>                                      |
| 2. | IF R FINDS ACCOMMODATION COLD IN COLD WEATHER <u>AND IF SO</u> , WHY (FOR EXAMPLE, CANNOT AFFORD HEAT, 'COLD' HOUSING, ETC.) |
| 3. | IF R THINKS TEMPERATURE RIGHT FOR C <u>AND IF NOT</u> , HOW OFTEN NOT  |
| 4. | IF R HAS HEATING ON IN COLD WEATHER WHEN AT HOME DURING DAY  |
| 5. | IF R HAS TRIED TO ECONOMISE ON HEATING SINCE C BORN <u>AND IF SO</u> , HOW   |
| 6. | IF USED DISPOSABLE NAPPIES <u>AND IF NOT</u> , WHY NOT   |
| 7. | HOW R WASHES CLOTHES <u>AND IF WASHING MACHINE</u> , WHOSE MACHINE   |
| 8. | HOW R DRIES CLOTHES <u>AND</u> IF EVER DIFFICULT TO DRY CLOTHES  |

12	<u>HEATING USED IN C'S BEDROOM - CENTRAL HEATING</u> NO = 0; YES = 1.	69
	<u>OTHER FORMS OF HEATING</u> NONE = 0; ELECTRIC = 1; GAS = 2; PARAFFIN = 3; OTHER = 7	70
	<u>IF ACCOMMODATION EVER COLD</u> NO = 0; YES, CANNOT AFFORD = 1; YES, OTHER REASON = 2; YES, CANNOT AFFORD + OTHER REASON = 3.	71
	<u>IF TEMPERATURE RIGHT FOR C</u> ALWAYS RIGHT = 0; SOMETIMES NOT = 1.	72
	<u>IF R HAS HEATING ON IN COLD WEATHER</u> NOT OCCURED YET (NEVER COLD SINCE C BORN) = 0; ALWAYS ON = 1; SOMETIMES NOT = 2.	73
	<u>IF R TRIED TO ECONOMISE ON HEAT</u> NO = 0; YES = 1.	74
	<u>USE OF DISPOSABLE NAPPIES</u> YES = 0; NO - COST = 1; NO - OTHER REASON = 2.	75
	<u>HOW CLOTHES WASHED</u> IN WASHING MACHINE IN HOUSEHOLD = 0; AT LAUNDERETTE = 1; IN FRIENDS/RELATIVES WASHING MACHINE = 2; BY HAND = 3. CODE MAIN METHOD USED.	76
	<u>IF EVER DIFFICULT TO DRY CLOTHES</u> NO - HAS DRIER = 0; NO - HAS NOT GOT DRIER = 1; SOMETIMES DIFFICULT = 2.	77

11. MATERIAL SUPPORT  
SATISFACTION

CROSS RE

FROM	T
------	---

11.13

MATERIAL SUPPORT - SATISFACTION FOR C

- |   |   |
|---|---|
| a | *Is there anything (else) you would like for C?                     |
| b | *What about clothing - is there any clothing you would like to get? |
| c | *Are there any items of equipment or toys you would like for C?     |

ENTER FULL DETAILS IN SUPPORT SECTION

ITEMS R WOULD LIKE FOR C

NOTHING MENTIONED = 0; CLOTHES = 1; TOYS = 2; OTHER = 3.  
1+2 = 4; 1+3 = 5; 2+3 = 6; 1+2+3 = 7.

78

11. MATERIAL SUPPORT  
SATISFACTION

CROSS RE

FROM

## 11.14 MATERIAL SUPPORT - SATISFACTION FOR R

- a \*Is there anything you would like for yourself?
- b \*What about clothes? Have you had any new clothes since the birth? Whose money paid for them?
- c \*Is there anything (else) you would like and feel you need? Do you think you will get (it) soon? When? Why not?
- d \*How do you feel about spending money on yourself these days? Do you feel any differently since you had C? Why do you think this is?
- e \*If you have any extra bits of money at the end of the week/month, who and what do you tend to think of spending it on first?
- f \*Are there any big things you are aiming to get over the next 2 or 3 years? Are you saving for (it)? Are you saving for anything else? What? Do you manage to save regularly or is it only every now and then?
- g \*Do you find it difficult to get by on the money you have to live on?  
IF DIFFICULT -  
\*How does this make you feel? Does it ever get you down or worried? Do you cope as well as you would like on what you have got?

ENTER FULL DETAILS IN SUPPORT SECTION
---------------------------------------

.14	<u>ITEMS R WOULD LIKE/FEELS NEEDS</u> NOTHING MENTIONED = 0; ITEMS LIKE = 1; ITEMS NEEDS = 2.		9/8
	<u>ATTITUDE TO SPENDING MONEY ON SELF</u> POSITIVE (EG: ENJOYS) = 0; ACCEPTING (EG: DOES NOT THINK ABOUT IT, TAKES FOR GRANTED) = 1; MIXED = 2; NEGATIVE (EG: GUILTY) = 3.		9
	<u>IF FEELS DIFFERENTLY SINCE C BORN</u> NO = 0; YES - MORE NEGATIVE = 1; MORE POSITIVE = 2; OTHER = 3.		10
	<u>IF DIFFICULT TO LIVE ON MONEY</u> NO = 0; YES = 1.		11

11. MATERIAL SUPPORT  
DIFFICULTIES

CROSS RE

FROM

11.15

## PARTICULAR FINANCIAL DIFFICULTIES

a \*(Apart from the general difficulty in making ends meet) Have you had any particular financial problem or worry since C was born - for instance, big bills or debts that have been difficult to pay?

IF ANY DIFFICULTY MENTIONED IN (a) OR EARLIER, COVER

1. STORY OF DIFFICULTY INCLUDING WHEN OCCURED, IF FINISHED AND IF SO, WHY
2. HOW MADE R FEEL AND IF FEELINGS CHANGED
3. WHAT R HAS ACTUALLY DONE AND IF NOTHING, WHY NOT
4. IF TOLD ANYONE ABOUT DIFFICULTY OR ASKED ANYONE MATERIAL HELP OR IF ANYONE OFFERED HELP (WITHOUT R ASKING)

FOR EACH SOURCE OF SUPPORT MENTIONED, COVER:

1. WHAT R SAID
2. WHAT PERSON SAID/DID/OFFERED IN WAY OF HELP
3. HOW R FELT ABOUT WHAT SAID/DID
4. IF WHAT SAID/DID WAS HELPFUL/UNHELPFUL/NEITHER

ENTER FULL DETAILS IN SUPPORT SECTION



.15

IF HAD PARTICULAR FINANCIAL PROBLEMS

NONE MENTIONED = 0; MENTIONED = 1.

12

-

FROM

12.1

CONTACT WITH HEALTH SERVICES

	No. in last 3 months
Home visit by Health Visitor	
Visit to Child Welfare Clinic	
Home visit by GP for C	
Visit to GP for C	
Visit to hospital O/P for C	

2.1

CONTACT WITH HEALTH SERVICES IN LAST 3 MONTHS

CODE NO. OF CONTACTS.  
8 OR MORE = 8.

HV HOME VISIT	13
C.W.C.	14
GP - HOME VISIT	15
GP - VISIT TO SURGERY	16
HOSPITAL O/P	17

12. SERVICES

FROM

12.2

CONTACT WITH SOCIAL SERVICES DEPARTMENT PROBATION SERVICE, EDUCATION, WELFARE OR VOLUNTARY SOCIAL WORK AGENCY

- |    |   |
|----|---|
| 1. | IF HAS HAD CONTACT WITH ANY AGENCY SINCE C BORN                       |
| 2. | <u>IF YES. FOR EACH AGENCY</u> , IF CONTINUATION OF PRE-BIRTH CONTACT |
| 3. | <u>IF NOT</u> - C'S AGE AT FIRST CONTACT                              |
| 4. | WHO INITIATED CONTACT   |
| 5. | REASON FOR CONTACT  |
| 6. | NO. OF CONTACTS WITH AGENCY WORKER SINCE C BORN                       |

12.3

ATTENDANCE AT ANY GROUPS, CENTRES OR PROJECTS FOR YOUNG PEOPLE, MOTHERS PEOPLE FROM R'S ETHNIC GROUP

- |   |   |
|---|---|
| FOR EACH GROUP, ETC., MENTIONED, COVER:   |   |
| 1.  | TYPE OF GROUP (FOR EXAMPLE, WHO FOR; PURPOSE) |
| 2.  | WHERE MEETS                                   |
| 3.  | WHEN R FIRST WENT                             |
| 4.  | AT WHOSE INITIATIVE R FIRST WENT              |
| 5.  | IF R STILL ATTENDS                            |
| 6.  | <u>IF YES TO 5</u> , HOW OFTEN GOES           |
| 7.  | <u>IF NO TO 5</u> , WHY NO LONGER ATTENDS     |
| <u>IF GOES FORTNIGHTLY</u> , ADD TO MOTHER'S SOCIAL NETWORK AND <u>IF GOES WITH C</u> TO C'S CAREGIVING ENVIRONMENT |   |

2.2	<u>CONTACT WITH 'WELFARE' AGENCY SINCE C BORN</u>		
NONE = 0; CONTINUATION OF PRE-BIRTH CONTACT = 1; FIRST CONTACT SINCE C BORN = 2; BOTH = 3.	SUMMARY		18
	<u>SPECIFIC S.S.D.</u>		19
	OTHER STATUTORY		20
	VOLUNTARY AGENCY		21
<u>TOTAL NO. OF CONTACTS WITH WELFARE AGENCY WORKER(S) SINCE C BORN</u>			22
CODE NO. 8 OR MORE = 8.			
12.3	<u>ATTENDANCE AT GROUPS, ETC., SINCE C BORN</u>		
NONE ATTENDED = 0; ATTENDED AND STOPPED = 1; ATTENDED, STILL GOES = 2.	SUMMARY		23
	<u>SPECIFIC MOTHER AND BABY GROUP (NO AGE/ETHNIC CRITERIA)</u>		24
	GROUP FOR YOUNGER MOTHERS (NO ETHNIC CRITERIA)		25
	GROUP FOR PARTICULAR ETHNIC MINORITY		26
	OTHER GROUP		27
<u>HOW OFTEN ATTENDS GROUP(S)</u>			28
MORE THAN WEEKLY = 0; WEEKLY = 1; FORTNIGHTLY = 2; MONTHLY = 3; LESS OFTEN = 4.			

FROM

12.4

## DISCRIMINATION FROM SERVICES SINCE BIRTH

RECAP SERVICES THAT R HAS HAD DEALINGS WITH, INCLUDING DHSS, HOUSING DEPARTMENT, SOCIAL SERVICES, OTHER HEALTH AND WELFARE AGENCIES

- a \*Since you have had C, have you been treated badly or made to feel badly by any of these (SERVICES) because you are unmarried? ... young? ... (GROUP)?

FOR EACH INSTANCE, COVER:

- b \*What did they do or say?  
 c \*Why do you think they were like that?  
 d \*How did you feel about that?  
 e \*Have you done anything to avoid that happening again?

AFTER EACH EXAMPLE, PROBE FOR OTHER EXAMPLES IN THAT SERVICE, THEN OTHER SERVICES

2.4

EXPERIENCE OF DISCRIMINATION SINCE C1

NONE MENTIONED = 0; BECAUSE UNMARRIED = 1; BECAUSE OF AGE = 2; BECAUSE OF ETHNIC GROUP = 3; 1+2 = 4; 1+3 = 5; 2+3 = 6; 1+2+3 = 7.

SUMMARY

29

SPECIFIC  
ANTE-NATAL CARE

30

HOSPITAL I/P  
HV/CWC., GP

31

SOCIAL SERVICES

32

HOUSING

33

DHSS

34

OTHER

35

FROM

12.5

IMPROVEMENTS IN SERVICES

RECAP SERVICES AGAIN AS IN 12.4

a \*Is there anything you would like to see different in these services? Anything else? Any (other) changes or improvements?

b \*Would you prefer any of these services to provide separately for young mothers, like yourself, or would you rather be part of the general service?



