

1960 questionnaire to mothers of cohort members who were first born

1. Responding population

Approx 749

2. Non-response

An estimated 784 mothers were asked for an interview; 29 refused and 6 interviews were not carried out because of family problems.

3. Data collection

Gallup Poll interviewers visited mothers at home to ask about marriage, pregnancies and contraception and family size intentions since the birth of the cohort child.

4. Training for data collection

Not known.

Fertility Questionnaire - See File 88

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It is of the utmost importance to ask questions exactly as they are worded on the questionnaire. Do not read out answers.

PREGNANCIES

1. Have you been married more than once? Yes _____ 1
No _____ 2

If Yes: (a) What was the date of your first marriage? _____ 19____

ALL MOTHERS:
2. Was your husband away in the forces or on any other war duty during the early years of your marriage? Yes _____ 1
No _____ 2

If Yes: Because of this did you delay having your first baby? Yes _____ 1
No _____ 2

ALL MOTHERS:
3. Did you have any miscarriages before the birth of your first baby? Yes, one miscarriage _____ 1
Yes, more than one miscarriage _____ 2
No miscarriages _____ 3

4. Have you been pregnant since the birth of your child in 1945? Yes _____ 1
No _____ 2

2.4 & 5.

If Yes: Please give the following details for each pregnancy since then:

BCLB

Date of delivery (month & year)	Sex of child	Birth weight (to nearest 1/4 lb.)	Result of delivery (livebirth stillbirth or miscarriage)	If live birth but not surviving please give age at death

<u>ALL MOTHERS:</u>	LIVE BIRTHS	1st/only	2nd	3rd	4th	5th	6th
	Year of birth of child(ren)						
5. Looking back, would you say that the births of your child/any of your children were particularly difficult or painful? Which ones?							
Particularly painful _____	1	1	1	1	1	1	1
Not particularly painful _____	2	2	2	2	2	2	2
6. Compared with your friends did you have more difficult births, the same, or easier?							
More difficult _____	4	4	4	4	4	4	4
Same _____	5	5	5	5	5	5	5
Easier _____	6	6	6	6	6	6	6
Don't know/never discussed it _____	7	7	7	7	7	7	7

7a) Do you feel that your health suffered in any way from your pregnancy and the birth of your child(ren)?

If Yes:

- b) In what way did your health suffer?
 c) Have you now fully recovered?

LIVE BIRTHS:	HEALTH SUFFERED		REASONS	RECOVERED	
	Yes	No		Yes	No
First/only	1	2		1	2
Second	1	2		1	2
Third	1	2		1	2
Fourth	1	2		1	2
Sixth	1	2		1	2

8a) Have you at any time been told by a doctor that you ought to wait before having (another) baby, or that you ought not to have (another) baby, or that you could not have (another) baby? When was that?

b) For what reason did he say that?

No (Skip to Q.9) — X

BCLFS

	Ought to wait	Ought not	Could not	Reason
Before birth of first child	0	0	0	
After birth of first child	1	1	1	
" " " second child	2	2	2	
" " " third child	3	3	3	
" " " fourth child	4	4	4	
" " " _____ child	5	5	5	
After any miscarriage	6	6	6	
Other time (Write in)				
	7	7	7	

c) Did he offer to advise you about family planning methods, or to put you in touch with a family planning clinic?

Yes _____ 1
 No _____ 0

ALL MOTHERS:

9. Did your experiences in pregnancy or labour make you decide to have fewer children than you originally wished for? Yes _____ 1
 No _____ 2
10. Apart from what you have said above, are there any other reasons why you could not have as many children as you wanted? Had as many children as you wanted _____ 1
- Medical reasons _____
- Non-medical reasons _____

ALL MOTHERS:

14. Do you think parents should deliberately plan the size of their families? Yes _____ 1
 No _____ 2
15. Do you think parents should deliberately plan the spacing between their children's births? Yes _____ 1
 No _____ 2
16. Does your husband agree with your views on family planning? Agrees _____ 1
 Disagrees _____ 2
 Never discussed _____ 3

If No to either or both Q's. 14 and 15:

17a) Are your objections based on religious considerations or on other reasons?

- Religious considerations _____ 1
 Unreliable _____ 2
 Unpleasant or bothersome _____ 3
 Bad for you/for health _____ 4
 Not natural _____ 5
 Other reasons (write in) _____

FAMILY SIZE BCFW Q11a

- 11a) Looking back, would you, yourself, have liked a larger family than you have now, or is it about the right size? Would have liked a larger family _____ 1
 A smaller family _____ 2
 About the right size _____ 3

If you would have liked a larger family:

Why did you not have more children?

