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DEVELOPMENT AND HEALTH OF MY DAUGHTER

This questionnaire asks some more questions about your study child. We are interested to know about her health and behaviour and how she gets on with other children.

This questionnaire is like the other questionnaires you have received. To answer simply tick the box which best describes your child or your child's situation. Please answer all questions that you can. If you cannot answer any question or if they do not apply to you please put a line through them. There are no right or wrong answers. Please just describe what happens in your situation. You may make additional comments at the end. All answers are confidential.

Many of the questions ask you to describe what has happened since your child was 3 - by this we mean since her 3rd birthday.

THANK YOU FOR YOUR HELP

08/12/95

SECTION A: YOUR CHILD'S HEALTH

A1. How would you assess the health of your child now?

	(i) in the past month	(ii) in the past year
very healthy, no problems	<input type="text" value="1"/>	<input type="text" value="1"/>
healthy, but a few minor problems	<input type="text" value="2"/>	<input type="text" value="2"/>
sometimes quite ill	<input type="text" value="3"/>	<input type="text" value="3"/>
almost always unwell	<input type="text" value="4"/>	<input type="text" value="4"/>

A2. Has she had fluoride supplements (tablets or drops) in the past 2 years?

Yes No → **If no or not known go to A3a below** ← Not known

If yes, (i) for how long did she have them?

less than 1 month 1-2 months 3-5 months 6-11 months
more than 12 months don't know

ii) How old was she when she last had fluoride supplements? years old
(put 6 if she still has them)

A3. a) Since your child was 3 years old, has the doctor been called to your home because she was unwell?

Yes No → **If no, go to A4 on page 3**

If yes,

b) how many times?

once twice 3-4 times 5 or more times

A4. Has she had any of the following since she was 3 years old?

Since 3 years old	Yes and saw a doctor	Yes but did not see doctor	No did not have
a) diarrhoea	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b) blood in the stools	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c) vomiting	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
d) cough	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
e) high temperature	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
f) snuffles/cold	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
g) ear ache	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
h) ear discharge (pus not wax)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
i) convulsions/fits	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
j) stomach ache(s)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
k) rash	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
l) wheezing	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
m) breathlessness	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
n) episodes of stopping breathing	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
o) an accident	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
p) urinary infection	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

Since 3 years old		Yes and saw a doctor	Yes but did not see doctor	No did not have
q)	headache(s)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
r)	constipation	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
s)	worm infections	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
t)	lice or scabies	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
u)	other (please tick and describe)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

.....

A5. a) Has your child been admitted to hospital since she was 3 years old?

Yes No → **If no, go to A6 on page 5**

If yes,

b) how many times?

c) please describe for each admission:

	Age of child (years)	Reason for admission	No. of nights child stayed in hospital
1.	<input type="text"/>	<input type="text"/> <input type="text"/>
2.	<input type="text"/>	<input type="text"/> <input type="text"/>
3.	<input type="text"/>	<input type="text"/> <input type="text"/>

A5. d) How often did you see her while she was in hospital?

	1st admission	2nd admission	3rd admission
Not at all	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
Quite often	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>
Every day	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>
Stayed in the hospital with her	<input type="text" value="4"/>	<input type="text" value="4"/>	<input type="text" value="4"/>

A6. Has she **ever** had any of the following operations?

	Yes	No
a) hernia repair	<input type="text" value="1"/>	<input type="text" value="2"/>
b) tonsils out	<input type="text" value="1"/>	<input type="text" value="2"/>
c) adenoids out	<input type="text" value="1"/>	<input type="text" value="2"/>
d) appendicectomy (appendix out)	<input type="text" value="1"/>	<input type="text" value="2"/>
e) tubes (grommets) put in her ears	<input type="text" value="1"/>	<input type="text" value="2"/>
f) squint repair (to put eyes straight)	<input type="text" value="1"/>	<input type="text" value="2"/>
g) teeth pulled out	<input type="text" value="1"/>	<input type="text" value="2"/>
h) other operations (please tick and describe)	<input type="text" value="1"/>	<input type="text" value="2"/>

.....

A7. a) Since she was 3 years old has she had any periods when there was wheezing with whistling on her chest when she breathed?

Yes No → **If no, go to A7g on page 7**

If yes,

A7. b) How many separate times has this happened since she was 3 years old?

once twice 3-4 times 5 or more times don't know

c) How many days altogether would you say she had wheezed since she was 3 years old?

1 day 2-3 days 4-9 days 10-19 days 20 or more days don't know

d) Was she breathless during any of these times?

Yes for all Yes for some No not at all

e) Did she have a fever during any of these times?

Yes for all Yes for some No not at all

f) What do you think brings the wheezing attacks on?

	Yes	No
i) chest infection or bronchitis	<input type="text"/>	<input type="text"/>
ii) being in a smoky room	<input type="text"/>	<input type="text"/>
iii) cold weather	<input type="text"/>	<input type="text"/>
iv) I don't know	<input type="text"/>	<input type="text"/>
v) other (please tick and describe)	<input type="text"/>	<input type="text"/>

.....

.....

A7. g) Have any of your other children had spells of wheezing with whistling on the chest?

Yes 1 No 2 have no other children 7

A8. a) Has your child had any itchy, dry skin rash in the joints and creases of her body (e.g. behind the knees, elbows, under the arms) since she was 3 years old?

Yes 1 No 2 → **If no, go to A9a below**

If yes,

b) how bad was this?

very bad 1 quite bad 2 mild 3 no problem 4

c) does she have this sort of rash now?

Yes 1 No 2

d) did the rash ever become sore and oozy?

Yes	No
<input type="text"/> 1	<input type="text"/> 2

e) was it made worse by irritants such as bubble bath, soap, wool or nylon clothing?

