



Questionnaire No:

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YOUR DAUGHTER AT 9



All answers are confidential

Chloe

Sophie and Robert

Marley and friends

25/01/01

This questionnaire is to be answered by the child's main carer.

To answer simply tick the box which is most accurate in your opinion.

Some questions are the same as those you have answered before. This is so that we can tell what changes have happened to you.

Please answer all questions if you can, even if they are similar.

If you do not want to answer a question or if it does not apply to you, put a line through it.

There are no good or bad answers. Just tell us what is true of your child as far as you know.

All answers are confidential

THANK YOU FOR YOUR HELP

SECTION A: SCHOOL

A1. a) Does she go to school?

Yes No →If **no**, go to A17a on page 11

b) How many different schools has she gone to?

different schools

c) What types of school has she gone to?

	(i) 1st school	(ii) 2nd school	(iii) 3rd school
d) infant school	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
e) primary school	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
f) private (fee paying)	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
g) boarding school	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
h) studies at home	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
i) special school*	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
j) not able to be taught	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>

*If special school please describe type

.....



DID YOU KNOW?

8,500 children spent half a day at [Focus@7](#).
Brilliant, thank you. Help us to encourage 10,000
to come to Focus @ 9.

A1. k) Please describe reasons for child being at current school (tick all that apply):

- i) It was the only available choice
- ii) It was the best available
- iii) There were medical reasons → please describe
- iv) There were psychological reasons → please describe
- v) Other (please tick and describe)

.....

A2.

- | | | 24 hour clock | | | | |
|----|--|----------------------|----------------------|----------------------|----------------------|---|
| | | hours | | minutes | | |
| a) | What time does school start ? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | (e.g. 4 o'clock
in the
afternoon is
16.00) |
| b) | What time does school end ? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| c) | What time does the child
leave school to go home? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |

A3. Who takes her to and from school nowadays? (Tick all that apply)

- | | | (i)
Going | | | (ii)
Coming back | |
|----|---------------------------------|--------------------------|--------------------------|--|-----------------------------|--------------------------|
| | | every day | some days | | every day | some days |
| a) | I take her | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| b) | My partner takes her | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| c) | A grandparent or adult relative | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| d) | An older child | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| e) | Childminder | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| f) | Other person | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| g) | Goes on her own | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |

A4. How does she get to school?

		(i) Going			(ii) Coming back	
		every day	some days		every day	some days
a)	She walks	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>
b)	She goes in a wheelchair	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>
c)	By public transport	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>
d)	School bus/ coach	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>
e)	By car	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>
f)	Rides bicycle	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>
g)	Other (please tick & describe)	<input type="text" value="1"/>	<input type="text" value="2"/>		<input type="text" value="1"/>	<input type="text" value="2"/>

A5. a) How far away is the school?

less than ½ mile (1 km) away	<input type="text" value="1"/>
½ - 1 mile (1-2 km) away	<input type="text" value="2"/>
1 - 5 miles (2-8 km) away	<input type="text" value="3"/>
more than 5 miles (8 km) away	<input type="text" value="4"/>

b) How long does it take to get there in the morning? minutes

A6. We would like to know what happens after school.

a) Does she usually go straight home?

No Yes →If yes, go to A6c on page 6

A6. b) **If no**, where does she go?

	Every day	Some days	Never
i) to a relative's home	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
ii) to a friend's home	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
iii) to a childminder	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
iv) school club	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
v) plays outside	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
vi) other (please tick and describe)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

.....

c) If she goes straight home is an adult always there?

yes, always yes, usually yes, sometimes

no, hardly ever



Some of these questions may seem familiar. We have asked similar ones before, but don't forget circumstances change for a lot of us over a period of time and your answers today may be different from last time!

A7. How does she feel about school?

	Always	Usually	Sometimes	Not at all
a) She looks forward to seeing her teachers	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b) She enjoys school	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c) She is stimulated by it	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
d) She is frightened by the teachers	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
e) She is frightened by her school mates	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
f) She is afraid of failure	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
g) She seems bored by school	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
h) She likes her school mates	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
i) She looks forward to lessons	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

A8. At school how much do you think she likes:

	She likes it a lot	She quite likes it	She does not like it	Does not do this
a) Science, natural history	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b) Maths	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c) English	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
d) Games/PE	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
e) Foreign language	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
f) Art/painting	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
g) Music	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
h) Geography	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
i) History	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

A8.

	She likes it a lot	She quite likes it	She does not like it
j) Other topic (please tick & describe)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

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A9. When she finishes school and returns home:

Does she:	Always	Usually	Sometimes	Never
a) Read, draw or play quietly by herself	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b) Watch TV or video	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c) Play with other children	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
d) Use a computer	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
e) Do schoolwork	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
f) Listen to music	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
g) Something else (please tick and describe)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

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A10. When you meet at home after school:

Does she:	Always	Usually	Sometimes	Never
a) Talk about the events of the day	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b) Ask about what has happened in your day	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

A11. a) Does she bring home things that she has done at school (e.g. painting)?

Yes No → If no, go to A12 below

b) If yes, how often are they put so that everyone can see them?

always usually sometimes never

A12. When she gets home from school how does she behave?

