

Early Life Cohort Feasibility Study Questionnaire for Consultation

This document contains the first draft questionnaire for the primary informant (who is typically, but not always, the mother of the infant). The survey has been designed to take 60 minutes to complete, including record linkage consents. Data collection will be carried out face-to-face, and will include an interview (CAPI) and self-completion (CASI) component. You will notice our current questionnaire is estimated to be 10 minutes over the target length. Our work going forward will therefore be to shorten the survey rather than add content.

We are also consulting on a draft specification for non-questionnaire measures, and a topic outline for the additional informant questionnaire (typically the father), details of which are available [here](#). We also provide an [appendix of 'priority 2' items](#) for your reference (i.e. items we would have liked to have included based on consultation feedback but did not have sufficient questionnaire space).

Please provide your comments and suggestions via the following [consultation form](#). Any suggestions for additions should be counterbalanced by suggestions for cuts.

Important note: it has yet to be determined by the funder whether the target age of the infant at first interview in the feasibility study will be at 6 months or 9 months (with interviews in practice taking place at a window of ages around this). We have specified measures here that would be taken at 9 months. Some of these (as indicated below) would need to be re-designed if the 6 month protocol is adopted instead.

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QUESTIONNAIRE AT A GLANCE

Module	Topic/ question area	Source	Estimated time
Household Grid (4.33 minutes)	<ul style="list-style-type: none"> Date of Birth Gender Legal marital status Relationship grid Partner together how long Where child lives 	SEED Wave 1	2 minutes
	<ul style="list-style-type: none"> Primary informant relationship with own-household father How often does the infant see own-household father 	SEED Wave 1	1 minute
	<ul style="list-style-type: none"> Address history (since start of pregnancy) 	Not yet written	1.33 minutes
Background (7.66 minutes)	<ul style="list-style-type: none"> Housing tenure 	MCS7	0.66 minutes
	<ul style="list-style-type: none"> Economic activity, employment and occupation 	MCS7 adapted; Next Steps Age 32 Sweep for question on zero hour contracts; COSMO for questions on whether ever had a job	1.75 minutes
	<ul style="list-style-type: none"> Employment history since January 2020 	Not yet written	2 minutes
	<ul style="list-style-type: none"> Working arrangements 	CLS COVID-19 Surveys	0.33 minutes
	<ul style="list-style-type: none"> Maternity/paternity leave 	Maternity and Paternity Rights Survey and MCS7	0.75 minutes
	<ul style="list-style-type: none"> Education 	MCS1 and MCS6	1 minute
	<ul style="list-style-type: none"> Languages spoken at home 	MCS1	0.33 minutes
	<ul style="list-style-type: none"> Ethnicity and country of birth 	Census 2021 and Children of the 2020s	0.5 minutes
Income, Disadvantage and Neighbourhood (9.5 minutes)	<ul style="list-style-type: none"> Income and benefits 	MCS7 and COSMO sweep 1	3.33 minutes
	<ul style="list-style-type: none"> Debts and assets, how well managing financially 	MCS6	1.66 minutes
	<ul style="list-style-type: none"> Disadvantage indicators 	Next Steps for Accommodation problems; CLS Covid-19 survey for outdoor space; Food Standards Agency's Food and You	1.33 minutes

		Survey for food poverty; Smith et al. 2013 paediatrics survey for financial insecurity; Osborn index of deprivation	
	<ul style="list-style-type: none"> Grandparent's occupation and education 	Goldthorpe's class schema – adapted from Understanding Society	1.5 minutes
	<ul style="list-style-type: none"> Neighbourhood interviewer assessment 	MCS2	0.75 minutes
	<ul style="list-style-type: none"> Neighbourhood respondent assessment 	Adapted from Crime Survey for England and Wales	0.25 minutes
	<ul style="list-style-type: none"> Home environment interviewer assessment 	MCS2 (Home observation for measurement of the environment scale)	0.66 minutes
Pregnancy and Birth (3.75 minutes)	<ul style="list-style-type: none"> Assisted conception 	MCS1 adapted	1 minute
	<ul style="list-style-type: none"> Pregnancy and birth 	Life Study (Adapted from National Maternity Survey and MCS1)	1.25 minutes
	<ul style="list-style-type: none"> Child anthropometrics (parent reported weight, height and head circumference) 	MCS1	1.5 minutes
Child Temperament (2.5 minutes)	<ul style="list-style-type: none"> Carey infant temperament questionnaire 	Carey Revised Infant Temperament Questionnaire	2.5 minutes
Early Care and Home Learning, Parenting, Childcare, Support and Service Use (8.5 minutes)	<ul style="list-style-type: none"> Early care and home learning 	Life Study adapted from ALSPAC - Children of the children of the 90's	0.66 minutes
	<ul style="list-style-type: none"> Parenting beliefs 	The National Evaluation of Sure Start	0.66 minutes
	<ul style="list-style-type: none"> Division of household tasks and childcare 	Growing up in Scotland Wave 1	1 minute
	<ul style="list-style-type: none"> Childcare 	SEED Wave 1	1.5-3 minutes depending on number of childcare providers
	<ul style="list-style-type: none"> Grandparent support 	Growing up In Scotland Wave 1 and MCS1 combined	1.66 minutes

	<ul style="list-style-type: none"> Services 	Client Services Receipt Inventory (CSSRI - EU) (adapted)	3 minutes
Bonding (2 minutes)	<ul style="list-style-type: none"> ALSPAC Parental Bonding Questionnaire 	ALSPAC	2 minutes
Parental Health, Covid-19 and Problems Accessing Health Services (5.5 minutes)	<ul style="list-style-type: none"> Parental general health, limiting longstanding illness, and treatment for depression or anxiety 	SEED Wave 1 MCS6 on interference of health problems day to day Growing up in Scotland on pain	1.5 minutes
	<ul style="list-style-type: none"> Parental weight and height 	MCS	0.66 minutes
	<ul style="list-style-type: none"> Coronavirus 	CLS COVID-19 Survey	0.5 minutes
	<ul style="list-style-type: none"> Problems accessing services 	CLS COVID-19 Survey	0.75 minutes
Life Events, Discrimination and Abuse (1.8 minutes)	<ul style="list-style-type: none"> Life Events and Discrimination 	12 items from ALSPAC (Brugha et al., 1985) adapted response options and adapted question on death of relatives 1 item COSMO on redundancy 2 items CLS COVID-19 survey on housing eviction and major financial crisis	1.5 minutes
	<ul style="list-style-type: none"> Domestic abuse 	New	0.33 minutes
Social Support (1 minute)	<ul style="list-style-type: none"> Short form Social Support Questionnaire 	Brief form of the Perceived Social Support Questionnaire (F-SozU K-6)	0.66 minutes
	<ul style="list-style-type: none"> Social Provisions Questionnaire 	As used in MCS7 and CLS COVID-19 Survey	0.33 minutes
Couple Relationship (1.15 minutes)	<ul style="list-style-type: none"> Short form Couple Satisfaction Index (4 items) 	As used in Children of the 2020s Sweep 1	0.5 minutes
	<ul style="list-style-type: none"> Golombok Rust Inventory of Marital State (GRIMS) 	As used in MCS and Life Study	0.66 minutes (Nb. Will be cut if can't get time down)
Parental Mental Health (2 minutes)	<ul style="list-style-type: none"> Short form PHQ and GAD 	As used in Children of the 2020s Sweep 1 and to harmonise across all CLS cohorts	0.5 minutes
	<ul style="list-style-type: none"> Kessler 6 inventory 	As used in MCS and Children of the 2020s Sweep 1	0.66 minutes
	<ul style="list-style-type: none"> Loneliness 	ONS questions (from ELSA and Community Life Survey)	0.5 minutes (Nb. Will be cut if can't)

			get time down)
	<ul style="list-style-type: none"> • Self-harm 	MCS	0.33 minutes
Substance Use (2.5 minutes)	<ul style="list-style-type: none"> • Smoking and alcohol 	Alcohol use and smoking from Growing up in Scotland (sweep 1). Life Study for secondhand smoke and smoking alternatives questions	2 minutes
	<ul style="list-style-type: none"> • Substance misuse 	Growing up in Scotland sweep 1	0.5 minutes
Child Health and Development (10 minutes)	<ul style="list-style-type: none"> • Child health and general development 	Growing up in Scotland sweep 1 for general health, otherwise SEED wave 1	2 minutes
	<ul style="list-style-type: none"> • Child diet 	MCS1	0.75 minutes
	<ul style="list-style-type: none"> • Sleep 	MCS1 for sleep location, Sleep Habits Questionnaire for sleeping behaviour, Life Study for sleep problem question, Children of the 2020s for question on sleep affecting day to day activities, GUS for parents' sleep	1.5 minutes
	<ul style="list-style-type: none"> • Screen time 	SEED wave 1	0.2 minutes
	<ul style="list-style-type: none"> • Crying 	Born in Bradford wave 1 and MCS1	0.33 minutes
	<ul style="list-style-type: none"> • Developmental Milestones 	Growing up in Scotland wave 1	1 minute (Nb. Likely to be shortened)
	<ul style="list-style-type: none"> • Early communication (Gestures) 	Growing up in Scotland wave 1 and CDI gestures form	1 minute (Nb. Likely to be shortened)
	<ul style="list-style-type: none"> • Language development 	CDI words form	3 minutes (Nb. Likely to be shortened)
Consents (10 minutes)	<ul style="list-style-type: none"> • Consents and contact information 	Not yet written	10 minutes
TOTAL			69.85 minutes

MODULE 1: HOUSEHOLD GRID

To be completed by Primary informant /Additional informant /any adult in the HH (TBC)

Date of birth

Gender

Legal marital status

Relationship grid

Partner together how long

Where child lives

Primary informant relationship with own-household father

How often does the infant see own-household father

Address history (since start of pregnancy)

ADD TIMESTAMP HERE

SOURCE: SEED WAVE 1

{ASK ALL}

MINTROGRID

First of all, I'd like to collect some details about you and {childfirstname from sample} and anyone else who lives here.

PRESS > TO CONTINUE

MNAME1

INTERVIEWER: ENTER FIRST NAME OF PARENT/GUARDIAN

OPEN TEXT

MNAME2

INTERVIEWER: ENTER FIRST NAME OF CHILD

OPEN TEXT

MSNAME2

...and is {MNAME2}'s surname {TEXTFILL: childsurname from sample}?

1 Yes

2 No

{ASK IF MSNAME2 = 2}

MSNAME2O

INTERVIEWER: ENTER SURNAME OF CHILD

OPEN TEXT

{ASK ALL}

MDOB2

What is {MNAME2}'s date of birth?

DAY

MONTH

YEAR

{ASK ALL}

MSEX2

And can I just check, is {MNAME2} male or female?

1. Male
2. Female
3. Other (specify)

MSEXO

TYPE IN

{ASK ALL}

MSNAME1

...and is your surname {TEXTFILL: parentsurname from sample}?

- 1 Yes
- 2 No

{ASK IF MSNAME1 = 2}

MSNAME1O

INTERVIEWER: ENTER SURNAME OF PARENT

OPEN TEXT

{ASK ALL}

MDOB1

What is your date of birth?

DAY

MONTH

YEAR

{ASK ALL}

MSEX1

INTERVIEWER: ASK OR CODE SEX OF {MNAME1}

Male

Female

Other (specify)

MSEX1O

TYPE IN

{ASK IF DOB1 INDICATES RESPONDENT IS >15 YO}

MMSTA1

What is your legal marital status?

Single, that is never married

Married/ in a civil partnership and living with their husband/wife/civil partner

Married/ in a civil partnership and separated from their husband/wife/civil partner

Divorced/ civil partnership dissolved

Widowed

{ASK ALL}

MHELSE

Is there anyone else living in this household?

Yes

No

{ASK IF OTHERS IN HOUSEHOLD}

<loop for each household member>

MFNAME3 <number increases for each person added to the loop (MNAME1 and MNAME2 already specified for parent and baby>

Can I take the full name of the next person living in this household?

ENTER FIRST NAME HERE

OPEN

MSNAME3

ENTER LAST NAME HERE

OPEN

MSEX3

And can I just check, is {MNAME3firstname} male or female?

Male

Female

Other (specify)

MSEX30

TYPE IN

MDOB3

What is {NAME3firstname}'s date of birth?

DAY

MONTH

YEAR

{IF DOB unknown or refused}

MAGE3

What was {MFNAME3}'s age on their last birthday?

Range 0-120

{ASK IF MAGE3 is aged 16 or over}

MMSTA3

What is {MFAME3}'s legal marital status?

Single, that is never married

Married/ in a civil partnership and living with their husband/wife/civil partner

Married/ in a civil partnership and separated from their husband/wife/civil partner

Divorced/ civil partnership dissolved

Widowed

MLOOP1

Is there anyone else living in this household?

Yes

No

<END LOOP WHEN LOOP(N)=NO>

{ASK ALL}

MRELAT

I'd now like to record the relationships between each member of your household.

<LOOP FOR EACH COMBINATION OF PEOPLE IN THE HOUSEHOLD>

INTERVIEWER: CODE RELATIONSHIP OF EACH HOUSEHOLD MEMBER TO THE OTHERS

{SHOWCARD}

{MNAME1} is {MNAME2}'s...

1. Husband/Wife
2. Partner/Cohabitee
3. Natural son/daughter
4. Adopted son/daughter
5. Foster child
6. Stepson/stepdaughter
7. Son-in-law/daughter-in-law
8. Natural parent
9. Adoptive parent
10. Foster parent
11. Step-parent
12. Parent-in-law
13. Natural brother/sister
14. Half-brother/sister
15. Step-brother/sister
16. Adopted brother/sister
17. Foster brother/sister
18. Brother/sister-in-law
19. Grand-child
20. Grand-parent
21. Other relative
22. Other non-relative

<END LOOP WHEN ALL COMBINATIONS COMPLETED>

{ASK IF MFNAME1 has partner in household, calculated from grid code 1 or 2}

MPARTLIVE

How long have you and your {partner/spouse} been living together in total (including any time spent married)?

- 1 Less than six months
- 2 Six to twelve months
- 3 One to two years
- 4 Two to five years
- 5 Five to ten years
- 6 Ten or more years

{ASK ALL}

MPARTLIVW

Thinking about what happens now, does {MFNAME2} live here all the time or do they sometimes live somewhere else?

INTERVIEWER: ADD IF NECESSARY: Please do not include weekends or overnights spent with another parent, grandparent or someone else.