2.5

IMPROVEMENTS IN SERVICES

NO DIFFERENCES, IMPROVEMENTS,  
SEPARATE PROVISION = 0; IMPROVEMENT  
MENTIONED = 1; LIKE SEPARATE PROV.  
FOR YOUNG MOTHERS = 2; 1+2 = 3.

SUMMARY

36

SPECIFIC  
ANTE-NATAL CARE

37

HOSPITAL I/P

38

HV/C.W.C.

39

GP

40

SOCIAL SERVICES

41

HOUSING

42

DHSS

43

OTHER

44

13.1

R'S VIEW OF INTERVIEW

13.2

ADDRESS, PHONE NO. OF SOME ONE WHO WILL KNOW  
WHERE R CAN BE CONTACTED IF MOVES

No: \_\_\_\_\_

Contact: \_\_\_\_\_

Fieldworker: \_\_\_\_\_

MOTHERS (16-23 YEAR OLDS) PROJECT

1. Circumstances of visit (include where undertaken, others present, interruptions, other external factors affecting interview).

- 2, Questions raised during visit.

3. Rapport between R and Interviewer (include R's interest in and involvement in interview, kind of relationship established, etc.).

4. Any plans to move or other relevant anticipated changes in circumstances.

KEY CONCEPT  
BIOGRAPHY (1)

No.

GIVE full biographical account for mother and child of

- (i) circumstances
- (ii) relationships
- (iii) significant contextual events and situations  
(positive and negative)

COVER full factual description of changes since C1  
(including timing, reasons, who initiated, nature of change), future changes contemplated at C2 (for example, re-housing), events/situations, current circumstances.

ALSO meaning/significance of changes/events to R (for example, how R felt about change) and how R feels about current circumstances, relationships (for example, satisfaction with housing, employment status, social life).

RELEVANT MATERIAL MAY OCCUR THROUGH INTERVIEW BUT ALWAYS INCLUDE RESPONSES TO 1.1, 2.1, 3.14, 3.15, 7.7, 7.8, 2.2, 2.3, 2.4.

KEY CONCEPT  
BIOGRAPHY (2)

Q No.

KEY CONCEPT  
BIOGRAPHY (3)

).

KEY CONCEPT  
BIOGRAPHY (4)

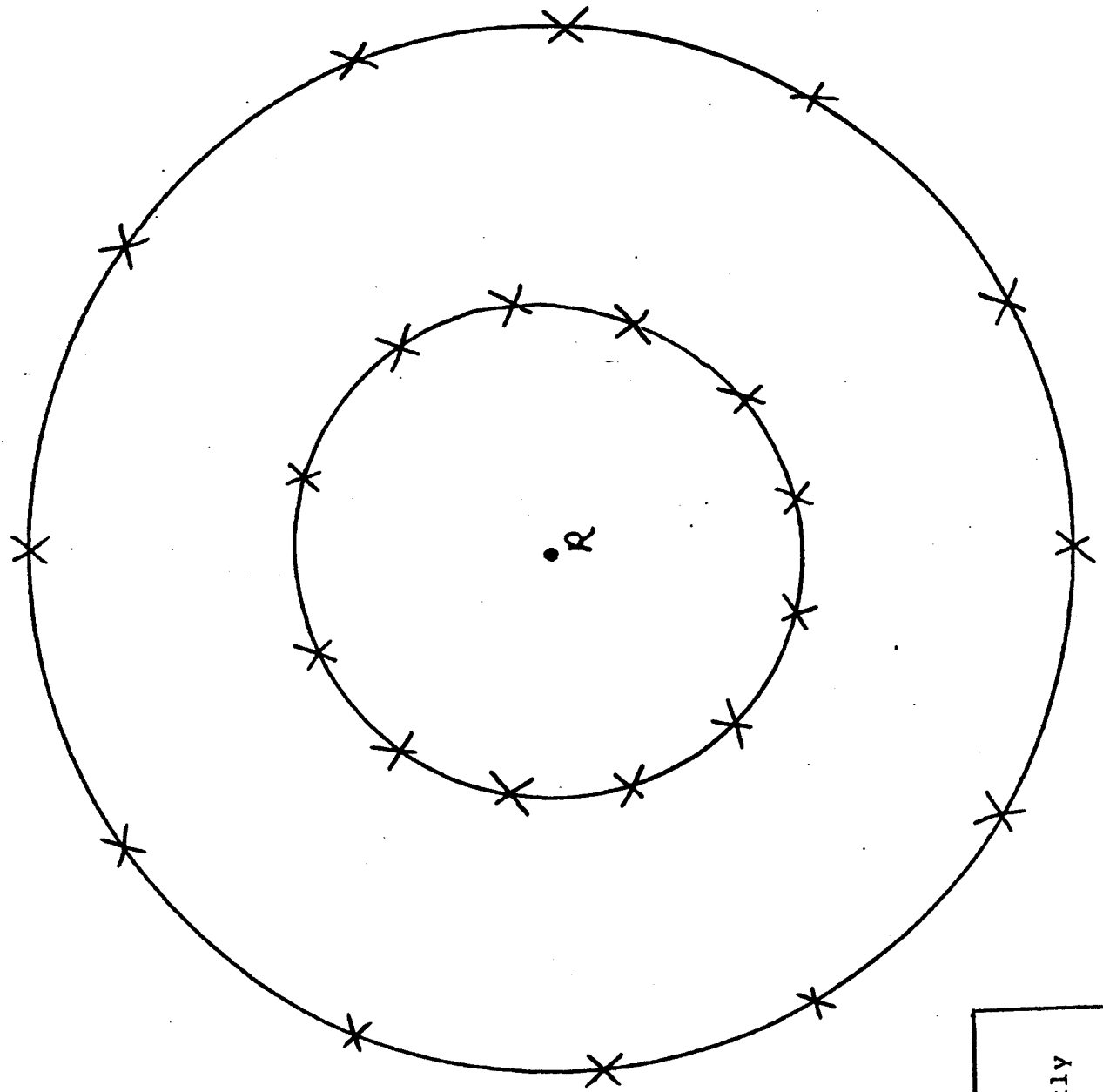
Q No

---

---

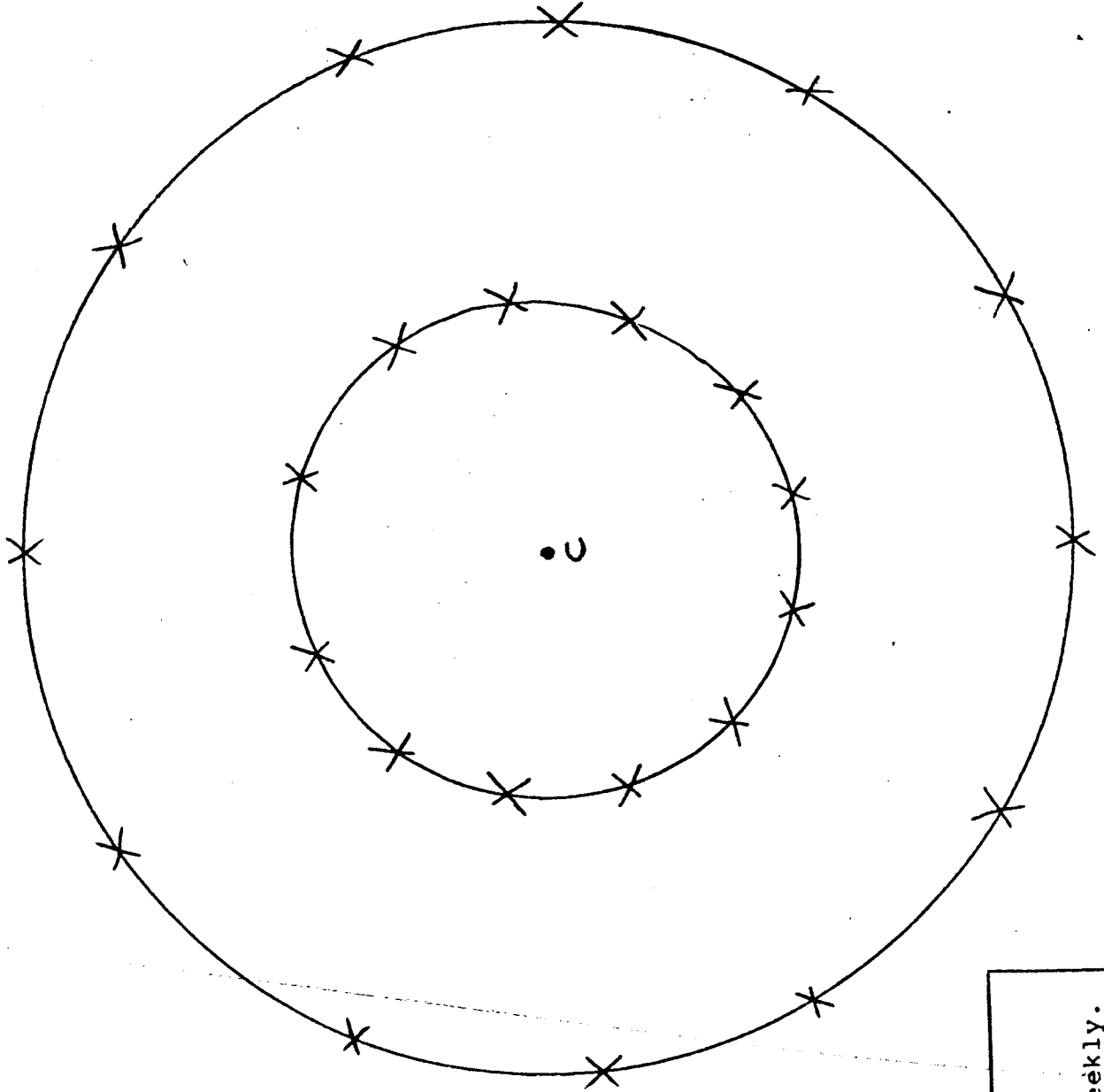


SOCIAL NETWORK FOR R - SUMMARY



KEY:  
Inner Circle =  
seen less than weekly  
Outer Circle =  
seen weekly or more

CAREGIVING ENVIRONMENT FOR C - SUMMARY



KEY:  
Inner Circle =  
seen less than weekly.  
Outer Circle =


KEY CONCEPT  
SUPPORT (1)

10.

GIVE FULL DETAILS of all references to support received by R and to R's feelings about adequacy of support.

FOR EACH INSTANCE COVER sources of support; type of support offered; how R felt about support, including whether she felt it was helpful/unhelpful/neither, any other comments about adequacy.

RELEVANT MATERIAL MAY OCCUR THROUGH INTERVIEW BUT ALWAYS INCLUDE SUPPORT REFERENCES IN 3.7, 3.8, 3.13, 3.16, 7.4, 8.2, 8.3, 8.4, 8.6-8.10, 8.12-8.15, 8.17, 9.4, 10.11, 2.3-2.5, 11.1, 11.2, 11.5-11.8.

WHERE SUPPORT MATERIAL RELATES TO SPECIFIC QUESTION OR INSTANCE, (1) ENTER QUESTION NUMBER IN MARGIN; (2) GIVE SHORT HEADING TO INDICATE WHAT ISSUE SUPPORT REFERS TO; (3) RULE LINE AT END OF WRITE-UP FOR THAT QUESTION OR INSTANCE, e.g. 

3.8

INTRODUCTION OF SOLIDS

OTHER REFERENCES TO SUPPORT WHICH DO NOT RELATE TO SPECIFIC QUESTIONS OR INSTANCES (e.g. GENERAL COMMENTS) SHOULD GO AT END UNDER HEADING 'OTHER COMMENTS'

KEY CONCEPT  
SUPPORT (2)

Q. No.

Q. No.	

No.

KEY CONCEPT  
SUPPORT (4)

Q. No.

No.

KEY CONCEPT  
SUPPORT (6)

Q. No.



# APPENDIX 4

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41 Brunswick Square  
London WC1N 1AZ.

MOTHERS PROJECT (16 - 23 YEAR OLDS)  
THIRD CONTACT

No: .....
Date of Visit: .....
Length of Interview: .....
Interviewer: .....
Date Checked In: .....
Child's Name: .....
Child's Date of Birth: .....
Date of last interview: .....
If last interview long or short: .....

