

Parent/Main Carer Questionnaire

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Pre-screening

The following criteria need to be met for the respondent to be eligible to take part (see the Address and Quota Sheet and the Eligibility Screener):

- They have a child aged 0-8 years for whom they are one of the parents and/or main carers (i.e. one of the legal guardians).
- The respondent must be aged 16-74 years
- The 'reference child' must fulfil one of the outstanding age quotas (0-4 and 5-8 years) within the appointed area.
- The parents in the household must fulfil an outstanding employment quota (to aim for a representative sample of working and non-working parent households) within the appointed area.

Survey

A. Household Information

WhoHere

I am going to ask you some questions about the members of your household.

By household I mean the people who have this accommodation as their only or main residence.

What are the first names or initials of the people who normally live at this address?

1. Press 1 to continue

{Loop for all household members}:

Name

RECORD NAME/IDENTIFIER FOR EACH MEMBER OF THE HOUSEHOLD.

Sex

{Textfill: household member name}

INTERVIEWER: CODE SEX OF RESPONDENT.

1. Male
2. Female

BirthYr

{Textfill: household member name}

ENTER FULL YEAR. E.g. 1985 RATHER THAN 85

{IF BirthYr <1 year ago for focus child}

BirthMon

{Textfill: childname}

ENTER NUMBER OF MONTHS OLD (RANGE = 0-11)

{Loop for all household members}

{IF Birth=DK or Birth=REF}

Agelf

{Textfill: household member name}

What was your age last birthday?

98 or more = CODE 97 (HELP <F9>)

IF YEAR OF BIRTH NOT GIVEN

What was your age last birthday?

Interviewer note:

If respondents refuse to give their age, or cannot, then give your best estimate.

DVAge

Age for whole sample, from Birth and Agelf

:00..120

CountBir

{Loop for respondent and focus child/childname only}

INTERVIEWER: CODE IF DIFFERENT TO UK.

1. UK
2. Outside UK

CountBirIf

{IF CountBir=2}

{Loop for respondent and focus child/childname only}

INTERVIEWER: ENTER NAME OF COUNTRY (OPEN)

YrMove

{IF CountBir=2}

{Loop for respondent and focus child/childname only}

INTERVIEWER: ENTER YEAR MOVED TO THE UK. ENTER FULL YEAR. E.g. 1985
RATHER THAN 85.

EthBkd

{Respondent only}

SHOWCARD A1

INTERVIEWER CODE ETHNIC BACKGROUND

1. White - British,
2. White - Scottish,
3. Any other white background (please describe),
4. Mixed - White and Black Caribbean,
5. Mixed - White and Black African,
6. Mixed - White and Asian,
7. Any other mixed background (please describe),
8. Asian or Asian British - Indian,
9. Asian or Asian British - Pakistani,
10. Asian or Asian British - Bangladeshi,
11. Any other Asian/Asian British background (please describe)
12. Black or Black British - Caribbean,
13. Black or Black British - African,
14. Any other Black/Black British background (please describe)
15. Chinese,
16. Any other (please describe)

Relig

{Respondent only}

Do you belong to any religion?

SHOWCARD A2

INTERVIEWER CODE RELIGIOUS BACKGROUND

1. No religion
2. Christian - no denomination

3. Roman Catholic
4. Church of England/Anglican
5. Baptist
6. Methodist
7. Presbyterian/Church of Scotland
8. Free Presbyterian
9. Brethren
10. United Reform Church (URC)/Congregational
11. Other Protestant
12. Other Christian
13. Hindu
14. Jewish
15. Islam/Muslim
16. Sikh
17. Buddhist
18. Other non-Christian
19. Prefer not to say

Relation

SHOWCARD A3

CODE RELATIONSHIP OF EACH HOUSEHOLD MEMBER TO THE OTHERS

The list is detailed, but interviewers should not probe for relationships that are not volunteered or queried by respondents. The full relationships grid, showing relationship of each household member to all the others, will enable the computation of units within the household, such as family units and benefit units. Coding of such units directly by interviewers is error prone and it is difficult to correct errors later in the office.

Notes

* Includes same-sex couples who are not in a registered civil partnership.

Treat relatives of cohabiting couples in the same way as relatives of spouses.

** Treat relatives of Civil Partners in the same way as relatives of spouses.

You may want to introduce this section. A possible introduction is:

'There are a lot of changes taking place in the make-up of households/families and this section is to help find out what these changes are. I'd like you to tell me the relationship of each member of the household to every other member.'

Please ask in every case. You should not make assumptions about any relationship.

Treat relatives of cohabiting members of the household (both opposite and same sex) as though the cohabiting couple were married, That is, the mother of a partner is coded as mother-in-law. Other relatives include cousins, nieces, nephews, aunts and uncles.

You should probe on this question, but be sensitive. It may be that someone described as a 'son' or 'brother' earlier is actually a stepson or half-brother. Where possible, we

want to know the true relationship. If you have doubts about any relationship, record as much information as possible to allow changes to coding later if appropriate.

Half brothers/sisters should be coded with step-brothers/sisters.

1. Spouse
2. Civil Partner
3. Cohabiting partner
4. Son/daughter (incl. adopted)
5. Step-son/daughter
6. Foster child
7. Son-in-law/daughter-in-law
8. Parent/guardian
9. Step-parent
10. Foster parent
11. Parent-in-law
12. Brother/sister (incl. adopted)
13. Step-brother/sister
14. Foster brother/sister
15. Brother/sister-in-law
16. Grandchild
17. Grandparent
18. Other relative
19. Other non-relative
20. Parent's partner
21. Partner's child

RelStat

{Respondent only}

Which of the following best describes your present situation?

SHOWCARD A4

INTERVIEWER CODE RELATIONSHIP STATUS

- 1 Married and living with husband, wife or civil partner
- 2 Living with partner, but not married
- 3 In a relationship (not married) and living apart
- 4 Single – never married / never registered in a same-sex civil partnership
- 5 Single – divorced
- 6 Single – separated
- 7 Single – widowed
- 8 Prefer not to say

B. Activities and Friendships

The following questions are about *{textfill: childname's}* activities and hobbies.

ActivTime

Please could you add up all the time *{textfill: childname}* has spent being active each day over the last 7 days. This includes any activities that they do that involves them moving their body, increasing their heart rate and making them out of breath some of the time. This includes sports, school activities, playing with friends or walking to school. For example running, walking quickly, cycling, dancing, skateboarding, swimming, football and gymnastics. Over the **past 7 days**, on how many days was *{textfill: childname}* active for a total of at least **60 minutes** per day?

INTERVIEWER ASK HOW MANY DAYS AND CODE RESPONSE (RANGE 0-7)

{ROUTING: THE FOLLOWING QUESTIONS ARE ONLY SUITABLE TO ASK OF PARENTS OF CHILDREN AGED 5-8 YEARS}:

EventPI

Looking at this card, can you tell me which of the following places or events *{textfill: childname}* has visited in the last 12 months?

INTERVIEWER STATE: PLEASE DO NOT INCLUDE ANYTHING THAT THE CHILD HAS DONE WITH HIS/HER SCHOOL.

SHOWCARD B1

INTERVIEWER CODE ALL RESPONSES THAT APPLY (PROBE: ANYTHING ELSE?)

1. The library (not including the school library)
2. A live performance such as a musical concert, play or pantomime
3. A swimming pool
4. A museum, art gallery or historical site
5. A zoo, aquarium or farm (not including cases where the child lives on a farm)
6. The cinema
7. An athletic or sporting event in which ^he was not a player
8. A religious service or event
9. None of these

ActTyps

In the last 12 months, has *{textfill: childname}* regularly participated in any of these activities outside school hours, even if organised by the school?

INTERVIEWER STATE: Regular means at least once a week, for three months or more e.g. a sports season. Exclude activities done as part of child's normal outside school hours care.

SHOWCARD B2

INTERVIEWER CODE ALL THAT APPLY (PROBE: ANYTHING ELSE?)