<input type="text"/> 1	<input type="text"/> 2
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A9. a) Has she had an itchy, dry, rash on her hands since she was 3 years old?

Yes 1 No 2

b) Has she had an itchy, dry rash on her feet since she was 3 years old?

Yes 1 No 2 → **If no, go to A9c on page 8**

If yes, please describe which parts of her feet

A9. c) Does her skin get itchy when she gets sweaty? (e.g. in a hot room or when she has been playing)

Yes 1 No 2

A10. Has she ever had a skin reaction (e.g. redness or itching) which you thought was due to some food that she had eaten?

Yes 1 No 2 → **If no, go to A11a below**

If yes,

i) please describe the food(s)

ii) how long after the food was eaten did the reaction appear?.....

iii) where was the reaction? mouth 1

other part 2 → please say where

.....

A11. a) Has she had vomiting spells since she was 3 years old?

Yes 1 No 2 → **If no, go to A12a on page 9**

If yes,

b) How many times?

once 1 twice 2 3-9 3 10 or more 4
times times

A11. c) With the vomiting attacks, did she also have:

	Always	Frequently	Sometimes	Rarely	Never
i) diarrhoea	<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"/>
ii) chestiness (wheezing or coughing or grunting)	<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"/>

A12. a) Since she was 3 years old has she had diarrhoea or gastro-enteritis?

Yes No → **If no go to A13a on page 10**

If yes,

b) how many times?

c) how many days did the worst attack last?

d) Did you:

	Yes	No
i) call the doctor to come to your home?	<input type="text" value="1"/>	<input type="text" value="2"/>
ii) go to your doctor?	<input type="text" value="1"/>	<input type="text" value="2"/>
iii) treat it yourself?	<input type="text" value="1"/>	<input type="text" value="2"/>
iv) do something else? (please tick and describe)	<input type="text" value="1"/>	<input type="text" value="2"/>

.....
e) Did she continue to eat as usual?

Yes → **If yes, go to A12f on page 10**

No

If **no**, i) how long was normal feeding disturbed?

less than 1 day 1 1 day 2 2 days 3
3-4 days 4 5 or more days 5

A12. f) Was she given an oral rehydration solution?

Yes 1 No 2 Don't know 9

↓
If **no** or **don't know**, go to A12g below

If **yes**, i) give type if known:

ii) how long was the solution given?

less than 1 day 1 1 day 2 2 days 3
3-4 days 4 5 or more days 5

A12. g) What other treatment was given?

.....
.....

A13. a) Since she was 3 years old has your child ever had a time when she has coughed off and on for at least 2 days?

Yes 1 No 2 → If **no**, go to A14a on page 11

If **yes**,

b) how many times has this happened since she was 3 years old?

once 1 twice 2 3-9 times 3 10 or more times 4

A13. c) Did she have a fever at any of these times?

Yes for all Yes for some No, not at all

d) Did she have a runny nose during any of these spells?

Yes for all Yes for some No, not at all

A14. The following questions are about your child's ears or hearing.

a) Nowadays, does your child listen to people or to things that happen nearby:

Yes always	<input type="text" value="1"/>	Yes often	<input type="text" value="2"/>
Sometimes	<input type="text" value="3"/>	Usually not	<input type="text" value="4"/>
Never	<input type="text" value="5"/>	Child unable to hear at all	<input type="text" value="7"/>

b) Does she turn her head towards sounds?

yes usually	<input type="text" value="1"/>
yes sometimes	<input type="text" value="2"/>
only to very loud sounds	<input type="text" value="3"/>
never turns towards sounds	<input type="text" value="4"/>
don't know	<input type="text" value="9"/>

c) During or after a cold, is her hearing worse than usual?

yes, much worse yes, a little worse

no, about the same don't know

has never had a cold

A14. d) During recent colds, is the dripping (discharge) from her nose:

		Yes usually	Yes sometimes	No never	Don't know	Hasn't had a cold	
i)	clear	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>	<input type="text" value="7"/>	→ Go to A14e below
ii)	slightly white in colour	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>		
iii)	thick heavy yellow and/or green in colour (catarrh)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>		
iv)	very little discharge occurs at all	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>		

e) Has pus or sticky mucus (not ear wax) leaked out of her ear since she was 3 years old?

never	<input type="text" value="1"/>
once	<input type="text" value="2"/>
more than once	<input type="text" value="3"/>
don't know	<input type="text" value="9"/>

f) Does she breathe through her mouth rather than through her nose?

	(i) when asleep	(ii) when awake
all the time	<input type="text" value="1"/>	<input type="text" value="1"/>
much of the time	<input type="text" value="2"/>	<input type="text" value="2"/>
sometimes	<input type="text" value="3"/>	<input type="text" value="3"/>
rarely	<input type="text" value="4"/>	<input type="text" value="4"/>
never	<input type="text" value="5"/>	<input type="text" value="5"/>
don't know	<input type="text" value="9"/>	<input type="text" value="9"/>

A14. g) Does she snore for more than a few minutes at a time?

most nights	<input type="text" value="1"/>
quite often	<input type="text" value="2"/>
sometimes	<input type="text" value="3"/>
only rarely	<input type="text" value="4"/>
never	<input type="text" value="5"/>
don't know	<input type="text" value="9"/>

h) When she is asleep, does she seem to stop breathing or hold her breath for several seconds at a time?

yes, often	<input type="text" value="1"/>
yes, sometimes	<input type="text" value="2"/>
no	<input type="text" value="3"/>
don't know	<input type="text" value="9"/>

A15. a) Have there been times since she was 3 years old when she has had a pain in her stomach?

Yes No → **If no, go to A16a on page 14**

If yes,

b) How many separate times has this happened since she was 3 years old?

once twice 3-4 times 5 or more times don't know

c) Did she have vomiting or diarrhoea at the same time as the pain?

yes every time yes, for some of the times no, not at all

A15. d) What do you think are the causes of her stomach pains (tick all that apply)?