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

{Ask MBF3 if the other biological parent does not live in household (from household grid)}

MBF3

Do you consider yourself and [name of reference child]'s {father/mother} to be a couple?

SHOWCARD

1. Yes
2. No

{ASK IF no at BF3}

MBF4

At the time your relationship with [name of reference child]'s {father/mother} ended, how long had you been together?

SHOWCARD

1. TYPE IN: ALLOW EITHER NEAREST WEEKS, MONTH OR YEAR
2. We were never together

{ASK IF no at MBF3 (code 2) **and** not coded 'were never together' at MBF4 (code 2)}

MBF5

Could I check what year you and [name of reference child]'s {father/mother} separated?

TYPE IN: YYYY

{ASK IF yes at MBF3 (code 1)}

MBF6

How long have you and [name of reference child]'s {father/mother} been a couple?

TYPE IN: ALLOW EITHER NEAREST WEEK, MONTH, OR YEAR

{Ask MBF7 if biological father does not live in household (no at MBF1)}

MBF7

How often does [name of reference child] see their biological {father/mother}?

SHOWCARD

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

PLACE HOLDER:

We will be collecting address history since the pregnancy of the reference child. The exact format is yet to be decided.

MODULE 2: BACKGROUND

Housing tenure

Economic activity, employment and occupation

Maternity/paternity leave

Education

Languages spoken at home

Country of birth

Ethnicity

Religion

SOURCE: MCS7 (housing tenure)

Also used in: Life Study, Children of the 2020s sweep 1 (excluding housing type question)

{ASK ALL}

Include 'and <PARTNER NAME>' in question wording only if respondent has a partner, so if MRELAT3 =1 or 2] for main caregiver

MTS1.

Do you and <PARTNER NAME> own or rent your home or have another arrangement? Please read out the letter that applies.

NB. ALL RENT PAID BY HOUSING BENEFIT IS NOT "RENT FREE"

[SHOWCARD]

MTENURE

Do you own or rent your home or have some other arrangement?

- 1 Own outright
- 2 Own with a mortgage/loan
- 3 Part rent/part mortgage (shared equity)
- 4 Rent from local authority
- 5 Rent from Housing Association
- 6 Rent privately
- 7 Live with parents
- 8 Live rent free
- 9 Live with friends/ in hostel/ temporary accommodation
- 10 Squat
- 11 Other (SPECIFY)

{ASK IF TENURE = RENT 4 5 6}

MFURN

Do you rent your home on a furnished or unfurnished basis?

- 1 Furnished
- 2 Unfurnished

{ASK ALL}

MHTYPE

Is your home...

- 1 A house or bungalow
- 2 A flat or maisonette
- 3 A studio flat
- 4 A Room(s) or bedsit
- 95 Other answer

{IF other kind of accommodation [MHTYPE=95]}

MHOT

INTERVIEWER: TYPE IN OTHER TYPE OF ACCOMMODATION

Text: up to 60 characters

Parental economic activity, employment and occupation questions cover for both the respondent and their partner:

- Current employment status of respondent and partner (if on maternity leave, interviewer should code what they were doing before maternity/what they are going back to)
- When respondent and their partner's current activity (e.g. employment, joblessness) started
 - Full-time or part-time
 - Zero-hours contract
 - Job title, industry description
 - Qualifications or training needed for job
 - Managerial/supervisory duties
 - Whether currently on maternity/paternity leave
 - If on maternity/paternity when it ends and whether they are planning to go back to work

The respondent only is also asked

- Employment history since January 2020
- Location of work
- Travel time to work
- When stopped work to have this baby, when maternity leave started
- Pay during maternity leave

SOURCE: MCS7 adapted

Also used in: Children of the 2020s sweep 1

{ASK ALL}

MWORK1

Which of these best describes what you are currently doing?

INTERVIEWER: if respondent is on maternity/paternity leave, code what they were doing prior to leave i.e., employed/self-employed.

{SHOWCARD}

- 1 Employee – in paid work
- 2 Self-employed
- 3 Looking after the family
- 4 Found a job, waiting to start it
- 5 Out of work and looking for a job
- 6 Out of work, reasons of poor health
- 7 On government scheme
- 8 On apprenticeship scheme
- 9 Full-time student
- 10 Retired from paid work
- 11 Not in paid work for some other reason

{ASK IF MWORK1 = 1, 2}

MWORK2

Are you working full-time or part-time?

- 1 Full-time (30 or more hours a week)
- 2 Part-time (under 30 hours a week)

SOURCE: Next Steps Age 32 Sweep

{ASK IF MWORK1 =1,2}

MWORK2a

In your main job, do you have a zero hours contract?

PLACE HOLDER: Question to be added on usual number of hours of work per week
--

SOURCE: MCS7 adapted

Also used in: Children of the 2020s sweep 1

{ASK IF MWORK1 = 6}

MWORK3

Are you temporarily out of work due to poor health - i.e., for less than six months, or long-term sick or disabled - i.e. for more than six months?

- 1 Temporarily sick or disabled
- 2 Long-term sick or disabled

{ASK IF WORK1 = 11}

MWORK4

What are you doing?

OPEN TEXT

{DERIVED VARIABLE – DO NOT ASK}

MWORKDER

- 1 Full time employment
- 2 Part time employment
- 3 Full time self-employed
- 4 Part time self-employed
- 5 Looking after the family
- 6 Waiting to start a job
- 7 Looking for a job
- 8 Temporary sickness/disability
- 9 Long-term sickness/disability
- 10 Being on a government scheme
- 11 Being on an apprenticeship scheme
- 12 Full-time education
- 13 Retirement
- 14 textfill {WORK4}

{ASK ALL}

MWORK5

When did this activity start?

ENTER MONTH AND YEAR. If you don't know the precise month, please give your best estimate.

INTERVIEWER: If respondent is self-employed and has changed the type of work they do in this period of self-employment, please record the date when they started doing the type of work they are currently doing.

MONTH:

YEAR:

SOURCE: COSMO

{ASK IF NOT CURRENTLY IN WORK [IF MWORKDER>4]}

MJOBEVER

Have you ever had a paid job, apart from casual or holiday work?

Yes

No

{ASK IF PREVIOUSLY HAD A JOB (MJOBEVER=1)}

MEVEREMPSE

In your last job, were you working as an employee or as self-employed?

Employee

Self-employed

{ASK IF EVER HAD A JOB (MWORKDER = 1, 2, 3, 4 OR MJOBEVER=1)}

MWORK6

[MWORKDER = 1-4: What is your job title for your main job?]

[MJOBEVER = 1: What was your job title for your last main job?]

IF NECESSARY: If you have more than one job, then the main job is the one with most hours.

If the hours are equal for both jobs, the main job is the one with the highest pay.

OPEN TEXT

{ASK IF EVER HAD A JOB (MWORKDER = 1, 2, 3, 4 OR MJOBEVER=1)}

MWORK7

[MWORKDER = 1-4: What does the firm or organisation you work for mainly make or do?]

[MJOBEVER = 1: What did the firm or organisation you worked for mainly make or do?]

INTERVIEWER: please record in detail (for example manufacturing, processing or distribution, goods produced, materials used, wholesale or retail). Probe respondent if necessary.

OPEN TEXT

{ASK IF EVER HAD A JOB (MWORKDER = 1, 2, 3, 4 OR MJOBEVER=1)}

MWORK8

[MWORKDER = 1-4: Does this job require any special qualifications or training?]

[MJOBEVER = 1: Did this job require any special qualifications or training?]

1 Yes

2 No

{ASK IF MWORK7 = 1}

MWORK9

What special qualifications or training [IF MWORKDER=1-4: are/IF MJOBEVER=1: were] required?

OPEN TEXT

{ASK IF EMPLOYEE (MWORKDER = 1-2 OR XEVEREMPSE=1)}

MWORK10

[IF MWORKDER = 1-2: In your job do you have any managerial duties or are you supervising any other employees?]

[MEVERMPSE = 1: In your last job, did you have any managerial duties or were you supervising any other employees?]

- 1 Manager
- 2 Foreman or supervisor
- 3 Not a manager or supervisor

{ASK IF MWORK10 = 1, 2}

MWORK11

[IF MWORKDER=1-2: Do/ MJOBEVER = 1: Did] you supervise more than 25 people?

- 1 Yes
- 2 No

PLACE HOLDER:

We will be asking about employment history since January 2020, but exact format is yet to be decided.

SOURCE: CLS COVID-19 SURVEY

Nb. The response options are yet to be finalised for this question

{ASK IF MWORKDER10 = 1, 2}

MWORK11

Which of the following best describes your work location since the Coronavirus outbreak?

- Work from your own home
- Work at employer's premises
- Other

{ASK IF RESPONDENT IS WORKING AT EMPLOYER'S PREMISES, ROUTING TBD BASED ON MWORK11}

MWORK12

How long in total does it usually take you to travel from home to work?

OPEN TEXT

SOURCE: Maternity and Paternity Rights Survey Adapted

{ASK IF MWORKDER = 1, 2, 3, 4}

MWORKSTOP1

SHOW CALENDAR

When did you stop working before your baby arrived?

PLEASE ENTER DATE IN FORM DD-MM-YYYY.

If respondent had more than one job at the time, ask about the main job.

If respondent can't remember the day:

- *ask about significant events in that month that might help them remember*
- *ask if it was early, mid or late in the month and then encourage them to provide a day within this period*
- *suggest respondent checks date in diary or other documents, if available*

{ASK IF MWORKDER = 1, 2}

MWORKSTOP2

SHOW CALENDAR

And when did you start your formal maternity or paternity leave, by this I mean the start of the maternity leave date allowed by or agreed with your employer. Please do not include any annual leave or time off sick you had immediately before your maternity leave.

PLEASE ENTER DATE IN FORM DD-MM-YYYY.

If respondent had more than one job at the time, ask about the main job.

If respondent can't remember the day:

- *ask about significant events in that month that might help them remember*
- *ask if it was early, mid or late in the month and then encourage them to provide a day within this period*
- *suggest respondent checks date in diary or other documents, if available*

SOURCE: MCS7

ALSO USED IN: CHILDREN OF THE 2020s SWEEP 1

{ASK IF MWORKDER = 1, 2, 3, 4}

MLEAVE1

Are you currently on maternity or paternity leave?

- 1 Yes
- 2 No

{ASK IF MLEAVE1 = 1}

MLEAVE2

When does your maternity or paternity leave finish?

DAY
MONTH
YEAR

{ASK IF MLEAVE1 = 1}

MLEAVE3

Are you planning to return to work after your maternity or paternity leave finishes?

- 1 Yes
- 2 No

PLACE HOLDER:

We will be asking how many months parental leave the respondent had on full pay and how many months on partial pay. Exact format is yet to be decided.

{ASK IF OTHER PARENT RESIDENT IN THE HOUSEHOLD}

MWORK1P

Which of these best describes what your {partner/spouse} is currently doing?

INTERVIEWER: if partner is on maternity/paternity leave, code what they were doing prior to leave i.e., employed/self-employed.

{SHOWCARD}

- 1 Employee – in paid work
- 2 Self-employed
- 3 Looking after the family
- 4 Found a job, waiting to start it
- 5 Out of work and looking for a job
- 6 Out of work, reasons of poor health
- 7 On government scheme
- 8 On apprenticeship scheme
- 9 Full-time student
- 10 Retired from paid work
- 11 Not in paid work for some other reason

{ASK IF MWORK1P = 1, 2}

MWORK2P

Are they working full-time or part-time?

- 1 Full-time (30 or more hours a week)
- 2 Part-time (under 30 hours a week)

{ASK IF MWORK1P = 6}

MWORK3P

Are they temporarily out of work due to poor health - i.e., for less than six months, or long-term sick or disabled - i.e. for more than six months?

- 1 Temporarily sick or disabled
- 2 Long-term sick or disabled

{ASK IF MWORK1P = 11}

MWORK4P

What are they doing?

OPEN TEXT

{DERIVED VARIABLE – DO NOT ASK}

MWORKDERP

- 1 Full time employment
- 2 Part time employment
- 3 Full time self-employed
- 4 Part time self-employed
- 5 Looking after the family
- 6 Waiting to start a job
- 7 Looking for a job
- 8 Temporary sickness/disability
- 9 Long-term sickness/disability
- 10 Being on a government scheme
- 11 Being on an apprenticeship scheme
- 12 Full-time education
- 13 Retirement
- 14 textfill {WORK4}

{ASK IF MWORKDERP = 1, 2, 3, 4}

NOTE: Household grid name feedforward here and should only be asked if there is a father on the scene.

MLEAVE4

Did your partner take maternity or paternity leave?

- 1 Yes
- 2 No

{ASK IF MLEAVE4 = 1}

MLEAVE5

How long was your partner's period of maternity or paternity leave?

INTERVIEWER: enter a number in either the "days", "weeks" or "months" box (or multiple if the respondent answers using multiple periods).

DAYS

WEEKS

MONTHS

Parental education questions cover:

- Age left full-time education
- Parental highest level of education: Questions ask for academic and vocational qualifications gained. Highest level to be coded in the office post-fieldwork.

SOURCE: MCS1 and MCS6

ALSO USED IN: Children of the 2020s Sweep 1

{ASK ALL}

MLFTE

I'd now like to ask a few questions about your education. First, how old were you when you left full-time continuous education?

IF LEFT AND LATER RETURNED TO BECOME A FULL-TIME STUDENT, ASK: **How old were you when you first left?**

IF SANDWICH COURSE OR GAP YEAR TREAT AS FULL-TIME CONTINUOUS EDUCATION

IF STILL IN FULL-TIME EDUCATION, CODE 0

Range: 0..35

SOURCE: MCS1 and MCS6 adapted

ALSO USED IN: Children of the 2020s Sweep 1

{ASK ALL}

MEDUC1

Please tell me which, if any, of the academic qualifications on this card you have?

INTERVIEWER: overseas qualifications: code as nearest equivalent, if no equivalent, code as 'other'.

CODE ALL THAT APPLY.