1. Community group or club (e.g. cubs/beavers, rainbows/brownies, anchor boys, or cultural group)
2. Team sport, coached or lessons (e.g. football, cricket or netball)
3. Individual sport, coached or lessons (e.g. swimming, tennis, karate or gymnastics)
4. Art, music, performance lessons (e.g. piano, dance, choir or drama)
5. Classes or extra lessons to improve academic skills (e.g. remedial reading or extra tutoring)
6. Classes to learn new skills (e.g. computing or learning another language)
7. Religious services or classes
8. Other (specify)
9. None of these

{ROUTING: THE FOLLOWING QUESTIONS ARE ONLY TO BE ASKED OF PARENTS OF CHILDREN AGED 7-8 YEARS}:}

INTRO: Now I'd like to ask you some questions about when [*{textfill: childname}*] is out:

AllowOwn

Looking at the list of places on this card, where among these is *{textfill: childname}* allowed to go **on his/her own** or with friends his/her own age **without** constant adult supervision?

INTERVIEWER: ADD IF NECESSARY – BY ADULT WE MEAN AN OLDER PERSON WHO YOU CONSIDER TO BE RESPONSIBLE FOR THEM.

SHOWCARD B3

INTERVIEWER CODE ALL THAT APPLY (AND PROBE ANYTHING ELSE?)

1. In own backyard or garden
2. Shared backyard or garden
3. On pavement or area in front of where we live
4. To see a friend without crossing a road
5. Across a road to see a friend
6. To a nearby shop without crossing a road
7. Across a road to go to a nearby shop
8. To a local play area, park or green space without crossing a road
9. Across a road to go to a play area, park or green space
10. On other streets or areas away from the home
11. Not allowed anywhere outdoors without constant adult supervision

C. School

PRE-SCHOOL

{ROUTING: THE FOLLOWING QUESTIONS TO BE ASKED OF PARENTS OF CHILDREN AGED 3-4 YEARS}:

The next few questions are about *{textfill: childname}* experience of pre-school. For these questions, please only think about those pre-school places *{textfill: childname}* has attended since his/her 3rd birthday. Children aged three and four are entitled to free part-time nursery or 'pre-school' places funded by the Government. These pre-school places are provided by a range of childcare organisations such as nursery schools, nursery classes at primary schools, playgroups or day nurseries.

PrScAtt

Is *{textfill: childname}* currently attending a 'pre-school' nursery place?

INTERVIEWER CODE RESPONSE

1. Yes
2. No

{The following questions only to be asked if PrScAtt=1}:

PreScTyp

Which type of pre-school place is/has *{textfill: childname}* attending/attended? If *{textfill: childname}* is attending more than one pre-school place, please answer in relation to the one you consider to be the MAIN provider.

SHOWCARD C1

1. Nursery class attached to a local authority primary school
2. Nursery class attached to an independent/private school
3. Local authority nursery school or nursery centre
4. Private day nursery or nursery school
5. Community/voluntary nursery
6. Community/voluntary playgroup
7. Local authority playgroup
8. Private playgroup
9. Family Centre

PreSchHrs

How many hours per week does *{textfill: childname}* spend at pre-school?

INTERVIEWER PROBE AND ENTER RANGE 0...56

PreSchSat

How satisfied or dissatisfied are you with the overall standard of pre-school provision by pre-school provider?

SHOWCARD C2

INTERVIEWER CODE RESPONSE

1. Very satisfied
2. Satisfied
3. Neither satisfied nor dissatisfied
4. Dissatisfied
5. Very dissatisfied

The following questions are about any additional support needs your child may have:

PreAdSup

Has [*textfill: childname*] been identified by his/her school as having additional support needs?

INTERVIEWER CODE RESPONSE

1. Yes
2. No

PreAdSupT

{If CAdSup=1}

Looking at this card, can you tell me why [*textfill: childname*] receives additional support at school? If you like you can just tell me the number from the card.

SHOWCARD C3

INTERVIEWER: CODE ALL THAT APPLY

1. Learning disability
2. Dyslexia
3. Sight problems
4. Hearing problems
5. Deafblind
6. Physical disability
7. Language or speech problems
8. Autistic spectrum disorder
9. Social, emotional or behavioural difficulty
10. Physical health problem
11. Mental health problem
12. Interrupted schooling
13. English as an additional language
14. In care of local authority
15. More able pupil
16. Other

PreAdUnmet

Do you feel *{textfill: childname}* has any other additional support needs that are not currently being met by the school?

INTERVIEWER CODE RESPONSE

1. Yes
2. No

PRIMARY SCHOOL

{ROUTING: THE FOLLOWING QUESTIONS TO BE ASKED OF PARENTS OF CHILDREN AGED 5-8 YEARS}:}

I'd now like to ask you some questions about *{textfill: childname}* education.

PriScAtt

Can I just check, has *{textfill: childname}* started primary one at school?

1. Yes
2. No

PriScRea

{If PriScAtt=2}

Why has *{textfill: childname}* not started primary one?

SHOWCARD C4

INTERVIEWER CODE RESPONSE

1. I decided that he/she should spend another year in pre-school
2. Home schooled
3. Not old enough
4. In hospital
5. Not able to due to health problem/disability
6. Other reason (specify)

{The following questions only to be asked if PrScAtt=1}:}

PriScTyp

Is the school *{textfill: childname}* is currently attending a state or private school?

INTERVIEWER READ OPTIONS AND CODE RESPONSE

1. State
2. Private

Children sometimes have problems adjusting to primary school. On average, since {textfill: childname} has started primary school...

RelucSc

How often has {textfill: childname} been upset or reluctant to go to school?

INTERVIEWER READ OPTIONS AND CODE RESPONSE

1. More than once a week
2. Once a week or less
3. Not at all

The following questions are about any additional support needs your child may have:

PriAdSup

Has [{textfill: childname}] been identified by his/her school as having additional support needs?

INTERVIEWER CODE RESPONSE

1. Yes
2. No

PriAdSupT

{If CAdSup=1}

Looking at this card, can you tell me why {textfill: childname} receives additional support at school? If you like you can just tell me the number from the card.

SHOWCARD C3

INTERVIEWER: CODE ALL THAT APPLY

1. Learning disability
2. Dyslexia
3. Sight problems
4. Hearing problems
5. Deafblind
6. Physical disability
7. Language or speech problems
8. Autistic spectrum disorder
9. Social, emotional or behavioural difficulty
10. Physical health problem
11. Mental health problem
12. Interrupted schooling
13. English as an additional language
14. In care of local authority
15. More able pupil
16. Other

PriAdUnmet

Do you feel *{textfill: childname}* has any other additional support needs that are not currently being met by the school?

INTERVIEWER CODE RESPONSE

1. Yes
2. No

Intro: The following questions are about your views *{textfill: childname's}* school and your level of involvement with their schooling and homework:

SchSat

In general how satisfied or dissatisfied are you with the level of support that *{textfill: childname}* receives from their school?

SHOWCARD C2

INTERVIEWER CODE RESPONSE

1. Very satisfied
2. Satisfied
3. Neither satisfied or dissatisfied
4. Dissatisfied
5. Very dissatisfied

HelpHwrk

To what extent (if at all) do you or your partner help *{textfill: childname}* with their homework?

SHOWCARD C5

INTERVIEWER CODE RESPONSE

1. Every time they get homework
2. Most of the time
3. Sometimes
4. Hardly ever
5. Never

D. Child's Health and Development

Intro: The next few questions are about *{textfill: childname's}* health and development.

ChGenH

How is *{textfill: childname's}* health in general? Would you say it was...

SHOWCARD D1

INTERVIEWER: CODE RESPONSE

1. Very good
2. Good
3. Fair
4. Bad
5. Very bad

ChLongC

Does {textfill: childname's} have any physical or mental health conditions or illnesses that have been present since birth or are expected to last for 12 months or more?

INTERVIEWER: CODE RESPONSE

1. Yes
2. No

ChTypeC

{If ChLongC=1}

In what ways does this or these condition(s) or illness(es) affect {textfill: childname}? Please consider ALL of the ways in which {textfill: childname} is affected.

SHOWCARD D2

INTERVIEWER: CODE ALL THAT APPLY (PROBE: ANYTHING ELSE?)

1. Vision (e.g. due to blindness or partial sight)
2. Hearing (e.g. due to deafness or partial hearing)
3. Mobility, such as difficulty moving around
4. Dexterity (e.g. difficulties lifting or carrying objects)
5. Learning or concentrating or remembering
6. Memory
7. Mental health
8. Stamina or breathing difficulty
9. Social or behavioural issues (for example, due to neuro diverse conditions such as Autism, Attention Deficit or Aspergers' Syndrome)
10. Other impairment – please specify

ChTypeCOth

{IF ChTypeC=10}

TYPE IN OPEN TEXT RESPONSE

ChAlnj

INTERVIEWER: CODE RESPONSE

Has {textfill: childname} had any accidents or injuries in the last 12 months? (Not including long standing health conditions or illnesses)

1. Yes
2. No

ChHosp1

{If ChAlnj=1}

Has {textfill: childname} been to hospital due to any accidents or injuries in the last 12 months?