- i) something she ate
- ii) an infection
- iii) constipation
- iv) other (please describe)

.....

- v) don't know

A16. a) Does she often have aches and pains in her arms or legs?

- yes arm(s) yes leg(s) yes both no, not often

↓
**If no, go to A17a
on page 15**

b) **If yes,**

- i) does this happen especially when she is tired? Yes No

ii) what do you think is the cause ?

.....


iii) do you find any particular treatment helps ?

- Yes No

If yes, please describe.....

A17. a) Since she was 3 years old has she had any form of convulsion, fit, seizure or other turn in which consciousness was lost or any part of the body made an abnormal movement?

Yes No Not known

 **If no, or not known, go to A18 on page 17**

If yes,

b) Please describe the first attack since her 3rd birthday:

.....

.....

c) Did she have a high temperature at the time?

Yes No Not known

d) How old was she at the time?

3 years 4 years 5 years old

e) How many attacks has she had since her 3rd birthday?

one two 3-4 5 or more

A17. f) By whom was she seen for these attack(s)? (tick all that apply)

Yes

- i) general practitioner (GP) at home
- ii) GP at surgery
- iii) hospital outpatients
- iv) admitted to hospital

g) What investigations, if any, have been carried out?

.....
.....

h) Did later attacks differ from the first one ?

Yes No → **If no, go to (j) below**

If yes, please describe

.....

j) What were these thought to be due to? (Tick all that apply)

- i) febrile convulsions
- ii) fainting and blackouts
- iii) epilepsy
- iv) breath holding
- v) reaction to immunisation
- vi) other (please specify)
- vii) don't know

A18. Since she was 3 years old, has she had the following infections?

	Yes	No
a) measles	<input type="checkbox"/>	<input type="checkbox"/>
b) chicken pox	<input type="checkbox"/>	<input type="checkbox"/>
c) mumps	<input type="checkbox"/>	<input type="checkbox"/>
d) meningitis	<input type="checkbox"/>	<input type="checkbox"/>
e) cold sores	<input type="checkbox"/>	<input type="checkbox"/>
f) whooping cough	<input type="checkbox"/>	<input type="checkbox"/>
g) urinary infection	<input type="checkbox"/>	<input type="checkbox"/>
h) eye infection	<input type="checkbox"/>	<input type="checkbox"/>
i) ear infection	<input type="checkbox"/>	<input type="checkbox"/>
j) chest infection	<input type="checkbox"/>	<input type="checkbox"/>
k) other infection (please tick and describe)	<input type="checkbox"/>	<input type="checkbox"/>

.....

A19. Approximately how many times **in the last 12 months** has:

- a) the family doctor come to your home because your study child was ill times (put 00 if not at all)
- b) the family doctor seen your study child in his surgery because she was unwell? put 00 if not at all)
- c) a doctor seen your study child for a routine check? times (put 00 if not at all)

SECTION B: SLEEPING

B1. Does your child have a regular sleeping routine?

Yes No

B2. a) How many hours sleep does she usually have during the day time?

none less than mor

don't 1 hour hours 2 hours know

b) Normally what time in the evening does your child go to sleep?

hours minutes

p.m.

B3. a) What time does she normally wake up in the morning?

hours minutes

a.m.

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

c) How often during a normal day does she have a sleep? times

B4. a) Where does the child usually sleep?

(i) (ii)

When she goes to bed at night **When she wakes in the morning**

in her own room on her own	<input type="checkbox"/>	<input type="checkbox"/>
in a room with other children	<input type="checkbox"/>	<input type="checkbox"/>
in your bedroom	<input type="checkbox"/>	<input type="checkbox"/>
in a room with other adults	<input type="checkbox"/>	<input type="checkbox"/>
other place (please tick and describe)	<input type="checkbox"/>	<input type="checkbox"/>

.....
B4.b) Does the child sleep on her own most nights or does she share a bed or cot?

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

.....

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"/>

B4. d) 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"/>

B5. Do you feel her sleep pattern is :

better than other children of the same age	<input type="text" value="1"/>
same as other children of the same age	<input type="text" value="2"/>
worse than other children of the same age	<input type="text" value="3"/>
don't know	<input type="text" value="9"/>

B6. 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	1	2	3	4	9
b) woken very early	1	2	3	4	9
c) had difficulty going to sleep	1	2	3	4	9
d) had nightmares	1	2	3	4	9
e) continued to get up after being put to bed	1	2	3	4	9
f) woken in the night	1	2	3	4	9
g) got up after only a few hours sleep	1	2	3	4	9

B7. What time in the evening do you (first) put your child to bed? hours minutes
 p.m.

SECTION C: YOU AND YOUR CHILD

C1. a) Do you ever have a battle of wills with your child?

never

1

→ If **never**, go to C2 below

rarely

2

sometimes

3

frequently

4

b) What are they usually about:

.....

.....

c) Who most often wins?

me

1

she does

2

about even

3

neither of us

4

C2. How often does she refuse to go to bed?

most of the time

1

often

2

at times

3

rarely

4

never

5

C3. a) How often does she have temper tantrums?

more than once a day

most days

at least once a week

less than once a week

never

→ If **never**, go to C4 on page 24

If she has temper tantrums:

b) Why do you think they happen? (please tick all that apply)

i) failure to get what she wants

ii) failure to make herself understood

iii) reaction to being corrected

iv) no particular reason

v) other (please tick and describe)

.....

c) When she has temper tantrums how often do you:

	Often	Sometimes	Never
i) ignore it, let her get it out of her system	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
ii) send her away for 'time out' eg. send her to her bedroom	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
iii) try to hold and cuddle her	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
iv) try to reason with her	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

C3. c)	Often	Sometimes	Never
v) leave it for someone else to cope with	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
vi) slap or hit her	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
vii) try to distract her	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
viii) shout at her	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
ix) other (please tick and describe)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

.....