{SHOWCARD}

1. An Access to Higher Education Qualification/Diploma
2. Higher Degree and Postgraduate qualifications
3. First Degree (including B.Ed.)
4. Post-graduate Diplomas and Certificates
5. Diplomas in higher education and other higher education qualifications
6. Teaching qualifications for schools or further education (below degree level)
7. A/AS/S Levels/SCE Higher, Scottish Certificate Sixth Year Studies, Leaving Certificate or equivalent
8. O Level or GCSE grade A-C, SCE Standard, Ordinary grades 1-3 or Junior Certificate grade A-C
9. CSE below grade 1/GCSE or O Level below grade C, SCE Standard, Ordinary grades below grade 3 or Junior Certificate below grade C
10. Other academic qualifications (incl. some overseas - SEE NOTE)
11. None of these qualifications

SOURCE: MCS1 and MCS6

ALSO USED IN: Children of the 2020s Sweep 1

{ASK ALL}

MEDUC2

Please tell me which, if any, of the vocational qualifications on this card you have?

INTERVIEWER: overseas qualifications: code as nearest equivalent, if no equivalent, code as 'other'.

TRADE APPRENTICESHIPS - USE CODE 9

CODE ALL THAT APPLY.

{SHOWCARD}

1. Professional qualifications at degree level e.g. graduate member of professional institute, chartered accountant or surveyor
2. Nursing or other medical qualifications (below degree level)
3. Teaching qualifications for schools or further education (below degree level)
4. NVQ or SVQ level 4 or 5
5. HND, HNC, Higher Level BTEC/RSA Higher Diploma
6. NVQ or SVQ Level 3/GNVQ Advanced or GSVQ Level 3
7. OND, ONCM BTEC National, SCOTVEC National Certificate
8. City & Guilds advanced craft, Part III/RSA Advanced Diploma
9. NVQ or SVQ Level 2/GNVQ Intermediate or GSVQ Level 2
10. BTEC, SCOTVEC first or general diploma
11. City & Guilds Craft or Part II/RSA Diploma
12. NVQ or SVQ Level 1/GNVQ Foundation Level or GSVQ Level 1
13. BTEC, SCOTVEC first or general certificate/SCOTVEC modules
14. City & Guilds part 1/RSA Stage I,II,III/Junior certificate
15. Other vocational qualifications (incl. some overseas - SEE NOTE)
16. Level 1 award, certificate or diploma
17. Level 2 award, certificate or diploma
18. Level 3 award, certificate or diploma
19. Level 4, 5, 6 or 7 award, certificate or diploma
20. Apprenticeship level 2 – foundation/intermediate
21. Apprenticeship level 3 – advanced
22. Apprenticeship level 4+ - higher
23. Functional skills (maths and eng, entry level 1 and 2)
24. None of these qualifications

Languages spoken at home.

{ASK ALL}

MLANGH

Can I just check - is English the language usually spoken at home? IF YES, PROBE Is that English only, or other languages as well?

MLANGO

Which other language(s) are spoken at home?

CODE ALL THAT APPLY

{SHOWCARD – language list}

SOURCE: Children of the 2020s

MBIRUK

Were you born in the UK?

Yes

No

{IFMBIRUK=no}

MBIRCOU

In which country were you born?

NOTE TO SCRIPTERS: use drop down menu or showcard if look up not available

Ethnicity

- Question asked of parent about their own ethnicity, and about the ethnicity of their child
- Census 2021 question to be used, which includes the new category “White – Roma”. This will still be comparable with previous studies as the new category can either be back-coded or left as-is, and will likely apply to a very small proportion of respondents.

SOURCE: Census 2021

ALSO USED IN: Children of the 2020s Sweep 1

{ASK ALL}

METHNIC

What is your ethnic group?

{SHOWCARD REQUIRED – SHOWCARD NOT TO DISPLAY DON'T KNOW/REFUSED OPTION,
BUT DK/REF TO BE AVAILABLE IN CAPI}

- 1 White - English/Welsh/Scottish/Northern Irish/British
- 2 White - Irish
- 3 White - Gypsy or Irish Traveller
- 4 White - Roma
- 5 Any other White background (PLEASE SPECIFY)
- 6 Mixed/multiple ethnic groups - White and Black Caribbean
- 7 Mixed/multiple ethnic groups - White and Black African
- 8 Mixed/multiple ethnic groups - White and Asian
- 9 Any other mixed/multiple ethnic background (PLEASE SPECIFY)
- 10 Asian/Asian British - Indian
- 11 Asian/Asian British - Pakistani
- 12 Asian/Asian British - Bangladeshi
- 13 Asian/Asian British - Chinese
- 14 Any other Asian background (PLEASE SPECIFY)
- 15 Black/African/Caribbean/Black British - African
- 16 Black/African/Caribbean/Black British - Caribbean
- 17 Any other Black/African/Caribbean background (PLEASE SPECIFY)
- 18 Other ethnic group - Arab
- 19 Any other ethnic group (PLEASE SPECIFY)

IF METHNIC =5, 9, 14, 17

METHICO

TYPE IN

{ASK ALL}

METHNIC2 What is the ethnic group of (MNAME2)?

{SHOWCARD REQUIRED– SHOWCARD NOT TO DISPLAY DON'T KNOW/REFUSED OPTION, BUT DK/REF TO BE AVAILABLE IN CAPI}

- 1 White - English/Welsh/Scottish/Northern Irish/British
- 2 White - Irish
- 3 White - Gypsy or Irish Traveller
- 4 White - Roma
- 5 Any other White background (PLEASE SPECIFY)
- 6 Mixed/multiple ethnic groups - White and Black Caribbean
- 7 Mixed/multiple ethnic groups - White and Black African
- 8 Mixed/multiple ethnic groups - White and Asian
- 9 Any other mixed/multiple ethnic background (PLEASE SPECIFY)
- 10 Asian/Asian British - Indian
- 11 Asian/Asian British - Pakistani
- 12 Asian/Asian British - Bangladeshi
- 13 Asian/Asian British - Chinese
- 14 Any other Asian background (PLEASE SPECIFY)
- 15 Black/African/Caribbean/Black British - African
- 16 Black/African/Caribbean/Black British - Caribbean
- 17 Any other Black/African/Caribbean background (PLEASE SPECIFY)
- 18 Other ethnic group - Arab
- 19 Any other ethnic group (PLEASE SPECIFY)

IF METHNIC2 =5, 9 ,14, 17

METHIC2O

TYPE IN

Religious affiliation: [Census 2021 question to be used, which is also commonly used on other studies.](#)

SOURCE: [Census 2021](#)

ALSO USED IN: [Children of the 2020s Sweep 1](#)

{ASK ALL}

MRELIG

What is your religion?

- 1 No religion
- 2 Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- 3 Buddhist
- 4 Hindu
- 5 Jewish
- 6 Muslim
- 7 Sikh
- 8 Any other religion (PLEASE SPECIFY)

MODULE 3: INCOME, DISADVANTAGE AND NEIGHBOURHOOD

Usual gross and net pay from employment (own and partner)
Usual hours (own and partner)
Self-employment income (own)
Sources of income (own and partner)
Universal credit
Total net family income - banded (own and partner)
Debts (own and partner)
Financial assets (own and partner)
Value of home
Value of outstanding mortgage
Keeping up with bills
Debt stress
Subjective assessment of financial circumstances
Housing conditions, number of rooms, shared accommodation, access to garden
Food insecurity, financial insecurity
Grandparents' social class and education
Interviewer neighbourhood assessment
Interviewer home environment assessment
Perceived safety in the local area

Income from employment

ADD TIMESTAMP HERE

SOURCE: MCS7

{ASK EMPLOYED ONLY (MWORKDER=1-2)}

MPAYS

The next few questions are about your pay. Do you have your last payslip to hand which you could consult?

- 1 Yes – I have my latest payslip to consult
- 2 Yes – I have my old payslip to consult
- 3 No – I do not have my payslip to consult
- 4 No payslip provided by employer

{ASK EMPLOYED ONLY (MWORKDER=1-2)}

MGPAY

How much is your GROSS pay (in your main job), that is before any deductions for tax, national insurance, pension, union dues and so on? Include in your gross pay any overtime, bonuses, commissions, tips or tax refunds.

NUMERIC

RANGE 0-9999997

(Unfolding brackets for refusals)

{IF MGPAY <> DK/REF}

MPAYP1

What period does this cover?

- 1 One week
- 2 Calendar month
- 3 One year
- 4 Other period (specify)

{ASK EMPLOYED ONLY (MWORKDER=1-2)}

MUTHP

How much is your usual take-home pay, that is after any deductions were made for tax, National Insurance, pension, union dues and so on?

NUMERIC

RANGE 0-9999997

(Unfolding brackets for refusals)

{IF MUTHP <> DK/REF}

MPAYP2

What period does this cover?

- 1 One week
- 2 Calendar month
- 3 One year
- 4 Other period (specify)

{ASK IF PARTNER EMPLOYED (MWORK1P=1)}

MPUTHP

What is your partner's usual take-home pay, that is after any deductions were made for tax, National Insurance, pension, union dues and so on?

NUMERIC

RANGE 0-9999997

(Unfolding brackets for refusals)

{IF MPUTHP <> DK/REF}

MPAYP2

What period does this cover?

- 1 One week
- 2 Calendar month
- 3 One year
- 4 Other period (specify)

SOURCE: COSMO Sweep 1

ALSO USED IN: Children of the 2020s Sweep 1

The next few questions are about sources of income and any state benefits or tax credits that you [IF PARTNER=1:and your partner] may receive.

Please click the (>) button to continue.

{ASK ALL }

MINCTYPE (*Multi code*).

Below is a list of possible sources of income. Which of these sources do you [IF PARTNER=1:and your partner] receive? Please choose all that apply.

HELP TEXT: Universal Credit is a state benefit. Some people now receive a single Universal Credit payment which replaces a number of other state benefits and tax credits, including: Income based Jobseeker's Allowance, Income-related Employment and Support Allowance, Income Support, Working Tax Credit, Child Tax Credit and Housing Benefit.

1. Earnings from employment or self-employment
2. Pension from a former employer
3. Maternity or paternity pay
4. State Pension
5. Universal Credit
6. Child Benefit
7. Carer's Allowance
8. Personal Independence Payment, Disability Living Allowance, Attendance Allowance
9. Other State Benefits
10. Tax Credits
11. Interest from savings and investments.
12. Other kinds of regular income from outside the household, for example, rent from boarders/tenants, regular financial help from family, income from investments
13. No source of income [EXCL.]

{ASK IF DO NOT RECEIVE UNIVERSAL CREDIT (MINCTYPE NE 5)}

MINCTYPE2 (*Multi code*)

Do you receive payments for any of the following?

1. Income based Jobseeker's Allowance
2. Income-related Employment and Support Allowance
3. Income Support
4. Working Tax Credit
5. Child Tax Credit
6. Housing Benefit
7. None of these (EXCL.)

{ASK IF AT LEAST ONE SOURCE OF INCOME (IF MINCTYPE <> 13)}

MINCPERIOD (*Single code*)

Over what period would you find it easiest to provide an estimate of your [IF XPARTNER=1: and your partner's combined] total income **after** deductions such as income tax or National Insurance? Think about what comes into your bank account(s) or the value of your pay packet(s).]

1. Annually
2. Monthly/every four weeks
3. Weekly

{ASK IF ANNUAL PREFERRED (MINCPERIOD=1)}

MINCBANDA (*Single code*)

Thinking about all sources of income, which of the following represents your [IF PARTNER=1: and your partner's combined] total

annual income **after any deductions such as income tax or National Insurance?** Think about what comes into your bank account(s) or the value of your pay packet(s).]

1. Less than £6,500
2. £6,500 less than £10,500
3. £10,500 less than £13,000
4. £13,000 less than £15,000
5. £15,000 less than £17,000
6. £17,000 less than £19,000
7. £19,000 less than £21,000
8. £21,000 less than £23,000
9. £23,000 less than £25,500
10. £25,500 less than £27,500
11. £27,500 less than £30,000
12. £30,000 less than £32,500
13. £32,500 less than £35,000
14. £35,000 less than £38,000
15. £38,000 less than £41,500
16. £41,500 less than £46,000
17. £46,000 less than £51,500
18. £51,500 less than £59,500
19. £59,500 less than £75,000
20. £75,000 or more

-8 Don't know

-9 Prefer not to say

{ASK IF MONTHLY PREFERRED (MINCPERIOD=2)}

XINCBANDM (*Single code*)

Thinking about all sources of income, which of the following represents your [IF PARTNER=1: and your partner's combined] total monthly income **after any deductions such as income tax or National Insurance?**

Think about what comes into your bank account(s) or the value of your pay packet(s).]

1. Less than £550
 2. £550 less than £870
 3. £870 less than £1,100
 4. £1,100 less than £1,270
 5. £1,270 less than £1,430
 6. £1,430 less than £1,600
 7. £1,600 less than £1,760
 8. £1,760 less than £1,930
 9. £1,930 less than £2,100
 10. £2,100 less than £2,290
 11. £2,290 less than £2,500
 12. £2,500 less than £2,700
 13. £2,700 less than £2,930
 14. £2,930 less than £3,170
 15. £3,170 less than £3,460
 16. £3,460 less than £3,810
 17. £3,810 less than £4,270
 18. £4,270 less than £4,940
 19. £4,940 less than £6,270
 20. £6,270 or more
- 8 Don't know
- 9 Prefer not to say

{ASK IF WEEKLY PREFERRED (MINCPERIOD=3)}

MINCBANDW (*Single code*)

Thinking about all sources of income, which of the following represents your [IF PARTNER=1: and your partner's combined] total weekly income **after any deductions such as income tax or National Insurance?**

Think about what comes into your bank account(s) or the value of your pay packet(s).

1. Less than £120
 2. £120 less than £200
 3. £200 less than £250
 4. £250 less than £300
 5. £300 less than £330
 6. £330 less than £370
 7. £370 less than £410
 8. £410 less than £450
 9. £450 less than £490
 10. £490 less than £530
 11. £530 less than £580
 12. £580 less than £630
 13. £630 less than £680
 14. £680 less than £730
 15. £700 less than £800
 16. £800 less than £880
 17. £880 less than £990
 18. £990 less than £1,140
 19. £1,140 less than £1,450
 20. £1,740 or more
- 8 Don't know
-9 Prefer not to say

{ASK IF RECEIVE UNIVERSAL CREDIT (MINCTYPE=5)}

MUNCREDCHECK (*Multi*)

You mentioned that you receive Universal Credit. Do you receive any **extra** amounts of Universal Credit on top of your standard allowance for any of the following?

Please choose all that apply

1. Yes, because I have children
 2. Yes, because I have a disability or health condition
 3. Yes, because I care for a severely disabled person
 4. Yes, I receive additional payments for housing
 5. None of these (EXCL.)
- 8 Don't know [EXCL.]
-9 Prefer not to say [EXCL.]