INTERVIEWER PROBE FOR DETAILS AND CODE RESPONSE

1. No, did not go to hospital,
2. Yes, went to Casualty / Accident and emergency,
3. Yes, was admitted to a Hospital Ward

ChHosp2

Apart from any accidents or injuries, has {textfill: childname} ever been admitted to a hospital ward because of an illness or health problem?

INTERVIEWER: CODE RESPONSE

1. Yes
2. No

ChDent

Do you take your child for regular check-ups at the dentist (as often as the dentist suggests or about once every 6 months)?

INTERVIEWER: READ OUT OPTIONS AND CODE RESPONSE

1. Yes, always
2. Yes, mostly
3. No

INTRO: The following questions will require you to think back to when {textfill: childname} was born:

BirWeig1

How much did {textfill: childname} weigh at birth?

INTERVIEWER ENTER RESPONSE – RANGE 0.0...0.30

PRESS CTRL + K IF 'DON'T KNOW'

BirWeig2

Is this in Kilos or pounds and ounces?

INTERVIEWER: CODE WHETHER YOU WILL ENTER KILOS OR POUNDS AND OUNCES OR CODE IF THEY 'DON'T KNOW'

1. Kilos
2. Pounds and Ounces

{Soft-check: If interviewer enters outside expected range of 3-13 pounds or 1.2-5.5 kils/kgs}

BreastF

Was {textfill: childname} ever breastfed?

INTERVIEWER: CODE RESPONSE

1. Yes
2. No

ChDevL

Do you have any concerns about {textfill: childname} development, learning and/or behaviour? Would you say no, some or a lot?

INTERVIEWER READ OUT OPTIONS AND CODE RESPONSE

1. No
2. Some
3. A lot

ChComm

And do you have any concerns about..... how {textfill: childname} communicates with you or understands what you say?

INTERVIEWER READ OUT OPTIONS AND CODE RESPONSE

1. No
2. Some
3. A lot

ChSleep

Thinking about the last three months, how much of a problem has *{textfill: childname's}* sleep pattern been?

INTERVIEWER READ OUT OPTIONS AND CODE RESPONSE

1. A big problem
2. A bit of a problem
3. Not a problem

E. Food and Eating

INTRO: The next few questions are about *{textfill: childname's}* diet and nutrition

FeedEas

Do you find *{textfill: childname}* particularly easy, about average or particularly difficult to feed for a child of his / her age?

SHOWCARD E1

INTERVIEWER: CODE RESPONSE

1. Very easy
2. Quite easy
3. About average
4. Quite difficult
5. Very difficult

VarFood

How would you describe the variety of foods that *{textfill: childname}* generally eats?
Does he/she...

INTERVIEWER: READ OUT OPTIONS AND CODE RESPONSE

1. Eat most things
2. Eat a reasonable variety of things
3. or is he/she a fussy or faddy eater?

VARLAB: Variety of foods child eats

ROUTING: ONLY ASK THE FOLLOWING OF CHILDREN AGED >6 MONTHS:

I'd now like to ask you about some things *{textfill: childname}* may eat or drink.

EatFruit

Can you tell me about how often, on average, *{textfill: childname}* eats fruit?

SHOWCARD E2

INTERVIEWER CODE RESPONSE

1. More than once a day
2. Once a day
3. Most days
4. At least once a week
5. Less than once a month
6. Never

EatVeg

And how often, on average, does *{textfill: childname}* eat vegetables?

SHOWCARD E2

INTERVIEWER CODE RESPONSE

1. More than once a day
2. Once a day
3. Most days
4. At least once a week
5. Less than once a month
6. Never

FizzDrk

Can you tell me about how often, on average *{textfill: childname}* drinks fizzy drinks, for example coke, lemonade, Fanta?

SHOWCARD E2

INTERVIEWER CODE RESPONSE

F. Home Environment and Shared Activities

INTRO: I'd now like to ask some questions about the sort of things you do as a family or with your child at home and elsewhere:

{The following questions should only have a textfill for 'or your partner' if respondent has answered RelStat in Section A have a partner that either lives with them or elsewhere}:

Books

How often do you {and/or your partner} read stories or books to or with {*textfill: childname*}?

SHOWCARD F1

INTERVIEWER CODE RESPONSE

1. Every day/Most days
2. Once or twice a week
3. Once a fortnight
4. Once every 1 or 2 months
5. Once every 3 or 4 months
6. Once every 6 months
7. Once a year or less often
8. Varies too much to say
9. Never

Music

How often do you {and/or your partner} sing songs or play music to or with your child?

SHOWCARD F1

INTERVIEWER CODE RESPONSE

VisFrnd

And how often do you {and/or your partner} take your child to visit friends who have young children?

SHOWCARD F1

INTERVIEWER CODE RESPONSE

ActOut

How often do you {and/or your partner} spend time doing activities outside of the home with your child (for example doing things like going to play parks/soft play areas, going on day trips or to do hobbies or sports)?

SHOWCARD F1

INTERVIEWER CODE RESPONSE

ActIn

How often do you {and/or your partner} spend time doing activities with or playing with your child in the home?

SHOWCARD F1

INTERVIEWER CODE RESPONSE

MnMeal

On how many days a week would *{textfill: childname}* sit down at a table to eat his/her main meal with you and/or *{textfill: partner name}* and/or with *{textfill: childname}*'s other parent *{routed from household grid and RelStat}*?

SHOWCARD F2

INTERVIEWER CODE RESPONSE

1. Every day
2. 4-6 days a week
3. 2-3 days a week
4. Once a week
5. Hardly ever or never

G. Employment and Education

I'm now going to ask you some questions about your employment and qualifications and that of *{textfill: partner name and any names of other adult members of the household if applicable}*.

{Loop for all eligible household members}:}

WorkSta

{Textfill: household member name}

Which best describes your current employment status?

SHOWCARD G1

INTERVIEWER CODE WORK STATUS

1. In full time paid employment (30+ hours per week)
2. In part time paid employment (less than 30 hours per week)
3. Unemployed
4. Retired
5. On maternity / paternity leave
6. Looking after family or home
7. Full-time student
8. Long-term sick or disabled
9. On a government training scheme

10. Unpaid worker in family business

11. Doing something else

{Loop for all eligible household members}:

WorkHrs

{IF WorkSta= 1, 2, or 10}

How many hours do you work in a normal week – including any paid or unpaid overtime?

RANGE (0...97)

{Loop for respondent and partner/husband/wife if applicable}:

EduAge

INTERVIEWER ASK RESPONDENT FOR AGE AND CODE AS BELOW

How old were you {or textfill: partner name} when you {or textfill: partner name} left full-time continuous education?

1 - 14 or younger

2 - 15

3 - 16

4 - 17

5 - 18

6 - 19

7 - 20

8 - 21

9 - 22

10 - 23

11 - 24

12 - 25 or older

13 - Still in full-time continuous education

{Loop for respondent and partner/husband/wife if applicable}:

EduQuals1

Have you {or textfill: partner name} passed any of the examinations on this card, if so please specify which ones?

SHOWCARD G2

INTERVIEWER CODE ALL THAT APPLY (PROBE: ANYTHING ELSE?)

1. Scottish Standard Grades 1-3 or Pass
2. Scottish Standard Grades 4-7
3. Scottish SCE Ordinary Bands A-C or Pass
4. Scottish SCE Ordinary Bands D-E
5. SQA Nationals 1-3
6. SQA Nationals 4-5

7. SCOTVEC/SQA National Certificate modules
8. SUPE Ordinary
9. Scottish School Leaving Certificate Lower Grade
10. GCSE Grades A*-C
11. GCSE Grades D-G / Short course GCSE
12. Vocational GCSE
13. CSE Grade 1
14. CSE Grades 2-5
15. GCE O-level Grades A-C or 1-6
16. GCE O-level grades D-E or 7-9
17. Scottish School Leaving Certificate – no grade
18. School Certificate/Matriculation
19. N Ireland Junior Certificate
20. Scottish Higher Grades
21. Scottish Higher-Still
22. Scottish SCE/SLC/SUPE at Higher Grade
23. Scottish Higher School Certificate
24. Certificate of Sixth Year Studies / Advanced Higher Grades
25. GCE A-level, S-level, A2-level, AS-level
26. International Baccalaureate
27. Vocational A-level (AVCE)
28. N Ireland Senior Certificate
29. Overseas school leaving exam or certificate
30. None of these

EduQuals2

And, have you {or textfill: partner name} passed any of the examinations or got any of the further qualifications on this card, if so please specify which ones?