C4. How often does she do the following:

	Often	Sometimes	Never
a) repeatedly rocks her head or body for no reason	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b) has a tic or twitch	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c) has other unusual behaviour (please tick and describe)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

.....

C5.

About how often does she go to:	Nearly every day	2 - 5 times a week	Once a week	Once a month	A few times per year	Never ↓
a) local shops	<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"/>
b) department store	<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"/>
c) supermarket	<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"/>
d) 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"/>	<input type="text" value="6"/>

	Nearly every day	2 - 5 times a week	Once a week	Once a month	A few times per year	Never ↓
C5.e) visits to friends	<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"/>
f) visits to relatives	<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) library	<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) places of interest (e.g. Zoo, museum)	<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) places of entertainment (e.g. funfair)	<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) swimming pool or other sporting area	<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"/>

C6. How much choice do you allow her in deciding what foods she eats at meals?

	Main meal	Snacks
she can choose from any food available	<input type="text" value="1"/>	<input type="text" value="1"/>
she is given a choice from a few alternatives that an adult chooses	<input type="text" value="2"/>	<input type="text" value="2"/>
an adult decides what she will eat	<input type="text" value="3"/>	<input type="text" value="3"/>

C7. Do you allow her to choose what clothes she will wear?

she always takes part in choosing	<input type="text" value="1"/>
she has some choice	<input type="text" value="2"/>
she has no choice in what she will wear	<input type="text" value="3"/>

C8. Does your child have:

Yes

No

- | | | |
|---|--------------------------------|--------------------------------|
| a) cuddly toys | <input type="text" value="1"/> | <input type="text" value="2"/> |
| b) construction toys (e.g. lego) | <input type="text" value="1"/> | <input type="text" value="2"/> |
| c) co-ordination toys (eg. set of blocks, shape posting box, stacking cups) | <input type="text" value="1"/> | <input type="text" value="2"/> |
| d) jigsaw puzzles | <input type="text" value="1"/> | <input type="text" value="2"/> |
| e) action dolls (e.g. Barbie, Power Ranger) | <input type="text" value="1"/> | <input type="text" value="2"/> |
| f) computer games | <input type="text" value="1"/> | <input type="text" value="2"/> |
| g) toy cars | <input type="text" value="1"/> | <input type="text" value="2"/> |

C9. About how many books does she have of her own or that she shares with brothers or sisters?

- | | |
|-------------|--------------------------------|
| none | <input type="text" value="1"/> |
| 1 - 2 books | <input type="text" value="2"/> |
| 3 - 9 books | <input type="text" value="3"/> |
| 10 or more | <input type="text" value="4"/> |

C10. How often do you talk to her while you do housework or are occupied in some other way?

- | | | | | | |
|-------|--------------------------------|---------------|--------------------------------|-----------|--------------------------------|
| never | <input type="text" value="1"/> | rarely | <input type="text" value="2"/> | sometimes | <input type="text" value="3"/> |
| often | <input type="text" value="4"/> | almost always | <input type="text" value="5"/> | | |

C11. a) Do you have a television set?

- Yes No → If **no**, go to C12 on page 28

If yes,

C11. b) How often is your child allowed to watch the television or a video?

whenever she wants

when I decide it is suitable

hardly ever

→If hardly ever, go to
C12 on page 28

c) When do you normally have the television on?

	Weekdays	Weekends
all day	<input type="text" value="1"/>	<input type="text" value="1"/>
most of the day	<input type="text" value="2"/>	<input type="text" value="2"/>
½ the day	<input type="text" value="3"/>	<input type="text" value="3"/>
less than ½ the day	<input type="text" value="4"/>	<input type="text" value="4"/>
not at all	<input type="text" value="5"/>	<input type="text" value="5"/>

d) Does your child watch television or a video when it is on?

	Always	Sometimes	Never
i) yes, but plays at the same time	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
ii) yes, and pays attention	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
iii) no, she ignores it	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

If she does watch TV,

C11. e) what programmes does she see? (tick all that apply)

Don't know

i) children's programmes

ii) other programmes

iii) children's videos

iv) other videos

C11. f) About how close to the TV does she usually sit?

less than 1 metre about 1 metre more than 1 metre
varies

C12. How often does she play with other children (other than brothers or sisters)?

every day
2 - 6 times a week
once a week
less than once a week
never

C13. When you and your child meet again after being apart for an hour or more, does she tell you what she's been doing?

yes, always yes, sometimes hardly ever
never we are never apart

C14. a) Many children have particular types of activities that they prefer or toys they play with.

How often has your daughter played with the following in the past month:

Plays with:	Never	Hardly ever	Some-times	Often	Very often
i) Guns (or objects used as guns)	<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"/>
ii) Jewellery	<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"/>
iii) Tool set	<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"/>
iv) Dolls	<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"/>

C14.a) Plays with:		Never	Hardly ever	Some-times	Often	Very often
v)	Trains, cars or aeroplanes	1	2	3	4	5
vi)	Swords (or objects used as swords)	1	2	3	4	5
vii)	Tea set	1	2	3	4	5

C14. b) How often in the past month has she done the following:

		Never	Hardly ever	Some-times	Often	Very often
i)	Played house (e.g. cleaning, cooking)	1	2	3	4	5
ii)	Played with girls	1	2	3	4	5
iii)	Pretended to be a female person (e.g. a princess)	1	2	3	4	5
iv)	Pretended to be a male character (e.g. a soldier)	1	2	3	4	5
v)	Played at fighting	1	2	3	4	5
vi)	Played at being a mother or father	1	2	3	4	5
vii)	Played ball games	1	2	3	4	5
viii)	Climbed (fence, tree, climbing frame)	1	2	3	4	5
ix)	Played at looking after babies	1	2	3	4	5

C14. b) How often in the past month has she done the following:

	Never	Hardly ever	Some-times	Often	Very often
x) Showed interest in real cars, trains and aeroplanes	<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"/>
xi) Dressed up in girlish clothes	<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"/>
xii) Played with boys	<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"/>

C14. c) How often does she:

	Never	Hardly ever	Some-times	Often	Very often
i) Like to explore new surroundings	<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"/>
ii) Enjoy rough and tumble play	<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"/>
iii) Show interest in spiders, insects or snakes	<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"/>
iv) Avoid getting dirty	<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"/>
v) Like pretty things	<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"/>
vi) Avoid taking risks	<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"/>

C15. Do you feel that she dominates the household?