September 1985



<u>LENGTH OF VISIT</u> CODE TO NEAREST 10 MINUTES, EG: 90 MINUTES = 09.			1/8
			9
<u>DATE OF INTERVIEW</u> USE DECIMAL DATE (1).			10
			11
			12
			13
<u>FIELDWORKER</u>			14
<u>OTHERS PRESENT IN INTERVIEW</u> NONE OF TIME = 0; SOME = 1; MOST = 2; ALL = 3.	ADULTS		15
	CHILDREN		16
<u>WHERE R NOW LIVES (10)</u> USE LOCATION CODE			17
			18
			19
<u>C'S DATE OF BIRTH</u> USE DECIMAL DATE (1)			20
			21
			22
			23
<u>R'S AGE AT INTERVIEW</u> TO NEAREST YEAR (4)			24
			25
<u>SEX OF CHILD</u> BOY = 0; GIRL = 1.			26
<u>C'S AGE AT INTERVIEW</u> TO NEAREST MONTH (4)			27
			28
<u>PREVIOUS INTERVIEWS</u> NONE = 0; SHORT = 1; LONG = 2.	FIRST		29
	SECOND		30

BIOGRAPHY  
HOUSING - PREGNANCY

1.1

PERIOD COVERED BY  
PREVIOUS INTERVIEWS

1

ADDRESS WHEN PREGNANCY BEGAN

- 1. Type of accommodation .....
- 2. Type of tenancy .....
- 3. Householder .....
- 4. No. of bedrooms .....
- 5. Floor S/R on .....
- 6. When left address .....
- 7. Reason left address .....

2

NEXT ADDRESS

- 1. Type of accommodation .....
- 2. Type of tenancy .....
- 3. Householder .....
- 4. No. of bedrooms .....
- 5. Floor S/R on .....
- 6. When left address .....
- 7. Reason left address .....

3

NEXT ADDRESS

- 1. Type of accommodation .....
- 2. Type of tenancy .....
- 3. Householder .....
- 4. No. of bedrooms .....
- 5. Floor S/R on .....
- 6. When left address .....
- 7. Reason left address .....

4

NEXT ADDRESS

- 1. Type of accommodation .....
- 2. Type of tenancy .....
- 3. Householder .....
- 4. No. of bedrooms .....
- 5. Floor S/R on .....
- 6. When left address .....
- 7. Reason left address .....

BIOGRAPHY  
HOUSING - PREGNANCY

534

3

<u>No. of addresses since beginning of pregnancy</u> If in same address throughout, CODE = 1.	During preg.		1/31
	1st year after birth		32
	C = 12.1 - 23 months		33
	Over whole period		34
<u>Housing details over whole period</u> <u>Type of housing</u> House = 0; flat = 1; masionette = 2; bed-sit = 3; bed + breakfast/hotel = 4; Baby Home = 5; other residential = 6; other = 7.	Beginning of preg.		35
	At birth		36
	C = 12 months		37
	C = 21 months		38
<u>Type of tenancy</u> Owner-occupier = 0; Rent - private = 1; Housing Assoc. = 2; Council = 3; living with relatives = 4; tied to job = 5; other = 7.	Beginning of preg.		39
	At birth		40
	C = 12 months		41
	C = 21 months		42
<u>Householder</u> R = 0; R SP/Cohab. = 1; joint = 2; parents = 3; other relative (own family) = 4; relative (SP/Cohab. family) = 5; friend = 6; other = 7. <u>IF B+B, HOTEL, M+B HOME, OTHER</u> <u>RESIDENTIAL, CODE = 9</u>	Beginning of preg.		43
	At birth		44
	C = 12 months		45
	C = 21 months		46
<u>No. of bedrooms</u> Code number	Beginning of preg.		47
	At birth		48
	C = 12 months		49
	C = 21 months		50
<u>Floor sitting room on</u> Basement/ground = 0; first = 1; second = 2; etc. Seven or more = 7.	Beginning of preg.		51
	At birth		52
	C = 12 months		53
	C = 21 months		54

BIOGRAPHY  
HOUSING - SINCE BIRTH

4

1.2

PERIOD COVERED BY  
PREVIOUS INTERVIEWS

1

ADDRESS AT TIME OF BIRTH

- |                                |                            |
|--------------------------------|----------------------------|
| 1. Type of accommodation ..... | 2. Type of tenancy .....   |
| 3. Householder .....           | 4. No. of bedrooms .....   |
| 5. Floor S/R on .....          | 6. When left address ..... |
| 7. Reason left address .....   |                            |
| .....                          |                            |

2

NEXT ADDRESS

- |                                |                            |
|--------------------------------|----------------------------|
| 1. Type of accommodation ..... | 2. Type of tenancy .....   |
| 3. Householder .....           | 4. No. of bedrooms .....   |
| 5. Floor S/R on .....          | 6. When left address ..... |
| 7. Reason left address .....   |                            |
| .....                          |                            |

3

NEXT ADDRESS

- |                                |                            |
|--------------------------------|----------------------------|
| 1. Type of accommodation ..... | 2. Type of tenancy .....   |
| 3. Householder .....           | 4. No. of bedrooms .....   |
| 5. Floor S/R on .....          | 6. When left address ..... |
| 7. Reason left address .....   |                            |
| .....                          |                            |

4

NEXT ADDRESS

- |                                |                            |
|--------------------------------|----------------------------|
| 1. Type of accommodation ..... | 2. Type of tenancy .....   |
| 3. Householder .....           | 4. No. of bedrooms .....   |
| 5. Floor S/R on .....          | 6. When left address ..... |
| 7. Reason left address .....   |                            |
| .....                          |                            |

BIOGRAPHY  
HOUSING - SINCE BIRTH

535

5

Accommodation over whole period

Never had = 0; had for 3 months or less = 1; had for 3.1 - 6 months = 2; had for 6.1 - 9 months = 3; had for 9.1 - 12 months = 4; had for 12.1 - 15 months = 5; had for over 15 months = 6; had throughout period = 7.

Own tenancy or with SP/cohab	Pregnancy		1/55
	Birth→C = 21 months		56
Lived with relats.	Pregnancy		57
	Birth→C = 21 months		58
M + B, other residential	Pregnancy		59
	Birth→C = 21 months		60

BIOGRAPHY  
HOUSEHOLD COMPOSITION - PREGNANCY

1.3

PERIOD COVERED BY  
PREVIOUS INTERVIEWS

.....  
.....  
.....

1

COMPOSITION WHEN PREGNANCY BEGAN

- 1. Others in household .....
- .....
- 2. When changed .....
- 3. Reason changed .....
- .....

2

NEXT HOUSEHOLD COMPOSITION

- 1. Others in household .....
- .....
- 2. When changed .....
- 3. Reason changed .....
- .....

3

NEXT HOUSEHOLD COMPOSITION

- 1. Others in household .....
- .....
- 2. When changed .....
- 3. Reason changed .....
- .....

4

NEXT HOUSEHOLD COMPOSITION

- 1. Others in household .....
- .....
- 2. When changed .....
- 3. Reason changed .....
- .....





BIOGRAPHY  
HOUSEHOLD COMPOSITION - SINCE BIRTH

1.4 PERIOD COVERED BY  
PREVIOUS INTERVIEWS

1 COMPOSITION AT TIME OF BIRTH

- 1. Others in household .....
- .....
- 2. When changed .....
- 3. Reason changed .....
- .....

2 NEXT HOUSEHOLD COMPOSITION

- 1. Others in household .....
- .....
- 2. When changed .....
- 3. Reason changed .....
- .....

3 NEXT HOUSEHOLD COMPOSITION

- 1. Others in household .....
- .....
- 2. When changed .....
- 3. Reason changed .....
- .....

4 NEXT HOUSEHOLD COMPOSITION

- 1. Others in household .....
- .....
- 2. When changed .....
- 3. Reason changed .....
- .....

Others in household over period

Never in household = 0; in household for 3 months or less = 1; in household 3.1 - 6 months = 2; in household 6.1 - 9 months = 3; in household 9.1 - 12 months = 4; in household over 12 months = 5; in household throughout period = 6.

S on own	Pregnancy	2/10	
	Birth → C = 21 months	11	
	SP or cohab.	Pregnancy	12
		Birth → C = 21 months	13
	S relative	Pregnancy	14
		Birth → C = 21 months	15
	Relative of SP/coh.	Pregnancy	16
		Birth → C = 21 months	17
	Friend	Pregnancy	18
		Birth → C = 21 months	19

Marital/cohabiting status over period

None = 0; non cohab. → cohab. = 1; non cohab. → cohab. → married = 2; non cohab. → married = 3; cohab. → married = 4; cohab. → non cohab. = 5; married → non cohab. = 6; other = 7.

Pregnancy	20
Birth → C = 21 months	21

Time married/cohabited before pregnancy

IF NEVER, CODE = 00. Otherwise CODE to nearest 3 months, eg. 3 months = 03.

22

Marital/Cohabiting status

Neither married or cohabiting = 0; cohabiting = 1; married = 2.

Beginning of pregnancy	23
At birth	24
C = 12 months	25
C = 21 months	26

BIOGRAPHY  
PUTATIVE FATHER

1.5 DETAILS OF PUTATIVE FATHER

AGE WHEN SC BORN ..... WHERE BORN .....

WHERE PARENTS BORN - MOTHER .....

FATHER .....

IF MARRIED TO R - DATE OF MARRIAGE .....

PERIOD OF COHABITATION

BEGAN ..... ENDED .....

EMPLOYMENT STATUS\*

WHEN PREGNANCY BEGAN .....

AT TIME OF BIRTH .....

SC = 1 YEAR .....

CURRENTLY .....

LENGTH OF TIME UNEMPLOYED SINCE SC BORN .....

OCCUPATION .....

\*EMPLOYMENT STATUS = EMPLOYED; MSC PROGRAMME; F/T OR P/T COURSE; SCHOOL; UNEMPLOYED.

**BIOGRAPHY  
PUTATIVE FATHER**

**538**

11

Age when child born

CODE age at last birthday. If C does not know, CODE = 88

2/27

28

Place of birth

USE LOCATION CODE (18)

IF NOT KNOWN, CODE = 888

PF

29

30

31

PF MOTHER

32

33

34

PF FATHER

35

36

37

If married to/cohabited with S

Neither = 0; cohabited, no longer at C3 = 1; cohabited, still at C3 = 2; married, but not cohabiting at C3 = 3; married, still at C3 = 4.

38

When marriage/cohabitation began/ended

USE CODE L (2)

IF NEVER MARRIED, CODE BEGUN AND ENDED = 9  
IF STILL MARRIED/COHABITING, CODE ENDED = 9.

Cohab.

Begun

39

Ended

40

Marr.

Begun

41

Ended

42

Time cohabited with R

IF NEVER, CODE = 00.

Code to nearest 3 months, eg.  
3 months = 03.

IF THROUGHOUT PERIOD, CODE = 50

Before pregnancy began

43

44

In pregnancy

45

46

Birth → C = 21 months

47

48

Employment status

If relationship not begun or ended,  
CODE = 0; not employed = 1; at school  
= 2; in FE = 3; MSC programme = 4;  
employed P/T = 5; F/T = 6.

Beginning pregnancy

49

At birth

50

C = 12 months

51

C = 21 months

52



BIOGRAPHY  
PUTATIVE FATHER

539

13

Current/usual occupation

2/53

RECLASSIFIED REISTRAR GENERAL (5)

IF NEVER WORKED, CODE = 98.

NO INFORMATION, CODE = 99.

54

BIOGRAPHY  
OTHER COHABITEES

1.6 DETAILS OF FIRST COHABITEE (EXCL. PF)

AGE WHEN SC BORN ..... WHERE BORN .....

WHERE PARENTS BORN - MOTHER .....

FATHER .....

IF MARRIED TO R - DATE OF MARRIAGE .....

PERIOD OF COHABITATION

BEGAN ..... ENDED .....

EMPLOYMENT STATUS\*

WHEN PREGNANCY BEGAN .....

AT TIME OF BIRTH .....

SC = 1 YEAR .....