SHOWCARD G3

INTERVIEWER CODE ALL THAT APPLY (PROBE: ANYTHING ELSE?)

1. Univ/CNAA first degree/diploma, e.g. BA, BSc, MA (Hons)
2. Postgraduate degree, e.g. MA, MSc, MPhil, DPhil, PhD
3. Teacher training qualification
4. Nursing qualification
5. Foundation/advanced modern apprenticeship
6. Other recognised trade apprenticeship
7. SOCR/RSA - (Vocational) Certificate
8. SOCR/RSA - (First) Diploma
9. SOCR/RSA - Advanced Diploma
10. SOCR/RSA - Higher Diploma
11. Other clerical, commercial qualification
12. City&Guilds - Level 1/ Part I
13. City&Guilds - Level 2/ Craft/ Intermediate/ Ordinary/ Part II
14. City&Guilds - Level 3/ Advanced/ Final/ Part III

15. City&Guilds - Level 4/ Full Technological/ Part IV
16. SCOTVEC/BTEC First Certificate
17. SCOTVEC/BTEC First/General Diploma
18. SCOTVEC/BTEC/BEC/TEC (General/Ordinary) National Certif Diploma (ONC/OND)
19. SCOTVEC/BTEC/BEC/TEC Higher National Certif (HNC) or Diploma (HND)
20. SVQ/NVQ Lev 1/ GSVQ/GNVQ Foundation lev
21. SVQ/NVQ Lev 2/ GSVQ/GNVQ Intermediate lev
22. SVQ/NVQ Lev 3/ GSVQ/GNVQ Advanced lev
23. SVQ/NVQ Lev 4
24. SVQ/NVQ Lev 5
25. Other professional qualification – employment related
26. Other professional qualification: IT Certificate or qualification
27. Aviation certificate/Pilot's licence
28. Other exams or qualifications

EduQualsOth

{IF EduQuals2=28}

INTERVIEWER PROBE FOR QUALIFICATION AND TYPE OPEN RESPONSE
 VERBATIM

H. Household income

I now have some questions about money and financial issues. As with all your answers, the information you give will be entirely confidential.

I'd like to start by getting some idea of your household's total income.

TotInc

This card shows different income levels as weekly, monthly and annual amounts. Which of the letters on this card best represents the total income of your household from **all** sources **before** tax? This includes all earnings, benefits, tax credits, interest from savings and so on. Please count income from every person in this household. Just tell me the letter beside the row that applies.

SHOWCARD H1

INTERVIEWER CODE THE LETTER SELECTED BY THE RESPONDENT

WEEKLY income BEFORE tax	Letter	MONTHLY income BEFORE tax	Letter	ANNUAL income BEFORE tax
Less than £77	Q	Less than £333	Q	Less than £3,999
£78-£115	T	£334-£499	T	£4,000 - £5,999
£116-£154	O	£500-£666	O	£6,000-£7,999
£155-£192	K	£667-£833	K	£8,000-£9,999
£193-£230	L	£834-£999	L	£10,000-£11,999
£231-£289	B	£1000-£1249	B	£12,000-£14,999

£290-£346	Z	£1250-£1499	Z	£15,000-£17,999
£347-£385	M	£1500-£1666	M	£18,000-£19,999
£386-£442	F	£1667-£1916	F	£20,000-£22,999
£443-£500	J	£1917-£2166	J	£23,000-£25,999
£501-£558	D	£2167-£2416	D	£26,000-£28,999
£559-£615	H	£2417-£2666	H	£29,000-£31,999
£616-£730	A	£2667-£3166	A	£32,000-£37,999
£731-£845	W	£3167-£3666	W	£38,000-£43,999
£846-£961	G	£3667-£4166	G	£44,000-£49,999
£962-£1,076	N	£4167-£4666	N	£50,000-£55,999
£1,077 or more	E	£4667 or more	E	£56,000 or more

FinMan

Taking everything together, which of the phrases on this card best describes how you and your family are managing financially these days?

SHOWCARD H2

INTERVIEWER CODE THE NUMBER SELECTED BY THE RESPONDENT

1. Manage very well
2. Manage quite well
3. Get by alright
4. Don't manage very well
5. Have some financial difficulties
6. Are in deep financial trouble

I. Housing and Accommodation

The next questions are about your home.

OwnRent

Does your household own or rent this accommodation?

INTERVIEWER: PROBE FOR DETAILS AND CODE RESPONSE

1. Owns with mortgage/loan
2. Owns outright
3. Rents from local authority/council
4. Rents from Housing Association
5. Rents-privately, **unfurnished**
6. Rents-privately, furnished
7. Rents from employer
8. Rents-other with payment
9. Rent free

10. Part of a co-ownership scheme (incl. Housing Association co-owner)
11. Partly own/partly rent (shared ownership)
12. Crofting

AccTyp1

What type of accommodation is it?

INTERVIEWER: PROBE FOR DETAILS AND CODE RESPONSE

1. A house or bungalow
2. A flat or maisonette
3. A room/rooms
4. Other

AccTyp2

{IF AccTyp1=1}

And is it?

INTERVIEWER: PROBE FOR DETAILS AND CODE RESPONSE

1. Detached
2. Semi-detached
3. Or terrace/end of terrace

AccOth

{IF AccTyp1=4}

INTERVIEWER CODE: IS IT...

1. ...a caravan, mobile home or houseboat
2. Or some other kind of accommodation?

OwnRm

Does *{textfill: childname}* have *{textfill: his / her}* own bedroom?

INTERVIEWER CODE RESPONSE:

1. Yes
2. No

NoBeds

How many separate bedrooms do you have in this house?

INTERVIEWER CODE: RANGE 0...49

GarSpace

Do you have access to a garden or common space?

INTERVIEWER: PROBE FOR DETAILS AND CODE RESPONSE

1. Yes – own garden
2. Yes – shared garden
3. Yes – Common space nearby (within easy walking distance)
4. No / None nearby

J. Non-Resident Parents (NRPs)

INTRO: The next few questions are about *{textfill: childname}*'s living arrangements and how often they see their other parent *{routed if applicable from RelStat}*.

ChildLve

Thinking about what happens now, does *{textfill: childname}* live here all the time or does he / she sometimes live somewhere else?

INTERVIEWER: PROBE FOR DETAILS AND CODE RESPONSE

- 1 Yes - lives here all the time
- 2 No - sometimes lives somewhere else

ParElse

Does *{textfill: childname}* have a natural parent that lives somewhere else, i.e. not in this house?

INTERVIEWER: CODE RESPONSE

1. Yes
2. No

VARLAB: Does child have non-resident parent

MothFat

{If ParElse=1}

Is this *{textfill: childname's}* mother, father or both?

INTERVIEWER: CODE RESPONSE

1. Mother
2. Father
3. Both

{If ParElse=1}

{Loop for both mother and father if applicable/if ParWho=2}:}

SeeNRP

How often does *{textfill: childname}* usually see his / her non-resident parent(s) at the moment [if applicable]?

SHOWCARD J1

INTERVIEWER: ASK RESPONDENT FOR THEIR RESPONSE AS A NUMBER:

1. Every day
2. 5-6 times a week
3. 3-4 times a week
4. Once or twice a week
5. Less often but at least once a month
6. Less often than once a month
7. Never

K. Family and Support Networks

INTRO: I'm now going to ask you some questions about how much support you get from your family and friends.

OvSupp

Overall, how do you feel about the amount of support you get from family or friends living outside of your household?

SHOWCARD K1

INTERVIEWER: CODE RESPONSE

1. I get enough help
2. I don't get enough help
3. I don't get any help at all
4. I don't need any help

FamArea

Do you have any family living in this area (in others words, within easy access to where you live), including your partner's family?

INTERVIEWER: CODE RESPONSE

1. Yes
2. No

Can you tell me how often, if at all, any of your family members or your friends and/or neighbours help out in the following ways:

FamFDay

... look after *{textfill: childname}* for an hour or more during the day?