Yes, usually	Yes, sometimes	No, not at all
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

C16. Do you start by being firm but then give way?

Yes, usually

Yes, sometimes

No, not at all

C17. Space for comments:

.....

.....

C18. How often does your partner do these activities with your child?

Partner:	Often	Sometimes	Rarely	Never	Have no partner
a) gives her a bath or shower	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="7"/> → Go to C19 on page 32
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"/>	
c) sings to her	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	
d) reads to her	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<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"/>	
f) cuddles her	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	
g) active play (eg. ball games, hide and seek)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	
h) takes her to a park or playground	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	
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"/>	
j) takes her swimming	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	
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"/>	
l) prepares food for her	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	
m) 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"/>

C19. How often do you do these activities with your child?

You:	Often	Sometimes	Rarely	Never
a) bath (or shower) her	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b) make things with her	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c) sing to her	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
d) read to her	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
e) play with toys	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
f) cuddle her	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
g) active play (eg. ball games, hide and seek)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
h) take 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"/>
i) put her to bed	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
j) take her swimming or other activity	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
k) draw or paint with her	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
l) prepare food for her	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
m) other (please describe)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

.....

C20. About how often does your child do the following:

	Every day	2-6 times a week	once a week	once a month	not at all
a) Go to a park or playground	1	2	3	4	5
b) Go swimming	1	2	3	4	5
c) Play a musical instrument (e.g. piano, recorder)	1	2	3	4	5
d) Go to a library	1	2	3	4	5
e) Go to special groups (such as Beavers or Rainbows)	1	2	3	4	5

Please tick and describe

f) Go to Sunday school	1	2	3	4	5
g) Go to special classes or clubs for some activity (e.g. dancing, judo, sports)	1	2	3	4	5

Please tick and describe.....

h) Go to special classes because of learning difficulty	1	2	3	4	5
---	---	---	---	---	---

Please tick and describe.....

i) Have physiotherapy	1	2	3	4	5
j) See her grandparents	1	2	3	4	5
k) Play computer games	1	2	3	4	5
l) Help in the house	1	2	3	4	5

C21. Has she had her ears pierced ? Yes No

1

2

SECTION D: UPSETTING EVENTS

Below are listed some events that might upset some children. Please state whether any of these has happened since she was 3 years old.

Since her 3rd birthday:	Yes and she was very upset	Yes and she was quite upset	Yes and she was a bit upset	Yes but she wasn't upset	No did not happen
D1. She was taken into care*	<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. A pet died	<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"/>
D3. She moved home	<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"/>
D4. She had a shock or fright*	<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"/>
D5. She was physically hurt by someone*	<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"/>
D6. She was sexually abused*	<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"/>
D7. She was separated from her mother*	<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"/>
D8. She was separated from her father*	<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"/>
D9. She acquired a new mother or father*	<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"/>
D10. She had a new brother or sister	<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"/>
D11. She was admitted to hospital	<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"/>
D12. She changed care taker (i.e. the person mostly looking after 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"/>

Since her 3rd birthday:	Yes and she was very upset	Yes and she was quite upset	Yes and she was a bit upset	Yes but she wasn't upset	No did not happen
D13. She was separated from someone else*	<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"/>
D14. She started a <u>new</u> nursery or kindergarten	<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"/>
D15. She started school	<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"/>
D16. Something else*	<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"/>

If yes, to any marked *, please give details below:

.....

.....

SECTION E: ABILITIES AND DISABILITIES

Children in this study have a range of skills and abilities and some have a number of disabilities. These questions will enable us to get a picture of your child. Please answer each question: If you don't know the answer ask your child to do the task.

E1.		Yes, can do well	Yes, does but not very well	Has not yet done	Is unable to try this
a)	Is she is able to walk?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="7"/>
b)	Is she able to stoop down and pick up something from the floor?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="7"/>
c)	Is she able to run?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="7"/>
d)	Can she jump forward with both feet together?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="7"/>
e)	Can she walk on tiptoe?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="7"/>
f)	Can she run on tiptoe?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="7"/>
g)	Can she hop on one foot for 3 steps?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="7"/>
h)	Can she walk backwards for 4 steps?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="7"/>
i)	Can she stand on 1 foot for at least 8 seconds?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="7"/>
j)	Can she walk upstairs, putting both feet on each step?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="7"/>
k)	Can she walk upstairs, putting one foot on each step?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="7"/>
l)	Can she walk downstairs, putting both feet on each step?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="7"/>
m)	Can she walk downstairs, putting one foot on each step?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="7"/>

E1.		Yes, can do well	Yes, does but not very well	Has not yet done	Is unable to try this
n)	Can she run upstairs?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
o)	Can she ride a tricycle?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
p)	Can she ride a bicycle?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
q)	Can she swim with waterwings?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
r)	Can she swim without waterwings?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
s)	Can she do a handstand against the wall?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
t)	Can she skip with a skipping rope?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
u)	Can she stand on her head?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
E2.					
a)	Can she hold a pencil and scribble?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
b)	Can she copy a vertical line with a pencil?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
c)	Can she wiggle her thumb?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
d)	Can she draw a circle (more or less)?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
e)	Can she bang together two objects that she is holding?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
f)	Can she draw (or copy) a cross?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>