	Always	Usually	Sometimes	Never
a) excited	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b) talkative	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c) withdrawn	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
d) calm	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
e) very active	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
f) sleepy	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
g) angry	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
h) hungry	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
i) tearful	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
j) anxious	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
k) affectionate	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
l) tired	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
m) in need of your support	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
n) she avoids talking about school	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
o) other (please tick and describe)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

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- A13. a) Are you interested in what your child does at school?
 Yes very Yes mostly No, not really
- b) Are you happy with the teaching your daughter is getting at school?
 Yes very Yes mostly No, not really
- c) Are you happy with the progress your daughter is making at school?
 Yes very Yes mostly No, not really
- d) Are you happy with her behaviour at school?
 Yes very Yes mostly No, not really

A14. Has she been identified as having any particular problems at school?
 Yes No → **If no, go to A17 on page 11**

If yes, which problems? (tick all that apply)

- a) disciplinary
- b) learning
- c) in relationships
- d) emotional
- e) other

f) Please describe each type of school problem:

.....

.....

.....

A15. Have you been invited to the school to talk about any of these problems?

Yes No

A16 a) Was the child investigated by a specialist for any of these problems?

Yes ₁ No ₂ → **If no, go to A17 below**

If yes, what was the result?

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

b) Did this investigation result in extra help for the child?

Yes ₁ No ₂ → **If no, go to A17 below**

If yes, describe what:

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

A17. a) Do you think that your study child has any particular talents?

Yes ₁ No ₂ → **If no, go to A18 below**

b) **If yes**, please describe

.....

A18. Does your child show any interest in taking up any particular occupation when she is an adult?

Yes ₁ No ₂ → **If no, go to A19 below**

If yes, please describe.....

A19. Is there an occupation you really hope your child will choose?

Yes ₁ No ₂ → **If no, go to A20 on page 12**

If yes, please describe.....

A20. What sort of education do you hope your child will have? (tick just one)

1 the minimum – and leave school as soon as possible

2 to get some good GCSE's and then leave

3 to take at least one A level

4 to go to University

5 other (please tick and describe)

6 don't really care



We try to use as many photographs as we can in your questionnaires, but everything you send us is used somewhere: in publicity material, in newsletters or to decorate our Focus clinics.

We love to receive pictures so please keep on sending them

SECTION B: DISCIPLINE & LIFESTYLE

B1. a) Are there rules in your home about what your study child can and cannot do?

No, not at all Yes for some things Yes, for many things

b) Does she refuse to do what she does not want to do?

Yes usually Yes sometimes No, not at all

	(i) I do	(ii) My husband/ partner does	(iii) Her teacher does	(iv) Someone else → please describe
c) Who has most control over your study child?	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
d) Who usually tells her off?	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
e) Who usually punishes her?	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>

f) How often is she punished?

every day several times a week once or twice a week
 once or twice a month rarely never

g) How often do you slap or hit her?

every day several times a week once or twice a week
 once or twice a month rarely never

B2. Has she ever run away from home?

Yes No, but has tried to No, but has thought of doing so
 No, never Don't know

B3. Is there anyone that she is afraid of?

Yes 1 No 2 Don't know 9

**If no or don't know
go to B4 below**

If yes, (please tick all that apply)

She is afraid of:

- a) her father/step-father 1
- b) her mother/step-mother 1
- c) brother 1
- d) sister 1
- e) other relative 1
- f) neighbour 1
- g) teacher 1
- h) other children 1
- i) other, please describe 1

.....

B4. Is there anyone who particularly stands up for her?

Yes 1 No 2 Don't know 9

**If no or don't know
go to B5a on page 15**

If yes, who is this? (please tick all that apply)

Stands up for her:

- a) her father/step-father 1
- b) her mother/step-mother 1
- c) brother 1

Stands up for her:

- B4. d) sister
- e) other relative
- f) neighbour
- g) teacher
- h) other children
- i) other, please tick & describe
-

B5. a) On normal school days what time in the morning does your child usually wake up?

hours minutes

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	a.m.
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b) On normal school days what time in the evening does your child usually go to sleep?

hours minutes

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	p.m.
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c) On weekends what time in the morning does your child usually wake up?

hours minutes

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	a.m.
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d) On weekends what time in the evening does your child usually go to sleep?

hours minutes

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	p.m.
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B6. Have you ever been told that your child has:

	No	Yes	age at diagnosis	
a) dyslexia	<input type="checkbox"/> 1	<input type="checkbox"/> 2	→	<input type="checkbox"/> <input type="checkbox"/> years
b) dyspraxia	<input type="checkbox"/> 1	<input type="checkbox"/> 2	→	<input type="checkbox"/> <input type="checkbox"/> years
c) dysgrafia	<input type="checkbox"/> 1	<input type="checkbox"/> 2	→	<input type="checkbox"/> <input type="checkbox"/> years
d) dysortografia	<input type="checkbox"/> 1	<input type="checkbox"/> 2	→	<input type="checkbox"/> <input type="checkbox"/> years
e) dyscalculia	<input type="checkbox"/> 1	<input type="checkbox"/> 2	→	<input type="checkbox"/> <input type="checkbox"/> years
f) autism, Asperger's syndrome or autistic spectrum disorder	<input type="checkbox"/> 1	<input type="checkbox"/> 2	→	<input type="checkbox"/> <input type="checkbox"/> years
g) other (please tick & describe)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	→	<input type="checkbox"/> <input type="checkbox"/> years

.....

B7. a) Does she understand the concept of right and wrong?

Yes ₁ No ₂

b) Can she determine herself what is proper behaviour?