SHOWCARD K2

INTERVIEWER: CODE RESPONSE

1. Every day or almost every day
2. At least once a week
3. At least once a month
4. At least once every three months
5. Less than once every three months
6. Never

FamFEve

... babysit for *{textfill: childname}* during the evening?

SHOWCARD K2 (ABOVE OPTIONS)

INTERVIEWER: CODE RESPONSE

1. Every day or almost every day
2. At least once a week
3. At least once a month
4. At least once every three months
5. Less than once every three months
6. Never

FamFDone

Have your family members, friends or neighbours done any of the things listed on this card in the last year?

SHOWCARD K3

INTERVIEWER: CODE ALL THAT APPLY (PROBE: ANYTHING ELSE?)

1. Taken the child on outings or daytrips without you (or your partner)
2. Bought toys, clothes or equipment for child apart from on special occasions like birthdays
3. Helped out around the house - for example by cooking, cleaning or doing DIY
4. Helped out financially in some other way

5. Helped by providing advice or support
6. None of these

L. Parenting Support Services

INTRO: The next few questions are about your use of any parenting support services that are available to you.

AwareSup

Are you aware of any groups or services in your local area that are aimed at helping or supporting parents?

INTERVIEWER: CODE RESPONSE

1. Yes
2. No
3. Not sure

{ROUTING: AttGrps – HwFndOth ONLY IF CHILDNAME IS AGED 0-3}:

AttGrps

Moving on, in the last year, have you regularly attended any parent and baby or parent and toddler groups with your child? (By this we mean any groups or classes provided in your area for parents and babies, toddlers or young children)

INTERVIEWER: CODE RESPONSE

1. Yes
2. No

ReasNot

Is there any particular reason why you haven't done so?

SHOWCARD L1

INTERVIEWER: CODE ALL THAT APPLY (PROBE: ANYTHING ELSE?)

1. No suitable groups available/accessible
2. No time to do so
3. Felt shy or awkward about attending
4. Don't like groups
5. Not first child/knew it all already
6. Nobody told me about them/no information
7. Just didn't want to
8. Someone else took child
9. Some other reason
10. No particular reason

GrpTyp

Within the past 12 months, have you participated in any programmes, group or courses for parents and their children or on child development or behaviour such as the ones shown on this card?

SHOWCARD L2

INTERVIEWER: CODE ALL THAT APPLY (PROBE: ANYTHING ELSE?)

1. No/none
2. Triple P - Positive Parenting Programme
3. Incredible Years Programme
4. Mellow Parenting
5. Family Nurse Partnership Programme
6. First Steps
7. Grassroots
8. You and Your Child
9. PEEP Parent Education
10. Breastfeeding group
11. Weaning group
12. Other
13. Can't remember the programme name

{Soft check – so that a prompt appears if they select option 1 above as well as any others}

GrpTypOth

{if GrpTyp=12}

INTERVIEWER CODE NAME OF OTHER TYPE(S) OF GROUP (AS OPEN TEXT)

OrgActivity

And within the past 12 months, have you participated in any organised activities with your child such as the ones shown on this card?

SHOWCARD L3

INTERVIEWER: CODE ALL THAT APPLY (PROBE: ANYTHING ELSE?)

1. No/none
2. Baby massage
3. Baby sensory
4. Baby/toddler yoga
5. Tuneful tots (music classes/rhymes etc)
6. Gymnastics
7. Hartbeeps
8. Book bug/library groups

9. Swimming classes/groups
10. Other – please specify
11. Can't remember the programme name

{Soft check – so that a prompt appears if they select option 1 above as well as any others}

OrgActivityOth

{if OrgActivity=10}

INTERVIEWER CODE NAME OF OTHER TYPE(S) OF ACTIVITY (AS OPEN TEXT)

HowFnd

Looking at the answers on this card, which best describes how you found out about the programme(s) or group(s) you attended?

SHOWCARD L4

INTERVIEWER: CODE RESPONSE AS MANY AS APPLY:

1. I was referred by my GP
2. I was referred by my Social Worker
3. I heard about it and went along to find out more
4. Other – PLEASE SPECIFY
5. Health visitor/Midwife
6. Friends/family members/other parents
7. Internet

HwFndOth

{If HowFnd=4}

INTERVIEWER: TYPE OPEN TEXT RESPONSE

FutreAtt

Do you think that you would consider attending a parenting programme or group in the future?

INTERVIEWER: READ OUT OPTIONS AND CODE RESPONSE

1. Not at all likely
2. Not very likely
3. Fairly likely
4. Very likely

WhyNoAtt

{If FutreAtt=1 or 2}

Why do you say that?

SHOWCARD L5

INTERVIEWER: CODE ALL THAT APPLY (PROBE: ANYTHING ELSE?)

1. I'm managing / coping ok
2. Don't need to /not first child
3. I'm just not interested/don't want to
4. I do not have time
5. Don't like groups/mixing with strangers
6. They don't work/can't be taught how to parent
7. Nobody told me/don't know anything about them
8. No classes in this area
9. Other people judging you (either other people at the group or people that find out you are
10. Other

KnowWhere

To what extent do you agree or disagree with the statement 'If I need advice or help with parenting I would know whom to ask / where to go in my local area'?

SHOWCARD L6

INTERVIEWER: CODE RESPONSE

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

We are interested in people's attitudes towards parenting advice available from professionals such as health visitors. Looking at this card, can you tell me how much you agree or disagree with the following statements?

Interfere

"If you ask for help or advice on parenting from professionals like doctors or social workers, they start interfering or trying to take over."

SHOWCARD L6

INTERVIEWER: CODE RESPONSE

1. Strongly agree

2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

NoOffer

“Professionals like health visitors and social workers do not offer parents enough advice and support with bringing up their children.”

SHOWCARD L6

INTERVIEWER: CODE RESPONSE

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

ThinkBad

“If other people knew you were getting professional advice or support with parenting, they would probably think you were a bad parent.”

SHOWCARD L6

INTERVIEWER: CODE RESPONSE

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

The next few questions are about various government services and schemes aimed at helping parents and families.

GovRes

Can you please tell me if you have used, visited or contacted any of the resources or services listed on this card?

SHOWCARD L7

INTERVIEWER: CODE RESPONSE / ALL THAT APPLY (PROBE: ANYTHING ELSE?)

1. Childcare Link website or phonenumber
2. ParentLine Scotland website or phonenumber

3. ChildSmile website or ChildSmile dental services such as fluoride varnishing
4. Play, Talk, Read website
5. Play @Home booklets
6. Parenting Across Scotland
7. ParentZone (Education Scotland)
8. Healthy Start (NHS)
9. Every Day's a Learning Day (Education Scotland)
10. Ready Steady Baby / Ready Steady Toddler (NHS)
11. Other – please specify
12. None of these

M. Childcare

INTRO: I would now like to ask you about any childcare that *{textfill: Childname}* currently receives. By 'childcare' I mean when *{textfill: Childname}* is **looked after** by anyone other than yourself and your partner. We are interested in all the types of childcare shown on this card - including both **formal** and **informal** childcare.

CareReg

Do you currently get help with childcare for *{textfill: childname}* on a regular basis from any of the providers or people listed on the card?

SHOWCARD M1

INTERVIEWER CODE RESPONSE

1. Childminder
2. Child-carer (provided via childcare agencies)
3. Daily nanny who comes to our home
4. Live-in nanny
5. Babysitter who comes to our home
6. Local Authority crèche or nursery
7. Private crèche or nursery school
8. Workplace crèche or nursery
9. Local Authority playgroup or pre-school
10. Private playgroup or pre-school
11. Community/voluntary playgroup or pre-school
12. Nursery class attached to a primary school
13. Family Centre
14. Out of School Club (e.g. before school/in school holidays)
15. My ex-spouse or ex-partner
16. The child/ren's grandparents
17. The child/ren's older brother or sister
18. Another relative
19. A friend or neighbour

20. Other – please specify

21. None

CareEas

How easy would you say you have found it to arrange suitable childcare for {texfill: childname}?

INTERVIEWER READ OUT OPTIONS AND CODE RESPONSE

1. Very easy
2. Fairly easy
3. Neither easy nor difficult
4. Fairly difficult
5. Very difficult

CareDiffic

{IF CareEas=4 or 5}

Why have you found it difficult?