CURRENTLY .....

LENGTH OF TIME UNEMPLOYED SINCE SC BORN .....

OCCUPATION .....

\*EMPLOYMENT STATUS = EMPLOYED; MSC PROGRAMME; F/T OR P/T COURSE;  
SCHOOL; UNEMPLOYED.



BIOGRAPHY  
OTHER COHABITEES

540

15

6

Age when child born

CODE age at last birthday. If C does not know, CODE = 88  
IF NO COHAB., CODE = 90.

2/55

56

Place of birth

USE LOCATION CODE (18)  
IF NOT KNOWN, CODE = 888

C1

57

58

59

C1 MOTHER

60

61

62

C1 FATHER

63

64

65

If married to/cohabited with S

Neither = 0; cohabited, no longer at C3 = 1; cohabited, still at C3 = 2; married, but not cohabiting at C3 = 3; married, still at C3 = 4.

66

When marriage/cohabitation began/ended

USE CODE L (2)  
IF NEVER MARRIED, CODE BEGUN AND ENDED = 9  
IF STILL MARRIED/COHABITING, CODE ENDED = 9.

Cohab.

Begun

67

Ended

68

Marr.

Begun

69

Ended

70

Time cohabited with R

IF NEVER, CODE = 00.  
Code to nearest 3 months, eg.  
3 months = 03.  
IF THROUGHOUT PERIOD, CODE = 50

Before pregnancy began

71

72

In pregnancy

73

74

Birth → C = 21 months

75

76

Employment status

If relationship not begun or ended,  
CODE = 0; not employed = 1; at school  
= 2; in FE = 3; MSC programme = 4;  
employed P/T = 5; F/T = 6.

Beginning pregnancy

77

At birth

78

C = 12 months

3/8

C = 21 months

o



BIOGRAPHY  
OTHER COHABITEES

541

17

Current/usual occupation

RECLASSIFIED REISTRAR GENERAL (5)

IF NEVER WORKED, CODE = 98.

NO INFORMATION, CODE = 99.

3/10

11

BIOGRAPHY  
OTHER COHABITEES

.6a

DETAILS OF SECOND COHABITEE

AGE WHEN SC BORN ..... WHERE BORN .....

WHERE PARENTS BORN - MOTHER .....

FATHER .....

IF MARRIED TO R - DATE OF MARRIAGE .....

PERIOD OF COHABITATION

BEGAN ..... ENDED .....

EMPLOYMENT STATUS\*

WHEN PREGNANCY BEGAN .....

AT TIME OF BIRTH .....

SC = 1 YEAR .....

CURRENTLY .....

LENGTH OF TIME UNEMPLOYED SINCE SC BORN .....

OCCUPATION .....

\*EMPLOYMENT STATUS = EMPLOYED; MSC PROGRAMME; F/T OR P/T COURSE;  
SCHOOL; UNEMPLOYED.

**BIOGRAPHY  
OTHER COHABITEES**

542

19

<b>a</b>	<u>Age when child born</u> CODE age at last birthday. If C does not know, CODE = 88 <u>IF NO COHAB., CODE = 90.</u>			3/12
				13
	<u>Place of birth</u> USE LOCATION CODE (18) <u>IF NOT KNOWN, CODE = 888</u>	<b>C2</b>		14
				15
				16
		<b>C2 MOTHER</b>		17
				18
				19
		<b>C2 FATHER</b>		20
				21
				22
		<u>If married to/cohabited with S</u> Neither = 0; cohabited, no longer at C3 = 1; cohabited, still at C3 = 2; married, but not cohabiting at C3 = 3; married, still at C3 = 4.		
	<u>When marriage/cohabitation began/ended</u> USE CODE L (2) IF NEVER MARRIED, CODE BEGUN AND ENDED = 9 IF STILL MARRIED/COHABITING, CODE ENDED = 9.	<b>Cohab.</b>	Begun	24
			Ended	25
		<b>Marr.</b>	Begun	26
			Ended	27
	<u>Time cohabited with R</u> IF NEVER, CODE = 00. Code to nearest 3 months, eg. 3 months = 03. IF THROUGHOUT PERIOD, CODE = 50	Before pregnancy began		28
				29
		In pregnancy		30
				31
		Birth → C = 21 months		32
				33
	<u>Employment status</u> If relationship not begun or ended, CODE = 0; not employed = 1; at school = 2; in FE = 3; MSC programme = 4; employed P/T = 5; F/T = 6.	Beginning pregnancy		34
		At birth		35
		C = 12 months		36



BIOGRAPHY  
OTHER COHABITEES

543

21

Current/usual occupation

3/38

RECLASSIFIED REISTRAR GENERAL (5)

IF NEVER WORKED, CODE = 98.

NO INFORMATION, CODE = 99.

39

BIOGRAPHY PREGNANCIES
--------------------------

1.7

PERIOD COVERED BY PREVIOUS INTERVIEWS		
	R age when pregnancy began	Outcome of pregnancy
PREGNANCIES BEFORE STUDY PREGNANCY	1.	
	2.	
	3.	
	C age when pregnancy began	Outcome of pregnancy (if birth, give date of birth; if still pregnant, give EDD)
PREGNANCIES SINCE STUDY PREGNANCY	4.	
	5.	
	6.	



BIOGRAPHY  
PREGNANCIES

544

23

<u>No. of pregnancies (excl. C)</u>	Before pregnant with C		3/40
	Since birth of C → C = 21 months		41
<u>Outcome of pregnancies (excl. C)</u>  CODE no.	Abortion		42
	Miscarriage		43
	Stillbirth, child died		44
	Child born, adopted		45
	Still pregnant		46
	Child born, with S		47
<u>R age when first pregnancy began</u> CODE age at last birthday			48
			49
<u>C age when next pregnancy began/next child born (after C born)</u> CODE C's age to nearest 3 months, eg. 7 = 06.	/ / / / /		
	C age when next pregnancy began		50
			51
	C age when next child born		52
			53

BIOGRAPHY  
EMPLOYMENT/EDUCATION - PREGNANCY

1.8

PERIOD COVERED BY  
PREVIOUS INTERVIEWS

1

EPISODE WHEN PREGNANCY BEGAN

- 1. Type of episode\* .....
- 2. Occupation ..... 3. F/T or P/T .....
- 4. When episode ended .....
- 5. Reason episode ended .....
- .....

2

NEXT EPISODE

- 1. Type of episode\* .....
- 2. Occupation ..... 3. F/T or P/T .....
- 4. When episode ended .....
- 5. Reason episode ended .....
- .....

3

NEXT EPISODE

- 1. Type of episode\* .....
- 2. Occupation ..... 3. F/T or P/T .....
- 4. When episode ended .....
- 5. Reason episode ended .....
- .....

4

NEXT EPISODE

- 1. Type of episode\* .....
- 2. Occupation ..... 3. F/T or P/T .....
- 4. When episode ended .....
- 5. Reason episode ended .....
- .....

\*EPISODE = JOB: MATERNITY LEAVE: MSC SCHEME: SCHOOLING: FURTHER EDUCATION. ENTER DETAILS OF OCCUPATION, TYPE OF COURSE, TYPE OF MSC PROGRAMME.

Employment status

Not employed = 0; at school = 1; at FE = 2; MSC programme = 3; maternity leave = 4; employed P/T = 5; F/T = 6.

Beginning of preg.	3/54
At birth	55
C = 12 months	56
C = 21 months	57

Time in different employment status

Never in status = 0;  
 3 months or less = 1;  
 3.1 - 6 months = 2;  
 6.1 - 9 months = 3;  
 9.1 - 12 months = 4;  
 12.1 - 15 months = 5;  
 over 15 months = 6;  
 throughout period = 7.

Not empl'd	Pregnancy	58
	Birth → C = 21 months	59
At school	Pregnancy	59
	Birth → C = 21 months	60
At F.E.	Pregnancy	61
	Birth → C = 21 months	62
MSC Prog.	Pregnancy	63
	Birth → C = 21 months	64
Mat. leave	Pregnancy	65
	Birth → C = 21 months	66
Empl. P/T	Pregnancy	67
	Birth → C = 21 months	68
Empl. F/T	Pregnancy	69
	Birth → C = 21 months	70

C's age when R returned to school/FE/MS C prog/ P/T or F/T employment

IF NOT APPLICABLE, CODE = 00.  
 CODE C'S AGE TO NEAREST 3 MONTHS,  
 eg. 7 = 06.

School	71
	72
FE	73
	74
MSC Prog.	75
	76

BIOGRAPHY  
EMPLOYMENT/EDUCATION - SINCE BIRTH

PERIOD COVERED BY  
PREVIOUS INTERVIEWS

1 EPISODE AT TIME OF BIRTH

- 1. Type of episode\* .....
- 2. Occupation ..... 3. F/T or P/T .....
- 4. When episode ended .....
- 5. Reason episode ended .....
- .....

2 NEXT EPISODE

- 1. Type of episode\* .....
- 2. Occupation ..... 3. F/T or P/T .....
- 4. When episode ended .....
- 5. Reason episode ended .....
- .....

3 NEXT EPISODE

- 1. Type of episode\* .....
- 2. Occupation ..... 3. F/T or P/T .....
- 4. When episode ended .....
- 5. Reason episode ended .....
- .....

4 NEXT EPISODE

- 1. Type of episode\* .....
- 2. Occupation ..... 3. F/T or P/T .....
- 4. When episode ended .....
- 5. Reason episode ended .....
- .....

\* EPISODE = JOB: SCHOOLING: FURTHER EDUCATION. ENTER DETAILS OF  
OCCUPATION, TYPE OF COURSE, TYPE OF MSC PROGRAMME

BIOGRAPHY

546

27

P/T Employ.

3/77

78

F/T Employ.

4/78

9

No. of jobs R had since birth

P/T

10

F/T

11

Highest status job before/since birth

Before birth

12

RECLASSIFIED REGISTRAR GENERAL (5)

13

IF NEVER WORKED, CODE = 98.

After birth

14

15

GENERAL STATE OF MOTHER PHYSICAL HEALTH
--

## 2.1 R'S PHYSICAL HEALTH

a	*What has your health been like in the last 6 months, since _____?
b	<p><u>IF S HAS HAD FURTHER BIRTH SINCE C BORN</u></p> <p>*Do you feel you've recovered physically from the pregnancy and birth? In what way (haven't you recovered)? How long did it take (to recover)?</p>
c	<p>*In the last 6 months have you had any (other) illness . . . any (other) condition that has caused you pain or discomfort . . . any coughs, colds, infections . . . any stomach or bowel upsets . . . backaches or headaches . . . (other) periods when you've felt unwell?</p>
FOR EACH EPISODE/CONDITION MENTIONED, COVER	
1.	<u>NATURE</u> OF CONDITION
2.	<u>HOW LONG LASTED</u>
3.	<u>TREATMENT RECEIVED</u> , IF ANY
AND CHECK IF ANY OTHER CONDITION	

\*PLEASE ENSURE ITEMS 1, 2 AND 3 ARE CLEARLY RECORDED FOR ALL CONDITIONS MENTIONED IN 2.1 AND 2.2 TO ENABLE HEALTH SCORE TO BE MADE.

GENERAL STATE OF MOTHER  
PHYSICAL HEALTH

547  
29

1

R HEALTH SCORE

4/16

LEAVE BLANK - TO BE RATED AT OFFICE

17

IF R FEELS HAS RECOVERED FROM PREG/BIRTH

18

YES = 0; NO = 1.

IF NO SECOND BIRTH, CODE = 9.