Yes usually ₁ Yes sometimes ₂ No ₃ Don't know ₉

B8. What does she consider important in her life? (tick all that apply)

	Yes
a) school results	<input type="checkbox"/> 1
b) relationship between herself and her teacher	<input type="checkbox"/> 1
c) relationship between herself and her friends	<input type="checkbox"/> 1
d) family relationships	<input type="checkbox"/> 1
e) hobbies, interests	<input type="checkbox"/> 1
f) friends	<input type="checkbox"/> 1

- B8.**
- | | | Yes |
|----|----------------------|-------------------------------|
| g) | clothes | <input type="checkbox"/>
1 |
| h) | money | <input type="checkbox"/>
1 |
| i) | material possessions | <input type="checkbox"/>
1 |
| j) | holidays, trips | <input type="checkbox"/>
1 |

B9. What does she really like to do best? (tick all that apply)

- | | | Yes |
|----|------------------------------|-------------------------------|
| a) | sports | <input type="checkbox"/>
1 |
| b) | playing a musical instrument | <input type="checkbox"/>
1 |
| c) | singing | <input type="checkbox"/>
1 |
| d) | dancing | <input type="checkbox"/>
1 |
| e) | reading | <input type="checkbox"/>
1 |
| f) | drawing | <input type="checkbox"/>
1 |
| g) | making things | <input type="checkbox"/>
1 |
| h) | other | <input type="checkbox"/>
1 |

(please tick and describe)

B10. Does she understand the following abstract terms?

- | | | Yes | No |
|----|------------|-------------------------------|-------------------------------|
| a) | later | <input type="checkbox"/>
1 | <input type="checkbox"/>
2 |
| b) | not at all | <input type="checkbox"/>
1 | <input type="checkbox"/>
2 |
| c) | far away | <input type="checkbox"/>
1 | <input type="checkbox"/>
2 |
| d) | infinite | <input type="checkbox"/>
1 | <input type="checkbox"/>
2 |

B11. Does she understand the concept of death as an irreversible event with all its emotional consequences?

Yes, understands	<input type="text" value="1"/>	Yes, more or less understands	<input type="text" value="2"/>
Not really	<input type="text" value="3"/>	Not at all	<input type="text" value="4"/>

B12. Does she take an interest?

	Yes, very interested	Yes, somewhat interested	No, not interested	Not sure	
a) in nationalism	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	
b) in politics	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	
c) in the meaning of life	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	
d) in law and order	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	
e) in religion	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	
f) Does she attend a place of worship (church, mosque, etc)?					
Yes often	<input type="text" value="1"/>	Yes sometimes	<input type="text" value="2"/>	No, not at all	<input type="text" value="3"/>
g) Does she pray?					
Yes often	<input type="text" value="1"/>	Yes sometimes	<input type="text" value="2"/>	No, not at all	<input type="text" value="3"/>
Don't know	<input type="text" value="9"/>				

B13. a) What friends does she prefer?

boys	<input type="text" value="1"/>
girls	<input type="text" value="2"/>
she doesn't mind	<input type="text" value="3"/>
she doesn't have friends	<input type="text" value="4"/>

b) Does she have a favourite friend of the other sex?

Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>
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B14. Is she at ease with children of her own age?

	Yes
yes, fully	<input type="text" value="1"/>
prefers younger children	<input type="text" value="2"/>
prefers older children	<input type="text" value="3"/>

B15. How much is she influenced by her friends/mates?

very strongly	<input type="text" value="1"/>
fairly strongly	<input type="text" value="2"/>
sometimes	<input type="text" value="3"/>
rarely	<input type="text" value="4"/>
never	<input type="text" value="5"/>

B16. Has she ever been offered:

	Yes and I know about it	Probably	Possibly	I do not think so
a) alcohol	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b) cigarettes	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c) drugs	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

B17. (i) Has she ever tried:

	Yes and I know about it	Probably	Possibly	I do not think so
a) alcohol	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b) cigarettes	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c) drugs	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

If yes to any of the above,

B17. (ii) At what age was she when she tried them? (put 99 if you don't know and 88 if she never tried them)

- | | | | | |
|----|------------|----------------------|----------------------|-------|
| a) | alcohol | <input type="text"/> | <input type="text"/> | years |
| b) | cigarettes | <input type="text"/> | <input type="text"/> | years |
| c) | drugs | <input type="text"/> | <input type="text"/> | years |



The Children of the 90s study is in the forefront of new knowledge about children's health!

Over 100 scientific papers have been published or are in press in medical journals.

None of this would have been possible without your valuable help.

SECTION C: TALKING

Below are a number of statements about speech. Please indicate which are true for your study child.

	Certainly true	Somewhat true	Not true
C1. People can understand almost everything she says	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C2. People have trouble in understanding much of what she says	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C3. She seldom makes any errors in producing speech sounds	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C4. She mispronounces one or two speech sounds but is not difficult to understand; e.g. may say “th” for “s” or “w” for “r”	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C5. Her production of speech sounds seems immature, like that of a younger child, e.g. she says “tat” for “cat”, or “chimbley” for “chimney”, or “bokkle” for “bottle”	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C6. She seems unable to produce several sounds; e.g. “k” or “s”, so that “cat” and “sat” are both pronounced as “tat”	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C7. She leaves off beginnings or ends of words, or omits entire syllables e.g. “bella” for “umbrella”	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C8. It is much harder to understand her when she is talking in sentences, rather than just producing single words	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C9. Her speech is extremely rapid	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C10. She seems to have difficulty in constructing the whole of what she wants to say: makes false starts, and repeats whole words and phrases; e.g. might say “can I-can-I-can-can I have an-have an ice cream”	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C11. Her words are clearly spoken and they flow one from another	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