SHOWCARD M2

INTERVIEWER CODE RESPONSE – ALL THAT APPLY:

1. Lack of childcare places available / long waiting lists
2. Cost/too expensive
3. Did not like/trust the childcare providers
4. I/my partner/we work unusual/long/irregular hours
5. Child is too young/wouldn't like to be separated from me or other main carer
6. Other

CarePay

{If CareReg=1-20}

Do you currently pay for any of the childcare that you receive?

INTERVIEWER CODE RESPONSE

1. Yes
2. No

CareAff

{If CareReg=1-20 and IF CarePay=1}

Given your family income, how easy or difficult do you find it to pay for childcare? Is it...

INTERVIEWER READ OUT OPTIONS AND CODE RESPONSE

1. Very easy
2. Easy
3. Neither easy nor difficult

4. Difficult
5. Or very difficult

CareChce

Thinking about the affordable and available options that were open to you at the time, how much choice would you say you had when arranging childcare for *{textfill: childname}*? Would you say you had...

INTERVIEWER READ OUT OPTIONS AND CODE RESPONSE

1. A great deal of choice
2. Quite a lot of choice
3. Not very much
4. Or, none at all

CareEmerg

Now thinking generally, if you or your partner needed to leave *{textfill: childname}* with someone for a couple of hours during the day, how easy or difficult would it be to find someone to help you out at short notice - for example, in an emergency of some kind?

SHOWCARD M3

INTERVIEWER CODE RESPONSE

1. Very easy
2. Fairly easy
3. Neither easy nor difficult
4. Fairly difficult
5. Very difficult
6. Would never do this

N. Neighbourhood / Community & Services

INTRO: We would now like to ask you some questions about your local area.

Longlive

How long have you lived in your local area (in total across your life so far)?

INTERVIEWER ENTER IN YEARS – RANGE 0...90

ROUTING: ONLY ASK NO OF MONTHS IF LIVED IN THE AREA FOR LESS THAN 4 YEARS:

AND ENTER MONTHS (IF APPLICABLE) 0...11

To what extent do you agree or disagree with these statements about your local area?

LASafeWk

It is safe to walk alone in this area after dark

SHOWCARD N1

INTERVIEWER CODE RESPONSE

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

LASafePy

It is safe for children to play outside during the day in this area

SHOWCARD N1 (ABOVE OPTIONS)

INTERVIEWER CODE RESPONSE

LASafeSp

There are safe parks, playgrounds and play spaces in this area

SHOWCARD N1 (ABOVE OPTIONS)

INTERVIEWER CODE RESPONSE

LAComm

As a family we are settled in and feel part of this community

SHOWCARD N1 (ABOVE OPTIONS)

INTERVIEWER CODE RESPONSE

LANeig

People in my community are willing to help their neighbours

SHOWCARD N1 (ABOVE OPTIONS)

INTERVIEWER CODE RESPONSE

ServAvail

Looking at this list of services could you tell me which ones are available in or within relatively easy access of your local area?

SHOWCARD N2 AND CODE ALL THAT APPLY:

1. Regular public transport
2. GP or health clinic
3. Schools (primary or secondary)
4. Library
5. Social Welfare Office
6. Banking/Credit Union
7. Essential grocery shopping
8. Crèche, day-care, mother and toddler groups
9. Any local groups / clubs / activities
10. None of these

LAGrps

Are you involved in any local groups / clubs / activities?

INTERVIEWER CODE RESPONSE

1. Yes
2. No

LAServQual

Overall, how would you rate the quality and availability of services for children and families in this area?

INTERVIEWER READ OUT OPTIONS AND CODE RESPONSE

1. Very good
2. Fairly good
3. Neither good nor poor
4. Fairly poor
5. Very poor

O. Use of Local Services

INTRO: The next set of questions are about your use of services in your area in the last 12 months.

UseAll

In the last 12 months, have you or your child had contact (including face-to-face or over the phone) with any of the following in relation to your child's health, education, behaviour or general well-being?

SHOWCARD O1 AND ASK FOR AND CODE RESPONSES TO ALL THAT APPLY:

1. GP / Doctor
2. Psychiatrist / Clinical Psychologist
3. A health visitor

4. Other health professional / specialist (for example, school nurse, physiotherapist, drug and alcohol services, Child and Adolescent Mental Health Services)
5. Teacher/head teacher (don't include normal classroom teaching)
6. Educational psychologist
7. Special needs assistant
8. Education Welfare Officer
9. Other education professional / specialist (e.g. English as second language teacher, speech therapist)
10. Sure start or children's centre
11. Social worker
12. Foster care
13. Children's panel
14. Children's home
15. Other social services professional / specialist (e.g. counsellor, youth worker, family centre, childcare)
16. Police officer
17. Other professional or department (e.g. benefits agency, solicitor, Citizens Advice Bureau)
18. None of these

UseOtherTyp

{If UseAll=17}

INTERVIEW PROBE FOR DETAILS AND RECORD OPEN RESPONSE

UseOther2

In the last 12 months, have you had contact (including face-to-face or over the phone) with any other services to help you with your parenting / provide you with parenting support? (For each ask them to indicate either Yes, or No)

INTERVIEWER CODE RESPONSE

1. Yes
2. No

{Enter up to 3 others}:}

UseOther2Typ A

{If UseOther2=1}

INTERVIEW PROBE FOR DETAILS AND RECORD OPEN RESPONSE

UseOther2TypB

{If UseOther2=1}

INTERVIEW PROBE FOR DETAILS AND RECORD OPEN RESPONSE

UseOther2TypC

{If UseOther2=1}

INTERVIEW PROBE FOR DETAILS AND RECORD OPEN RESPONSE

P. Self-complete (CASI)

SCIntroInts:

INTERVIEWERS: COULD YOU NOW PLEASE EXPLAIN THE FOLLOWING TO THE PARTICIPANT:

“The final part of this survey is a self-complete section which means that I will hand you the laptop for you to complete the questions on your own/without me reading them out. This means that no one will ever be able to see how you have answered the questions as they will be locked into a pool of hundreds of other people’s answers and will be completely anonymous and can’t be linked with your name or identity.

You do not have to answer any of these questions if you do not want to. You can skip any questions you want to be pressing the space bar.

About half way through these questions you will need to look at this card P1 to answer a question about your alcohol use.

INTERVIEWER: PROVIDE THE RESPONDENT WITH SHOWCARD P1

SCIntroPar: We would now like to ask you some questions for you to answer privately on the laptop. No one will ever be able to see how you have answered these questions as they will be locked into the laptop into a pool of hundreds of other people’s answers and will be completely anonymous and can’t be linked with your name or identity. As with the remainder of the survey your answers will be written up into a report as overall statistics which will not identify any individuals that answered the questions.

You do not have to answer any of these questions if you do not want to. You can skip any questions you want to be pressing the space bar.

About half way through these questions you will need to look at this card P1 to answer a question about your alcohol use.

Parenting:

The next questions are about different sorts of feelings parents (or carers) might have when caring for young children. For each one please say which is closest to how you feel:

QualAt1

When I interact with {textfill: childname} I feel:

1. Very incompetent and lacking in confidence
2. Moderately incompetent and lacking in confidence
3. Moderately competent and confident
4. Very competent and confident

{ROUTING: THE FOLLOWING QUESTIONS TO BE ASKED ONLY OF PARENTS OF CHILDREN AGED 0-2 YEARS}:

The next questions are about the different sorts of feelings parents (or carers) might have when caring for young children. For each one please say which is closest to how you feel:

QualAt2

Over the last two weeks I would describe my feelings for {textfill: childname} as:

1. Dislike
2. No strong feelings towards them
3. Slight affection
4. Moderate affection
5. Intense affection

QualAt3

Regarding my overall level of interaction with {textfill: childname}:

1. Feel very guilty that I am not more involved
2. Feel moderately guilty that I am not more involved
3. Feel slightly guilty that I am not more involved
4. I don't have any guilty feelings regarding this

QualAt4

When I am with {textfill: childname} I feel tense and anxious:

1. Very frequently
2. Frequently
3. Occasionally
4. Almost never

QualAt5

When I am with {textfill: childname} and other people are present, I feel proud of him/her:

1. Very frequently
2. Frequently
3. Occasionally
4. Almost never

QualAt6

When I am with {textfill: childname}

1. I always get a lot of enjoyment / satisfaction
2. I frequently get a lot of enjoyment / satisfaction
3. I occasionally get a lot of enjoyment / satisfaction
4. I rarely get a lot of enjoyment / satisfaction

QualAt7

I now think of {textfill: childname} as:

1. Very much my own baby
2. A bit like my own baby
3. Not yet really my own baby

QualAt8

I trust my own judgement in deciding what {textfill: childname} needs

1. Almost never
2. Occasionally
3. Most of the time
4. Almost all the time

QualAt9

Usually when I am with [childname]:

1. I am very impatient
2. I am a bit impatient
3. I am moderately patient
4. I am extremely patient

{ROUTING: THE FOLLOWING QUESTIONS ARE TO BE ASKED ONLY OF PARENTS OF CHILDREN AGED 3-8 YEARS}:

In this section please think about how far each of the statements currently apply to your relationship with {textfill: childname}:

PPian1

"I share an affectionate, warm relationship with {textfill: childname}"

1. Definitely does not apply
2. Not really
3. Neutral
4. Applies sometimes
5. Definitely applies

6. Can't say

PPian2

"{textfill: childname} and I always seem to be struggling with each other."