E2.	Yes, can do well	Yes, does but not very well	Has not yet done	Is unable to try this	
g) Can she draw (or copy) a square?	1 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	2 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	3 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	7 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	
h) Can she write her name?	1 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	2 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	3 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	7 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	
i) Can she write any numbers?	1 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	2 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	3 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	7 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	
j) If you ask her to draw a man, what is the result likely to be?					
just a scribble	1 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	a head and not much else	2 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	a head and body	3 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>
a head, body and legs	4 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	head, body, arms, legs	5 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>		
other (please describe)	6 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>			

E3.	Yes, can do well	Yes, does but not very well	Has not yet done	Is unable to try this
a) Can she pick up a small object using finger and thumb only?	1 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	2 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	3 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	7 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>
b) Can she turn the pages of a book?	1 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	2 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	3 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	7 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>
c) Can she build a tower putting one object on top of another?	1 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	2 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	3 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	7 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>
d) Can she build a tower of 4 bricks?	1 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	2 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	3 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	7 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>
e) Can she build a tower of 6 bricks?	1 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	2 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	3 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	7 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>
f) Can she build a tower of 8 bricks?	1 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	2 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	3 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	7 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>
g) Can she put bricks together to make a bridge?	1 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	2 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	3 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>	7 <input style="width: 30px; height: 20px; border: 1px solid red;" type="text"/>

E4.		Yes, can do well	Yes, does but not very well	Has not yet done	Is unable to try this
a)	Does she show interest in pictures in books?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
b)	Does she notice details in pictures and photographs?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
c)	Can she recognise the colours red, yellow and blue?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
d)	Can she recognise orange, brown and purple?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
e)	Can she recognise her name when written?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
f)	Does she know at least 3 letters of the alphabet?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
g)	Does she know at least 10 letters of the alphabet?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
h)	Can she read simple words ?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
i)	Can she read a story with less than 10 words a page?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
j)	Can she read a story with more than 10 words a page?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
k)	Does she understand numbers 1 and 2?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
l)	Does she understand numbers 3 and 4?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
m)	Does she understand numbers 5 to 10?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
n)	Can she count up to 20?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
o)	Can she count up to 100?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>

E5.		Yes, can do well	Yes, does but not very well	Has not yet done	Is unable to try this
a)	Does she share her toys with other children?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
b)	Does she share the toys of other children, understanding that they are not hers?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
c)	Does she feel sympathy for someone if they are hurt?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
d)	Does she think of things to do to please you?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
e)	Can she kick a large ball?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
f)	Can she throw a small ball underarm?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
g)	Can she throw a small ball overarm?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
h)	Can she throw a ball against a wall and catch it?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
i)	Does she take turns in a game without fuss?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
j)	Can she play card games (e.g. snap) ?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
k)	Can she play any board games?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>

E6.		Yes, can do well	Yes, does but not very well	Has not yet done	Is unable to try this
a)	Does she drink from a cup or mug?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
b)	Does she eat skilfully with a spoon?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
c)	Does she eat with fork and spoon in each hand?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
d)	Does she cut her food with a knife?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
e)	Can she sit at table and cope with a whole meal without help?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
f)	Can she wash and dry her hands on her own?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
g)	Can she brush her teeth on her own?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
h)	Can she get dressed without help?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
i)	Can she get undressed without help?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
j)	Can she do up buttons?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
k)	Can she tie a bow?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
l)	Can she brush and comb her hair?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>

E7.		Yes, can do well	Yes, does but not very well	Has not yet done	Is unable to try this
a)	Can she listen to a short story from start to finish?	1	2	3	7
b)	Can she understand instructions such as: 'Find the jumper that Granny gave you'?	1	2	3	7
c)	Does she talk clearly?	1	2	3	7
d)	Does she sing songs (even if the words are not clear)?	1	2	3	7
e)	Does she ask sensible questions?	1	2	3	7
f)	Can she carry on a conversation?	1	2	3	7
g)	Can she say at least 3 nursery rhymes?	1	2	3	7
h)	Can she sing at least 3 songs?	1	2	3	7
i)	Can she hum a tune?	1	2	3	7
j)	Can she beat a rhythm by clapping hands in time to the music?	1	2	3	7

E8.		Never	Sometimes	Often	Always
a)	Does she stumble or get stuck on words, or repeat them many times? (e.g. I I I I want a sweet)	1	2	3	7
b)	Is her voice hoarse or husky?	1	2	3	7
c)	Can <u>you</u> understand what she says?	1	2	3	7
d)	Can your family understand what she says?	1	2	3	7
e)	Can visitors to your house understand what she says?	1	2	3	7

E9.a) Does she prefer to use gestures (pointing or pulling) to get what she wants instead of asking?

Yes, still does

Yes, did in past, not now

No, never did

b) When she talks nowadays, what is the most words she can put together (e.g. "I want juice" would be 3).

one word two words 3 or 4 words 5 -8 words 9 or more words

does not talk at all

E10. Some children enjoy talking and others do not.

	Does your child:	Always	Sometimes	Never
a)	talk a lot	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b)	stay mainly silent	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c)	seem to avoid looking at people's faces when she talks	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
d)	echo what has just been said to her (e.g. you say; 'we are going out now' she says: 'going out now'.)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

E11. a) Does your daughter have difficulty in pronouncing certain sounds (e.g. th, sss, t)?

Yes No

b) **If yes**, please describe

E12. a) Are there any other languages apart from English spoken in your household?

Yes No → **If no**, go to E13 on page 45

If yes, please say which

.....