Debts

SOURCE: MCS6

{ASK ALL}

MFCOM

I would now like to ask you about any financial commitments you {or your partner} may have apart from mortgages. For which, if any, of the items listed on this card do you {or your partner} currently owe any money? Please do not include credit card and other bills being fully paid off in the current month.

CODE ALL THAT APPLY

- 1 Credit card
- 2 Store card
- 3 Hire purchase agreement(s)
- 4 Personal loan(s) (from bank, building society or other financial institution)
- 5 Catalogue or mail order purchase agreement(s)
- 6 DWP Social Fund loan
- 7 Any other loan(s) from a private individual
- 8 Student loan
- 9 Other debt not listed here
- 10 None of these

{ASK if MFCOM<>10}

MFCOMA

About how much do you owe on {this commitment/these commitments}?

Range: 1-999997

(plus unfolding brackets)

{ASK IF HOMEOWNER (MTENURE = 1-3)}

MOPA

About how much would you expect to get for your home if you sold it today?

INTERVIEWER: IF RANGE GIVEN WRITE IN LOWEST FIGURE. WRITE IN AMOUNT IN £.

Range 0...10000000

(plus DK/Refused)

{ASK IF don't know or refused amount (MOPA = DK, REF)}

MOBR

Is it less than X, more than X or what?

- 1 Less than X
- 2 About X
- 3 More than X

BRACKETS (X = £50,000, £100,000, £150,000, £200,000)

[Bracket results are recorded in MOBBL, MOBBU, MOBBE, MOBBR]

{ASK IF HAS MORTGAGE (MTENURE=2-3)}

MOML

What is the amount still outstanding on all the mortgages/loans you {or your partner} have on this home - that is how much do you still have to pay off?

RANGE 0...10000000

{ASK ALL}

MASS

Which, if any, of the accounts, investments or assets on this card do you [^or your husband/wife/partner] have?

- 1 Account at a bank, building society or elsewhere
- 2 Premium Bonds or National Savings Accounts or Certificates
- 3 ISA – cash or TESSA
- 4 ISA – stocks and shares or PEPS
- 5 Stocks and/or Shares (including share options, employee share ownership or share clubs)
- 6 Unit or Investment Trusts/Bonds and Gilts (government or corporate)
- 7 Property or land, other than this home (including business or farm property and land, and property abroad)
- 8 Other savings, investments or assets
- 9 None of these

SOURCE: Family Resources Survey adapted

ALSO USED IN: Children of the 2020s, MCS6

{ASK ALL}

MBILLS

In the last six months have you {and your partner} been keeping up with bills and any regular debt repayments...

INTERVIEWER PROMPT: **So please think back to...**<<TEXT SUB MONTH AND YEAR 6 MONTHS FROM INTERVIEW DATE>>

[Ask all // SC]

1. Yes
2. No
3. Don't want to say (DO NOT PROMPT)

Perception of how well managing financially

SOURCE: MCS

ALSO USED IN: Children of the 2020s, COSMO

{ASK ALL}

MFMAN

How well would you say you are managing financially these days? Would you say you are...?

- 1 Living comfortably
- 2 Doing alright
- 3 Just about getting by
- 4 Finding it quite difficult
- 5 Finding it very difficult

Neighbourhood and Environment

- Problems with accommodation (damp, broken boiler, etc.)
- Number of rooms, shared accommodation, access to garden car availability
- Food insecurity questions
- Financial insecurity - ability to buy baby necessities
- Infant's Grandfather's and grandmother's occupation and education
- Neighbourhood observations (MCS2)
- Home environment observations
- Perceived safety in the local area

SOURCE: Next Steps age 32

ALSO USED IN: Children of the 2020s, COSMO

{ASK ALL}

MHOMQUAL

Do you currently have any of the following in any of your rooms?

1. Problems with damp, mould or condensation
2. Problems with heating or ventilation
3. Problems with domestic hygiene, pests or refuse
4. Problems with faulty appliances (e.g. boiler, cooker or oven, washing machine)
5. Other (please specify)

MHOMQUALO

TYPE IN

SOURCE: CLS COVID-19 Survey

{ASK ALL}

MODS

Do you have a garden, a patio or yard, a roof terrace or large balcony? Please select all that apply

A garden

A patio or yard

A roof terrace or large balcony

None of the above

SOURCE: Food Standards Agency's Food and You Survey adapted

ALSO USED IN: Children of the 2020s Sweep 1

{ASK ALL}

MFINS

Since {MNAME2} was born, have you (or other adults in your household) ever cut the size of your meals or skipped meals because there wasn't enough money for food?

Yes

No

SOURCE: adapted from Smith et al., 2013 Paediatrics

ALSO USED IN: Children of the 2020s Sweep 1

{ASK ALL}

MNAPP

Do you ever feel that you cannot afford to buy essential baby items like nappies and baby clothes as often as you would like?

Yes

No

SOURCE: OSBORN INDEX

ALSO USED IN: Children of the 2020s

{ASK ALL}

MROOM

How many rooms do you have (including bathroom and kitchen) for just your family's use?

NUMERIC

0-50

{ASK ALL}

MSCON

Is your current living arrangement self-contained (or are some rooms shared with another family)?

Yes, self-contained

No, not self-contained

{ASK IF MSCON = NO}

MNSCO

Which rooms are shared with another family?

OPEN TEXT

{ASK ALL}

MCARV

Do you have a car or van available for your use/the family's use?

Yes

No

Infant's Grandfather's and grandmother's occupation and education

SOURCE: Goldthorpe's Class Schema

ALSO USED IN: Life Study adapted from Understanding Society

{ASK ALL}

MFWORK (*Single code*)

Thinking back to when you were 14 years old, was your father working at that time?

Father was working

Father was not working

Father was deceased

Unknown as no contact with father
Don't know/Not Sure

{ASK IF MFWORK=1}

MFJOB

What job was your father doing at that time? What was his job title?

OPEN TEXT

{ASK IF MFWORK=1}

MFROLE

Briefly describe the work your father did.

OPEN TEXT

{ASK IF FATHER NOT DECEASED (MFWORK<>3)}

MFEDUC (Single Code)

Thinking about your father's educational qualifications when you were 14 years old, which of these best describes the type of qualifications your father held at that time?

1 He had left school without any qualifications or certificates

2 He had left school with some qualifications or certificates

3 He had gained postschool qualifications or certificates of further education (e.g. City and Guilds)

4 He had gained a university degree or other degree

5 Unknown as no contact with father

6 Other

7 Don't know

{ASK ALL}

MMWORK (*Single code*)

And was your mother working when you were 14?

Mother was working

Mother was not working

Mother was deceased

Unknown as no contact with mother

Don't know/Not Sure

{ASK IF MMWORK=1}

MMJOB

What job was your mother doing at that time? What was her job title?

OPEN TEXT

{ASK IF MMWORK=1}

MMROLE

Briefly describe the work your mother did.

OPEN TEXT

{ASK IF MOTHER NOT DECEASED (MMWORK<>3)}

MMEDUC (Single Code)

Thinking about your mother's educational qualifications when you were 14 years old, which of these best describes the type of qualifications your mother held at that time?

- 1 He had left school without any qualifications or certificates
- 2 He had left school with some qualifications or certificates
- 3 He had gained postschool qualifications or certificates of further education (e.g. City and Guilds)
- 4 He had gained a university degree or other degree
- 5 Unknown as no contact with mother
- 6 Other
- 7 Don't know

Neighbourhood Interviewer Assessment

SOURCE: MCS2

ALSO USED IN: Children of the 2020s Sweep 1

SCRIPTING NOTE: THE QUESTIONS BELOW ARE FOR THE INTERVIEWER TO COMPLETE. THEY ARE NOT ASKED OF THE RESPONDENT. THEY WILL LIKELY BE FIRST IN THE QUESTIONNAIRE TO BE COMPLETED PRIOR TO THE INTERVIEW TO AVOID ANY BIAS.

MINTOBV1

INTERVIEWER: How would you rate the general condition of most of the residences or other buildings in the street?

1. Well kept, good repair & exterior surfaces
2. Fair condition
3. Poor condition, peeling paint, broken windows
4. Badly deteriorated

MINTOBV2

INTERVIEWER: How would you rate the volume of traffic on the street?

1. No traffic permitted
2. Light
3. Moderate
4. Heavy

MINTOBV3

INTERVIEWER: Is there any of the following: rubbish, litter, broken glass, drug related items, beer cans etc, cigarette ends or discarded packs - in the street or on the pavement?

1. None or almost none
2. Yes, some
3. Yes, just about everywhere you look

MINTOBV4

INTERVIEWER: Is there any evidence of vandalism such as broken glass from car windows, bus shelters, telephone boxes?

1. No
2. Yes

Neighbourhood Respondent Assessment

SOURCE: Adapted from Crime Survey for England and Wales

{ASK ALL}

MSAFE

How safe do you feel walking alone outside with your baby during the daytime? By this area I mean within 15 minutes walk from here. Would you say you feel...

NOTE: IF RESPONDENT NEVER GOES OUT ALONE WITH BABY, PROBE: How safe WOULD you feel?

1. Very safe
2. Fairly safe
3. A bit unsafe
4. Or very unsafe?

Home Environment Interviewer Assessment

Home Observation for Measurement of the Environment scale (Caldwell & Bradley, 1984)

Notes:

SOURCE: This is the Short Form of the HOME, taken from MCS WAVE 2 (Questions taken from subscales in the 0-3 and 4-6 versions of the questionnaire: to be coded by fieldworker. To be completed by Interviewer post interview.

MHOME1

Child's in-home play environment safe.

- 1 Yes
- 2 No

MHOME2

Parent provided toys during visit.

- 1 Yes
- 2 No

MHOME3

Parent kept child in vision.

- 1 Yes
- 2 No

MHOME4

How at ease did parent appear.

1 Yes

2 No

MHOME5

Interior of home dark.

1 Yes

2 No

MHOME6

House/flat reasonably clean.

1 Yes

2 No

MHOME7

House/flat reasonably uncluttered.

1 Yes

2 No

MODULE 4: PREGNANCY AND BIRTH

Fertility treatments
Pregnancy and birth
Baby Anthropometrics

Fertility Treatments

Nb. Assumption this will be filled out by birth mother but will need to be adapted if not
ADD TIMESTAMP HERE

SOURCE: Adapted MCS1

{ASK ALL}

MFETR

Did you have any medical fertility treatment to help you conceive (child name/names)?

Yes

No

{ASK IF MFETR=1}

MTRWT (Single code)

What treatment did you receive?

IF MORE THAN 1, CODE THE MOST RECENT TREATMENT WHICH LED TO (CHILD NAME/NAMES) CONCEPTION.

1 Clomiphene citrate

2 Artificial Insemination/Intrauterine Insemination

3 IVF: In Vitro Fertilisation

4 ICSI: IVF with intra cytoplasmic sperm injection

5 Frozen embryo transfer

6 Surgery involving the womb, tubes or ovaries

95 Other

{ASK IF had another kind of fertility treatment to those above (MTRWT=95)}

MTRWS

What other treatment did you receive?

OPEN TEXT

SOURCE: New

{ASK IF MFETR=1}

MDES

Did the conception involve donor egg and/or sperm?

1.no

2.yes, donor egg

3.yes, donor sperm

4.yes both donor egg/sperm.

Note response categories not yet finalized

{ASK IF MFETR=1}

MFTRL

How long have you been receiving medical fertility treatments before you were able to conceive (child name/names)

1. <3 months
2. 3-6 months
3. 6-12 months
4. 1-2 years
5. more than 2 years

Pregnancy and Birth

SOURCE: Life Study (Adapted from National Maternity Survey and MCS1)

ALSO USED IN: Children of the 2020s

{ASK ALL}

MPREGB1

The next few questions are about your pregnancy and baby's health. For some questions it might be helpful to refer to your Red Book if you have that to hand.

What date ^[was your baby/were your babies] due to be born? (if you were told more than one due date, please enter the final date you were told.)

[DATE]

{ASK if MPREGB1=DK/REF}

MPREGT1 (Single code)

^(Was child name/were child names) born early, late or on time?

- 1 Early
- 2 Late
- 3 On time
- 4 Can't remember
- 5 Don't know

{ASK IF BORN EARLY (MPREGB2=1)}

MPREGT2 (Single code)

^(Was ^he/ were they) born days or weeks early?

- 1 Days
- 2 Weeks

{ASK IF BORN EARLY (MPREGB2=1)}

MPREGT3

How many ^Days early ^ (was child name/were child names)?

Range:0..25

^Days= [MPREG3= Days or weeks]

SOURCE: Life Study (Adapted from National Maternity Survey and MCS1)

{ASK ALL}

MPREGB2

What type of delivery did you have for ^[child name/names]?

- 1 A vaginal delivery
- 2 A caesarean section

{ASK IF VAGINAL DELIVERY (MPREG2=1)}

MPREGB3

You said that ^(child name was/child names were) born by a vaginal delivery. Was this...

- 1 Assisted with forceps
- 2 Assisted with vacuum cap
- 3 Breech
- 4 None of the above

{ASK IF CAESAREAN SECTION (MPREG2=2)}

MPREGB4

You said that ^(child name was/child names were) born by caesarean section. Was this...

- 1 A planned caesarean before onset of labour
- 2 An unplanned caesarean before onset of labour
- 3 A caesarean section after onset of labour

SOURCE: Life Study (Adapted from National Maternity Survey and MCS1)

ALSO USED IN: Children of the 2020s

MPREGB5

After birth some babies need specialist care, e.g. help with breathing, and are admitted to a neonatal unit, sometimes called a Special Care Baby Unit (SCBU) or Neonatal Intensive Care Unit (NICU). Was ^[Cohort baby name] cared for in a neonatal unit (NNU, NICU, SCBU) at all?

- 1 Yes
- 2 No

MPREGB6

How old was ^[Cohort baby name] when they came home from hospital (or neonatal care)?

ENTER AGE IN DAYS

CODE 0 NOT APPLICABLE, BABY BORN AT HOME

Baby Anthropometrics

SOURCE: MCS1 (adapted for current weight)

First for child 1 and then for child 2 if twin

{ASK ALL}

MWEIG1

How much did {MNAME2} weigh at birth?