	Certainly true	Somewhat true	Not true
C12. Speech is mostly just 2 or 3 word phrases such as “me got ball” or “give dolly”	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C13. She can produce long and complicated sentences such as: “When we went to the park I had a go on the swings”; “I saw this man standing on the corner”	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C14. She tends to leave out words and grammatical endings, such as: “I find two dog”, “John go there yesterday”	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C15. Sometimes she makes mistakes with pronouns, e.g. saying “she” rather than “he” or vice versa	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C16. She talks to anyone and everyone	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C17. She talks too much	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C18. She keeps telling people things that they know already	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C19. She talks to herself	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C20. She talks repetitively about things that no-one is interested in	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C21. She asks questions although she knows the answers	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C22. It is sometimes hard to make sense of what she is saying because it seems illogical or disconnected	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C23. Conversation with her can be enjoyable and interesting	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C24. She can give an easy-to-follow account of a past event such as a birthday party or holiday	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

	Certainly true	Somewhat true	Not true
C25. She can talk clearly about what she plans to do in the future e.g. tomorrow or next week	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C26. She would have difficulty in explaining to a younger child how to play a simple game such as “snap”	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C27. She has difficulty in telling a story, or describing what she has done in a sequence of events	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C28. She uses terms like “he” or “it” without making it clear what she is talking about	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C29. She doesn’t seem to realise the need to explain what she is talking about to someone who doesn’t share her experiences; e.g. might talk about “Johnny” without explaining who he is	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C30. She pronounces words in an over-precise manner: accent may sound rather affected or “put-on”, as if child is mimicking a TV personality rather than talking like those around her	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C31. She makes frequent use of expressions such as “by the way”, “actually”, “you know what?”, “as a matter of fact”, “well you know” or “of course”	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C32. She will suddenly change the topic of conversation	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C33. She often turns the conversation to a favourite theme, rather than following what the other person wants to talk about	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C34. Conversation with her tends to go off in unexpected directions	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

	Certainly true	Somewhat true	Not true
C35. She includes over-precise information in her talk, e.g. will give the exact time or date of an event. e.g. when asked “when did you go on holiday?” may say “13 th July 1995” rather than “in the summer”	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C36. She has favourite phrases, sentences or longer sequences which she will use a great deal, sometimes in inappropriate situations	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C37. She sometimes seems to say things that she does not fully understand	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C38. She tends to repeat back what others have just said	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C39. Her ability to communicate clearly seems to vary a great deal from one situation to another	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C40. She takes in just one or two words in a sentence, and so often misinterprets what has been said	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C41. She can understand sarcasm e.g. will be amused rather than confused when someone says “isn’t it a lovely day!” when it is pouring with rain	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C42. She tends to be over-literal, sometimes with (unintentionally) funny results. e.g. a child who was asked “Do you find it hard to get up in the morning” replied “No, you just put one leg out of the bed and then the other and stand up”	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C43. She gets into trouble, because she doesn’t always understand the rules for polite behaviour, and is regarded by others as rude or strange	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C44. She may say things which are tactless or socially inappropriate	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

	Certainly true	Somewhat true	Not true
C45. She treats everyone the same way, regardless of social status: e.g. she might talk to the head teacher the same way as to another child	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C46. She ignores conversational overtures from others e.g. if asked “what are you making?” the child just continues working as if nothing had happened	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C47. She hardly ever starts up a conversation; does not volunteer information about what has happened	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C48. She doesn't seem to read facial expressions or tone of voice and may not realise when other people are upset or angry	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C49. She is poor at using facial expressions or gestures to convey her feelings; she may look blank when angry, or smile when anxious	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C50. She makes good use of gestures to get her meaning across	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C51. She seldom or never looks at the person she is talking to: seems to actively avoid eye contact	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C52. She tends to look away from the person she is talking to: seems inattentive or preoccupied	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
C53. She smiles appropriately when talking to people	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

Michelle and her sister

SECTION D: THE CHILD'S ACTIVITIES

D1. About how often does your child do the following:

How often does she:		Nearly every day	2-5 times a week	Once a week	1-3 times a month	Less than once per month	Not at all
a)	Go swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	Play a musical instrument (e.g. piano, recorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c)	Go to special groups (such as Scouts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tick and describe.....

d)	Go to Sunday School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e)	Go to special classes or clubs for some activity (e.g. dancing, judo, sports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tick and describe.....

f)	Go to special classes because of learning difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
----	--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Please tick and describe.....

g)	Classes for foreign languages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
----	-------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Please tick and describe.....

h)	Singing group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
----	---------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Please tick and describe.....

i)	Other type of classes or group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
----	--------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Please tick and describe.....

D1. How often does she:		Nearly every day	2-5 times a week	Once a week	1-3 times a month	Less than once per month	Not at all
j)	See her grandparents	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
k)	Play computer games	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
l)	Help in the house	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>

D2. How often does her mother or other adult female do these activities with her?

Adult female:		Nearly every day	2-5 times a week	Once a week	Less than once a week	Never ↓
a)	bath (or showers) her	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
b)	makes things with her	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
c)	sings with her	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
d)	reads to/with her	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="4"/>
e)	plays with toys	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
f)	cuddles her	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
g)	active play (e.g. ball games, wrestling, hide and seek)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
h)	takes her to the park or playground	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
i)	puts her to bed	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
j)	takes her swimming, fishing or other activity	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
k)	draws or paints with her	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
l)	prepares food with her	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

D2.		Nearly every day	2-5 times a week	Once a week	Less than once a week	Never ↓
Adult female:						
m)	takes her to classes	1	2	3	4	5
n)	takes her shopping	1	2	3	4	5
o)	takes her to watch sports/football	1	2	3	4	5
p)	does homework with her	1	2	3	4	5
q)	has conversations with her	1	2	3	4	5
r)	helps her prepare things for school	1	2	3	4	5
s)	other (please tick & describe)	1	2	3	4	5

.....

t) Who are the women involved in any of these activities with the study child? (tick all that apply)

- i) Her mother
- ii) Her stepmother/father's partner
- iii) Her grandmother
- iv) Her grown-up sister
- v) Another relative
- vi) A family friend
- vii) A lodger
- viii) A baby sitter/nanny
- ix) Other (please tick and describe)

.....