GENERAL STATE OF MOTHER PHYSICAL HEALTH
--

2.2

## R'S PHYSICAL HEALTH - LONG-STANDING CONDITIONS

a	*Finally, could I check if you have any long-standing illness or disability, either that you have all the time or which recurs from time to time?
---	---

FOR EACH EPISODE/CONDITION MENTIONED, COVER
---

- |    |  |
|----|--|
| 1. | <u>NATURE OF CONDITION</u>   |
| 2. | <u>WHEN R FIRST HAD CONDITION</u>  |
| 3. | IF <u>PERMANENT</u> OR <u>RECURRENT</u>  |
| 4. | IF HAS <u>ANY EFFECT</u> ON WHAT R CAN DO                                      |
| 5. | IF AFFECTED <u>IN LAST 6 MONTHS</u> <u>AND IF SO,</u> FOR <u>HOW MUCH MUCH</u> |
| 6. | <u>TREATMENT RECEIVED</u> IN LAST 6 MONTHS INCLUDING MEDICATION/AIDS           |



GENERAL STATE OF MOTHER  
PHYSICAL HEALTH

548

31

2

IF R HAS ANY LONG-STANDING CONDITIONS  
CODE NO. MENTIONED

4/19

NATURE OF CONDITIONS

CONTINUOUS = 0; RECURRENT = 1; BOTH = 2.  
IF NO CONDITIONS, CODE + 9.

20

IF EFFECTED BY CONDITIONS IN LAST 6 MONTHS

NO = 0; YES = 1.  
IF NO CONDITIONS, CODE = 9.

21

GENERAL STATE OF MOTHER  
TIREDNESS

CROSS REF.

FROM

T

2.3

## R'S TIREDNESS

- |   |  |
|---|--|
| a | *Do you ever get tired? How often have you felt tired in the last month?                       |
| b | *When do you feel tired? Do you ever wake feeling tired?                                       |
| c | *Could you describe how you feel when you are tired? Does it interfere with your doing things? |
| d | *What do you put it down to?   |

GENERAL STATE OF MOTHER  
TIREDNESS

549

33

FREQUENCY OF TIREDNESS IN LAST MONTH

NEVER TIRED = 0; ODD OCCASIONS (ONCE OR TWICE) = 1;  
SOME DAYS = 2; MOST DAYS = 3; EVERY DAY = 4.

4/22

Tiredness ratings

LEAVE BLANK - TO BE RATED IN OFFICE

23

GENERAL STATE OF MOTHER PSYCHOLOGICAL STATE
--

CROSS REF.

FROM

TO

2.4

R'S PSYCHOLOGICAL STATE - LAST MONTH

- |   |  |
|---|--|
| a | *How have you felt in yourself in the last month? Have you felt like that all the time or have there been times you have felt better/worse?  |
| b | *Have there been any days you have felt good - I mean, really happy or cheerful? What sort of things have made you feel like that?   |
| c | *Have there been any times when you have been worried or anxious about things? What sort of things have you been worried about? Have there been any worries about C? How often have you felt worried - has it been just odd days or most days or something in between? |
| d | *Have you felt low or depressed at any time in the last month? What's made you feel low? How have you felt? How often have you felt low - just odd days or most days or something in between?  |
| e | *Have you felt irritable at times in the last month? What makes you irritable? Who did you get irritable with? How often do you feel irritable (odd days, some days, most days)?   |

GENERAL STATE OF MOTHER  
PSYCHOLOGICAL STATE

.4	OVERALL FEELINGS - SELF - LAST MONTH NONE/LITTLE = 0; SOME = 1; MODERATE = 2; A LOT = 3.	POSITIVE FEELINGS	4/24
		NEGATIVE FEELINGS	25

SOCIAL NETWORK  
MOTHER

3.1 OWN RELATIVES R IS IN REGULAR CONTACT WITH CURRENTLY EITHER BY PHO OR DIRECT (REGULAR = AT LEAST ONCE A MONTH)

Relationship to R. <u>If share household, put tick in column</u>	Age	Frequency of contact	Type of contact (eg: mostly phone, who visits who.	If pregnant /age of youngest child	Ethnic group	Link ages

CHECK FOR: PARENTS, SIBLINGS, STEP-RELATIVES, AUNTS/UNCLES, COUSINS, GRANDPARENTS.

DO NOT ENTER: SPOUSE/COHABITEE OF RELATIVE OR CHILDREN UNDER 16 EXCEPT R'S SIBLINGS.

NB: CHECK LINKAGES WHEN R NOT PRESENT

SOCIAL NETWORKS

551 37

<u>TOTAL NO. OF INDIVIDUALS IN NETWORK</u>		4/26
BM AND BF COUNT SEPARATELY. ALL OTHER COUPLES COUNT AS ONE. USE 2 DIGITS FOR EXAMPLE, 7 = 07.		27
<u>TOTAL NO. OF LINKAGES IN NETWORK</u>		28
USE 2 DIGITS		29
<u>COMPOSITION OF NETWORK</u>  8 OR MORE = 8. IF SP/COHABITEE IS FATHER, CODE CF = 9.	OWN RELATIVES	30
	CF	31
	FAMILY OF CF/SP/COHAB	32
	GIRLFRIENDS	33
	BOYFRIENDS	34
	MALE FRIENDS	35
	WELFARE/HEALTH WORKERS	36
	GROUPS	37
	OTHERS	38
<u>FREQUENCY SEES OWN PARENTS/CHILD'S FATHER.</u>		39
NEVER = 0; OCC. LESS THAN MONTHLY = 1; MONTHLY = 2; FORTNIGHTLY = 3; WEEKLY = 4; MORE THAN WEEKLY = 5; LIVES WITH = 6.		40
IF SP/COHAB. IS FATHER, CODE CF = 9.		41
<u>TOTAL NO. SEEN AT LEAST WEEKLY</u>		42
USE 2 DIGITS		43
<u>NO. IN NETWORK FROM SAME ETHNIC GROUP</u>		44
IF SP/COHAB IS FATHER, CODE CF = 9.		45
TOTAL		46
CF		47
FAMILY OF CF/SP/COHAB		48
GIRLFRIENDS		49
		50

SOCIAL NETWORK  
MOTHER

3.2

CF (+SP) AND HIS RELATIVES R IS IN REGULAR CONTACT WITH CURRENTLY EITHER BY PHONE OR DIRECT (REGULAR = AT LEAST MONTHLY).

Relationship to R. <u>If share household, put tick in column</u>	Age	Frequency of contact	Type of contact (eg: mostly phone, who visits who.	If pregnant /age of youngest child	Ethnic group	Link-ages

CHECK FOR: PARENTS, SIBLINGS, STEP-RELATIVES, AUNTS/UNCLES, COUSINS, GRANDPARENTS.

DO NOT ENTER: SPOUSE/COHABITEE OF RELATIVE OR CHILDREN UNDER 16 EXCEPT R'S SIBLINGS.

EXCLUDE COHABITEE OR HUSBAND LIVING WITH R

NB: CHECK LINKAGES WHEN R NOT PRESENT



SOCIAL NETWORKS

552

39

1 -  
3

	BOYFRIENDS		4/51
	OTHER		52
<u>NO. IN NETWORK PREGNANT/HAVING 1ST BABY UNDER 20</u>  CODE NUMBER, 8 OR MORE = 8 (EXCEPT 'TOTAL'). IF SP/COHAB. IS FATHER, CODE CF = 1. IF CURRENTLY UNDER 20 OR IF HAD EARLIER CHILD UNDER 20.	TOTAL		53
			54
	OWN PARENTS		55
	OWN RELATIVES		56
	CF		57
	FAMILY OF CF/SP/COHAB		58
	GIRLFRIENDS		59
	BOYFRIENDS		60
	MALE FRIENDS		61

WHERE FIRST KNEW FRIENDS IN NETWORK (INCL. BOYFRIENDS, GIRL AND MALE FRIENDS)

CODE NO. 8 OR MORE = 8.

BEFORE SEC. SCHOOL		62
SEC. SCHOOL - OWN		63
SEC. SCHOOL - OTHER		64
AFTER SCHOOL - WORK/FE		65
AFTER SCHOOL - OTHER		66
SINCE C BORN		67





SOCIAL NETWORK

42

3.4 NO. OF VISITS FROM HEALTH, WELFARE WORKERS IN LAST 6 MONTHS

	NO. OF VISITS
HEALTH VISITORS	
SOCIAL WORKER	

3.5 SOCIAL WORKER VISITS

IF VISITED BY SOCIAL WORKER IN LAST 6 MONTHS, COVER:	
1.	AGENCY SW FROM
2.	REASONS FOR CONTACT WITH AGENCY

SOCIAL NETWORK

554

43

4 - No. of visits from health, welfare workers in last 6 months

5



CODE no.

Health Visitor

4/68

Social Worker

69

## SATISFACTION WITH LIFE

CROSS REF

FROM T

4.1

## SATISFACTION WITH SOCIAL LIFE

- |   |   |
|---|---|
| a | *Are you happy with the social side of your life, or could it be better? What would make it better? |
| b | *Is there anyone you would like to see more of? What prevents you seeing them more?                 |
| c | *Do you ever feel lonely? How often? What do you do when you feel like that?                        |

SATISFACTION WITH LIFE

1

SATISFACTION WITH SOCIAL SIDE OF LIFE

4/70

HAPPY WITH SOCIAL SIDE = 0; COULD BE BETTER = 1;

OTHERS WOULD LIKE TO SEE MORE OF  
 NO-ONE MENTIONED = 0; MENTIONED  
 = 1.

SUMMARY	71
CF (IF NOT COHAB)	72
OWN FAMILY	73
FAMILY OF CF/SP/ COHAB	74
GIRLFRIEND	75
BOYFRIEND	76
OTHERS	77

IF EVER FEELS LONELY  
 NEVER = 0; SOMETIMES = 1.

78

## 4.2

## OPPORTUNITIES TO DO ACTIVITIES THAT R LIKES

- |   |  |
|---|--|
| a | *Are there any things you enjoy doing, but never or rarely get to do? Why don't you get to do (ACTIVITY) more often? |
| b | *Do you get enough time just for yourself? How do you feel about that? Do you mind or not?                           |
| c | *Do you ever find yourself getting bored? When does this happen? How often?  |



SATISFACTION WITH LIFE

556

47

Things enjoys but rarely can do

Not mentioned = 0; mentioned = 1.

5/8

Reason does not do things

Financial = 0; childcare = 1; other = 2; financial + childcare = 3; financial + other = 4; childcare + other = 5; financial + childcare + other = 6.

9

If gets enough time to self

Yes = 0; No - does not mind = 1; minds = 2.

10

If ever gets bored

No = 0; yes = 1.

11

MOTHERHOOD  
SATISFACTION WITH MOTHERHOOD

CROSS REF

FROM

7

5.1

## ENJOYMENT OF MOTHERHOOD

- |   |  |
|---|--|
| a | *What would you say are the <u>best</u> things about being a mother and having a baby? Is there anything (else) you enjoy?   |
| b | *What are the <u>worst</u> things about being a mother and having a baby? Is there anything (else) you do not like about it?   |
| c | *Some women feel that motherhood is something that they could or should get more out of. Do you ever feel you could enjoy motherhood more? Would anything enable you to enjoy it more? |

MOTHERHOOD  
SATISFACTION WITH MOTHERHOOD

557

49

<p><u>If R ever feels could enjoy motherhood more</u> No = 0; yes - nothing special mentioned that would enable R to enjoy it more = 1; yes - material/financial factor mentioned = 2; yes - other factor mentioned = 3; yes - material/financial and other mentioned = 4.</p>		5/12
<p><u>Factor that would enable R to enjoy motherhood more</u> Nothing mentioned = 0; financial factor = 1; other factor = 2; financial + other = 3.</p>		13
<p><u>Satisfaction with motherhood rating</u> None/little = 0; some = 1; moderate = 2; a lot = 3.</p>	Positive	14
	Negative	15

## 5.2 COPING WITH MOTHERHOOD

- a \*Have you found the last 6 months as a mother easy or hard? Has being a mother got easier or harder (in this period) or remained much the same? How has it got easier/harder?
- b \*How do you feel you are coping as a mother? Are you coping as well as you'd like?
- c \*Are you happy with the kind of mother you are or are there ways in which you'd like to be different? In what ways would you like to be different?

MOTHERHOOD  
COPING/SUPPORT

558

51

If last 6 months easy/hard

Easy = 0; easy some ways/some stages, hard others = 1;  
hard = 2

5/16

If got easier or harder

Got easier = 0; stayed the same = 1; easier in some ways,  
harder in others = 2; got harder = 3.

17

How R sees self coping

Very well = 0; quite well = 1; not so well, well in some  
ways/not well in others = 2; not at all well, badly = 3.