INTERVIEWER: CODE IF ANSWER GIVEN IN KILOS OR POUNDS

- 1 Kilos and grammes
- 2 Pounds and ounces

{ASK IF WEIG1 = 1}

MWEIG2

INTERVIEWER: ENTER BABY'S WEIGHT IN KILOS AND GRAMMES

{ASK IF WEIG1 = 2}

MWEIG3

INTERVIEWER: ENTER BABY'S WEIGHT IN POUNDS AND OUNCES

{ASK ALL}

MWEIG4

Has {NAME2} been weighed by a health professional recently?

- Yes
- No

{ASK IF MWEIG4 = YES}

MWEIG5

When was {MNAME2} most recently weighed by a health professional?

DAY

MONTH

YEAR

{ASK IF MWEIG4 = yes}

MWEIG6

How much did {MNAME2} weigh when {she/he} was most recently weighed by a health professional?

INTERVIEWER: CODE IF ANSWER GIVEN IN KILOS OR POUNDS

- 1 Kilos and grammes
- 2 Pounds and ounces

{ASK IF MWEIG6 = 1}

MWEIG7

INTERVIEWER: ENTER BABY'S WEIGHT IN KILOS AND GRAMMES

{ASK IF MWEIG6 = 2}

MWEIG8

INTERVIEWER: ENTER BABY'S WEIGHT IN POUNDS AND OUNCES

{ASK ALL}

MWEIG9

How much does {MNAME2} weigh now?

INTERVIEWER: CODE IF ANSWER GIVEN IN KILOS OR POUNDS

- 1 Kilos and grammes
- 2 Pounds and ounces

{ASK IF MWEIG9 = 1}

MWEIG10

INTERVIEWER: ENTER BABY'S WEIGHT IN KILOS AND GRAMMES

{ASK IF MWEIG9 = 2}

MWEIG11

INTERVIEWER: ENTER BABY'S WEIGHT IN POUNDS AND OUNCES

{ASK ALL}

MHEIG1

What was {MNAME2}'s length at birth?

INTERVIEWER: CODE IF ANSWER GIVEN IN CENTIMETRES OR INCHES

- 1 Centimeters
- 2 Inches

{ASK IF MHEIG1 = 1}

MHEIG2

INTERVIEWER: ENTER BABY'S LENGTH IN CENTIMETRES

{ASK IF MHEIG1 = 2}

MHEIG3

INTERVIEWER: ENTER BABY'S LENGTH IN INCHES

{ASK ALL}

MHEIG4

What is {MNAME2}'s length now?

INTERVIEWER: CODE IF ANSWER GIVEN IN CENTIMETRES OR INCHES

- 1 Centimeters
- 2 Inches

{ASK IF MHEIG4 = 1}

MHEIG5

INTERVIEWER: ENTER BABY'S LENGTH IN CENTIMETRES

{ASK IF MHEIG4 = 2}

MHEIG6

INTERVIEWER: ENTER BABY'S LENGTH IN INCHES

{ASK ALL}

MHEADC1

What was {MNAME2}'s head circumference at birth?

INTERVIEWER: CODE IF ANSWER GIVEN IN CENTIMETRES OR INCHES

- 1 Centimetres
- 2 Inches

{ASK IF MHEADC1 = 1}

MHEADC2

INTERVIEWER: ENTER BABY'S HEAD CIRCUMFERENCE IN CENTIMETRES

{ASK IF MHEADC1 = 2}

MHEADC3

INTERVIEWER: ENTER BABY'S HEAD CIRCUMFERENCE IN INCHES

{ASK ALL}

MHEADC4

Has {NAME2} head circumference been measured by a health professional recently?

- Yes
- No

{ASK IF MHEADC4 = yes}

MHEADC5

When was {MNAME2}'s head circumference most recently measured by a health professional?

- DAY
- MONTH
- YEAR

{ASK IF MHEADC4 = yes}

MHEADC6

What was {MNAME2}'s head circumference when they were most recently measured by a health professional?

INTERVIEWER: CODE IF ANSWER GIVEN IN CENTIMETRES OR INCHES

- 1 Centimeters
- 2 Inches

{ASK IF MHEADC6 = 1}

MHEADC7

INTERVIEWER: ENTER BABY'S HEAD CIRCUMFERENCE IN CENTIMETRES

{ASK IF MWEIG6 = 2}

MWEIG8

INTERVIEWER: ENTER BABY'S HEAD CIRCUMFERENCE IN INCHES

MODULE 5: CHILD TEMPERAMENT

Temperament

SOURCE: Carey Revised Infant Temperament Questionnaire

ALSO USED IN: Millennium Cohort Study Sweep 1; Children of the 2020s Sweep 1

NOTE TO SCRIPTER: CRITQ1 to CRITQ14 asked to main respondents only and repeated for each cohort baby if more than one [HHGrid.MNOBA=2,3,4,5,6]

ADD TIMESTAMP HERE

{ASK ALL}

^First, can you say whether the following apply to [child's name]?

^First, = 'First,' if one cohort baby [HHGrid.MNOBA=1]

NOTE TO SCRIPTER: EXAMPLE WORDING 'The first few questions are about ^Sophie. You will then be asked about ^Emily. First,' if more than one cohort baby and referring to first one [HHGrid.MNOBA=2,3,4,5,6] 'Now,' if more than one cohort baby and referring to the second or subsequent one [HHGrid.MNOBA=2,3,4,5,6]

MCAREY1

^First, can you say whether the following apply to [child's name]?

He/She makes happy sounds (coos, laughs) when having his nappy changed, or being dressed.

SHOWCARD

- 1 Almost never
- 2 Rarely
- 3 Usually does not
- 4 Often
- 5 Almost always
- 6 Can't say

MCAREY2

(^Still thinking about [child's name]...) ^He is pleasant (smiles, laughs) when first arriving in unfamiliar places (friend's house, shop)

SHOWCARD

- 1 Almost never
- 2 Rarely
- 3 Usually does not
- 4 Often
- 5 Almost always
- 6 Can't say

(^Still thinking about [child's name]...) = ('Still thinking about [child's name]) if more than one cohort baby

[HHGrid.MNOBA=2,3,4,5,6]; otherwise blank

MCAREY3

(^Still thinking about [child's name]...) ^He is pleasant (coos, smiles) during procedures like hair brushing or face washing.

SHOWCARD

- 1 Almost never
- 2 Rarely
- 3 Usually does not
- 4 Often
- 5 Almost always
- 6 Can't say

MCAREY4

(^Still thinking about [child's name]...) ^He is content (smiles, coos) during interruptions of milk or solid feeding.

SHOWCARD

- 1 Almost never
- 2 Rarely
- 3 Usually does not
- 4 Often
- 5 Almost always
- 6 Can't say

MCAREY5

(^Still thinking about [child's name]...) ^He remains pleasant or calm with minor injuries (bumps, pinches).

SHOWCARD

- 1 Almost never
- 2 Rarely
- 3 Usually does not
- 4 Often
- 5 Almost always
- 6 Can't say

MCAREY6

And please say whether the following apply to [child's name]

^He objects to being bathed in a different place or by a different person after 2 or 3 tries.

SHOWCARD

- 1 Almost never
- 2 Rarely
- 3 Usually does not
- 4 Often
- 5 Almost always
- 6 Can't say

MCAREY7

(^Still thinking about [child's name]...) ^He is still wary or frightened of strangers after 15 minutes.

SHOWCARD

- 1 Almost never
- 2 Rarely
- 3 Usually does not
- 4 Often
- 5 Almost always
- 6 Can't say

MCAREY8

(^Still thinking about [child's name]...) ^He is shy (turns away or clings to you) on meeting another child for the first time.

SHOWCARD

- 1 Almost never
- 2 Rarely
- 3 Usually does not
- 4 Often
- 5 Almost always
- 6 Can't say

MCAREY9

(^Still thinking about [child's name]...) For the first few minutes in a new place or situation (new shop or home) ^he is fretful.

SHOWCARD

- 1 Almost never
- 2 Rarely
- 3 Usually does not
- 4 Often
- 5 Almost always
- 6 Can't say

MCAREY10

(^Still thinking about [child's name]...) ^He appears bothered (cries/squirms) when first put down in a different sleeping place.

SHOWCARD

- 1 Almost never
- 2 Rarely
- 3 Usually does not
- 4 Often
- 5 Almost always
- 6 Can't say

MCAREY11

And please say whether the following apply to [child's name]

^He wants and takes milk feeds at about the same time (within one hour) from day to day.

SHOWCARD

- 1 Almost never
- 2 Rarely
- 3 Usually does not
- 4 Often
- 5 Almost always
- 6 Can't say

MCAREY12

(*^Still* thinking about [child's name]...) *^He* gets sleepy at about the same time each evening (within half hour).

SHOWCARD

- 1 Almost never
- 2 Rarely
- 3 Usually does not
- 4 Often
- 5 Almost always
- 6 Can't say

MCAREY13

(*^Still* thinking about [child's name]...) *^His* naps are about the same length from day to day.

SHOWCARD

- 1 Almost never
- 2 Rarely
- 3 Usually does not
- 4 Often
- 5 Almost always
- 6 Can't say

MCAREY14

(*^Still* thinking about [child's name]...) *^He* wants and takes solid food at about the same time (within 1 hour) from day to day.

SHOWCARD

- 1 Almost never
- 2 Rarely
- 3 Usually does not
- 4 Often
- 5 Almost always
- 6 Can't say

MODULE 6: EARLY CARE AND HOME LEARNING, PARENTING, CHILDCARE, SUPPORT AND SERVICE USE

Early care and home learning
Division of household tasks and childcare
Parenting beliefs
Childcare
Grandparental Support
Service use

Early care and home learning

SOURCE: Life Study adapted from ALSPAC - Children of the children of the 90's

{ASK ALL}

MACTa-MACTh

How often do you do these activities with ^[Cohort baby name/names]...

MACTa Bath ^[him/her/them]

MACTb Sing to ^[him/her/them]

MACTc Show ^[him/her/them] pictures in books

MACTd Read ^[him/her/them] stories

MACTe Play with toys

MACTf Cuddle ^[him/her/them]

MACTg Physical play (e.g. clapping, rolling over)?

MACTh Take ^[him/her] for walks?

SHOWCARD

1 Every day

2 Several times a week – 2 to 6 times

3 Once a week

4 Less than once a week

5 Not at all

Division of Household Tasks and Childcare

SOURCE: Growing Up in Scotland Wave 1

{ASK ALL}

MCCHDa-MCCHDc

The next few questions are about who looks after ^(child name/names). First, who is mostly responsible...

MCCHDa

For feeding ^him

1 I do most of it

2 My husband/wife/partner does most of it

3 We share more or less equally

4 Someone else does it

MCCHDb For changing ^his nappies?

- 1 I do most of it
- 2 My husband/wife/partner does most of it
- 3 We share more or less equally
- 4 Someone else does it
- 5 ^Child name only wears nappies at bedtime
- 6 ^Child name no longer uses nappies

MCCHDc

For getting up in the night if ^he cries or needs to be comforted?

- 1 I do most of it
- 2 My husband/wife/partner does most of it
- 3 We share more or less equally
- 4 Someone else does it

{ASK ALL}

MCCHDd-MCCHDh

And in your family, who does each of these things most of the time?

MCCHDd Preparing and cooking the main meal?

- 1 I do most of it
- 2 My husband/wife/partner does most of it
- 3 We share more or less equally
- 4 Someone else does it

MCCHDe Cleaning the home?

- 1 I do most of it
- 2 My husband/wife/partner does most of it
- 3 We share more or less equally
- 4 Someone else does it

MCCHDf Looking after ^child name/names when ^he is ill?

- 1 I do most of it
- 2 My husband/wife/partner does most of it
- 3 We share more or less equally
- 4 Someone else does it

MCCHDg Generally being with and looking after the children?

- 1 I do most of it
- 2 My husband/wife/partner does most of it
- 3 We share more or less equally
- 4 Someone else does it

Parenting Beliefs

SOURCE: The National Evaluation of Sure Start (NESS)

ALSO USED IN: Life Study and MCS9

{ASK ALL}

MPBa-MPBd

The next few questions ask for your views on how parents should treat a baby. Please enter how much you agree or disagree with each statement.

MPBa Babies should be picked up whenever they cry.

MPBb It is important to develop a regular pattern of feeding and sleeping with a baby.

MPBc Babies need to be stimulated if they are to develop well.

MPBd Talking, even to a young baby, is important

SHOWCARD

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Childcare

Questions cover:

- Who looks after the child
- Age when childcare started
- Age childcare stopped (if applicable)
- Hours per day in childcare
- Days a week in childcare

SOURCE: SEED Wave 1

ALSO USED IN: Children of the 2020s Sweep 1

{ASK ALL}

MCCAR1

Thinking about since [child name/both child names if twins] was/were born, have they ever been looked after by any of the following people or places on this card?

{SHOWCARD REQUIRED – SHOWCARD NOT TO DISPLAY DON'T KNOW/REFUSED OPTION, BUT DK/REF TO BE AVAILABLE IN CAPI}

1. Relative
2. Friend or neighbour
3. Childminder
4. Nanny
5. Nursery school
6. Nursery class attached to a primary or infant's school
7. Day nursery
8. Maintained nursery
9. Pre-school or playgroup

10. Special day school or nursery or unit for children with special educational needs
11. Other (specify)
12. Did not use any childcare

MCCAR2

Which relatives have looked after them?

1. Child's grandparents
2. Child's brother or sister
3. Other (specify)

{ASK IF MCCAR1= 1-10} LOOP FOR EACH TYPE

The next few questions are about the childcare you just mentioned for {child name/names},

MCCAGE

What was/were {child name/names}'s age in months when they started using this childcare?

NUMERIC

Range between 0 and 12 months

{ASK IF MCCAR1= 1-10}

MCCEND

Are you still using this childcare for {child name/names}?

Yes

No

{ASK IF MCCEND = No}

MCCSAGE

What was/were {child name/names}'s age in months when they stopped using this childcare?

NUMERIC

Range between 0 and 12 months

{ASK IF MCCAR1= 1-10}

MCCARHRS

And how many hours do/did they typically spend each week at this childcare {while they were being cared for in this way}?

NUMERIC

Range between 0 and 24 hours

{ASK IF MCCAR1= 1-10}

MCCARDAY

Over how many days a week does/did {child name/names} typically spend at this childcare?