D3. How often does a male adult (e.g. her father/mother's husband or partner) do these activities with your child?

	Nearly every day	2-5 times a week	Once a week	Less than once a week	Never ↓
Adult male:					
a) bath (or showers) her	1	2	3	4	5
b) makes things with her	1	2	3	4	5
c) sings with her	1	2	3	4	5
d) reads to/with her	1	2	3	4	5
e) plays with toys	1	2	3	4	5
f) cuddles her	1	2	3	4	5
g) active play (e.g. ball games, wrestling, hide and seek)	1	2	3	4	5
h) takes her to the park or playground	1	2	3	4	5
i) puts her to bed	1	2	3	4	5
j) takes her swimming, fishing or similar activity	1	2	3	4	5
k) draws or paints with her	1	2	3	4	5
l) prepares food with her	1	2	3	4	5
m) takes her to classes	1	2	3	4	5
n) takes her shopping	1	2	3	4	5
o) take her to watch sports/football	1	2	3	4	5
p) does homework with her	1	2	3	4	5
q) has conversations with her	1	2	3	4	5
r) helps her prepare things for school	1	2	3	4	5

D3.

Nearly every day **2 - 5 times a week** **Once a week** **Less than once a week** **Never**
↓

Adult male:

s) other (please tick and describe) 1 2 3 4 5

.....

t) Who are the men involved in any of these activities with the study child? (tick all that apply)

i) Her father 1

ii) Her stepfather/mother's partner 1

iii) Her grandfather 1

iv) Her grown-up brother 1

v) Another relative 1

vi) A family friend 1

vii) A lodger 1

viii) A baby sitter/nanny 1

ix) Other (please tick and describe) 1

.....

D4. Help in the house:

a) Does your daughter help in the home (cleaning, washing dishes etc.)?

Yes, but only if made to 1

Yes, sometimes offers to and sometimes is made to 2

Yes, always offers to 3

No, refuses to help 4

No, is not allowed to help 5

D4. b) If **not allowed**, why is this?.....

D5. Does she have a space in which she can do things on her own?

Yes, her own bedroom	<input type="text" value="1"/>
A corner of a room	<input type="text" value="2"/>
Her own table	<input type="text" value="3"/>
No, there is no room for this	<input type="text" value="4"/>
Something else (please tick and describe)	<input type="text" value="5"/>

.....

D6. a) Does she have brothers and/or sisters living at home (include step and half-brothers and sisters)?

Yes No → **If no, go to D7 on page 33**

If yes,

b) How many?

i) older brothers	<input type="text"/> <input type="text"/>	older sisters	<input type="text"/> <input type="text"/>
ii) younger brothers	<input type="text"/> <input type="text"/>	younger sisters	<input type="text"/> <input type="text"/>
iii) twin brother	<input type="text"/>	twin sister	<input type="text"/>

Please give the age of: (Put 99 if no such person. Put 00 if less than 1 year old)

iv) oldest brother	<input type="text"/> <input type="text"/>	years old
v) oldest sister	<input type="text"/> <input type="text"/>	years old
vi) youngest brother	<input type="text"/> <input type="text"/>	years old
vii) youngest sister	<input type="text"/> <input type="text"/>	years old

D6. c) How often does she do the following with them?

With her brothers and sisters	Nearly every day	2-5 times a week	Once a week	Less than once a week	Never
(i) Play with toys	1	2	3	4	5
(ii) Read together	1	2	3	4	5
(iii) Sing together	1	2	3	4	5
(iv) Make things, draw or paint	1	2	3	4	5
(v) Go out together	1	2	3	4	5
(vi) Talk together	1	2	3	4	5
(vii) Eat together	1	2	3	4	5
(viii) Argue with one another	1	2	3	4	5
(ix) Do sports together	1	2	3	4	5

D7. a) Does she wear clothes that have been handed down free from others? (tick all that apply)

- i) yes, from older brothers & sisters
- ii) yes, from other relatives
- iii) yes, from friends

b) Does she ever have clothes bought second hand for her?

Yes No

SECTION E: MOODS AND FEELINGS

These questions are about how your child may have been feeling or acting recently.
For each question, please say how much she has felt or acted this way in the past two weeks.

	True	Sometimes true	Not true
E1. She felt miserable or unhappy	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
E2. She didn't enjoy anything at all	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
E3. She felt so tired that she just sat around and did nothing	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
E4. She was very restless	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
E5. She felt she was no good any more	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
E6. She cried a lot	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
E7. She found it hard to think properly or concentrate	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
E8. She hated herself	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
E9. She felt she was a bad person	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
E10. She felt lonely	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
E11. She thought nobody really loved her	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
E12. She thought she could never be as good as other kids	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
E13. She felt she did everything wrong	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>



DID YOU KNOW?

There are Children of the 90s families in 40 different countries!