18

If coping as well as would like

Yes = 0; no = 1.

19

If R happy with kind of mother she is

Yes = 0; no = 1.

20

MOTHERHOOD ROLE CONFLICT AND PREFERENCE
--

CROSS REF.

FROM	TO

5.3

## ROLE CONFLICT AND PREFERENCE

a \*Do you feel you ought to be at home (full-time) with C?

b IF NOT EMPLOYED/ON COURSE

\*Do you ever wish you were not at home, for instance, at work or on a course? Why? What would you like to be doing?

c IF EMPLOYED/ON COURSE

\*Do you ever wish you were at home? What would you like to be doing?

d \*If you had the chance, what would you ideally like to do - stay at home or go to work or take a course, either full-time or part-time? What work or course would you ideally like to do? What sort of hours? What prevents you?

MOTHERHOOD  
ROLE CONFLICT AND PREFERENCE

559  
53

.3

IF FEELS OUGHT TO BE AT HOME WITH C

NO = 0; YES = 1.

5/21

IF EVER WISHES WERE NOT AT HOME

NO = 0; YES - NOTHING SPECIFIC MENTIONED = 1; YES - AT SCHOOL = 2; AT FE = 3; AT WORK = 4; OTHER = 7.

IF EMPLOYED/ON COURSE, CODE = 9.

22

IF WISHES AT HOME

NO = 0; SOMETIMES = 1.

IF AT HOME, NOT ON COURSE/EMPLOYED, CODE = 9.

23

IDEAL SITUATION

NO CHANGE = 0; CHANGE TO BEING AT HOME = 1; CHANGE TO P/T COURSE = 2; CHANGE TO P/T WORK = 3; CHANGE TO F/T COURSE + 4; CHANGE TO F/T WORK = 5; CHANGE, BUT UNDECIDED TO WHAT = 6; UNDECIDED = 7; WANTS TO CHANGE = 8.

CODE 9 FOR CURRENT SITUATIONS THAT DO NOT APPLY

<u>CURRENT SITUATION</u> AT HOME		24
ON P/T COURSE/WORK		25
ON F/T COURSE/WORK		26

24

ON P/T COURSE/WORK

25

ON F/T COURSE/WORK

26

OVERALL

SATISFIED WITH CURRENT SITUATION = 0; NOT SATISFIED = 1.

27

HOUSING  
SATISFACTION

CROSS RE

FROM

6.1

## SATISFACTION WITH HOUSING

- |   |   |
|---|---|
| a | *How do you feel about your present accommodation?<br>Is there anything/what do you like about it? Is there anything/what do you dislike about it? What about the area? Is there anything you like about it? Anything you do not like about it? |
| b | *Would you like to move? Why? What sort of accommodation would you like? Where would you like to move to?   |
| c | *How likely do you think such a move is?  |



HOUSING  
SATISFACTION

560

55

ATTITUDE TO CURRENT HOUSING/AREA

POSITIVE = 0; ACCEPTING = 1; MIXED = 2;  
NEGATIVE = 3.

HOUSING

5/28

AREA

29

IF WANTS TO MOVE

NO = 0; YES = 1.

30

MATERIAL SUPPORT INCOME
----------------------------

7.1

\*REGULAR SOURCES OF INCOME FOR R AND SP (CURRENT)

FOR R AND SP, COVER:

- |    |   |
|----|---|
| 1. | IF HAS REGULAR EARNINGS   |
| 2. | <u>IF YES TO 1</u> , TAKE HOME PAY PER WEEK   |
| 3. | IF RECEIVES STATE BENEFIT - <u>CHECK FOR FAMILY INCOME SUPPLEMENT, AND IF LONE PARENT, FOR ONE PARENT BENEFIT</u> |
| 4. | <u>IF YES TO 3</u> , TYPE OF BENEFIT  |
| 5. | WHEN FIRST BEGAN TO DRAW  |
| 6. | AMOUNT OF BENEFIT PER WEEK  |
| 7. | IF NO TO 1 AND 3, REASON DRAWS NO BENEFITS  |
| 8. | ANY OTHER REGULAR SOURCES OF INCOME AND <u>CHECK FOR MONEY FROM RELATIVES OR CF (IF NOT LIVING WITH R)</u>        |

\* REGULAR = RECEIVED AT LEAST ONCE A MONTH WITHOUT FAIL

MATERIAL SUPPORT  
INCOME

561  
57

1

REGULAR\* SOURCES OF INCOME FOR R AND SP

NON MENTIONED = 0; EARNINGS = 1;  
EDUCATION GRANT = 2; UNEMPLOYMENT  
BENEFIT = 3; SUP. BENEFIT = 4; FIS = 5;  
MONEY FROM CF = 6; ONE PARENT BENEFIT  
= 7; OTHER = 8.  
IF NO SP, CODE = 9.

R	MAIN SOURCE	5/31
	OTHER SOURCE	32
SP	MAIN SOURCE	33
	OTHER SOURCE	34

AMOUNT OF REGULAR\* INCOME

CODE CURRENT INCOME FROM ALL SOURCE(s) PER  
WEEK, INCLUDING EARNINGS, CHILD BENEFIT, FIS,  
ONE PARENT BENEFIT, OTHER BENEFITS. IF NO SP,  
CODE 'SP' = 999.

IF NO INCOME, CODE = 000  
IF DOES NOT KNOW, CODE = 888.

R	35
	36
	37
SP	38
	39
	40
SP + R	41
	42
	43

MATERIAL SUPPORT  
INCOME

CROSS RI

FROM

7.2

ANY OTHER SOURCES OF INCOME FOR R (CURRENT)

- |   |   |
|---|---|
| a | *Do you sometimes get money from anywhere else?<br><u>CHECK FOR OCCASIONAL EARNINGS OR MONEY FROM<br/>RELATIVES OR CF</u> |
| b | *Where/who from?  |
| c | *How much do you get?   |
| d | *At what kinds of intervals?  |
| e | *How do you feel about that?  |

MATERIAL SUPPORT  
INCOME

562

59

ANY OTHER SOURCES OF INCOME  
NOT MENTIONED = 0; MENTIONED = 1.

SUMMARY

5/44

SPECIFIC  
OCC. EARNINGS

45

OWN RELATIVES

46

CF

47

OTHER(S)

48

## 7.3

## MEANS-TESTED BENEFITS:

a	*(Apart from supplementary benefit) do you receive any other means-tested benefits? Which ones? Any others?
b	*(Apart from means-tested benefits that now gets) have you applied for any (means-tested) benefits in the last 12 months? Which ones? What happened?
c	*Do you think you might be entitled to any (other) means-tested benefits? Which ones?
d	<u>IF ANY BENEFITS THINKS MIGHT BE ENTITLED TO BUT HAS NOT APPLIED FOR</u> *Why haven't you applied for (benefits)?

MATERIAL SUPPORT

563

61

3

No. of benefits received/applied for  
(Excl. supplementary benefit)

No. currently rec'd

5/49

Others applied for  
(ex. currently rec'd)

50

If thinks might be entitled to more  
No = 0; yes = 1.

51

MATERIAL SUPPORT GRANTS
----------------------------

7.4

GRANTS FROM SOCIAL SECURITY, SOCIAL SERVICES, VOLUNTARY ORGANISATIONS IN LAST 12 MONTHS

IF NOT MENTIONED, CHECK SPECIFICALLY FOR SINGLE PAYMENTS FROM SOCIAL SECURITY.

FOR EACH GRANT, COVER:	
1.	AGENCY MAKING GRANT
2.	AMOUNT GIVEN
3.	WHAT IT WAS GIVEN FOR
AND AFTER EACH GRANT CHECK FOR OTHER GRANTS GIVEN IN SAME OR OTHER AGENCY	



MATERIAL SUPPORT  
GRANTS

564

63

.4

No. of grants received

5/52

Sources of grants

DHSS = 0; L.A. Social Services = 1; other = 2; DHSS + L.A. Social Services = 3; L.A. Social Services + other = 4; DHSS + other = 5; DHSS + L.A. Social Services + other = 6.

53

Purpose of grant

Not received = 0; received = 1.

Furnishings, equipment  
for home

54

Equipment, clothing,  
etc. for child

55

Fuel bills

56

Other

57

Total received from all grants

58

NB: £60 = 060

59

60

MATERIAL SUPPORT GOODS GIVEN
---------------------------------

7.5 GOOD GIVEN BY SOCIAL SECURITY, LOCAL AUTHORITY DEPARTMENT,  
VOLUNTARY ORGANISATION IN LAST 12 MONTHS

FOR EACH INSTANCE, COVER:	
1.	AGENCY GIVING GOODS
2.	WHAT GOODS GIVEN
AND AFTER EACH INSTANCE, CHECK FOR OTHER INSTANCES WHEN GOODS GIVEN BY SAME OR OTHER AGENCY	

MATERIAL SUPPORT  
GOODS GIVEN

565

65

If goods given

No = 0; yes = 1.

5/61

Sources of goods

Local authority = 0; voluntary body = 1; other = 2; local authority + voluntary body = 3; local authority + other = 4; voluntary body + other = 5; local authority + voluntary body + other = 6.

62

Type of goods

Not received = 0; received = 1.

For child

63

For home

64

For R

65

For other

66

MATERIAL SUPPORT SATISFACTION
----------------------------------

7.6

## MATERIAL SUPPORT - SATISFACTION FOR R

a	*Do you find it difficult to get by on the money you have to live on?
b	*Are there things you feel you need for C or yourself that you have to go short on or can't afford at all? What are they? Is there anything else?

MATERIAL SUPPORT  
SATISFACTION

566

67

. 6

If difficult to live on money

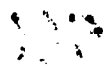
5/67

No = 0; yes = 1.

Items that have to go short on/can't afford

68

Not mentioned = 0; mentioned = 1



## 8.1

## PRACTICAL SUPPORT

- a \*I'd like to run through a few situations that happen to most people, and ask if there is anyone who would give you a hand. First supposing you needed some shopping or something similar, but couldn't get out. Is there anyone you would ask to do it for you? Anyone else?
- b \*Who, if anyone, would you ask if you needed to borrow some food? Anyone else? . . . What about if you needed to borrow a small amount of money, say £5 or less? Anyone else? . . . What about if you needed to borrow a larger amount? Anyone else?
- c \*Have any of these situations (where R asked for help) come up in the last 12 months? Who (helped)? Anyone else?
- CHECK FOR SHOPPING, FOOD, BORROWING SMALL AND LARGER SUMS

SUPPORT

567

69

1 Availability of practical support

None mentioned = 0; has someone would talk to = 1; has actually had help, support in last 12 months = 2.

Shopping	5/69
Food	70
Small amount	71
Larger amount	72

Sources of support

CODE as for 'Availability of support'

<u>Shopping</u> SP/Cohab.	73
Relatives	74
Friends	75
Other	76
<u>Food</u> SP/Cohab.	77
Relatives	78
Friends	6/8
Other	9
<u>Small amount</u> SP/Cohab.	10
Relatives	11
Friends	12
Others	13
<u>Larger amount</u> SP/Cohab.	14
relatives	15
Friends	16
Others	17

## 8.2 SUPPORT WITH DHSS/HOUSING

a IF R ON SOCIAL SECURITY OR BEEN IN COUNCIL HOUSING IN  
LAST 12 MONTHS

\*We've talked about housing and money. Was/Is there anyone you would turn to for help or advice when/if you had a problem with the DHSS or the Housing Department? Anyone else? Has the situation come up in the last 12 months (that anyone has given help or advice)? Who? Anyone else?

b IF R ON SOCIAL SECURITY IN LAST 12 MONTHS

\*How did/do you find out what you were/are entitled to from DHSS? Did/Has anyone else helped with this?



SUPPORT

568

71

2 Availability of support for DHSS/Housing, etc.

None mentioned = 0; has someone could talk to = 1; has actually had help, support in last 12 months = 2.