NUMERIC

Range between 1 and 7 days

END OF LOOP

Grandparental Support

SOURCE: Adapted Grandparental Support Questions from Growing Up in Scotland Sweep 1

Intro

I am going to ask you some questions now about any support you get with bringing up [child name/names] from family.

{ASK ALL}

MGALI1

First of all, can you tell me how many of [child name's/names'] grandparents are still alive?

OPEN TEXT

{ASK IF child has one or more grandparent alive (MGALI1=>1)}

MGCON1

Still thinking about [child name's/names'] grandparents, how many of those are you in regular contact with – either face-to-face, or by phone, letter or e-mail?

OPEN TEXT

{ASK IF child has one or more grandparent alive (MGALI1=>1)}

MGCL01

With how many ^his grandparents would you say [child name/names] has/have a close or very close relationship?

OPEN TEXT

{ASK IF child has one or more grandparent alive (MGALI1=>1)}

MGLIV1

How many of [child name's/names'] grandparents live in this area – in other words, within 20-30 minutes drive?

OPEN TEXT

{ASK IF child has one or more grandparent alive (MGALI1=>1)}

MGCON2

How often, on average, would [child name/names] actually see of ^his grandparent(s)?

- 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 often than that
- 6 Never

SOURCE: Grandparental Support Questions from Millenium Cohort Study Sweep 1 combined with response options from Growing Up in Scotland Sweep 1
ALSO USED IN: Life Study Birth Questionnaire same as MCS1

{ASK IF child has one or more grandparent alive [MGALI1=>1]}

Do your {own or your partner's} parents help in any of the following ways:

GS1 - GUS

Look after [child name/names] for an hour or more during the day

- 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 often than that
- 6 Never

GS2 – GUS

Babysit for [child name/names] during the evening

- 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 often than that
- 6 Never

GS3 – GUS

Have [child name/names] to stay overnight

- 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 often than that
- 6 Never

GS4 - GUS

Take [child name/names] on outings or daytrips without you (^or your partner)

- 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 often than that
- 6 Never

GS5 - MCS

Buying essentials for [child name/names] – food, clothes, nappies etc

- 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 often than that
- 6 Never

GS6 – MCS

Buying gifts and extras for [child name/names]

- 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 often than that
- 6 Never

GS7 – MCS

Lending money

- 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 often than that
- 6 Never

GS8 – MCS

Paying for childcare

- 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 often than that
- 6 Never

GS9 - MCS

Other financial help

- 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 often than that
- 6 Never

Service use

SOURCE: Client Services Receipt Inventory (CSSRI - EU) (adapted)

{ASK ALL}

MSEUSE1

The following questions are about health professionals you may have seen since your baby was born (Note 1: please enter '0' if service has not been used; Note 2: see manual for definitions).

Please list any professionals you have seen since your baby was born:	Frequency (1 = less than monthly 2 = at least monthly 3 = at least weekly 4 = more than weekly)
1 Midwife	
2 Health visitor	
3 General practitioner (GP)	
4 Family nurse (including 'FNP' nurse)	
5 Social worker	
6 Paediatrician/ consultant/ hospital doctor	
7 Breastfeeding supporter	
8 Infant sleep consultant	
95 Other (please specify)	

{ASK ALL}

MSEUSE2

Did you have your 6-week health visitor check up?

0 No

1 Yes

{ASK ALL}

MSEUSE3

Have you had your 9-month health visitor check up?

0 No

1 Yes

{ASK ALL}

MSEUSE4

Since your baby was born have you visited a Children's Centre/Family Hub/Children and Family Centre/ Family Centre?

0 No

1 Yes

{ASK IF MSEUSE4=1}

MSEUSE4ID

Which services did you use, when you visited the Children's Centre/Family Hub/Children and Family Centre/ Family Centre?

(record all that apply)

1 One to one parenting support

2 Group parenting support

3 Baby and infant health advice and support

4 Mother's health advice and support

5 Play sessions

6 Mental health support

7 Family relationships support

8 Money or debt advice and support

9 Housing advice and support

10 Advice and services for my child's disability or learning needs

11 Jobs and training advice and support

12 Other

{ask for each service in MSEUSE4ID selected}

MSEUSE4FR

How frequently have you used this service since (textfill childname) was born?

(1 = Less than monthly,

2 = At least monthly,

3 = At least weekly,

4 = More than weekly)?

MSEUSE5

Since your baby was born, have you used any of the following community groups?
(SHOWCARD, with the types)

Please list any community groups you have used since your baby was born:	How frequently (1 = Less than monthly, 2 = At least monthly, 3 = At least weekly, 4 = More than weekly)?
1 Playgroup	
2 Baby massage/baby yoga groups	
3 Singing groups	
4 Signing groups	
5 Parent fitness classes	
6 Parenting classes	
7 Baby swimming	

{ASK ALL}

MSEUSE6

Have you used any Internet based services for babies/parents (e.g. forums, support groups, facebook groups)?

1 Yes

2 No

{IF MSEUSE6=1}

MSEUSE6ID

Which service have you used most?

OPEN TEXT / Perhaps drop-down menu

MODULE 7: BONDING (CASI)

ALSPAC Parental Bonding Questionnaire

SOURCE: ALSPAC

ALSO USED IN: Children of the 2020s

{ASK ALL}

MBONI

The following questions are about how you feel about looking after the baby.

MBON1

I really enjoy my baby.

- 1 I never feel this way
- 2 This is how I sometimes feel
- 3 This is often how I feel
- 4 This is exactly how I feel

MBON2

I would have preferred that we had not had this baby when we did.

- 1 I never feel this way
- 2 This is how I sometimes feel
- 3 This is often how I feel
- 4 This is exactly how I feel

MBON3

I feel confident with my baby.

- 1 I never feel this way
- 2 This is how I sometimes feel
- 3 This is often how I feel
- 4 This is exactly how I feel

MBON4

I dislike the mess that surrounds my baby.

- 1 I never feel this way
- 2 This is how I sometimes feel
- 3 This is often how I feel
- 4 This is exactly how I feel

MBON5

It is a great pleasure to watch my baby develop.

- 1 I never feel this way
- 2 This is how I sometimes feel
- 3 This is often how I feel
- 4 This is exactly how I feel

MBON6

I really cannot bear it when my baby cries.

- 1 I never feel this way
- 2 This is how I sometimes feel
- 3 This is often how I feel
- 4 This is exactly how I feel

MBON7

I feel constantly unsure if I'm doing the right thing for my baby.

- 1 I never feel this way
- 2 This is how I sometimes feel
- 3 This is often how I feel
- 4 This is exactly how I feel

MBON8

I feel I should be enjoying my baby but I'm not.

- 1 I never feel this way
- 2 This is how I sometimes feel
- 3 This is often how I feel
- 4 This is exactly how I feel

MBON9

I feel I have no time to myself.

- 1 I never feel this way
- 2 This is how I sometimes feel
- 3 This is often how I feel
- 4 This is exactly how I feel

MBON10

Having a baby has made me feel more fulfilled.

- 1 I never feel this way
- 2 This is how I sometimes feel
- 3 This is often how I feel
- 4 This is exactly how I feel

MBON11

Babies are fun.

- 1 I never feel this way
- 2 This is how I sometimes feel
- 3 This is often how I feel
- 4 This is exactly how I feel

MODULE 8: PARENTAL HEALTH, COVID-19 AND PROBLEMS ACCESSING HEALTH SERVICES (CASI)

General self rated health

Longstanding illness or disability, and whether limiting (own and partner)

Pain

Consulted a doctor, had treatment, for depression or anxiety

Height

Pre-pregnancy weight

Long Covid (own and partner)

Vaccinated for Covid (own and partner)

Furloughed during Covid (own and partner)

Problems Accessing Services

SOURCE: SEED wave 1 questionnaire

ALSO USED IN: MCS, NSSureStart, Growing Up in Scotland and Children of the 2020s

{ASK ALL}

MPGH1

These next few questions ask about your health, to help us understand the health difficulties that families with young children have. How would you describe your health generally Would you say it is...READ OUT...

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor?

{ASK ALL}

MPGH2

Do you have a long-standing illness, disability or infirmity? By long standing I mean anything that has troubled you over a period of time or that is likely to affect you over a period of time?

- 1 Yes
- 2 No

PLACE HOLDER: Question on what the long-standing illness, disability or infirmity is

SOURCE: MCS6

{ASK IF LONG-STANDING ILLNESS (MPGH2=1)}

MPGHL

Does (Do any of) your condition(s) or illness(es) reduce your ability to carry out day-to-day activities?

Would you say...

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

SOURCE: Growing Up in Scotland Wave 1

{ASK ALL}

MPGHP

During the past four weeks, how much did physical pain interfere with your normal work, including both work outside the home and housework? Did it interfere not at all, slightly, moderately, quite a bit or extremely?

- 1 Not at all
- 2 Slightly
- 3 Moderately
- 4 Quite a bit
- 5 Extermely

SOURCE: SEED wave 1 questionnaire

ALSO USED IN: MCS, NSSureStart, Growing Up in Scotland and Children of the 2020s

{ASK ALL}

MPGH3

Does (TEXTFILL: partnername) have a longstanding illness, disability or infirmity? By longstanding I mean anything that has troubled your partner over a period of time or that is likely to affect them over a period of time?

- 1 Yes
- 2 No

{ASK ALL}

MPGH4

Have you ever consulted a doctor for depression or anxiety?

- 1 Yes
- 2 No

{ASK ALL}

MPGH5

Have you ever had treatment for depression or anxiety?

- 1 Yes
- 2 No

{ASK ALL}

MPGH6

Have you had treatment for depression or anxiety since your baby was born?

- 1 Yes
- 2 No

SOURCE: MCS

{ASK ALL}

MPGH7

I'd now like to ask about your height and weight. First, how tall are you (without shoes)?

INTERVIEWER: IS ANSWER GOING TO BE IN FEET AND INCHES OR CENTIMETRES?

1 Feet and inches

2 Centimetres

3 Refusal

{ASK IF height given in feet and inches (HEIG=1)}

MHEIF

FIRST ENTER HEIGHT IN FEET

Range: 3..8

NOW ENTER NUMBER OF INCHES

Range: 0..12

{ASK IF height given in centimetres {HEIG=2}}

MHECM

ENTER HEIGHT IN CENTIMETRES

Range: 90...270

{ASK ALL}

MPGH8

Thinking back to just before you became pregnant with ^(child name/names), what was your weight then (without clothes)?

INTERVIEWER: IS ANSWER GOING TO BE IN STONES AND POUNDS OR KILOGRAMS?

1 Stones and pounds

2 Kilograms

3 Refusal

{ASK IF weight given in stones and pounds (WTBF=2)}

WBST

FIRST ENTER WEIGHT IN STONES

Range: 3..40

WBLB

NOW ENTER NUMBER OF POUNDS

Range: 0..14

{ASK IF weight given in kilograms (WTBF=2)}

WBKG

ENTER WEIGHT IN KILOGRAMS

Range: 20..250

Additional COVID-related content

SOURCE: CLS COVID surveys

ALSO USED IN: Children of the 2020s

{ASK ALL}

MLCOV

Do you think that you have or have had “long COVID”?

- 1 Yes, confirmed by a medical professional
- 2 Yes, based on strong personal suspicion
- 3 Unsure
- 4 No

{ASK ALL}

MCVAC

Have you had a COVID-19 vaccine?

- Yes
- No

{ASK IF partner in the household}

MPLCO

Do you think that your partner has or has had “long COVID”?

- Yes, confirmed by a medical professional
- Yes, based on strong personal suspicion
- Unsure
- No

{ASK IF partner in household}

MCVAC

Has your partner had a COVID-19 vaccine?

- Yes
- No

{ASK ALL}

MFURL

Were you put on furlough at any point during the COVID-19 pandemic?

- Yes
- No

{ASK IF partner in household}

MPFUR

Was your partner put on furlough at any point during the COVID-19 pandemic?

- Yes
- No

Problems Accessing Services

MSVUSEINTRO

The next few questions will ask about the problems you may have had accessing services related to the health and wellbeing of you and your baby, and the impact this may have had.

{ASK ALL}

MPAHV

Over the last 12 months, have you had problems accessing a health visitor when you've needed one?

Yes, and it had a big impact

Yes, and it had a minor impact

Yes, but it had no impact

No

Not applicable

{ASK ALL}

MPAGP

Over the last 12 months, have you had problems accessing a GP when you've needed one?

Yes, and it had a big impact

Yes, and it had a minor impact

Yes, but it had no impact

No

Not applicable

{ASK ALL}

MPASC

Over the last 12 months, have you had problems accessing specialist clinics and services (such as breastfeeding clinics) when you've needed them?

Yes, and it had a big impact

Yes, and it had a minor impact

Yes, but it had no impact

No

Not applicable

{ASK ALL}

MPASW

Over the last 12 months, have you had problems accessing a social worker when you've needed one?

Yes, and it had a big impact

Yes, and it had a minor impact

Yes, but it had no impact

No

Not applicable

MODULE 9: LIFE EVENTS, DISCRIMINATION AND ABUSE (CASI)

Life events

SOURCE: List of events and threatening experiences, 12 items from ALSPAC (Brugha et al., 1985) adapted response options and adapted question on death of relatives

ALSO USED IN: Children of the 202s

{ASK ALL}

MLIEVINTRO

The next few questions are about events which may have brought changes in your life. Please say if any of the following occurred during your pregnancy or if they occurred since your baby was born:

{ASK ALL} (*Multicode if happened both during pregnancy and birth*)

Listed below are a number of events which may have brought changes in your life. Have any of these occurred during your pregnancy or since your baby was born?

MLIEV1

A serious illness or injury to yourself.

- 1 Yes, during pregnancy
- 2 Yes, after birth
- 3 No

MLIEV2

A serious illness or injury to a close relative.

- 1 Yes, during pregnancy
- 2 Yes, after birth
- 3 No

MLIEV3

The death of a child, parent or partner.

- 1 Yes, during pregnancy
- 2 Yes, after birth
- 3 No

MLIEV4

The death of another relative or a close family friend.

- 1 Yes, during pregnancy
- 2 Yes, after birth
- 3 No

MLIEV5

Separation or divorce from your partner.

- 1 Yes, during pregnancy
- 2 Yes, after birth
- 3 No

MLIEV6

Broke off a steady relationship.

- 1 Yes, during pregnancy
- 2 Yes, after birth
- 3 No

MLIEV7

Serious problem with a close friend, neighbour or relative.