SECTION F: STRENGTHS AND DIFFICULTIES

Please think how your child has been in the past 6 months

	In the last six months:	Not true	Somewhat true	Certainly true	Don't know
F1.	She has been considerate of other people's feelings	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
F2.	She has been restless, overactive, cannot stay still for long	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
F3.	She has often complained of headaches, stomach aches or sickness	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
F4.	She has shared readily with other children (treats, toys, pencils etc.)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
F5.	She has often had temper tantrums or hot tempers	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
F6.	She is rather solitary, tends to play alone	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
F7.	She is generally obedient, usually does what adults request	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
F8.	She has many worries, often seems worried	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
F9.	She is helpful if someone is hurt, upset or feeling ill	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
F10.	She is constantly fidgeting or squirming	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
F11.	She has at least one good friend	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
F12.	She often fights with other children or bullies them	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
F13.	She is often unhappy, down-hearted or tearful	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
F14.	She is generally liked by other children	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

In the last six months:		Not true	Somewhat true	Certainly true	Don't know
F15.	She is easily distracted, her concentration wanders	1	2	3	4
F16.	She is nervous or clingy in new situations, easily loses confidence	1	2	3	4
F17.	She is kind to younger children	1	2	3	4
F18.	She often lies or cheats	1	2	3	4
F19.	She is picked on or bullied by other children	1	2	3	4
F20.	She often volunteers to help others (parents, teachers, other children)	1	2	3	4
F21.	She thinks things out before acting	1	2	3	4
F22.	She steals from home, school or elsewhere	1	2	3	4
F23.	She gets on better with adults than with other children	1	2	3	4
F24.	She has many fears, is easily scared	1	2	3	4
F25.	She sees tasks through to the end, has good attention span	1	2	3	4

Sam

Lauren

SECTION G : SLEEPING

G1. a) Does your child have a regular sleeping routine?

Yes 1 No 2

b) How often during the night does she usually wake? times

G2. a) Where does she usually sleep?

	(i) When she goes to bed at night	(ii) When she wakes in the morning
in her own room on her own	<input type="checkbox"/> 1	<input type="checkbox"/> 1
in a room with other children	<input type="checkbox"/> 2	<input type="checkbox"/> 2
in your bedroom	<input type="checkbox"/> 3	<input type="checkbox"/> 3
in a room with other adults	<input type="checkbox"/> 4	<input type="checkbox"/> 4
other place (please tick & describe)	<input type="checkbox"/> 5	<input type="checkbox"/> 5

.....

b) Does she sleep on her own most nights or does she share a bed?

	(i) When she goes to bed at night	(ii) When she wakes in the morning
in her own bed	<input type="checkbox"/> 1	<input type="checkbox"/> 1
in a bed with other children	<input type="checkbox"/> 2	<input type="checkbox"/> 2
in your bed with you	<input type="checkbox"/> 3	<input type="checkbox"/> 3
in a bed with other adult	<input type="checkbox"/> 4	<input type="checkbox"/> 4
other place (please tick & describe)	<input type="checkbox"/> 5	<input type="checkbox"/> 5

.....

G2. c) How often does she sleep:

	Always	Usually	Sometimes	Hardly ever
i) on her back	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
ii) on her side	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
iii) on her front	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

d) Does your child seem to grind her teeth :

	Yes, often	Yes, sometimes	No
i) when she's asleep?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
ii) at other times?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

e) In the room where the child sleeps most of the night:

	In Winter			In Summer		
	Yes always	Yes some-times	No not at all	Yes always	Yes some-times	No not at all
i) is the heating on all night?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
ii) is the heating on part of the night?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
iii) is there a window open at night?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
iv) does she sleep with a duvet?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
v) does she have an electric blanket?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
vi) does she sleep with a pillow?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

G3. **In the past year** has your child regularly:

		Yes, but did not worry me	Yes, worried me a bit	Yes, worried me greatly	No, did not happen	Don't know
a)	refused to go to bed	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="9"/>
b)	woken very early	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="9"/>
c)	had difficulty going to sleep	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="9"/>
d)	had nightmares	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="9"/>
e)	continued to get up after being put to bed	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="9"/>
f)	refused to go to bed	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="9"/>
g)	got up after only a few hours sleep	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="9"/>

Samuel

Paige

SECTION H: BITS AND PIECES

Please list the dates on which your child was weighed or measured since she was 7 years old and add her height and weight. If you don't know, please write DK and go to H2 below.

	<u>Date</u>	<u>Weight</u>	<u>Height</u>
H1. a)/...../.....
b)/...../.....
c)/...../.....
d)/...../.....

H2. What size shoes does she take?

H3. How often nowadays does she wear the following footwear:

		(i) Out of doors			(ii) Indoors		
		Usually	Sometimes	Never	Usually	Sometimes	Never
a)	sandals	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b)	trainers/ plimsolls	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c)	slippers	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
d)	shoes	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
e)	other (please tick and describe)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

.....

H4. How long do you usually let her grow her hair before cutting it?

less than 1 inch more than 1 inch shoulder length

but not shoulder length

longer than never has other, please describe

shoulder it cut

.....

H5. How many of the following immunisations has she had since the age of 7?
 (If you don't know put 9)

Number

- a) BCG (for tuberculosis)
- b) DTP or Triple (includes whooping cough)
- c) DT (without whooping cough)
- d) Polio
- e) MMR (measles, mumps and rubella)
- f) Hib (Haemophylus influenzae B - for meningitis)
- g) Other (please tick and describe)

.....

h) Did she have a temperature or was she unwell after any of these immunisations?

Yes

No



If no, go to I1 on page 42

If yes, please describe:

i) which immunisation:

ii) how old was she? years

iii) how long after the immunisation did this start?

under 3
 hours 1

3-24
 hours 2

1-2
 days 3

3-6
 days 4

1 week
 or more 5

don't
 know 9

iv) how was she affected?

.....