E12. b) Is English the main language spoken?

	(i) By mother	(ii) By study child	(iii) By partner	(iv) By other children
English is the main language spoken	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
both English and other language used equally	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>
other is the main language spoken	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>
no such person at home	<input type="text" value="7"/>		<input type="text" value="7"/>	<input type="text" value="7"/>

Space for comments.

E13. Are you worried about any aspects of your child's growth and development?

	Yes I am worried	No I am not worried
a) her speech	<input type="text" value="1"/>	<input type="text" value="2"/>
b) her weight	<input type="text" value="1"/>	<input type="text" value="2"/>
c) her height	<input type="text" value="1"/>	<input type="text" value="2"/>
d) her behaviour	<input type="text" value="1"/>	<input type="text" value="2"/>
e) her general development	<input type="text" value="1"/>	<input type="text" value="2"/>
f) other	<input type="text" value="1"/>	<input type="text" value="2"/>

If **yes**, to any of these, please describe what worries you:

.....

.....

.....

This is confidential information. We cannot make any response to what you put. If you are worried about your child's development we suggest you contact your family doctor or your health visitor.

SECTION F: TEMPERAMENT AND BEHAVIOUR

How often is your child's behaviour like that given below:

		Never	Rarely	Some- times	Often	Always
F1.	She tends to be shy	<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"/>
F2.	She cries easily	<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"/>
F3.	She likes to be with people	<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"/>
F4.	She is always on the go	<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"/>
F5.	She prefers playing with others rather than alone	<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"/>
F6.	She is somewhat emotional	<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"/>
F7.	When she moves about she moves slowly	<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"/>
F8.	She makes friends easily	<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"/>
F9.	She is off and running as soon as she wakes up in the morning	<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"/>
F10.	She finds people more stimulating than anything else	<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"/>
F11.	She fusses and cries	<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"/>

		Never	Rarely	Some- times	Often	Always
F12.	She is very sociable	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
F13.	She is very energetic	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
F14.	She takes a long time to warm to strangers	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
F15.	She gets upset easily	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
F16.	She is something of a loner	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
F17.	She prefers quiet inactive games to more active ones	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
F18.	When alone she feels isolated	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
F19.	She reacts intensely when upset	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
F20.	She is very friendly with strangers	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
F21.	She bullies other children	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
F22.	She is very restless, hardly ever still.	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
F23.	She is squirmy or fidgety	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
F24.	She destroys her own things or those belonging to others	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>

		Never	Rarely	Some- times	Often	Always
F25.	She fights with other children	1	2	3	4	5
F26.	She is not much liked by other children	1	2	3	4	5
F27.	She worries about many things	1	2	3	4	5
F28.	She does things on her own. She is rather solitary	1	2	3	4	5
F29.	She is irritable. Is quick to fly off the handle	1	2	3	4	5
F30.	She appears miserable, unhappy, tearful or distressed	1	2	3	4	5
F31.	She takes things belonging to others	1	2	3	4	5
F32.	She bites her nails or fingers	1	2	3	4	5
F33.	She is disobedient	1	2	3	4	5
F34.	She cannot settle to do anything for more than a few moments	1	2	3	4	5
F35.	She is afraid of new things or new situations	1	2	3	4	5

	Never	Rarely	Some- times	Often	Always
F36. She is fussy or over- particular	<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"/>
F37. She tells lies	<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"/>
F38. She likes to sit and watch TV rather than play active 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"/>
F39. She laughs a lot	<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"/>
F40. She smiles when she sees her parent(s)	<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"/>
F41. She likes a cuddle	<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"/>
F42. She really enjoys life	<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"/>

F43. How often does she join in with others?

Never Often Sometimes

F44. How often does she find it hard to wait for her turn in a game?

Never Sometimes Often Always

F45. How many children choose to play with her?

None 1 or 2 3 or more

F46. How upset does she get over quite small things? (e.g. breaking things, getting dirty hands, falling over?)

Not at all Sometimes Often Nearly always

F47. How easy is it to comfort her when she is upset?

Very easy Quite easy Quite hard Very hard

F48. How often will she comfort another child who is upset, or get someone else to help?

Never Sometimes Often Always

F49. How often does she tell you things about others that **you know are not true** to get **them into trouble**.

Never Sometimes Often Always

F50. How often, when you ask her to do something does she do it straight away?.

Never Sometimes Often Always

F51. How good would you describe her at sitting still (for a meal or story)?

Is very active - doesn't sit still when she should
Can usually sit still when she should
Can sit still for a long time
Is very inactive

F52. How long can she concentrate on a game or task you have given her to do?

Up to 2 minutes 2-5 minutes 5-10 minutes
10-15 minutes More than 15 minutes

F53. How often is she too demanding of you? (e.g. asking for help for a task she can do herself)

Less than once a month	<input type="text" value="1"/>	Once a month	<input type="text" value="2"/>	Once a week	<input type="text" value="3"/>
Once a day	<input type="text" value="4"/>	More than once a day	<input type="text" value="5"/>		

F54. How often, does she whine or moan with little reason?

Less than once a month	<input type="text" value="1"/>	Once a month	<input type="text" value="2"/>	Once a week	<input type="text" value="3"/>
Once a day	<input type="text" value="4"/>	Two or three times a day	<input type="text" value="5"/>		

F55. How often, is she unhappy for no apparent reason?

Less than once a month	<input type="text" value="1"/>	Once a month	<input type="text" value="2"/>	Once a week	<input type="text" value="3"/>
Once a day	<input type="text" value="4"/>	Two or three times a day	<input type="text" value="5"/>		

F56. How often, if you leave the room does she want to follow you?