- 1 Yes, during pregnancy
- 2 Yes, after birth
- 3 No

MLIEV8

Unemployed/seeking work for more than one month.

- 1 Yes, during pregnancy
- 2 Yes, after birth
- 3 No

SOURCE: COSMO**MLIEV9**

Made redundant or lost job or business (either temporarily or permanently)

- 1 Yes, during pregnancy
- 2 Yes, after birth
- 3 No

SOURCE: CLS COVID-19 Survey**MLIEV10**

Major financial crisis (e.g. difficulties paying bills/rent/mortgage/re-payments on debts)

- 1 Yes, during pregnancy
- 2 Yes, after birth
- 3 No

SOURCE: ALSPAC**MLIEV11**

Problems with police and court appearance.

- 1 Yes, during pregnancy
- 2 Yes, after birth
- 3 No

MLIEV12

You had something valuable lost or stolen.

- 1 Yes, during pregnancy
- 2 Yes, after birth
- 3 No

SOURCE: CLS COVID-19 Survey

MLIEV13

Serious housing difficulties such as being evicted

- 1 Yes, during pregnancy
- 2 Yes, after birth
- 3 No

SOURCE: New items on discrimination and domestic abuse

{ASK ALL}

MRACA13

Have you, or an immediate family member been subject to any abuse, attack or threat because of race?

- 1 Yes
- 2 No

{ASK ALL}

MABOT14

Have you, or an immediate family member been subject to any abuse, attack or threat for another reason?

- 1 Yes
- 2 No

{ASK ALL}

MDAB1

Has your partner made fun of you, called you hurtful names or shouted at you?

- 1 Yes
- 2 No

{ASK ALL}

MDAB2

Has your partner used physical force with you, such as pushing, slapping, hitting or holding you down?

- 1 Yes
- 2 No

{ASK ALL}

MDAB3

Has your partner used more severe physical force such as punching, strangling, beating you up, or hitting you with an object?

- 1 Yes
- 2 No

MODULE 10: SOCIAL SUPPORT (CASI)

Social support

SOURCE: Brief form of the Perceived Social Support Questionnaire (F-SozU K-6)

<https://europepmc.org/article/med/30589275>

ALSO USED IN: Children of the 2020s

{ASK ALL}

Please indicate to what extent each of the following statements describes your current relationships with others.

MSSQ1

I experience a lot of understanding and support from others

1 Not true at all

2

3

4

5 Very true

MSSQ2

I know a very close person whose help I can always count on

1 Not true at all

2

3

4

5 Very true

MSSQ3

If necessary, I can easily borrow something I might need from neighbours or friends

1 Not true at all

2

3

4

5 Very true

MSSQ4

I know several people who I enjoy doing things with

1 Not true at all

2

3

4

5 Very true

MSSQ5

When I am sick, I can without hesitation ask friends and family to take care of important matters for me

- 1 Not true at all
- 2
- 3
- 4
- 5 Very true

MSSQ6

If I am feeling down, I know who I can go to without hesitation

- 1 Not true at all
- 2
- 3
- 4
- 5 Very true

SOURCE: Social Provisions Scale

ALSO USED IN: CLS COVID-19 Survey

{ASK ALL}

In answering the following questions, think about your current relationships with friends, family members, community members, and so on. Please indicate to what extent each statement describes your current relationships with other people

MSPS1

I have family and friends who help me feel safe, secure and happy

- Very true
- Partly true
- Not true at all

MSPS2

There is someone I trust whom I would turn to for advice if I were having problems

- Very true
- Partly true
- Not true at all

MSPS3

There is no one I feel close to

- Very true
- Partly true
- Not true at all

MODULE 11: COUPLE RELATIONSHIP (CASI)

Couple's relationship

SOURCE: Couples Satisfaction Index (CSI-4)

ALSO USED IN: Children of the 2020s

{ASK IF filtered on all those who are coded as being in relationship from the HHGrid}

MCOUPINT

The next few questions are about your relationship with [Textfill name of partner]

MCOUP1

Please indicate the degree of happiness, all things considered, of your relationship.

- 0 Extremely unhappy
- 1 Fairly Unhappy
- 2 A little unhappy
- 3 Happy
- 4 Very Happy
- 5 Extremely Happy
- 6 Perfect

MCOUP2

I have a warm and comfortable relationship with my partner.

- 0 Not at all true
- 1 A little true
- 2 Somewhat true
- 3 Mostly true
- 4 Almost completely true
- 5 Completely true

MCOUP3

How rewarding is your relationship with your partner?

- 0 Not at all
- 1 A little
- 2 Somewhat
- 3 Mostly
- 4 Almost completely
- 5 Completely

MCOUP4

In general, how satisfied are you with your relationship?

- 0 Not at all
- 1 A little
- 2 Somewhat
- 3 Mostly
- 4 Almost completely
- 5 Completely

SOURCE: Golombok Rust Inventory of Marital State (GRIMS)

ALSO USED IN: MCS, Life Study

{ASK IF filtered on all those who are coded as being in relationship from the HHGrid}
The next questions are about your relationship with your ^husband. Please say how much you agree or disagree with each of the following statements.

MRSAN

My ^husband 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

MRNL

My ^husband 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

MRFL

I sometimes feel lonely even when I am with my ^husband

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

MRJE

Our relationship is full of joy and excitement.

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

MRWA

I wish there was more warmth and affection between us.

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

MRBS

I suspect we may be on the brink of separation.

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

MRMUA

We can always make up quickly after an argument.

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

MODULE 12: PARENTAL MENTAL HEALTH AND LONELINESS (CASI)

Parental mental health
Loneliness

Parental mental health

SOURCE: Short PHQ and GAD

These ultra-short versions of the PHQ and GAD (PHQ-4) have comparatively good sensitivity for depression and anxiety respectively.

ALSO USED IN: Children of the 2020s

MMHIntro

The next few questions are about your health and wellbeing, including symptoms of depression and anxiety and substance use. You can skip any questions you don't wish to answer and all personal information is kept confidential. Names and addresses are not stored with the data. Please click the (>) button to continue.

{ASK ALL}

MPHGA1

Over the last 2 weeks, how often have you been bothered by Little interest or pleasure in doing things.

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

MPHGA2

Over the last 2 weeks, how often have you been bothered by Feeling down, depressed or hopeless.

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

MPHGA3

Over the last 2 weeks, how often have you been bothered by Feeling nervous, anxious or on edge.

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

MPHGA4

Over the last 2 weeks, how often have you been bothered by
Not being able to stop or control your worrying.

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

SOURCE: Kessler 6 Inventory (Kessler et al 2003)

ALSO USED IN: Children of the 2020s

{ASK ALL}

MKESIINTRO

The following questions ask about how you have been feeling during the past 30 days that is since [textfill date 30 days ago]. For each question, please choose the option that best describes how often you had this feeling.

PRESS > TO CONTINUE

MKES1

During the last 30 days, how often did you feel nervous?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

MKES2

During the last 30 days, how often did you feel hopeless?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

MKES3

During the last 30 days, how often did you feel restless or fidgety?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

MKES4

During the last 30 days, how often did you feel so depressed that nothing could cheer you up?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

MKES5

During the last 30 days, how often did you feel that everything was an effort?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

MKES6

During the last 30 days, how often did you feel worthless?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

SOURCE: MCS

ALSO USED IN: COSMO

{ASK ALL}

MSH1

In the past 12 months have you hurt yourself on purpose in any way?

Yes

No

{ASK ALL}

MSH2

Have you ever hurt yourself on purpose in an attempt to end your life?

Yes

No

Loneliness

SOURCE: ONS advised questions on loneliness taken from ELSA (UCLA Loneliness Scale) and Community Life Survey

{ASK ALL}

MLON1

How often do you feel that you lack companionship?

Hardly ever or never

Some of the time

Often

MLON2

How often do you feel left out?

Hardly ever or never

Some of the time

Often

MLON3

How often do you feel isolated from others?

Hardly ever or never

Some of the time

Often

MLON4

How often do you feel lonely?

Hardly ever or never

Some of the time

Often

MODULE 13: SUBSTANCE USE (CASI)

Parent substance use

Alcohol and smoking

SOURCE: Alcohol use, smoking and drugs, from Growing up in Scotland (sweep 1).

{ASK ALL}

MMaHalc01

The next few questions are about alcohol and drugs. How often, on average, do you have an alcoholic drink?

- 1 Every day
- 2 4-6 times a week
- 3 2 to 3 times a week
- 4 Once a week
- 5 2 to 3 times a month
- 6 Once a month or less
- 7 Not in the last year
- 8 Do not drink at all
- 9 Can't say

{ASK ALL}

MMaHalc02

In an average week, how many units do you drink? By a unit, we mean ½ a pint of beer, a glass of wine or a single measure of spirit or liqueur.

NUMERIC

{ASK ALL}

MMaHalc03

On average, how often would you have 5 or more units of alcohol on one occasion?

- 1 Every day
- 2 5-6 times a week
- 3 3-4 times a week
- 4 1-2 times a week
- 5 Less than once a month
- 6 Never - do not drink at all
- 7 Can't say

{ASK IF respondent is the birth mother to the cohort member}

MMaHalc04

Thinking back to when you were pregnant with ^child's name/child names, which of these best describes how often you usually drank then?

- 1 Every day
- 2 5-6 times a week
- 3 3-4 times a week
- 4 1-2 times a week
- 5 Less than once a month
- 6 Never - did not drink at all
- 7 Can't say

{ASK IF respondent is the birth mother to the cohort member}

MMaHcig01

During your pregnancy with ^child's name/child names, did you smoke cigarettes at all?

- 1 Yes, occasionally
- 2 Yes, most days
- 3 No

{ASK ALL}

MMaHcig02

Do you currently smoke cigarettes?

- 1 Yes
- 2 No

{ASK IF SMOKES [MaHcig02=1]}

MMaHcig03

How many cigarettes do you usually smoke in one day?

RANGE 1..100

{ASK ALL}

MMaHcig04

Including yourself, how many of the people who live with you ever smoke cigarettes inside the house, since [textfill childname/names] was/were born?

Record number

SOURCE: Life Study

{ASK ALL}

MSMOK

Do you find that your baby/babies is/are often near people who are smoking in any of these places?

- 1) At home
- 2) In a car
- 3) In other people's homes
- 4) In other places
- 5) No, none of these

{ASK if respondent is birth mother of child}

MSMOKEC

Did you use electronic cigarettes (e-cigarettes or personal vaporizers) in your pregnancy with your baby/babies?

- 1 Yes
- 2 No

{ASK if MSMOKEC=1}

MSMOKECA

About how many times a day did you use electronic cigarettes during your pregnancy with your baby/babies?

NUMERIC

Range 0...97

{ASK if respondent birth mother of child}

MSMOKPGN

Did you use Paan, Gutka, Naswaar or other types of smokeless tobacco during your pregnancy with your baby/babies?

- 1 Yes, once a day or more
- 2 Yes, once a week or more
- 3 Yes, less than once a week
- 4 No

{ASK if respondent birth mother of child}

MSMOKS

Did you use Shisha (also called hookah, hubble-bubble or narghile) during your pregnancy with your baby/babies?

- 1 Yes, once a day or more
- 2 Yes, once a week or more
- 3 Yes, less than once a week
- 4 No

SOURCE: Growing up in Scotland Wave 1

ALSO USED IN: Children of the 2020s

{ASK ALL}

MMaHdrg01 ... MMaHdrg10

Have you ever taken any of the drugs listed below, even if it was a long time ago?

Please type the numbers of ALL those drugs you have used.

MMaHdrg01 Cannabis

MMaHdrg02 Amphetamines

MMaHdrg03 Cocaine

MMaHdrg04 Crack

MMaHdrg05 Ecstasy

MMaHdrg06 Heroin

MMaHdrg07 Methadone

MMaHdrg08 LSD

MMaHdrg09 Another illegal drug

MMaHdrg10 Have not ever taken any of the drugs listed

MMMaHdrg11... MaHdrg20

Have you ever taken any of the drugs listed below, in the last 12 months? Please type the numbers of ALL those drugs you have used.

MMaHdrg11 Cannabis

MMaHdrg12 Amphetamines

MMaHdrg13 Cocaine

MMaHdrg14 Crack

MMaHdrg15 Ecstasy

MMaHdrg16 Heroin

MMaHdrg17 Methadone

MMaHdrg18 LSD

MMaHdrg19 Another illegal drug

MMaHdrg20 Have not ever taken any of the drugs listed

MMaHdrg21 ... 29

In the past 12 months, have you used [^name of drugs used in last 12 months] to the extent that you felt you needed it or were dependent on it?

MMaHdrg21 Cannabis

MMaHdrg22 Amphetamines

MMaHdrg23 Cocaine

MMaHdrg24 Crack

MMaHdrg25 Ecstasy

MMaHdrg26 Heroin

MMaHdrg27 Methadone

MMaHdrg28 LSD

MMaHdrg29 Another illegal drug

MMaHdrg30

Thinking about the past 12 months, did you receive any professional treatment, help or advice because you were using drugs?

1 Yes

2 No

Thank you for answering these questions. If you have any concerns about your mental health, substance use, or would like further support, please refer to the list of organisations in the accompanying leaflet, also on the survey website. If you would like to talk to someone, you can call Samaritans for free on 116 123.

Please click the (>) button to continue.

MODULE 14: CHILD HEALTH AND DEVELOPMENT

Child health

Child development

Child nutrition

Sleep

Sleep (devised)

Screen time

Crying

Language development

Milestones (from Growing up in Scotland)

Communication - added from CDI

Child's general health

SOURCE: Growing up in Scotland Wave 1

ALSO USED IN: Life Study and Children of the 2020s

Note: Will have to do once for each child if twins.

{ASK ALL}

MCHGH

How is ^[Cohort baby name]'s health in general? Would you say it was...

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

Accidents and injuries

A&E

SOURCE: from SEED wave 1

ALSO USED IN: Children of the 2020s

{ASK ALL}

MACCEM

How many times have you taken (TEXTFILL: child) to the Accident and Emergency department at a hospital or to a Minor Injuries Unit because they have had an accident or injury?

- 1 Never
- 2 Once
- 3 Twice or more

Chronic health problems

SOURCE: from SEED wave 1

I'd now like to ask about any serious or longstanding health problems that [child's name] might have.

{ASK ALL}

MCHLHP

Does (child) have any health, developmental or behavioural problems?

1 Yes

2 No

{ASK if MCHLHP=1}

MCHLHP1-10

What are these?