Summary	6/18
SP/Cohab.	19
Relatives	20
Friends	21
Health/Welfare Wks	22
Other	23

Support in entitlement

None mentioned = 0; mentioned = 1

Summary	24
SP/Cohab.	25
Relatives	26
Friends	27
Health/Welfare Wks	28
Other	29

## SOCIAL SUPPORT

8.3

## EMOTIONAL SUPPORT

a	*Is there anyone you would turn to with a personal problem? Anyone else?
---	--

IF NOT MENTIONED, CHECK FOR SP/COHAB: RELATIVES: FRIENDS: HEALTH/WELFARE WORKERS, eg. GP, HV, SOCIAL WORKER

b	*Has there been any time in the last year when you'd have liked to turn to someone with a personal problem but didn't?
---	--

IF OCCASION MENTIONED, COVER:

1.	WHY S DID NOT TURN TO (eg. no-one available, S reluctant to confide in anyone about particular problem).
----	--

SOCIAL SUPPORT

569

73

3	<u>Availability of support for personal problem</u> None mentioned = 0; mentioned = 1.	Summary	6/30
		SP/Cohab.	31
		Relatives	32
		Friends	33
		Professionals	34
		Other	35

<u>Any time in last year when wanted to confide but did not</u> Nothing mentioned = 0; mentioned - S reluctant to confide = 1; no-one to confide in = 2; other reason = 3; 1+2 = 4; 1+3 = 5; 2+3 = 6; 1+2+3 = 7.	36
---	----

## 9.1 PERCEPTION OF CHILD

- |   |  |
|---|--|
| a | *How would you describe C?   |
| b | *Is s/he friendly or shy? Easy or difficult? In what ways difficult? Contented or unsettled?   |
| c | *Most young children have off days - how often does s/he? What is she like then?   |
| d | *Are there things you particularly enjoy about C? Do you enjoy C at this age more or less than when s/he was a baby? Why (more/less)?          |
| e | *Are there things you find irritating or annoying about C? Anything else?  |
| f | *Do you feel your relationship with C has changed over the last 12 months? In what way? Is it better or worse? Are you closer or not so close? |

CHILD

570

75

1

Description of C

Friendly = 0; shy = 2.  
 Easy = 0; Difficult = 2.  
 Contented = 0; Unsettled = 2.  
 MIXED = 1.

Friendly/shy

6/37

Easy/difficult

38

Contented/unsettled

39

Extent of off days

Never = 0; occasional = 1; sometimes = 2; most days = 3.

40

Items mentioned re enjoyment, irritation, worry

CODE no. mentioned

Enjoy

41

Irritate

42

Change in relationship over last 12 months

Mainly/wholly better = 0; no change = 1; changed but not for  
 better or worse = 2; better in some ways, worse in others = 3;  
 mainly/wholly worse = 4.

43

## 9.2

## PERCEPTION OF CHILD

- |   |   |
|---|---|
| a | *Is there anything about C that worries or bothers you?<br>Anything else? What about his/her health . . . develop-<br>ment . . . behaviour?   |
| b | *Do you think C's health is better or worse or much the same<br>as other children of his/her age? What about his/her<br>development? Is s/he easier or more difficult than other<br>children of his/her age - or much the same?<br><u>IF SAYS C DIFFERS IN ANY RESPECT, COVER IN WHAT WAY</u> |

CHILD

571

77

.2 Anything about C that worries R

6/44

CODE no. mentioned

C health, etc., compared to other children

Better = 0; much the same = 1; worse = 2.

Health	45
Development	46
Behaviour	47
Other	48

9.3

## C'S PHYSICAL HEALTH - SINCE BIRTH

- a \*How has C's health been over the last 6 months? Has s/he been to the doctor's or to hospital (in the last 6 months)? Has C had any (other) illness or periods of being unwell in the last 6 months?
- b \*In the last 6 months, has s/he had any -
- coughs or colds
  - difficulty breathing, chestiness or croup
  - vomiting or diarrhoea
  - times you felt s/he was in a lot of pain
  - listlessness or loss of appetite
  - temperatures
  - rashes
  - fits, convulsions, strong reactions to injections

FOR EACH EPISODE MENTIONED, COVER:

1. DESCRIPTION OF CONDITION, ILLNESS, ETC.
2. HOW LONG IT LASTED
3. IF CONSULTED HEALTH VISITOR OR GP OR HOSPITAL O/P OR IF IF C IN-PATIENT

PLEASE ENSURE ITEMS 1, 2 AND 3 ARE CLEARLY RECORDED FOR ALL CONDITIONS TO ENABLE HEALTH SCORE TO BE MADE



CHILD  
HEALTH

572

79

C'S HEALTH SCORE

6/49

LEAVE BLANK - TO BE RATED AT OFFICE

50

9.4

C'S HANDICAP OR DISABILITY - SUSPECTED OR CONFIRMED

- a \*Does C have a confirmed handicap or disability?  
Have there been any queries or suspected problems about C, for instance, to do with his/her hearing or eyesight or development?  
CHECK FOR ANY QUERIES SINCE CLEARED UP
- b \*Did you first notice (CONDITION) or did someone else?  
Who? How old was C then?
- c \*Has the query about C's (CONDITION) been definitely confirmed or cleared up? When was that? Who by?  
What have they said to you about C's (CONDITION) and how it might affect C? Is C receiving any treatment or help at present? Is any planned?

9.4

HANDICAPS OR DISABILITIES FOR C

NOTHING MENTIONED = 0; SUSPECTED - NOW CONFIRMED THAT  
C DOES NOT HAVE = 1; STILL SUSPECTED/UNCONFIRMED = 2;  
CONFIRMED = 3.

6/51

8.4

## CHILD-RELATED SUPPORT - HEALTH

a \*Is there anyone you would turn to if you were worried or uncertain about C's health or anything else to do with her? Anyone else? Have you done so in the last 12 months? Who (did you turn to)? Anyone else?

IF NOT MENTIONED, CHECK FOR SP/COHAB.: RELATIVES: FRIENDS: HEALTH/WELFARE WORKERS (eg. GP, HV, SOCIAL WORKER)

b \*Do you feel you have enough support on these occasions or could you do with more? What extra support would you like? From whom?

SUPPORT

574

83

.3

Availability of support for advice about C

None mentioned = 0; has someone would talk to = 1; has actually had help, support in last 12 months = 2.

Summary	6/52
SP/Cohab.	53
Relatives	54
Friends	55
Professionals	56
Other	57

If has sufficient support

Yes/not mentioned = 0; no/not always = 1.

Summary	58
SP/Cohab.	59
Relatives	60
Friends	61
Professionals	62
Others	63

8.5 CHILD-RELATED SUPPORT - CHILDCARE TASKS (EXCLUDING MINDER, NURSERY STAFF OR RELATIVE CARING FOR CHILD WHILE R EMPLOYED/STUDYING)

a \*Young children need a lot of physical care and attention, things like dressing, seeing to their needs, changing nappies, washing and bathing. Does anyone regularly help you with any of these jobs? Anyone else?

FOR EACH PERSON MENTIONED, COVER:

1. HOW MUCH HELP THEY GIVE
2. HOW OFTEN THEY HELP

8.6 CHILD-RELATED SUPPORT - CHILDCARE TASKS - SATISFACTION

a \*How do you feel about the amount of help you get with these sort of jobs/not getting any regular help with these jobs? Would you like more help or not?

IF WOULD LIKE MORE HELP, COVER:

1. FROM WHOM (IF ANY PARTICULAR PERSON)
2. WITH WHAT (IF ANY PARTICULAR JOBS)

.5	<u>Regular help with childcare tasks</u> Not mentioned = 0; mentioned = 1.	Summary	6/64	
		SP/Cohab.	65	
		Relatives	66	
		Friends	67	
		Others	68	
.6	<u>Satisfaction with help for childcare tasks</u> Positive = 0; accepting = 1; mixed = 2; negative = 3.		69	
		<u>Person(s) like more help from</u> Not mentioned = 0; mentioned = 1.	Summary	70
			SP/Cohab.	71
			Relatives	72
			Friends	73
			Others	74

BIOGRAPHY  
DAY-CARE

1.9 ANY PERIODS SINCE BIRTH WHEN C REGULARLY CARED FOR (ie. 2 HOURS OR MORE A WEEK AT (1) CRECHE OR NURSERY; (2) MINDER; OR (3) FRIEND; OR (4) BY ANYONE ELSE WHILE S EMPLOYED/AT SCHOOL/FE. (MAKE SURE CHILDCARE DURING ALL PERIODS OF EMPLOYMENT/STUDYING IS COVERED)

1 FIRST ARRANGEMENT

- 1. Type .....
- 2. When began ..... 3. When ended .....
- 4. Hours p/week .....
- 5. Reason for placement .....
- .....
- 6. Reason ended .....
- .....

2 NEXT ARRANGEMENT

- 1. Type .....
- 2. When began ..... 3. When ended .....
- 4. Hours p/week .....
- 5. Reason for placement .....
- .....
- 6. Reason ended .....
- .....

3 NEXT ARRANGEMENT

- 1. Type .....
- 2. When began ..... 3. When ended .....
- 4. Hours p/week .....
- 5. Reason for placement .....
- .....
- 6. Reason ended .....
- .....



.9

Day care attendance

Not in day-care = 0; in creche/nursery less than 30 hours a week = 1; 30 hours or more = 2; with minder/friend, less than 30 hours/week = 3; 30 hours or more = 4; relative with R employed, studying, less than 30 hours/week = 5; 30 hours or more = 6; other while R employed, etc., less than 30 hours/week = 7; 30 hours or more = 8.

C = 12 months	6/75
C = 21 months	76

Time in different types of day care

Never in type = 0; 3 months or less = 1; 3.1 - 6 months = 2; 6.1 - 9 months = 3; 9.1 - 12 months = 4; 12.1 - 15 months = 5; over 15 months = 6; THROUGHOUT PERIOD = 7.

Council day nursery	77
Other nursery	78
Minder	7/8
Friend	9
Relative while R employed	10
Other while R employed	11
Less than 30 hrs/wk	12
30 hrs or more/wk	13
All types while R employed/studying	14
All types - when R <u>not</u> employ/studying	15
All types - any reason	16

R's age when first attended day care

IF NEVER, CODE = 00.

CODE to nearest 3 months, eg.  
7 months = 06

Any type covered in 1.9	17
	18
To non-relative	19
	20

## 1.10 ANY ATTEMPT BY S TO GET C INTO DAY NURSERY

- |   |  |
|---|--|
| a | *Have you ever tried to get a place at a nursery for C?  |
| b | *When was that? Was it a Council nursery? Why did you want a place? What happened? Did anyone help you? Who? |

10

Any attempt to get C into nursery

No = 0; Council nursery = 1; other nursery = 2; both types = 3.

7/21

If attempt successful

No = 0; yes - Council = 1; yes - other = 2;

IF NO ATTEMPT, CODE = 9.

22

Persons helping with attempt

Not mentioned = 0; mentioned - Council nursery = 1; other nursery = 2; both = 3.

IF NO ATTEMPT, CODE = 9s

Summary

23

Relatives

24

Friends

25

Professionals

26

Others

27

CAREGIVING ENVIRONMENT

CROSS REF

FROM 7

10.1

TIMES C CARED FOR BY OTHERS IN LAST WEEK

- CHECK FOR:
1. SP, CF, OTHERS IN HOUSEHOLD IF NOT MENTIONED
  2. FOR EACH OCCASION OTHER ADULTS/CHILDREN C MAY HAVE MET WHILE BEING CARED FOR (EXCLUDING MEMBERS OF C HOUSEHOLD) AND ENTER IN 10.6)

FOR EACH OCCASION MENTIONED, COVER:

	Who cared for C <u>and</u> where	If while R at work/course, put tick	If planned, spontaneous offer/request	Time C cared for (eg: 9 - 11 am)
1				
2				
3				
4				
5				
6				
7				
8				
9				

CAREGIVING ENVIRONMENT

578 91

10.1	<u>NO. OF TIMES C CARED FOR BY OTHERS IN LAST WEEK</u>	TOTAL		7/28
	CODE NO. OF TIMES MENTIONED, 8 OR MORE = 8.			29
		CF/SP/COHAB		30
		R RELATIVES		31
		CF FAMILY		32
		R/CF FRIENDS		33
		C/M OR NURSERY		34
		OTHER(S)		35

FROM

TC

10.2a FOR EACH CAREGIVER MENTIONED IN 10.1, HOW OFTEN  
NORMALLY CARES FOR C

10.2b TYPICALITY OF LAST WEEK FOR NO. OF TIMES C CARED FOR  
BY OTHERS (THAT IS, IS C USUALLY CARED FOR BY OTHERS  
MORE OFTEN, LESS OFTEN, NOT AT ALL, OTHER DIFFERENCE  
OR WAS LAST WEEK TYPICAL).