Never	<input type="text" value="1"/>	Sometimes	<input type="text" value="2"/>	Often	<input type="text" value="3"/>	Always	<input type="text" value="4"/>
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	No not at all	Yes sometimes	Yes often	Yes always
F57. Does she ever refuse to do as she's told by other adults (not her parents)?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
F58. Does she interrupt, butt in, when others are talking	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
F59. Does she talk far too much?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

F60. How often do you understand what she says?

Never Occasionally About half the time
Most of the time Always

F61. When you tell her something how often does she try to understand?

Never Sometimes Often Always

F62. a) Does your study child have brothers or sisters?

Yes No —————> **If no, go to F63a on page 54**

If yes:

How often:	Never	Sometimes	Often	Not sure
b) Is she teased by them?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
c) Does she tease them?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
d) Is she deliberately provoked by them?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
e) Does she deliberately provoke them?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
f) Is she willing to share things with them?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
g) Is she interrupted by them when she is working or playing?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>

F63. a) Does your study child have contact with other children?

Yes

No

→ If **no**, go to F64 below

If **yes**:

How often:	Never	Sometimes	Often	Not sure
b) Is she teased by them?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
c) Does she tease them	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
d) Is she deliberately provoked by them?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
e) Does she deliberately provoke them?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
f) Will she share things with them?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
g) Is she interrupted by them when she is doing something?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>

F64. Please tick any of the following activities your child willingly undertakes.

- a) Handicraft (e.g. painting, drawing, making things)
- b) Playing on mobile toys (e.g. cycle, scooter, ride on trucks)
- c) Music (e.g. listening, singing, dancing)
- d) Climbing on things (e.g. climbing frame, low walls)
- e) Constructive toys (e.g. lego)
- f) Imaginative play (pretend games)

- F64. g) Messy play (e.g. sand, water, mud)
- h) Investigative play (finding out how things work)
- i) Other (please tick and describe)

F65. How often does she speak freely when she is with adults?

	Never	Sometimes	Often	Nearly always	Not sure
a) Adults who are family	<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) Other adults	<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"/>

F66. How often does she speak freely when she is with children?

	Never	Sometimes	Often	Nearly always	Not sure	No such children
a) Children who are family	<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"/>	<input type="text" value="7"/>
b) Other children	<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"/>	

F67. How often does she:

	Never	Sometimes	Often	Don't know
a) Deliberately tear things (e.g wallpaper, books)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
b) Deliberately break toys	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
c) Wander about aimlessly	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
d) Stare into space	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
e) Seem to have nothing to do	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>

F68. When you **take her out somewhere**, how often does she behave in the ways listed below?
 (Please put a tick against EACH listed behaviour)

	Never	Sometimes	Often	Always
a) Does what <i>you</i> ask	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b) Runs off	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c) Has a tantrum	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d) Is fun to be with	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e) Is interested in what is going on	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f) Is aware of the reactions of others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

F69. When trying to tell you something, does she:

	Yes	No
a) Have a stutter or stammer ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b) Have a lisp?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c) Say things that do not make sense?	<input type="checkbox"/> 1	<input type="checkbox"/> 2

F70. How often does she do the things listed below to **family members**?

	FAMILY					
	(i) ADULTS			(ii) CHILDREN		
Does she:	Never	Sometimes	Often	Never	Sometimes	Often
a) Kick them	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="3"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="3"/>
b) Hit them	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="3"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="3"/>
c) Fight them	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="3"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="3"/>
d) Swear at them	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="3"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="3"/>
e) Use angry words	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="3"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="3"/>

F71. As far as you know, how often does she do the things below to people who are **not family members**?

	NOT FAMILY					
	(i) ADULTS			(ii) CHILDREN		
Does she:	Never	Sometimes	Often	Never	Sometimes	Often
a) Kick them	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="3"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="3"/>
b) Hit them	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="3"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="3"/>
c) Fight them	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="3"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="3"/>
d) Swear at them	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="3"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="3"/>
e) Use angry words	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="3"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid red;" type="text" value="3"/>

F72. Most children have some fears. Is your child ever afraid of:

	Yes	No	Has not experienced this
a) Haircut	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="7"/>
b) Using the toilet	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="7"/>
c) Doctors	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="7"/>
d) Hospital	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="7"/>
e) TV programmes	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="7"/>
f) Vacuum cleaner	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="7"/>
g) Being alone	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="7"/>
h) Stories	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="7"/>
i) Dogs	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="7"/>
j) Cats	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="7"/>
k) Other animals	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="7"/>
l) Insects	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="7"/>
m) Thunder/loud noises	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="7"/>
n) The dark	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="7"/>
o) Strangers	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="7"/>
p) Going out	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="7"/>
q) Car, bus, train, tube train	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="7"/>
r) Lift, escalator	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="7"/>
s) Water, the bath	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="7"/>
t) Getting dirty	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="7"/>
u) Other (please tick and describe)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="7"/>

.....

F73. How often does she do the following things?

	Never	Sometimes	Often
a) Wet the bed when she is ill	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b) Wet the bed when she is nervous or excited about something	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c) Wet the bed when there is no apparent reason	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

F74. As far as you know, how often does she take things and keep them without permission?

	Never	Sometimes	Often	Not sure
a) Takes from children in the family	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
b) Takes from other children	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
c) Takes from adults in the family	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
d) Takes from other adults	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>

F75. Does your child show any other behaviours that cause problems?

Yes No

If yes, please describe

.....

.....

F76. Space for you to describe the strong points of her behaviour.

.....

.....

SECTION G

G1. This questionnaire was completed by: (tick all that apply)

- a) mother 1
- b) father 1
- c) other (please describe) 1

G2. 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"/>
		1 9 9

G3. Please give the date of birth of your child:

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"/>
		1 9 9

THANK YOU VERY MUCH FOR YOUR HELP

Space for any additional comments you would like to make

NB. Please remember that we cannot respond personally to your comments unless they are signed.

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:

Coder

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