SECTION I: USING THE TOILET

11. When she needs to go to the toilet to urinate (pass water):

a) How often does she show signs (e.g. fidgets) that she needs to go?

never sometimes often

b) When she needs to, how often does she go to the toilet without you having to remind her?

never sometimes often always

c) Does she have to dash to the toilet quickly when she realises she needs to go?

yes, has to go straight away
can hold for a short time
(less than 5 minutes)
can hold for longer than 5 minutes

d) How often does she usually go to the toilet to pass water during the day?

less than 5 times a day 5-9 times a day
10 or more times a day don't know

e) How often does she usually get up to go to the toilet at night?

not at all once twice
3 or more times don't know

11. How often usually does your child:

	Never ↓	Occasional accident but less than once a week	About once a week ↓	2-5 times a week ↓	Nearly every day ↓	More than once a day ↓
f) dirty her pants during the day	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
g) dirty herself at night	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
h) wet herself during the day	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
i) wet the bed at night	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>

j) If she wets at night, how often does she:

	never	sometimes	often	always
(i) wake up after wetting	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
(ii) seem to wet soon after going to sleep	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
(iii) seem upset when the bed is wet	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

12. Which of the following methods have you tried in the past or are using now to try and help your child stop wetting during the day? (Please note: this is not a list of ways which are necessarily effective in helping children to stop wetting during the day).

Tick all that apply:	(i) Have used in the past	(ii) Using now
a) taking/sending her to the toilet regularly	<input type="text" value="1"/>	<input type="text" value="1"/>
b) encouraging child to 'hold on' before using the toilet	<input type="text" value="1"/>	<input type="text" value="1"/>
c) drinking more fluids	<input type="text" value="1"/>	<input type="text" value="1"/>
d) drinking less fluids	<input type="text" value="1"/>	<input type="text" value="1"/>
e) medication	<input type="text" value="1"/>	<input type="text" value="1"/>

Tick all that apply:	(i) Have used in the past	(ii) Using now
I2. f) praising for dry pants	<input type="checkbox"/> 1	<input type="checkbox"/> 1
g) showing your displeasure	<input type="checkbox"/> 1	<input type="checkbox"/> 1
h) advice from a health worker (e.g. health visitor, school nurse, GP, hospital doctor, social worker, psychologist)	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Please tick and describe		

I3. Which of the following methods have you tried in the past or are you using now to try and help your child stop wetting the bed? (Please note: this is not a list of ways which are necessarily effective in helping children to stop wetting the bed).

Tick all that apply:	(i) Have used in the past	(ii) Using now
a) lifting (taking your child out of bed to the toilet)	<input type="checkbox"/> 1	<input type="checkbox"/> 1
b) restricting drinks before bed	<input type="checkbox"/> 1	<input type="checkbox"/> 1
c) getting her to toilet regularly in the day	<input type="checkbox"/> 1	<input type="checkbox"/> 1
d) rewarding for being dry	<input type="checkbox"/> 1	<input type="checkbox"/> 1
e) medication	<input type="checkbox"/> 1	<input type="checkbox"/> 1
f) homeopathy	<input type="checkbox"/> 1	<input type="checkbox"/> 1
g) hypnosis	<input type="checkbox"/> 1	<input type="checkbox"/> 1
h) an alarm that wakes the child when she wets	<input type="checkbox"/> 1	<input type="checkbox"/> 1
i) showing your displeasure	<input type="checkbox"/> 1	<input type="checkbox"/> 1
j) using night-time protection pants or nappies	<input type="checkbox"/> 1	<input type="checkbox"/> 1
k) advice from a health worker (e.g. health visitor, school nurse, GP, hospital doctor, social worker, psychologist)	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Please tick and describe		

David

Charlotte

Leo

SECTION J: EATING

J1. In the past year have you had difficulties getting her to eat what you wanted her to?

Yes, great difficulty

Yes, some difficulty

Yes, occasional difficulty

No, no difficulty

1
2
3
4

→ **If yes, please describe the problems:**

.....

.....

J2. In the past year has she at any time:

	Yes, worried me greatly	Yes, worried me a bit	Yes, but did not worry me	No did not happen
a) deliberately not eaten enough food	1	2	3	4
b) refused to eat the food you think she should eat	1	2	3	4
c) been choosy with food	1	2	3	4
d) over-eaten	1	2	3	4
e) been difficult to get into an eating routine	1	2	3	4

J3. **On school days** how often does your study child usually eat at each of the following times of day?

	Never	Once in 2 weeks	Once a week	2-4 times a week	5 times a week	Don't know
a) Before school	1	2	3	4	5	9
b) Mid-morning	1	2	3	4	5	9
c) Midday	1	2	3	4	5	9

	Never ↓	Once in 2 weeks	Once a week	2-4 times a week	5 times a week	Don't know ↓
J3. d) Mid-afternoon before 4.30 p.m.	1	2	3	4	5	9
e) Late afternoon, between 4.30 & 6.00 p.m.	1	2	3	4	5	9
f) Early evening between 6.00 & 7.30 p.m.	1	2	3	4	5	9
g) Mid-evening between 7.30 & 9.00 p.m.	1	2	3	4	5	9
h) Late evening after 9.00 p.m.	1	2	3	4	5	9

J4. How many times a week on school days does your study child have the following foods or drinks before school?