If No to both Q's. 14 and 15: (Others skip to Q. 18a)

b) Which of these methods do your objections apply to? (Show CARD)

- Safe period/rhythm method _____ 1
 Husband is careful, withdraws _____ 2
 Not having intercourse for six months or more although living together _____ 3
 Douche for cleanliness only _____ 4
 Continued breast feeding to avoid pregnancy _____ 5
 Protective rubber sheath or condom _____ 6
 Jelly/cream _____ 7
 Vaginal suppository, pessary, gels, solubles _____ 8
 Foam tablets _____ 9
 Diaphragm or cap _____ X

ALL MOTHERS:

12. Looking back, would you rather have had your children spaced further apart, or more closely, or do you think they were rightly spaced? Further apart _____ 1
 More closely _____ 2
 Rightly spaced _____ 3
 One child only _____ 4

- 13a) Looking back, would you say you have as many as you wanted of each sex? Yes _____ 1
 No _____ 2

If No:

b) How many boys would you have liked? BIF _____ boys

c) How many girls would you have liked? GIF _____ girls

- c) If a further pregnancy would endanger the mother's life or health would you still feel that family planning should not be used? Should not be used even if life in danger _____ 1
 Should not be used even if health in danger _____ 2
 Would not object to their use if either life or health in danger _____ 3

BCFS

17d) Have you felt like this right from the beginning of your marriage? Yes _____ 1 No _____ 2

All mothers except those who have answered NO to both Q's. 14 and 15: **FPU Q18 & Q19**

18a) Have you actually made use of family planning methods, _____ Yes _____ 1 No (skip to 21a) _____ 2

b) *If Yes:* Was that to plan the size of your family, the spacing between your children, or both? Size of family _____ 1 Spacing of children _____ 2 Both _____ 3

If Yes:
19.) When did you first use family planning methods? Before marriage _____ 1 Immediately after marriage _____ 2 Between marriage and first birth _____ 3 After first birth _____ 4 After second birth _____ 5 Later (write in when) _____ 6

FPL
20a) What methods of family planning have you used?
b) *If more than one method used (others skip to Q. 20c)* Did you use these methods simultaneously? *If NO:* Which one(s) did you use first? (Col. b) And next? (Col. c) And next? (Col. d) (SHOW CARD)
Mark in column b methods used simultaneously; check that all methods marked in Q. 20a are accounted for in col. b-d

	IF MORE THAN ONE METHOD			
	a) Ever used	b) Used first/simultaneously	First change	Second change
Safe periods (rhythm method) _____	1	1	1	1
Husband is careful, withdraws _____	2	2	2	2
Douche _____	3	3	3	3
Continued breast feeding to avoid another pregnancy _____	4	4	4	4
Avoiding intercourse for six months or more, although living together _____	5	5	5	5
Protective rubber sheath or condom _____	6	6	6	6
Jelly/cream _____	7	7	7	7
Vaginal suppository, pessary, gels, solubles _____	8	8	8	8
Foam tablets _____	9	9	9	9
Diaphragm or cap _____	X	X	X	X

20c) How did you get advice on how to plan your family (i.e. on birth control methods)? (Mark all mentioned)
Own doctor _____ 1
Family Planning Clinic (FPA) _____ 2
Other clinic (specify) _____ 3
Chemist _____ 4
Friends _____ 5
Books _____ 6
Husband does it/leave it to husband _____ 7
Other (Write in) _____

BCAC WAN

ALL MOTHERS:
21a) Were any of your pregnancies 'accidents' in the sense that you did not intend to have them, or were they intended? (Mark for each pregnancy entered in the grid)

BCACES

If accident on any occasion
Were you using family planning methods when these unintended pregnancies occurred?

Year	1st or only	NUMBER OF PREGNANCY						
		2	3	4	5	6	7	8
Result:								
Live birth _____	0	0	0	0	0	0	0	0
Still birth _____	1	1	1	1	1	1	1	1
Miscarriage _____	2	2	2	2	2	2	2	2
a) Accident UWB _____	4	4	4	4	4	4	4	4
Intended WB _____	5	5	5	5	5	5	5	5
b) <i>If Accident:</i>								
Family planning methods used _____	6	6	6	6	6	6	6	6
Not used _____	7	7	7	7	7	7	7	7

21c) Would you have had a smaller family if you had not had this/these unexpected birth(s) or would you have had exactly the same number of children, but at different times? **ACF**
Smaller family _____ 1
Same size of family _____ 2

WIFE'S AND HUSBAND'S BROTHERS AND SISTERS

ASK ALL:
22. How many brothers and sisters did you have? _____ brothers _____ sisters
23. What place were you in the family? Only child _____ 1
Eldest child _____ 2
Youngest child _____ 3
Other _____ 4
24. How many brothers and sisters did your husband have? _____ brothers _____ sisters
25. What place was he in the family? Only child _____ 1
Eldest child _____ 2
Youngest child _____ 3
Other _____ 4

RELIGION

ALL MOTHERS:
26.) Would you say you were: A person with little or no interest in religion _____ 1
A moderately religious person _____ 2
A very religious person _____ 3
RA
27.) Is your husband: A person with little or no interest in religion _____ 1
A moderately religious person _____ 2
A very religious person _____ 3
28. Do you and your husband belong to any church (for example, Church of England, Church of Scotland, Roman Catholic Church, Jewish Church etc.)? (Ask even if little or no interest in religion)
Wife belongs to _____ Church
Belongs to no church _____
Husband belongs to _____ Church
Belongs to no church _____

REF