1. Definitely does not apply
2. Not really
3. Neutral
4. Applies sometimes
5. Definitely applies
6. Can't say

PPian3

"{textfill: childname} will seek comfort from me."

1. Definitely does not apply
2. Not really
3. Neutral
4. Applies sometimes
5. Definitely applies
6. Can't say

PPian4

"{textfill: childname} is uncomfortable with physical affection or touch from me."

1. Definitely does not apply
2. Not really
3. Neutral
4. Applies sometimes
5. Definitely applies
6. Can't say

PPian5

"{textfill: childname} values his/her relationship with me."

1. Definitely does not apply
2. Not really
3. Neutral
4. Applies sometimes
5. Definitely applies
6. Can't say

PPian6

"When I praise {textfill: childname}, he/she beams with pride."

1. Definitely does not apply
2. Not really
3. Neutral
4. Applies sometimes

5. Definitely applies
6. Can't say

PPian7

"{textfill: childname} spontaneously shares information about him/herself."

1. Definitely does not apply
2. Not really
3. Neutral
4. Applies sometimes
5. Definitely applies
6. Can't say

PPian8

"{textfill: childname} easily becomes angry at me."

1. Definitely does not apply
2. Not really
3. Neutral
4. Applies sometimes
5. Definitely applies
6. Can't say

PPian9

"It is easy to be in tune with what {textfill: childname} is feeling."

1. Definitely does not apply
2. Not really
3. Neutral
4. Applies sometimes
5. Definitely applies
6. Can't say

PPian10

"{textfill: childname} remains angry or is resistant after being disciplined."

1. Definitely does not apply
2. Not really
3. Neutral
4. Applies sometimes
5. Definitely applies
6. Can't say

PPian11

"Dealing with {textfill: childname} drains my energy."

1. Definitely does not apply

2. Not really
3. Neutral
4. Applies sometimes
5. Definitely applies
6. Can't say

PPian12

“When {textfill: childname} wakes up in a bad mood, I know we're in for a long and difficult day.”

1. Definitely does not apply
2. Not really
3. Neutral
4. Applies sometimes
5. Definitely applies
6. Can't say

PPian13

“{textfill: childname} feelings towards me can be unpredictable or can change suddenly.”

1. Definitely does not apply
2. Not really
3. Neutral
4. Applies sometimes
5. Definitely applies
6. Can't say

PPian14

“{textfill: childname} is sneaky or manipulative with me.”

1. Definitely does not apply
2. Not really
3. Neutral
4. Applies sometimes
5. Definitely applies
6. Can't say

PPian15

“{textfill: childname} openly shares his/her feelings and experiences with me.”

1. Definitely does not apply
2. Not really
3. Neutral
4. Applies sometimes
5. Definitely applies
6. Can't say

Parent's health:

The following questions will ask you about your health:

PSF12Gen

The next few questions are about your own health. In general, would you say your health is very good, good, fair, bad or very bad?

- 1 Very good
- 2 Good
- 3 Fair
- 4 Bad
- 5 Or very bad

PSF12Cond

Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more?

- 1 Yes
- 2 No

PSF12Day

{IF PSF12Cond = 1}

Does this condition or illness reduce your ability to carry out day-to-day activities?

- 1 Yes, a lot
- 2 Yes, a little
- 3 Not at all

The following items are about activities you might do during a typical day. Does your health now limit you in any of these activities? If so, how much?:

PSF12Lim1

First, moderate activities such as moving a table, pushing a vacuum cleaner, bowling or playing golf. Does your health now limit you a lot, limit you a little, or not limit you at all?

- 1 Limited a lot
- 2 Limited a little
- 3 Not limited at all
- 4 Can't say

PSF12Lim2

Climbing several flights of stairs? Does your health now limit you a lot, limit you a little, or not limit you at all?

- 1 Limited a lot

- 2 Limited a little
- 3 Not limited at all
- 4 Can't say

PSF12Lim3

During the past four weeks, have you accomplished or achieved less than you would like as a result of your physical health?

- 1 Yes
- 2 No

PSF12Lim4

During the past four weeks, were you limited in the kind of work or other regular activities you do as a result of your physical health?

- 1 Yes
- 2 No

PSF12Lim5

During the past four weeks, have you accomplished or achieved less than you would like as a result of any emotional problems, such as feeling depressed or anxious?

- 1 Yes
- 2 No

PSF12Lim6

During the past four weeks, did you not do work or other regular activities as carefully as usual as a result of any emotional problems, such as feeling depressed or anxious?

- 1 Yes
- 2 No

PSF12Lim7

During the past four weeks, how much did physical pain interfere with your normal work, including both work outside the home and housework?

- 1 Not at all
- 2 Slightly
- 3 Moderately
- 4 Quite a bit
- 5 Extremely
- 6 Can't say

The following questions are about how you feel and how things have been with you during the past four weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

PSF12CIm

How much time during the past four weeks have you felt calm and peaceful?

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time
- 7 Can't say

PSF12En

How much of the time during the past four weeks did you have a lot of energy?

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time
- 7 Can't say

PSF12Dwn

How much of the time during the past four weeks have you felt down?

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time
- 7 Can't say

PSF12Soc

During the past four weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends, relatives etc.?

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time
- 7 Can't say

{ROUTING: ONLY ASK FOLLOWING QUESTION 'ParHealth' FOR RESPONDENTS WHO INDICATED THEY HAVE A PARTNER EITHER LIVING WITH THEM OR NOT IN ReIStat IN SECTION A}:

ParHealth

And, in general, would you say *{textfill: partner name}*'s health is very good, good, fair, bad or very bad?: [If applicable)

- 1 Very Good
- 2 Good
- 3 Fair
- 4 Bad
- 6 Very Bad

PSatis

All things considered, how satisfied are you with your life as a whole nowadays?

- 0 – Extremely dissatisfied
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 – Extremely satisfied

The next few questions are about alcohol, smoking and drug use:

PAUDITC1

Firstly how often do you have a drink containing alcohol?

1. Never
2. Monthly or less
3. 2-4 times per month
4. 2-3 times per week
5. 4+ times per week

PAUDITC2

How many units of alcohol do you drink on a typical drinking day?

PLEASE REFER TO THE CARD P1 TO HELP YOU TO ANSWER THIS:

1. 1-2
2. 3-4
3. 5-6
4. 7-8
5. 10+

PAUDITC3

How often have you had 6 or more units (if female) or 8 or more units (if male) on a single occasion in the last year?

- Never

- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

PSmoke

Do you currently smoke any tobacco products? This means any tobacco products which you light and smoke, and include, for example, cigarettes or hand-rolling tobacco. These do not include cigarettes that include no tobacco or electronic cigarettes:

- 1. Yes
- 2. No

PCigDay

{if Smoke1=1}

How many cigarettes do you usually smoke in one day?

ENTER BETWEEN RANGE 1-97

The next questions are about drug use. Since your child was born (or since you became the child's main carer) have you taken each of the drugs listed below and if so how regularly?

PCannabis

...Cannabis (marijuana, grass, hash, ganja, blow, draw, skunk, weed, spliff)?

INTERVIEWER READ OUT OPTIONS AND CODE RESPONSE

- 1. Never
- 2. Less often than once a year
- 3. At least once a year
- 4. At least once a month
- 5. At least once a week
- 6. Prefer not to say

POpiates

...Heroin (smack, skag, H, brown) or methadone?

INTERVIEWER READ OUT OPTIONS AND CODE RESPONSE

- 1. Never
- 2. Less often than once a year
- 3. At least once a year
- 4. At least once a month
- 5. At least once a week
- 6. Prefer not to say

PCocaine

...Cocaine (or coke) or Crack cocaine (rock or stones)?

INTERVIEWER READ OUT OPTIONS AND CODE RESPONSE

1. Never
2. Less often than once a year
3. At least once a year
4. At least once a month
5. At least once a week
6. Prefer not to say

POthDrug

...Any other drugs, including legal highs (New Psychoactive Substances), Ecstasy or MDMA, Amphetamines (speed, whizz, uppers, billy), Ketamine, Acid/LSD or others?

INTERVIEWER READ OUT OPTIONS AND CODE RESPONSE

1. Never
2. Less often than once a year
3. At least once a year
4. At least once a month
5. At least once a week
6. Prefer not to say

Relationship with partner:

{ROUTING: ONLY ASK FOLLOWING SECTION FOR RESPONDENTS WHO INDICATED THEY HAVE A PARTNER EITHER LIVING WITH THEM OR NOT IN RelStat IN SECTION A):

We would now like to ask you some questions about your relationship with your current partner (by partner, we mean a boyfriend, girlfriend, husband, wife or civil partner). If you do not wish to answer any questions you can just pass over them by pressing 'Don't wish to answer':

RelLive

How long have you and your current partner been living together in total – including any time spent married?

- 1 Less than 6 months
- 2 6-12 months
- 3 More than 1- less than 2 years
- 4 More than 2- less than 5 years
- 5 More than 5- less than 10 years
- 6 More than 10 years
- 7 Don't live together

{THE FOLLOWING TO BE ASKED OF ALL AGAIN}:

Please say how much you agree or disagree with each of the following statements:

ParNeeds

'My partner is usually sensitive to and aware of my needs.'

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 Can't say

ParListen

'My partner doesn't seem to listen to me.'

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 Can't say

ParLonely

'I sometimes feel lonely even when I am with my partner.'

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 Can't say

ParArgue

'How often do you and your partner argue?'

- 1 Many times a day
- 2 One or two times a day
- 3 Several times a week
- 4 Once a week or less
- 5 Not at all

ChLegal

Has {textfill: childname} ever spent any time looked after or on a legal supervision requirement as a result of a children's hearing or court proceeding?

1. Yes
2. No

Child's behaviour:

{ROUTING: THE FOLLOWING QUESTION ARE ONLY SUITABLE TO BE ASKED OF PARENTS OF CHILDREN AGED 3-8 YEARS}:

Finally, we would like you to answer some questions about {textfill: childname}. It would help if you answer all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of {textfill: childname} behaviour over the **last six months**.

SDQ1

{textfill: childname} is considerate of other people's feelings.

1. Not true
2. Somewhat true
3. Certainly true
4. Can't say

SDQ2

(Please give your answers on the basis of {textfill: childname} behaviour over the last six months).

{textfill: childname} is restless, overactive, cannot stay still for long.

1. Not true
2. Somewhat true
3. Certainly true
4. Can't say

SDQ3

(Please give your answers on the basis of {textfill: childname} behaviour over the last six months).

{textfill: childname} often complains of headaches, stomach-aches or sickness.

1. Not true
2. Somewhat true
3. Certainly true
4. Can't say

SDQ4

(Please give your answers on the basis of *{textfill: childname}* behaviour over the last six months).

{textfill: childname} shares readily with other children (treats, toys, pencils etc).

1. Not true
2. Somewhat true
3. Certainly true
4. Can't say

SDQ5

(Please give your answers on the basis of *{textfill: childname}* behaviour over the last six months).

{textfill: childname} often has temper tantrums or hot tempers.

1. Not true
2. Somewhat true
3. Certainly true
4. Can't say

SDQ6

(Please give your answers on the basis of *{textfill: childname}* behaviour over the last six months).

{textfill: childname} is rather solitary, tends to play alone.

1. Not true
2. Somewhat true
3. Certainly true
4. Can't say

SDQ7

(Please give your answers on the basis of *{textfill: childname}* behaviour over the last six months).

{textfill: childname} is generally obedient, usually does what adults request.

1. Not true
2. Somewhat true
3. Certainly true
4. Can't say

SDQ8

(Please give your answers on the basis of *{textfill: childname}* behaviour over the last six months).

{textfill: childname} has many worries, often seems worried.

1. Not true
2. Somewhat true
3. Certainly true
4. Can't say

SDQ9

(Please give your answers on the basis of *{textfill: childname}* behaviour over the last six months).

{textfill: childname} is helpful if someone is hurt, upset or feeling ill.

1. Not true
2. Somewhat true
3. Certainly true
4. Can't say

SDQ10

(Please give your answers on the basis of *{textfill: childname}* behaviour over the last six months).

{textfill: childname} is constantly fidgeting or squirming.

1. Not true
2. Somewhat true
3. Certainly true
4. Can't say

SDQ11

(Please give your answers on the basis of *{textfill: childname's}* behaviour over the last six months).

{textfill: childname} has at least one good friend.

1. Not true
2. Somewhat true
3. Certainly true
4. Can't say

SDQ12

(Please give your answers on the basis of *{textfill: childname's}* behaviour over the last six months).

{textfill: childname} often fights with other children or bullies them.

1. Not true
2. Somewhat true
3. Certainly true
4. Can't say

SDQ13

(Please give your answers on the basis of *{textfill: childname's}* behaviour over the last six months).

{textfill: childname} is often unhappy, downhearted or tearful.

1. Not true
2. Somewhat true
3. Certainly true
4. Can't say

SDQ14

(Please give your answers on the basis of *{textfill: childname's}* behaviour over the last six months).

{textfill: childname} is generally liked by other children.

1. Not true
2. Somewhat true
3. Certainly true
4. Can't say

SDQ15

(Please give your answers on the basis of *{textfill: childname's}* behaviour over the last six months).

{textfill: childname} is easily distracted, concentration wanders.

1. Not true
2. Somewhat true
3. Certainly true
4. Can't say

SDQ16

(Please give your answers on the basis of *{textfill: childname's}* behaviour over the last six months).

{textfill: childname} is nervous, clingy in new situations, easily loses confidence.

1. Not true
2. Somewhat true
3. Certainly true
4. Can't say

SDQ17

(Please give your answers on the basis of *{textfill: childname's}* behaviour over the last six months).

{textfill: childname} is kind to younger children.

1. Not true
2. Somewhat true
3. Certainly true
4. Can't say

SDQ18

(Please give your answers on the basis of *{textfill: childname's}* behaviour over the last six months).

{textfill: childname} often lies or cheats.

1. Not true
2. Somewhat true
3. Certainly true
4. Can't say

SDQ19

(Please give your answers on the basis of *{textfill: childname's}* behaviour over the last six months).

{textfill: childname} is picked on or bullied by other children.

1. Not true
2. Somewhat true
3. Certainly true
4. Can't say

SDQ20

(Please give your answers on the basis of *{textfill: childname's}* behaviour over the last six months).

{textfill: childname} often volunteers to help others (parents, teachers, other children).

1. Not true
2. Somewhat true
3. Certainly true
4. Can't say

SDQ21

(Please give your answers on the basis of *{textfill: childname's}* behaviour over the last six months).

{textfill: childname} thinks things out before acting.

1. Not true
2. Somewhat true
3. Certainly true
4. Can't say

SDQ22

(Please give your answers on the basis of *{textfill: childname's}* behaviour over the last six months).

{textfill: childname} steals from home, school or elsewhere.

1. Not true
2. Somewhat true
3. Certainly true
4. Can't say

SDQ23

(Please give your answers on the basis of *{textfill: childname's}* behaviour over the last six months).

{textfill: childname} gets on better with adults than with other children.

1. Not true
2. Somewhat true
3. Certainly true
4. Can't say

SDQ24

(Please give your answers on the basis of *[Childname's]* behaviour over the last six months).

[Childname] has many fears, is easily scared.

1. Not true
2. Somewhat true
3. Certainly true
4. Can't say

SDQ25

(Please give your answers on the basis of *{textfill: childname's}* behaviour over the last six months).

{textfill: childname} sees tasks through to the end, has a good attention span.

1. Not true
2. Somewhat true
3. Certainly true
4. Can't say

CLOSE