	Never	Once in 2 weeks	Once a week	2-4 times a week	5 times a week	Don't know
Before school:						
a) Nothing to eat or drink	1	2	3	4	5	9
b) Has a drink but nothing to eat	1	2	3	4	5	9
c) Has cereal without milk	1	2	3	4	5	9
d) Has cereal with milk	1	2	3	4	5	9
e) Has bread or toast	1	2	3	4	5	9
f) Has bacon, egg, sausage, or cheese	1	2	3	4	5	9
g) Has crisps, corn snack or other savoury snack	1	2	3	4	5	9
h) Has sweet biscuits, sweets or chocolates	1	2	3	4	5	9
i) Has fruit, yoghurt or fromage frais	1	2	3	4	5	9

Never Once in 2 weeks Once a week 2-4 times a week 5 times a week Don't know

Before school:

J4.	j) Has a milk drink	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="1"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="2"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="3"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="4"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="5"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="9"/>
	k) Has other food (Please tick & describe)	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="1"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="2"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="3"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="4"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="5"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="9"/>

.....

J5. How many times a week on school days does your study child have as her midday meal?

Never Once in 2 weeks Once a week 2-4 times a week 5 times a week Don't know

a)	Cooked meal at school	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="1"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="2"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="3"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="4"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="5"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="9"/>
b)	Packed lunch provided by school	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="1"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="2"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="3"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="4"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="5"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="9"/>
c)	Packed lunch provided from home	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="1"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="2"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="3"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="4"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="5"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="9"/>
d)	Comes home for a snack lunch	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="1"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="2"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="3"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="4"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="5"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="9"/>
e)	Comes home for a main meal at midday	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="1"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="2"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="3"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="4"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="5"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="9"/>

J6. How often do you ask your study child about the food she has eaten at school?

Never	Occasionally	Quite often	Most days	Does not eat at school
<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="1"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="2"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="3"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="4"/>	<input style="width: 40px; height: 25px; border: 1px solid red;" type="text" value="5"/>

J7. How many times a week on **school days** does your study child have for her **tea/evening meal**

	Never	Once in 2 weeks	Once a week	2-4 times a week	5 times a week	Don't know
Tea/evening meal						
a) Cooked meal with no vegetables or salad	1	2	3	4	5	9
b) Cooked meal with fresh vegetables or salad	1	2	3	4	5	9
c) Cooked meal with frozen vegetables	1	2	3	4	5	9
d) Cooked meal with tinned vegetables	1	2	3	4	5	9
e) Sandwich or snack meal e.g. Baked beans on toast, pot noodles	1	2	3	4	5	9
f) Sitting up at a table	1	2	3	4	5	9
g) Eaten from a tray/plate on her lap	1	2	3	4	5	9
h) Eaten using a knife and fork	1	2	3	4	5	9
i) Eaten using a spoon and/or fingers	1	2	3	4	5	9
j) Adult(s) eating with her	1	2	3	4	5	9
k) Other children eating with her but not adults	1	2	3	4	5	9
l) Eating on her own	1	2	3	4	5	9

J8. a) Does your child usually drink milk on a school day?
 Yes No → **If no, go to J9 below**

If yes,

	Yes	No
b) Does she have milk at school?	<input type="text" value="1"/>	<input type="text" value="2"/>
c) Does she have milk at home?	<input type="text" value="1"/>	<input type="text" value="2"/>

d) If milk is drunk at home about how much does she have in total in drinks and on cereal at home?

Up to ½ pint	½-1 pint	1-1½ pints	1½-2 pints	more than 2 pints
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

J9. How many normal size pots (100-150g) of yoghurt or fromage frais does your child eat each week in total (2 tiny pots equals one normal pot)?

None	one or less	2	3-4	5-6	one per day	more than one per day
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>

J10. Has your child had any of the following supplements in the last 12 months?

	Never ↓	Yes, takes them most days`	Yes takes them occasionally	If yes, please give full name
a) Multivitamins	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b) Multiminerals	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c) Calcium	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
d) Iron	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
e) Vitamin D	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
f) Vitamin C	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
g) Cod liver oil	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
h) Other		<input type="text" value="2"/>	<input type="text" value="3"/>

J11. Is your child at present a vegetarian?

Yes No

J12. Is your child at present a vegan (i.e. does not eat meat, poultry, fish, eggs, butter, milk or cheese)?

Yes No

J13. Is your child at present on any other kind of special diet?

Yes No → **If no, go to J14 below**

If yes, please describe below.

.....
.....

J14. Does your child have definite likes and dislikes as far as food is concerned?

no, will eat almost anything
yes, quite choosy
yes, very choosy

J15. Does she eat coal, soil, dirt or other non-food substances?

yes, every day
yes, at least once a week
yes, less than once a week
no, not at all

→ **If yes, please describe what she eats:**
.....

SECTION K:

K1. This questionnaire was completed by (please tick all that apply):

	Yes		Yes
a) child's biological mother	<input type="checkbox"/> 1	d) study child	<input type="checkbox"/> 1
b) child's mother-figure	<input type="checkbox"/> 1	e) someone else (please describe)	<input type="checkbox"/> 1
c) child's biological father	<input type="checkbox"/> 1	

K2. Please give the date on which you completed this questionnaire:

day	month	year
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		2 0 0

K3. Please give your date of birth:

day	month	year
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	19 <input type="checkbox"/> <input type="checkbox"/>

K4. Please give your study child's date of birth:

day	month	year
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	199 <input type="checkbox"/>

THANK YOU VERY MUCH FOR YOUR HELP

Space for any additional comments you would like to make

NB Please remember we cannot reply to any comment unless you sign it.

When completed, please return the questionnaire to:

**Professor Jean Golding
Children of the Nineties - ALSPAC
Institute of Child Health
24 Tyndall Avenue
Bristol BS8 1BR
Tel: Bristol 9285007**

For office use only			
<i>Coder</i>		<i>Int</i>	
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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