GRID ROWS

What are these?

1 Eye/sight problems

2 Heart problems

3 Skin problems (including eczema)

4 Ear, nose and throat or hearing problems

5 Stomach & digestion problems

6 Bone problems

7 Allergies and intolerances

8 Breathing problems

9 Epilepsy

10 Blood disorders

11 Urinary and/or kidney problems

12 Diabetes

13 Cerebral Palsy

14 Genetic problems and chromosomal disorders

15 Speech and language problems

16 Autism or suspected autism

17 Growth concerns (under weight or low muscle tone)

18 Health problems (unspecified/other)

19 Development problems (unspecified/other)

20 Other specific answer

21 Vague / irrelevant answer

22 Uncodeable

GRID COLS

1 Yes

2 No

Hospitalisations

SOURCE: from SEED wave 1

ALSO USED IN: Children of the 2020s

{ASK ALL}

MHOLON

Has (child) ever had to go to hospital because of a serious or longstanding health problem?

INTERVIEWER: THIS SHOULD INCLUDE ALL INSTANCES E.G. WHETHER THEY'VE MADE AN APPOINTMENT, GONE TO A&E, STAYED OVERNIGHT, OR JUST BEEN FOR A FEW HOURS. THIS SHOULD NOT INCLUDE TRIPS TO THE HOSPITAL BECAUSE OF AN ACCIDENT.

1 Yes

2 No

Child Development

{ASK ALL}

MCHLD1

Please think about how quickly (child) is learning new skills - would you say that (child) is developing

1 as quickly as other children (his/her) age

2 more quickly than them

3 or less quickly?

{ASK ALL}

MCHLD2

And thinking about how well (child) is learning new skills - would you say that you had...

1 no concerns about (child)'s development

2 minor concerns about (his/her) development

3 or major concerns about (his/her) development?

Child's diet

SOURCE: MCS

MBFEV

{ASK ALL}

Did you ever try to breastfeed ^(child name)?

1 Yes

2 No

{ASK if MBFEV=1}

MBFEA

How old was ^Jack when ^he last had breast milk?

CODE HERE WHETHER YOU WILL ENTER DAYS, WEEKS OR MONTHS | OR CODE NEVER, LESS THAN ONE DAY OR STILL BREASTFEEDING

- 1 Never took breast milk
- 2 Less than one day
- 3 Answer given in days
- 4 Answer given in weeks
- 5 Answer given in months
- 6 Still breastfeeding

{ASK IF answer given in days (MBFEA=3)}

MBFED

ENTER NUMBER OF DAYS

Range: 1..30

{ASK IF answer given in weeks [MBFEA=4]}

MBFEW

ENTER NUMBER OF WEEKS

Range: 1..26

{ASK IF answer given in months [MBFEA=5]}

MBFEM

ENTER NUMBER OF MONTHS

Range: 1..12

{ASK ALL}

MAGDM

I'm now going to ask when ^Jack first had (other) different types of milk. Please include any eaten with cereal.

First, how old was ^he when ^he first had Formula milk, such as Cow & Gate or SMA?

- 1 Has not had
- 2 Less than one day
- 3 Answer given in days
- 4 Answer given in weeks
- 5 Answer given in months

{ASK IF answer given in days (MAGDM=3)}

MAGDMD

ENTER NUMBER OF DAYS

Range: 1..30

{ASK IF answer given in weeks [MAGDM=4]}

MAGDMW

ENTER NUMBER OF WEEKS

Range: 1..26

{ASK IF answer given in months [MAGDM=5]}

MAGDMM

ENTER NUMBER OF MONTHS

Range: 1..12

{ASK ALL}

MAGCM

How old was ^Jack when ^he first had Cow's milk?

1 Has not had

2 Less than one day

3 Answer given in days

4 Answer given in weeks

5 Answer given in months

{ASK IF answer given in days (MAGCM=3)}

MAGCMD

ENTER NUMBER OF DAYS

Range: 1..30

{ASK IF answer given in weeks [MAGCM=4]}

MAGCMW

ENTER NUMBER OF WEEKS

Range: 1..26

{ASK IF answer given in months [MAGCM=5]}

MAGCMM

ENTER NUMBER OF MONTHS

Range: 1..12

{ASK ALL}

MAGOM

How old was ^Jack when ^he first had any other type of milk, such as soya milk?

1 Has not had

2 Less than one day

3 Answer given in days

4 Answer given in weeks

5 Answer given in months

{ASK IF answer given in days (MAGOM=3)}

MAGOMD

ENTER NUMBER OF DAYS

Range: 1..30

{ASK IF answer given in weeks [MAGOM=4]}

MAGOMW

ENTER NUMBER OF WEEKS

Range: 1..26

{ASK IF answer given in months [MAGDM=5]}

MAGOMM

ENTER NUMBER OF MONTHS

Range: 1..12

{ASK ALL}

MAGSF

How old was ^Jack when ^he first had any solid food such as cereal or rusk?

1 Has not had

2 Less than one day

3 Answer given in days

4 Answer given in weeks

5 Answer given in months

{ASK IF answer given in days (MAGSF=3)}

MAGSFD

ENTER NUMBER OF DAYS

Range: 1..30

{ASK IF answer given in weeks [MAGSF=4]}

MAGSFW

ENTER NUMBER OF WEEKS

Range: 1..26

{ASK IF answer given in months [MAGSF=5]}

MAGSFM

ENTER NUMBER OF MONTHS

Range: 1..12

Child's sleep and screen habits

Sleep

SOURCE: MCS

{ASK ALL}

MSLEEPW1

Does ^Jack usually sleep...

1 in a room on his own

2 in a room with other children

3 in your bedroom

95 or, in some other place (SPECIFY)

{ASK ALL}

MSLEEPW2

Does ^Jack sleep in ^his own bed or cot most nights or does ^he share a bed or cot?

INTERVIEWER: IF MORE THAN ONE PLACE, CODE ALL THAT APPLY

- 1 In ^his own bed/cot
- 2 In bed/cot with other children
- 3 In your bed
- 95 Other place (SPECIFY)

SOURCE: Sleep Habits Questionnaire Revised (Seifer et al., 1996)

{ASK ALL}

Think about the past **two weeks** when answering these questions.

MSLEEP1

My child falls asleep within 20 minutes after going to bed

- 4 = Always
- 3 = More than half the time
- 2 = About half the time
- 1 = Less than half the time
- 0 = Never or Almost never

MSLEEP2

My child needs parent in the room to fall asleep.

- 4 = Always
- 3 = More than half the time
- 2 = About half the time
- 1 = Less than half the time
- 0 = Never or Almost never

MSLEEP3

How many times does your child wakes up during the night?

NUMERIC

MSLEEP4

If your child does wake up during the night, how often does your child have difficulty returning to sleep?

- 1 Rarely
- 2
- 3 About half the time
- 4
- 5 Almost Always

MSLEEP5

How much total time does your child sleep at night on average?

HHMM

MSLEEP6

How much time does your child spend napping during the day on average?

HHMM

SOURCE: from the Life Study which in turn is Adapted from: The Brief Infant Sleep Questionnaire (BISQ) Sadeh 2004

ALSO USED IN: Children of the 2020s

{ASK ALL}

MSLEEP7

Do you consider ^[Cohort baby name]'s sleep as a problem?

- 1 A very serious problem
- 2 A small problem
- 3 Not a problem at all

SOURCE: Children of the 2020s

{ASK ALL}

MSLEEP8

How much does <baby name>'s sleep affect your ability to do day to day things?

- 1 A lot
- 2 A little
- 3 Not at all

SOURCE: GUS

ALSO USED IN: Children of the 2020s

{ASK ALL}

MSLEEP10

About how many hours of sleep a night are you getting at present?

Record number of hours.

Screen usage

SOURCE: adapted from SEED

{ASK ALL}

MSCREEU

Typically, how many hours a day does baby watch television, videos, or other digital content on a screen?

(HHMM)

Crying

SOURCE: Born in Bradford Sweep 1

{ASK ALL}

MCRY1

How much does your baby cry and fuss in general?

- 1 Very little, much less than the average baby
- 2
- 3
- 4 Average, about as much as the average baby
- 5
- 6
- 7 A lot, much more than the average baby

SOURCE: MCS1

{ASK ALL}

Do you feel that your baby's crying is a problem for you?

- 1 Yes
- 2 No

Milestones

SOURCE: Growing up in Scotland wave 1

Intro

All children develop at their own pace so I would like to ask whether ^Child name does certain things yet.

Please say whether ^he does each thing often, has done it once or twice, or whether ^he has not started to do this yet.

{ASK ALL}

MaDbab01

(Thinking about ^Child name ...)

^he smiles when you smile at ^him

- 1 Often
- 2 Once or twice
- 3 Not yet

MaDbab02

^he can sit up without being supported

- 1 Often
- 2 Once or twice
- 3 Not yet

MaDbab03

^he can stand up while holding onto something like furniture

- 1 Often
- 2 Once or twice
- 3 Not yet

MaDbab04

^he puts ^his hands together

- 1 Often
- 2 Once or twice
- 3 Not yet

MaDbab05

^he grabs objects using ^his whole hand

- 1 Often
- 2 Once or twice
- 3 Not yet

MaDbab06

^he can pick up a small object using forefinger and thumb only

- 1 Often
- 2 Once or twice
- 3 Not yet

MaDbab07

^he passes a toy back and forth from one hand to another

- 1 Often
- 2 Once or twice
- 3 Not yet

MaDbab08

^he can walk a few steps on ^his own

- 1 Often
- 2 Once or twice
- 3 Not yet

MaDmov01

If you put ^Child name down on the floor, can ^he move about from one place to another?

- 1 Yes
- 2 No

Gestures and Communication

Intro

When babies are first learning to communicate, they often use gestures to make their wishes known. For each thing I am going to read out, please tell me whether ^Child name has done this often, sometimes or whether ^he has not done this yet.

{ASK ALL}

MaDbab09

(Thinking about ^(child name) ...)

^he reaches out and gives you a toy or some other object that ^he is holding

- 1 Often
- 2 Sometimes
- 3 Not yet

MaDbab10

^he waves bye-bye on ^his own when someone leaves

- 1 Often
- 2 Sometimes
- 3 Not yet

MaDbab11

^he extends ^his arms to show ^he wants to be picked up

- 1 Often
- 2 Sometimes
- 3 Not yet

MaDbab12

^he nods ^his head for 'yes'

- 1 Often
- 2 Sometimes
- 3 Not yet

SOURCE: CDI Words and Gestures Form**MaDbab13**

^he shakes ^his head for 'no'

- 1 Often
- 2 Sometimes
- 3 Not yet

MaDbab14

^he shrugs to indicate "all gone" or 'where did it go'

- 1 Often
- 2 Sometimes
- 3 Not yet

MaDbab15

^he gestures hush by placing fingers to lips

- 1 Often
- 2 Sometimes
- 3 Not yet

MaDbab16

^he points (using extended index finger) at some interesting object or event

- 1 Often
- 2 Sometimes
- 3 Not yet

CDI Language

{ASK ALL}

Vocabulary checklist. For words your child understands but does not yet say on his/her own, mark the first column (understands). For words that your child not only understands but also says on his/her own, mark the second column (understands and says). If your child uses a different pronunciation of a word or another word with the same meaning (e.g., nana for grandma) or in a different language, mark it anyway.

	<i>Understands</i>	<i>Understands and says</i>		<i>Understands</i>	<i>Understands and says</i>
all gone	<input type="checkbox"/>	<input type="checkbox"/>	night night	<input type="checkbox"/>	<input type="checkbox"/>
baa baa	<input type="checkbox"/>	<input type="checkbox"/>	no	<input type="checkbox"/>	<input type="checkbox"/>
baby	<input type="checkbox"/>	<input type="checkbox"/>	peekaboo	<input type="checkbox"/>	<input type="checkbox"/>
ball	<input type="checkbox"/>	<input type="checkbox"/>	uh oh	<input type="checkbox"/>	<input type="checkbox"/>
bath	<input type="checkbox"/>	<input type="checkbox"/>	yum yum	<input type="checkbox"/>	<input type="checkbox"/>
book	<input type="checkbox"/>	<input type="checkbox"/>	woof woof	<input type="checkbox"/>	<input type="checkbox"/>
bottle	<input type="checkbox"/>	<input type="checkbox"/>	meow	<input type="checkbox"/>	<input type="checkbox"/>
bye/bye-bye	<input type="checkbox"/>	<input type="checkbox"/>	moo	<input type="checkbox"/>	<input type="checkbox"/>
car	<input type="checkbox"/>	<input type="checkbox"/>	ouch	<input type="checkbox"/>	<input type="checkbox"/>
cat	<input type="checkbox"/>	<input type="checkbox"/>	vroom	<input type="checkbox"/>	<input type="checkbox"/>
child's own name	<input type="checkbox"/>	<input type="checkbox"/>	juice	<input type="checkbox"/>	<input type="checkbox"/>
daddy	<input type="checkbox"/>	<input type="checkbox"/>	water	<input type="checkbox"/>	<input type="checkbox"/>
dog	<input type="checkbox"/>	<input type="checkbox"/>	cup	<input type="checkbox"/>	<input type="checkbox"/>
don't	<input type="checkbox"/>	<input type="checkbox"/>	milk	<input type="checkbox"/>	<input type="checkbox"/>
eat	<input type="checkbox"/>	<input type="checkbox"/>	bite	<input type="checkbox"/>	<input type="checkbox"/>
grandma	<input type="checkbox"/>	<input type="checkbox"/>	drink	<input type="checkbox"/>	<input type="checkbox"/>
grandpa	<input type="checkbox"/>	<input type="checkbox"/>	banana	<input type="checkbox"/>	<input type="checkbox"/>
grrr	<input type="checkbox"/>	<input type="checkbox"/>	thank you	<input type="checkbox"/>	<input type="checkbox"/>
hello	<input type="checkbox"/>	<input type="checkbox"/>	duck	<input type="checkbox"/>	<input type="checkbox"/>
hi	<input type="checkbox"/>	<input type="checkbox"/>	nanny	<input type="checkbox"/>	<input type="checkbox"/>
kiss	<input type="checkbox"/>	<input type="checkbox"/>	quack	<input type="checkbox"/>	<input type="checkbox"/>
mommy	<input type="checkbox"/>	<input type="checkbox"/>			

MDESCCH

Could you choose three words that best describe ^child_name?

[OPEN TEXT]