CAREGIVING ENVIRONMENT

579<sub>93</sub>

0.2

TYPICALITY OF LAST WEEK COMPARED TO  
LAST MONTH FOR AMOUNT OF TIME C LOOKED  
AFTER BY OTHERS

USE CODE C(2)

SUMMARY		7/36
CF/SP/ COHAB		37
R'S RELATIVES		38
CF FAMILY		39
R/CF FRIENDS		40
C/M OR NURSERY		41
OTHER(S)		42

## 8.7 CHILD-RELATED SUPPORT - CAREGIVING

a	*Is there anyone you would ask to look after C for an hour or two, if you needed to go out? Anyone else? Have you ever asked anyone in the last 12 months? Who? Anyone else?
IF NOT MENTIONED, CHECK FOR SP/COHAB.; RELATIVES; FRIENDS	
b	*Would it be easy or difficult finding someone (to look after C for an hour or two)?

## 8.8

a	*And is there anyone you'd ask to look after C for a whole day? Anyone else? Have you ever asked anyone in the last 12 months? Who? Anyone else?
IF NOT MENTIONED, CHECK FOR SP/COHAB.; RELATIVES; FRIENDS	
b	*Would it be easy or difficult finding someone (to look after C for a day)?



.7	<u>Availability of childcare</u> Not mentioned = 0; has someone would talk to = 1; has actually asked = 2.	Hour or two	7/43
		Whole day	44
	<u>Sources of support</u> As 'Availability of childcare'	<u>Hour or two</u> <u>SP/Cohab.</u>	45
		Relatives	46
		Friends	47
		Others	48
		<u>Whole day</u> <u>SP/Cohab.</u>	49
		Relatives	50
		Friends	51
		Others	52
	<u>If easy/difficult finding someone</u> Easy = 0; vary = 1; difficult = 2.	Hour or two	53
		Whole day	54

8.9

## CHILD-RELATED SUPPORT - CAREGIVING - SATISFACTION

a	*Do you feel there are enough people (or places) that will look after C - or would you like more?
IF WOULD LIKE MORE, COVER:	
1.	FROM WHOM (IF ANY PARTICULAR PERSON)

SUPPORT

581

97

.9

Satisfaction with help and childcare

Enough people = 0; like more = 1

7/55

Person(s) like help from

Not mentioned = 0; mentioned = 1.

Summary	56
SP/Cohab.	57
Relatives	58
Friends	59
Others	60

## 8.10 SOCIAL SUPPORT - GENERAL SATISFACTION

- a \*We've talked about support you may or may not have had both from people and from services. In general, over the last 12 months, do you feel you've had enough help and support - or could you have done with more? From whom? With what?
- b \*Has there been any person or service you thought would be more supportive or helpful than they were? Who? In what way (were they not as supportive as hoped)? Anyone else?
- c \*Has there been any person or service that you've felt treated you badly or has disapproved of you because you are young? . . . (unmarried)? . . . (GROUP)? What did (they) do or say? Anyone else?
- d \*Over the last 12 months which person or service has been most supportive or helpful to you or to C? In what way? Has anyone else been particularly supportive?

Satisfaction with support

Had enough = 0; could have done with more = 1.

Summary	7/61
SP/Cohab.	62
Relatives	63
Friends	64
Professionals	65
Others	66

Person(s)/service(s) supportive/unsupportive

Not mentioned = 0; most/particularly supportive = 1; expected person to be more supportive = 2; 1+2 = 3.

Summary	67
SP/Cohab.	68
BM	69
Other own family	70
SP/PF family	71
Friends	72
DHSS	73
Housing	74
SSD	75
Health	76
Other prof.	77
Other	78

If treated badly/disapproved of

No = 0; treated badly because of age = 1; because unmarried = 2; because of group = 3; 1+2 = 4; 2+3 = 6; 1+2+3 = 7.

Summary	8/8
Relatives	9
Friends	10
DHSS	11
Health	12
Other prof.	13



4th December 1985

ON BEING A RESPONDENT

Feelings about taking part in general; about being interviewed; about having children assessed.

Aspects R did not like.

Aspects R enjoyed.

How felt about - length of contacts; personal questions; lack of continuity of fieldworkers.

If R ever thought about anything to do with research between contacts.

If R feels it has had any effect on her and how she feels, what she thinks, etc.

Whether husband/cohabitee/others in household wanted to be included; if R wanted them to be included.

If wanted more information about purpose, methods of research? If felt there was insufficient time/opportunity to ask questions about/comment on research.

R feelings about fieldworkers' age, gender, colour/ethnicity.

Does R want to know about research findings? What sort of things? What sort of format would be best?





NO: 584  
F/Wkr: \_\_\_\_\_  
Date: \_\_\_\_\_

B.S.I.D.

Child's first names: \_\_\_\_\_

Date tested: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

<u>Day</u>	<u>Month</u>	<u>Year</u>
------------	--------------	-------------

Age: \_\_\_\_\_

<u>Months</u>	<u>Days</u>
---------------	-------------

M.D.I.

<u>Raw Score</u>	<u>D.I.</u>
------------------	-------------

Notes:  
(include circumstances under which tested and child's state)



Item No.	Age	Item Title	Score			Notes
			P	F	Other	
100	11.8	Puts 3 or more cubes in cup				
101	12.0	Jabbers expressively				
102	12.0	Uncovers blue box				
103	12.0	Turns pages of book				
104	12.2	Pats whistle doll				
105	12.4	Dangles ring by string				
106	12.5	Imitates words				
107	12.9	Puts beads in box (6 out of 8)				
108	13.0	Places 1 peg repeatedly				
109	13.4	Removes pellet from bottle				
110	13.6	Blue board: places 1 round block				
111	13.8	Builds tower of 2 cubes				
112	14.0	Spontaneous scribble				
113	14.2	Says 2 words				
114	14.3	Puts 9 cubes in cup				
115	14.6	Closes round box				
116	14.6	Uses gestures to make wants known				
117	15.3	Shows shoes or other clothing/toy				
118	16.4	Pegs placed in 70 secs				



Item No.	Age	Item Title	Score			Notes
			P	F	Other	
119	16.7	Builds tower of 3 cubes				
120	16.8	Pink board: places round block				
121	17.0	Blue board: places 2 round blocks				
122	17.0	Attains toy with stick				
123	17.6	Pegs placed in 42 secs				
124	17.8	Names 1 object				
125	17.8	Imitates crayon stroke				
126	17.8	Follows directions, doll				
127	18.8	Uses words to make wants known				
128	19.1	Points to parts of doll				
129	19.3	Blue board: places 2 round and 2 square blocks				
130	19.3	Names 1 picture				
131	19.7	Finds 2 objects				
132	19.9	Points to 3 pictures				
133	19.9	Broken doll: mends marginally				
134	20.0	Pegs placed in 30 secs				
135	20.5	Differentiates scribble from strokes				
136	20.6	Sentence of 2 words				
137	21.2	Pink board: completes				



em .	Age	Item Title	Score			Notes
			P	F	Other	
38	21.4	Names 2 objects				
39	21.6	Points to 5 pictures				
40	21.9	Broken doll: mends approximately				
41	22.1	Names 3 pictures				
42	22.4	Blue board: places 6 blocks				
43	23.0	Builds tower of 6 cubes				
44	23.4	Discriminates 2: cup, plate, box				
45	23.8	Names watch, 4th picture				
46	24.0	Names 3 objects				
47	24.4	Imitates strokes: vertical and horizontal				
48	24.7	Points to 7 pictures				
49	25.0	Names 5 pictures				
50	25.2	Names watch, 2nd picture				
51	25.4	Pink board: reversed				
52	25.6	Discriminates 3: cup, plate, box				
53	26.1	Broken doll: mends exactly				
54	26.1	Train of cubes				
55	26.3	Blue board: completes in 150 secs				
56	26.6	Pegs placed in 22 secs				





Item No.	Age	Item Title	Score			Notes
			P	F	Other	
57	27.9	Folds paper				
58	28.2	Understands 2 prepositions				
59	30.0	Blue board: completes in 90 secs				
60	30+	Blue board: completes in 60 secs				
61	30+	Builds tower of 8 cubes				
62	30+	Concept of one				
63	30+	Understands 3 prepositions				



## APPENDIX 6: NOTES ON DEVELOPMENTAL ASSESSMENT

Coding for Bayley test circumstances

<b>Child's colour</b>	<b>Black = 0</b> <b>White = 1</b>
<b>Number of adults present</b>	<b>Code numbers up to 8</b> <b>8+ = 8</b>
<b>Are the people present a distraction?</b>	<b>No = 0</b> <b>Somewhat, but test all right = 1</b> <b>Marked problem, interferes with test = 2</b>
<b>Is the physical environment a problem?</b>	<b>Code as above</b>
<b>Is the child co-operative?</b>	<b>Code as above</b>
<b>Is the child fully alert and calm?</b>	<b>Code as above</b>
<b>Reaction to tester</b>	<b>Friendly/no negative reaction = 0</b> <b>Some -ve reaction but generally okay = 1</b> <b>Markedly shy/negative, probably influencing test = 2</b>
<b>Language spoken at home</b>	<b>English is the only language spoken at home = 0</b> <b>English &amp; other language spoken = 1</b> <b>English not generally spoken at home, but mother does speak English = 2</b> <b>English not generally spoken and mother does not speak English = 3</b>



MOTHERS (16-19) PROJECT

No: .....

Date: .....

F/wkr: .....

Contact: .....

Notes on developmental assessment

Time taken; period over which assessment done; if done before/during/after interview

No. of adults present

Behaviour/attitude of adults to testing (eg. prompting, etc.)

No. of children present

Distractions (TV, radio, other people)

Child - co-operativeness

Child - state, tiredness, illness, etc., contributing to performance

Child - reaction to tester

Child - interest taken in particular toy which affected performance

Where English is not the only language spoken in household, give details of languages in use and effect on assessment

Other comments - any points, comments, observations relevant to child's behaviour during assessment

ASSESSMENT CODE:	
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CONTACT SHEET D (Third Contact)

ID. NO: 

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FIELDWORKER 

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OUTCOME OF FIRST HOME VISIT \_\_\_\_\_

DATE OF FIRST HOME VISIT 

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OUTCOME OF SECOND HOME VISIT \_\_\_\_\_

DATE OF SECOND HOME VISIT 

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

OUTCOME OF THIRD HOME VISIT \_\_\_\_\_

DATE OF THIRD HOME VISIT 

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

OUTCOME OF FOURTH HOME VISIT \_\_\_\_\_

DATE OF FOURTH HOME VISIT 

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OUTCOME OF FIFTH HOME VISIT \_\_\_\_\_

DATE OF FIFTH HOME VISIT 

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OUTCOME OF SIXTH HOME VISIT \_\_\_\_\_

DATE OF SIXTH HOME VISIT 

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OUTCOME OF SEVENTH HOME VISIT \_\_\_\_\_

DATE OF SEVENTH VISIT 

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

OUTCOME OF EIGHTH HOME VISIT \_\_\_\_\_

DATE OF EIGHTH HOME VISIT 

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SUMMARY OF OUTCOME OF CONTACTS

	1	2	3	4	5	6	7	8
FULL I/V DONE								
SHORT I/V DONE								
REFUSAL								
SUBJECT NOT PRESENT (out)								
VISIT/CONTACT NOT MADE BY FIELDWORKER*								
OTHER*								
APPOINTMENT MADE								

\*Please give reason below:

1. Has R moved since 2nd Contact?

Yes/No/Don't know

2. Is R on telephone?

Yes/No

3. If moved, how contacted: