

# 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. Your 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

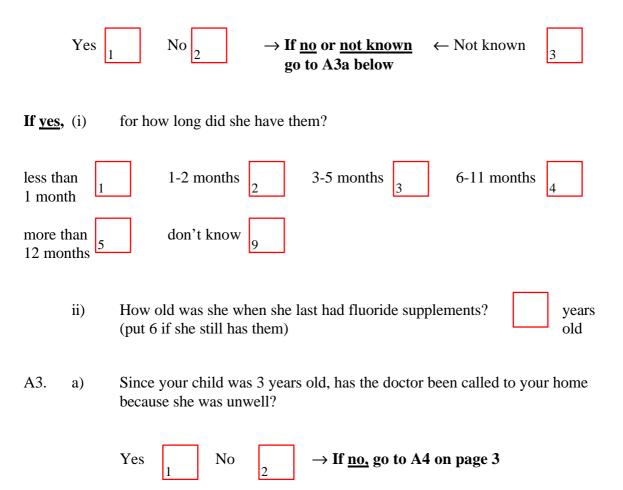
08/12/95

#### SECTION A: YOUR CHILD'S HEALTH

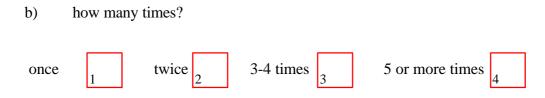
A1. How would you assess the health of your child now?

	(i) in the past month	(ii) in the past year
very healthy, no problems	1	1
healthy, but a few minor problems	2	2
sometimes quite ill	3	3
almost always unwell	4	4

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



# If <u>ves</u>,



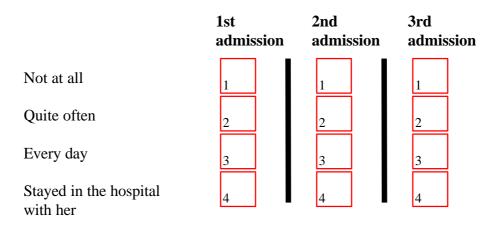
A4.

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	1	2	3
b)	blood in the stools	1	2	3
c)	vomiting	1	2	3
d)	cough	1	2	3
e)	high temperature	1	2	3
f)	snuffles/cold	1	2	3
g)	ear ache	1	2	3
h)	ear discharge (pus not wax)	1	2	3
i)	convulsions/fits	1	2	3
j)	stomach ache(s)	1	2	3
k)	rash	1	2	3
l)	wheezing	1	2	3
m)	breathlessness	1	2	3
n)	episodes of stopping breathing	1	2	3
0)	an accident	1	2	3
p)	urinary infection	1	2	3

	Since	e 3 years old	Yes and saw a doctor	Yes but did not see doctor	No did not have
	q)	headache(s)	1	2	3
	r)	constipation	1	2	3
	s)	worm infections	1	2	3
	t)	lice or scabies	1	2	3
	u)	other (please tick and describe)	1	2	3
A5.	a)	Has your child been	admitted to he	ospital since she	was 3 years old?
		Yes 1	No 2	$\rightarrow$ If <u>no</u> , go	to A6 on page 5
If <u>yes</u>	,				
	b)	how many times?			
•	c)	please describe for e	ach admission	:	
		Age of child (years)	Reason for admission		No. of nights child stayed in hospital
	1.				
	2.				
	3.				

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



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

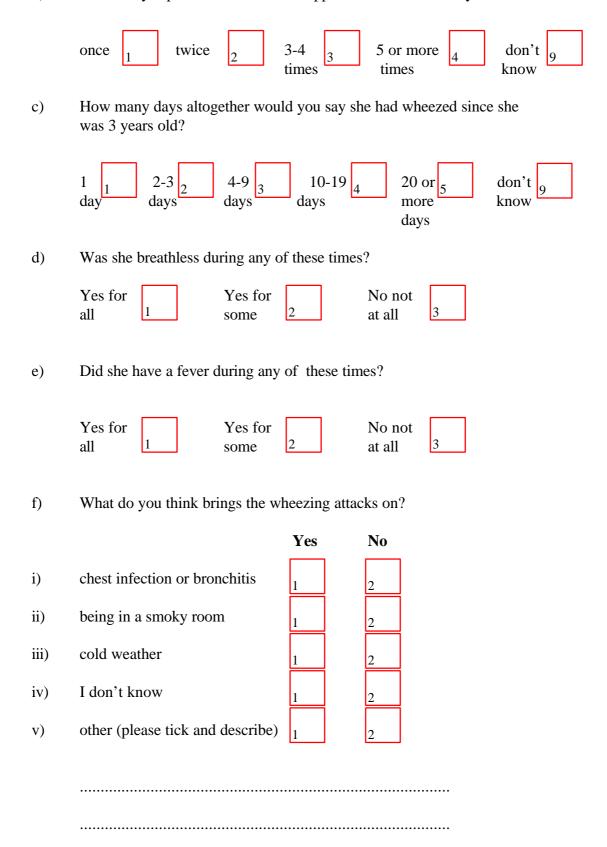
		Yes	No
a)	hernia repair	1	2
b)	tonsils out	1	2
c)	adenoids out	1	2
d)	appendicectomy (appendix out)	1	2
e)	tubes (grommets) put in her ears	1	2
f)	squint repair (to put eyes straight)	1	2
g)	teeth pulled out	1	2
h)	other operations (please tick and describe)	1	2
a)	Since she was 3 years old has she had	l any period	s when there

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	1	No	2	ightarrow If <u>no</u> , go to A7g on page 7
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#### If <u>ves</u>,

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



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

(e.g.

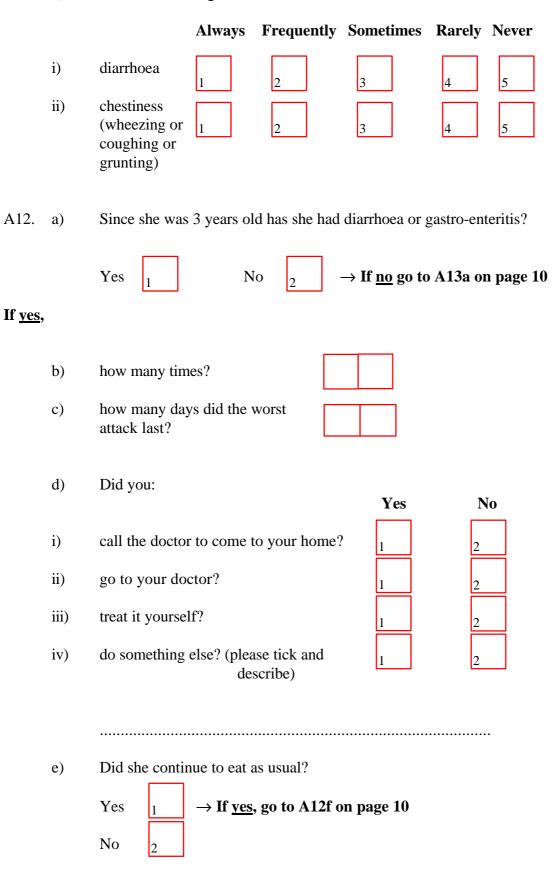
		Yes No 2 have no other children 7
A8.	a)	Has your child had any itchy, dry skin rash in the joints and creases of her body behind the knees, elbows, under the arms) since she was 3 years old?
		Yes $1$ No $2$ $\rightarrow$ If <u>no</u> , go to A9a below
If <u>yes</u> ,		
	b)	how bad was this?
		very bad $1$ quite bad $2$ mild $3$ no problem $4$
	c)	does she have this sort of rash now?
		Yes 1 No 2
		Yes No
	d)	did the rash ever become sore and oozy? $1$ 2
	e)	was it made worse by irritants such as bubble 1 2
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 $2$ $\rightarrow$ If <u>no</u> , go to A9c on page 8

If <u>ves</u>, 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 $2$ $\rightarrow$ If <u>no</u> , go to A11a below
If <u>ves</u> ,	
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 $_2$ $\rightarrow$ please say where
A11. a)	Has she had vomiting spells since she was 3 years old?
	Yes $1$ No $2$ $\rightarrow$ If <u>no</u> , go to A12a on page 9
If <u>ves</u> ,	
b)	How many times?
	once $\begin{bmatrix} 1 \end{bmatrix}$ twice $\begin{bmatrix} 2 \end{bmatrix} = \begin{bmatrix} 3-9 \\ times \end{bmatrix} = \begin{bmatrix} 10 \text{ or more} \\ times \end{bmatrix} = \begin{bmatrix} 4 \end{bmatrix}$

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



If <u>no</u> , i)	how long was normal feeding disturbed?
	less than 1 day 2 days 3
	3-4 days $\begin{array}{c} 4 \end{array}$ 5 or more $5 \end{array}$ days
A12. f)	Was she given an oral rehydration solution?
	Yes 1 No 2 Don't know 9
	↓
	If <u>no</u> or <u>don't know,</u> go to A12g below
If yes, i) give	type if known:
ii) how	long was the solution given?
	less than 1 day 2 days 3
	3-4 days $4$ 5 or more $5$ days
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 No $\rightarrow$ If <u>no</u> , go to A14a on page 11
If <u>ves</u> ,	
b)	how many times has this happened since she was 3 years old?
	once twice $3-9$ $10 \text{ or more}$ $4$

A13.	c)	Did she have a fever at any of these times?
		Yes for all $1$ Yes for some $2$ No, not at all $3$
	d)	Did she have a runny nose during any of these spells?
		Yes for all $1$ Yes for some $2$ No, not at all $3$
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 1 Yes often 2
		Sometimes 3 Usually not 4
		Never 5 Child unable to 7

b) Does she turn her head towards sounds?

yes usually	1
yes sometimes	2
only to very loud sounds	3
never turns towards sounds	4
don't know	9

c) <u>During or after a cold</u>, is her hearing worse than usual?

yes, much worse $1$	yes, a little worse	2
no, about the same $3$	don't know	9
has never had a cold 7		

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	1	2	3	9	7 $\rightarrow$ Go to A14e below
ii)	slightly white in colour	1	2	3	9	
iii)	thick heavy yellow and/or green in colour (catarrh)	1	2	3	9	
iv)	very little discharge occurs at all	1	2	3	9	

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

never	1
once	2
more than once	3
don't know	9

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

	(i) when asleep	(ii) when awake
all the time	1	1
much of the time	2	2
sometimes	3	3
rarely	4	4
never	5	5
don't know	9	9
	•	l

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

most nights	1
quite often	2
sometimes	3
only rarely	4
never	5
don't know	9

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

yes, often	1	
yes, sometimes	2	
no	3	
don't know	9	

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

Yes	1	No	2	ightarrow If <u>no</u> , go to A16a on page 14
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#### If <u>yes</u>,

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

once	1	twice	2	3-4 times	3	5 or more times	4	don't know	9	

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

yes every time	1	yes, for some of the the	2	no, not	3	
		of the the	unics		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 1
	iii)	constipation 1
	iv)	other (please describe)
	v)	don't know 1
A16.	a)	Does she often have aches and pains in her arms or legs?
	yes	s arm(s) $1$ yes leg(s) $2$ yes both $3$ no, not $4$
		If <u>no</u> , go to A17a
		on page 15
	b)	If <u>ves</u> ,
	i)	does this happen especially when she is tired? Yes $\begin{bmatrix} 1 \\ 1 \end{bmatrix}$ No $\begin{bmatrix} 2 \\ 2 \end{bmatrix}$
	ii)	what do you think is the cause ?
	iii)	do you find any particular treatment helps ?
		Yes 1 No 2
		If <u>yes</u> , please describe

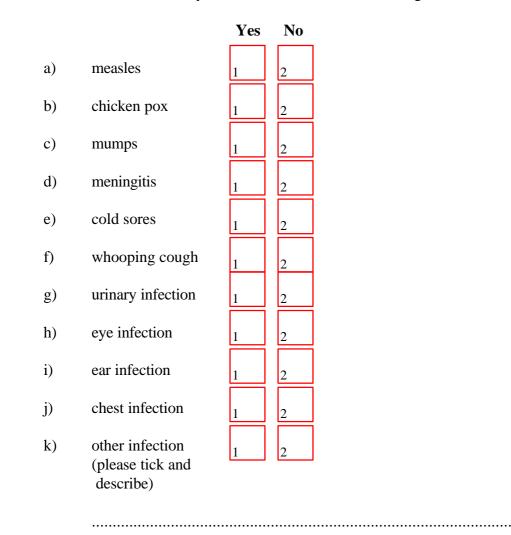
A17. a) Since she was 3 years old has she had any form of convulsion, fit, seizure or other turn in which consciousness was lost or any part of the body made an abnormal movement?

		Yes 1 No 2 Not known 9
		Figure 17 Figure
If <u>yes</u> ,		
	b)	Please describe the first attack since her 3rd birthday:
	•••••	
	•••••	
	c)	Did she have a high temperature at the time?
		Yes $1$ No $2$ Not known $9$
	d)	How old was she at the time?
		3 years $1$ 4 years $2$ 5 years old $3$
	e)	How many attacks has she had since her 3rd birthday?
		one $\begin{bmatrix} 1 \end{bmatrix}$ two $\begin{bmatrix} 2 \end{bmatrix}$ 3-4 $\begin{bmatrix} 3 \end{bmatrix}$ 5 or more $\begin{bmatrix} 4 \end{bmatrix}$

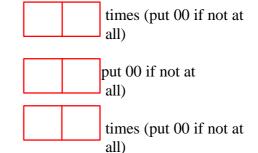
A17. f) By whom was she seen for these attack(s)? (tick all that apply)

		Yes
i)	general practitioner (GP) at ho	me 1
ii)	GP at surgery	1
iii)	hospital outpatients	1
iv)	admitted to hospital	1
g)	What investigations, if any, hav	ve been carried out?
h)	Did later attacks differ from the	e first one ?
	Yes 1	No $2$ If <u>no.</u> go to (j) below
	If <u>yes</u> , please describe	
j)	If <u>yes</u> , please describe	
j) i)		
-	What were these thought to be	
i)	What were these thought to be febrile convulsions	
i) ii)	What were these thought to be febrile convulsions	
i) ii) iii)	What were these thought to be febrile convulsions 1 fainting and blackouts 1 epilepsy 1	
i) ii) iii) iv)	What were these thought to be   febrile convulsions   fainting and blackouts   epilepsy   breath holding	

A18.

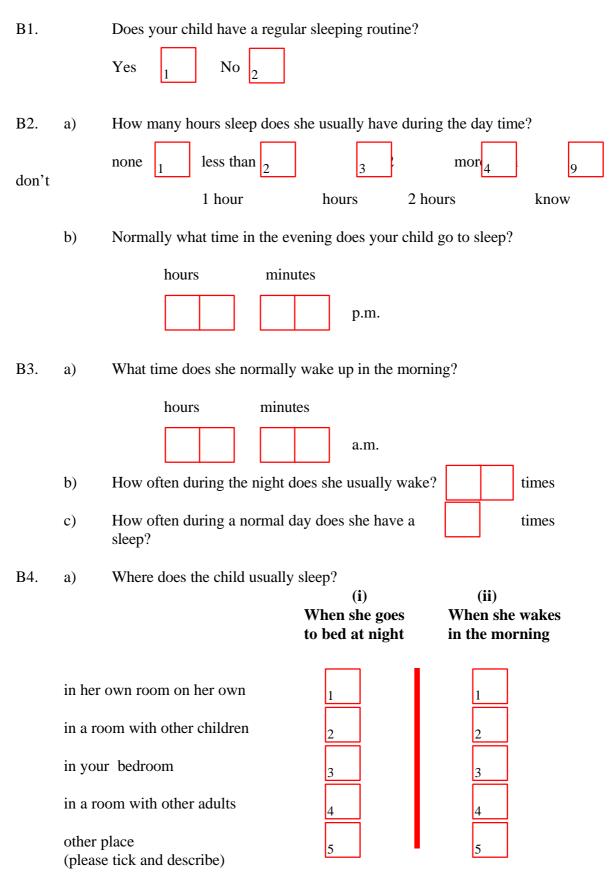


- A19. Approximately how many times in the last 12 months has:
- a) the family doctor come to your home because your study child was ill

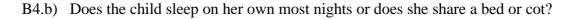


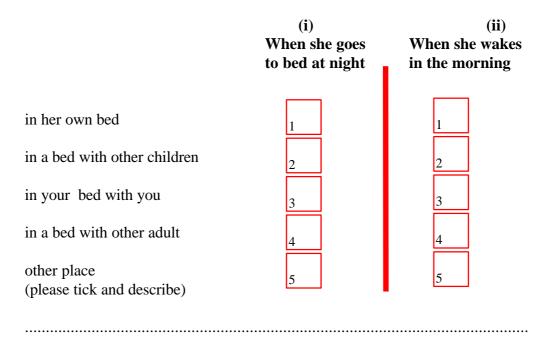
- b) the family doctor seen your study child in his surgery because she was unwell?
- c) a doctor seen your study child for a routine check?

#### **SECTION B: SLEEPING**



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#### c) How often does she sleep?

		Always	Usually	Sometimes	Hardly ever
i)	on her back	1	2	3	4
ii)	on her side	1	2	3	4
iii)	on her front	1	2	3	4

B4. d) In the room where the child sleeps most of the night:

			In Winte	er	]	In Summ	ler
		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?	1	2	3	1	2	3
ii)	is the heating on part of the night?	1	2	3	1	2	3
iii)	is there a window open at night?	1	2	3	1	2	3
iv)	does she sleep with a duvet	? 1	2	3	1	2	3
v)	does she have an electric blanket?	1	2	3	1	2	3
vi)	does she sleep with a pillow	/? 1	2	3	1	2	3

B5. Do you feel her sleep pattern is :

better than other children of the same age same as other children of the same age worse than other children of the same age don't know

1	
2	
3	
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	
			hours	minutes		
B7. What time in the evening do you (first) put your child to bed? p.m.						

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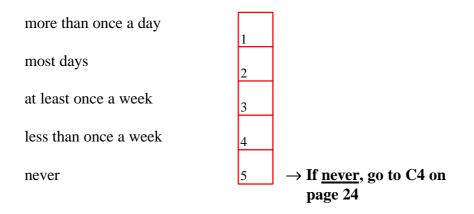
# SECTION C: YOU AND YOUR CHILD

C2.

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

	never	1	$\rightarrow$ If <u>never</u> , 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	
	How often does she refuse to go	to be	1?
	most of the time	1	
	often	2	
	at times	3	
	rarely	4	
	never	5	

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



#### If she has temper tantrums:

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

i)	failure to get what she wants	1
ii)	failure to make herself understood	1
iii)	reaction to being corrected	1
iv)	no particular reason	1
v)	other (please tick and describe)	1

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

		Often	Sometimes	Never
i)	ignore it, let her get it out of her system	1	2	3
ii)	send her away for 'time out' eg. send her to her bedroom	1	2	3
iii)	try to hold and cuddle her	1	2	3
iv)	try to reason with her	1	2	3

C3. c)		Often	Sometimes	Never
v)	leave it for someone else to cope with	1	2	3
vi)	slap or hit her	1	2	3
vii)	try to distract her	1	2	3
viii)	shout at her	1	2	3
ix)	other (please tick and describe)	1	2	3
C4.	How often does she d	o the follow	ving:	

		Often	Sometimes	Never
a)	repeatedly rocks her head or body for no reason	1	2	3
b)	has a tic or twitch	1	2	3
c)	has other unusual behaviour (please tick and describe)	1	2	3

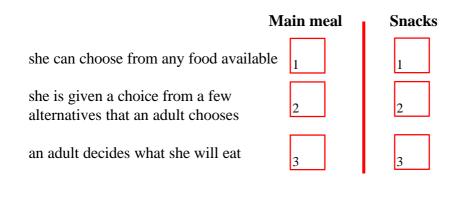
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C5.

Abou she g	it how often does o to:	Nearly every day	2 - 5 times a week	Once a week	Once a month	A few times per year	Never
a)	local shops	1	2	3	4	5	6
b)	department store	1	2	3	4	5	6
c)	supermarket	1	2	3	4	5	6
d)	park or playground	1	2	3	4	5	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	1	2	3	4	5	6
f)	visits to relatives	1	2	3	4	5	6
g)	library	1	2	3	4	5	6
h)	places of interest (e.g. Zoo, museum)	1	2	3	4	5	6
i)	places of entertainment (e.g. funfair)	1	2	3	4	5	6
j)	swimming pool or other sporting area	1	2	3	4	5	6

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

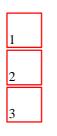


C7. Do you allow her to choose what clothes she will wear?

she always takes part in choosing

she has some choice

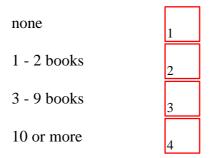
she has no choice in what she will wear



C8. Does your child have:

		Yes	No
a)	cuddly toys	1	2
b)	construction toys (e.g. lego)	1	2
c)	co-ordination toys (eg. set of blocks, shape posting box, stacking cups)	1	2
d)	jigsaw puzzles	1	2
e)	action dolls (e.g. Barbie, Power Ranger)	1	2
f)	computer games	1	2
g)	toy cars	1	2

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

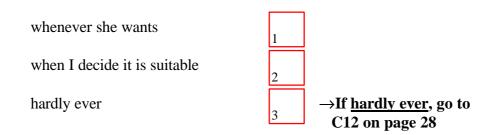


C10. How often do you talk to her while you do housework or are occupied in some other way?

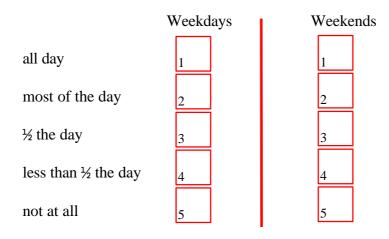
	never	1	rarely	2	sometimes 3
	often	4	almost always	5	
C11. a)	Do you ha	ve a televis	sion set?		
	Yes 1		No 2		→ If <u>no</u> , go to C12 on page 28

#### If <u>ves</u>,

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



c) When do you normally have the television on?



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

		Always	Sometimes	Never
i)	yes, but plays at the same time	1	2	3
ii)	yes, and pays attention	1	2	3
iii)	no, she ignores it	1	2	3

#### If she does watch TV,

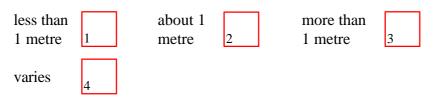
C11. e) what programmes does she see? (tick all that apply)

#### Don't know

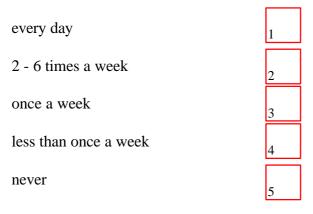
- i) children's programmes
- ii) other programmes
- iii) children's videos
- iv) other videos

1	
1	
1	
1	

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



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



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	1	yes, sometimes	2	hardly ever	3
never	4	we are never apart	7		

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)	1	2	3	4	5
ii)	Jewellery	1	2	3	4	5
iii)	Tool set	1	2	3	4	5
iv)	Dolls	1	2	3	4	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 ma character (e.g. a soldier)		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	1	2	3	4	5
xi)	Dressed up in girlish clothes	1	2	3	4	5
xii)	Played with boys	1	2	3	4	5

#### C14. c) How often does she:

		Never	Hardly ever	Some- times	Often	Very often
i)	Like to explore new surroundings	1	2	3	4	5
ii)	Enjoy rough and tumble play	1	2	3	4	5
iii)	Show interest in spiders, insects or snakes	1	2	3	4	5
iv)	Avoid getting dirty	1	2	3	4	5
v)	Like pretty things	1	2	3	4	5
vi)	Avoid taking risks	1	2	3	4	5

## C15. Do you feel that she dominates the household?

Yes, usually	Yes, sometimes	No, not at all
1	2	3

C16.	Do you start by being firm but then give way?				
	Yes, usually	Yes, sometimes $2$	No, not at all $3$		
C17.	Space for comments:				
				•••	
C18	How often does your	nartner do these act	ivities with your child?	•••	

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	r 1	2	3	$\begin{array}{c c} 4 & \hline 7 & \rightarrow \text{Go to C19} \\ & \text{on page 32} \end{array}$
b) makes things with her	1	2	3	4
c) sings to her	1	2	3	4
d) reads to her	1	2	3	4
e) plays with toys	1	2	3	4
f) cuddles her	1	2	3	4
g) active play (eg. ball game hide and seek)	s,1	2	3	4
h) takes her to a park or playground	1	2	3	4
i) puts her to bed	1	2	3	4
j) takes her swimming	1	2	3	4
k) draws or paints with her	1	2	3	4
l) prepares food for her	1	2	3	4
m) other (please tick and describe)	1	2	3	4

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

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

C20.	About how off	Every	2-6 times	once a	once a	not at	
		day	a week	week	month	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	
1)	Help in the house	1	2	3	4	5	
C21.	Has she had her ears p	pierced ?	Yes	1	No	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*	1	2	3	4	5
D2.	A pet died	1	2	3	4	5
D3.	She moved home	1	2	3	4	5
D4.	She had a shock or fright*	1	2	3	4	5
D5.	She was physically hurt by someone*	1	2	3	4	5
D6.	She was sexually abused*	1	2	3	4	5
D7.	She was separated from her mother*	1	2	3	4	5
D8.	She was separated from her father*	1	2	3	4	5
D9.	She acquired a new mother or father*	1	2	3	4	5
D10.	She had a new brothe or sister	er 1	2	3	4	5
D11.	She was admitted to hospital	1	2	3	4	5
D12.	She changed care taker (i.e. the person mostly looking after	1 her)	2	3	4	5

Since 3rd bi	her irthday:	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*	1	2	3	4	5
D14.	She started a <u>new</u> nursery or kindergarten	1	2	3	4	5
D15.	She started school	1	2	3	4	5
D16.	Something else*	1	2	3	4	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?	1	2	3	7
b)	Is she able to stoop down an pick up something from the floor?	nd 1	2	3	7
c)	Is she able to run?	1	2	3	7
d)	Can she jump forward with both feet together?	1	2	3	7
e)	Can she walk on tiptoe?	1	2	3	7
f)	Can she run on tiptoe?	1	2	3	7
g)	Can she hop on one foot for 3 steps?	1	2	3	7
h)	Can she walk backwards for 4 steps?	1	2	3	7
i)	Can she stand on 1 foot for at least 8 seconds?	1	2	3	7
j)	Can she walk upstairs, puttin both feet on each step?	ng <sub>1</sub>	2	3	7
k)	Can she walk upstairs, puttin one foot on each step?	ng <sub>1</sub>	2	3	7
1)	Can she walk downstairs, putting both feet on each ste	.p?	2	3	7
m)	Can she walk downstairs, putting one foot on each step	p?	2	3	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	2	3	7
0)	Can she ride a tricycle?	1	2	3	7
p)	Can she ride a bicycle?	1	2	3	7
q)	Can she swim with waterwings?	1	2	3	7
r)	Can she swim without waterwings?	1	2	3	7
s)	Can she do a handstand against the wall?	1	2	3	7
t)	Can she skip with a skipping rope?	1	2	3	7
u)	Can she stand on her head?	1	2	3	7
E2.					
a)	Can she hold a pencil and scribble?	1	2	3	7
b)	Can she copy a vertical line with a pencil?	1	2	3	7
c)	Can she wiggle her thumb?	1	2	3	7
d)	Can she draw a circle (more or less)?	1	2	3	7
e)	Can she bang together two objects that she is holding?	1	2	3	7
f)	Can she draw (or copy) a cross?	1	2	3	7

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	2	3	7
h)	Can she write her name?	1	2	3	7
i)	Can she write any numbers?	1	2	3	7
j)	If you ask her to draw a man, just a scribble $1$ a head	what is the res		? head and body	3
	a head, body and legs $\frac{4}{4}$	head, body,	arms, legs 5		
	other (please describe) 6				
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	2	3	7
b)	Can she turn the pages of a book?	1	2	3	7
c)	Can she build a tower putting one object on top of another?		2	3	7
d)	Can she build a tower of 4 bricks?	1	2	3	7
e)	Can she build a tower of 6 bricks?	1	2	3	7
f)	Can she build a tower of 8 bricks?	1	2	3	7
g)	Can she put bricks together to make a bridge?	1	2	3	7

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	2	3	7
b)	Does she notice details in pictures and photographs?	1	2	3	7
c)	Can she recognise the colours red, yellow and blue?	s <sub>1</sub>	2	3	7
d)	Can she recognise orange, brown and purple?	1	2	3	7
e)	Can she recognise her name when written?	1	2	3	7
f)	Does she know at least 3 letters of the alphabet?	1	2	3	7
g)	Does she know at least 10 letters of the alphabet?	1	2	3	7
h)	Can she read simple words ?	1	2	3	7
i)	Can she read a story with less than 10 words a page?	1	2	3	7
j)	Can she read a story with more than 10 words a page?	1	2	3	7
k)	Does she understand numbers 1 and 2?	s <sub>1</sub>	2	3	7
1)	Does she understand numbers 3 and 4?	s <sub>1</sub>	2	3	7
m)	Does she understand numbers 5 to 10?	s 1	2	3	7
n)	Can she count up to 20?	1	2	3	7
0)	Can she count up to 100?	1	2	3	7

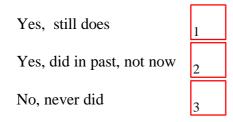
E5.		Yes, can do well	Yes, does but not very well	Has not yet done	Is unable to try this
a)	Does she share her toys with other children?	1	2	3	7
b)	Does she share the toys of other children, understanding that they are not hers?	1	2	3	7
c)	Does she feel sympathy for someone if they are hurt?	1	2	3	7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

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?	r 1	2	3	7
b)	Does she eat skilfully with a spoon?	1	2	3	7
c)	Does she eat with fork and spoon in each hand?	1	2	3	7
d)	Does she cut her food with a knife?	1	2	3	7
e)	Can she sit at table and cope with a whole meal without help?	1	2	3	7
f)	Can she wash and dry her hands on her own?	1	2	3	7
g)	Can she brush her teeth on her own?	1	2	3	7
h)	Can she get dressed without help?	1	2	3	7
i)	Can she get undressed without help?	1	2	3	7
j)	Can she do up buttons?	1	2	3	7
k)	Can she tie a bow?	1	2	3	7
1)	Can she brush and comb her hair?	1	2	3	7

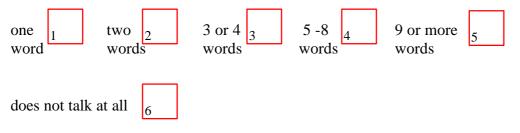
E7.		Yes, can do well	Yes, does but not very well	Has not yet done	Is unable to try this
a)	Can she listen to a short story from start to finish?	1	2	3	7
b)	Can she understand instructions such as: 'Find the jumper that Granny gave you	1	2	3	7
c)	Does she talk clearly	? 1	2	3	7
d)	Does she sing songs (even if the words are not clear)?	e 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 rhythr by clapping hands in time to the music?	n 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?



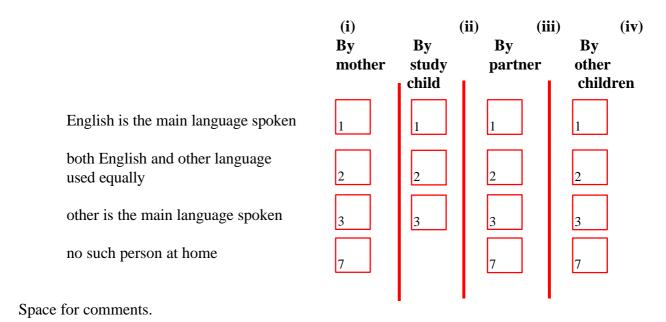
b) When she talks nowadays, what is the most words she can put together (e.g. "I want juice" would be 3).



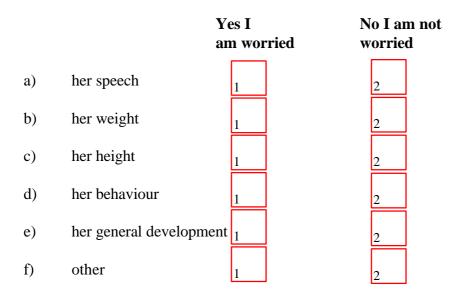
E10. Some children enjoy talking and others do not.

	Does your child:	Always	Sometimes	Never
a)	talk a lot	1	2	3
b)	stay mainly silent	1	2	3
c)	seem to avoid looking at people's faces when she talks	1	2	3
d)	echo what has just been said to her (e.g. you say; 'we are going out now' she says: 'going out now'.)	1	2	3
E11. a)	Does your daughter have difficulty in	pronouncing of	certain sounds (e	.g. th, sss, t)?
	Yes 1 No 2			
b) <b>If <u>yes</u>,</b>	please describe			
E12. a)	Are there any other languages apart from Yes $1$ No $2$ -		oken in your hou • <b>E13 on page 4</b> !	
If <u>ves</u>	, please say which			

E12. b) Is English the main language spoken?



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



If <u>ves</u>, 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	1	2	3	4	5
F2.	She cries easily	1	2	3	4	5
F3.	She likes to be with people	1	2	3	4	5
F4.	She is always on the go	1	2	3	4	5
F5.	She prefers playing with others rather than alone	1	2	3	4	5
F6.	She is somewhat emotional	1	2	3	4	5
F7.	When she moves about she moves slowly	1	2	3	4	5
F8.	She makes friends easily	1	2	3	4	5
F9.	She is off and running as soon as she wakes up in the morning		2	3	4	5
F10.	She finds people mor stimulating than anything else	e 1	2	3	4	5
F11.	She fusses and cries	1	2	3	4	5

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

		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	e, 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	1	2	3	4	5
F37.	She tells lies	1	2	3	4	5
F38.	She likes to sit and watch TV rather than play active games	1	2	3	4	5
F39.	She laughs a lot	1	2	3	4	5
F40.	She smiles when she sees her parent(s)	1	2	3	4	5
F41.	She likes a cuddle	1	2	3	4	5
F42.	She really enjoys life	1	2	3	4	5
F43.	How often does she jo	oin in with other	rs?			
	Never 1	Often	2	Sometime	es 3	
F44.	How often does she fi	ind it hard to wa	ait for her turn	in a game?		
	Never 1	Sometimes 2	Ofte	en <sub>3</sub>	Alway	s 4
F45.	How many children c	hoose to play w	ith her?			
	None 1	1 or 2 2	3 or m	ore 3		
F46.	How upset does she g falling over?)	et over quite sn	nall things? (e.	g. breaking	things, gett	ing dirty hands,
	Not at all $1$	Sometimes 2	Ofte	en 3	Nearly alv	vays 4

F47.	How easy is it to comfort her when she is upset?
	Very easy $1$ Quite easy $2$ Quite hard $3$ Very hard $4$
F48.	How often will she comfort another child who is upset, or get someone else to help?
	Never 1 Sometimes 2 Often 3 Always 4
F49.	How often does she tell you things about others that <b>you know are not true</b> to get <b>them into trouble</b> .
	Never 1 Sometimes 2 Often 3 Always 4
F50.	How often, when you ask her to do something does she do it straight away?.
	Never 1 Sometimes 2 Often 3 Always 4
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 1
	Can usually sit still when she should 2
	Can sit still for a long time 3
	Is very inactive 4
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 3

10-15 minutes



4

More than 15 minutes

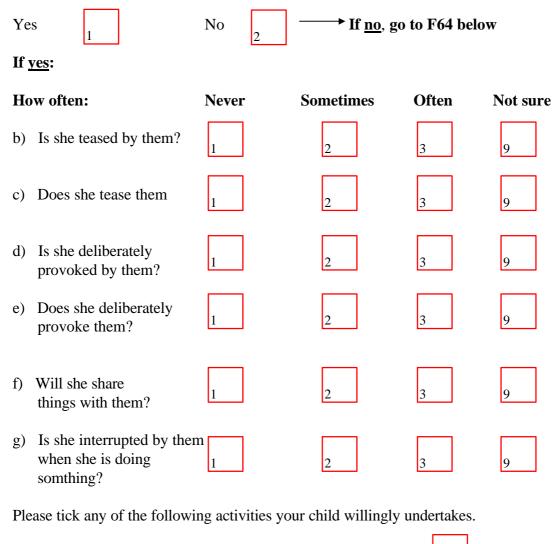
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Less than once Once a month Once a week a month Once a day More than once a day F54. How often, does she whine or moan with little reason? Less than once Once a month Once a week a month Once a day Two or three times a day 5 F55. How often, is she unhappy for no apparent reason? Less than once Once a month Once a week a month Two or three Once a day 5 times a day F56. How often, if you leave the room does she want to follow you? Sometimes Never Often Always No not Yes Yes Yes at all sometimes often always F57. Does she ever refuse to do as she's told by other adults (not her parents)? F58. Does she interrupt, butt in, when others are talking F59. Does she talk far too much? 1

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

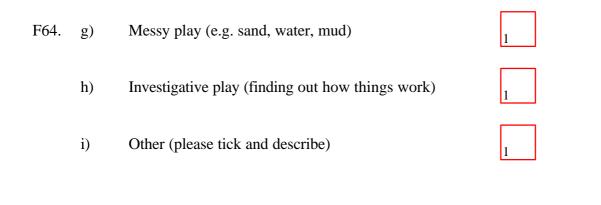
F60.	How often do you understand	d what she says?							
	Never 1 Occas	ionally 2	About ha	alf the time	3				
	Most of the time $4$	Always	5						
F61.	When you tell her something	, how often does	she try to under	stand?					
	Never 1 Somet	times 2	Often 3	Alw	ays 4				
F62.	a) Does your study child have	ve brothers or sist	ters?						
	Yes No $2$ $\longrightarrow$ If <u>no</u> , go to F63a on page 54								
	If <u>ves</u> :								
	How often:	Never	Sometimes	Often	Not sure				
	b) Is she teased by them?	1	2	3	9				
	c) Does she tease them?	1	2	3	9				
	d) Is she deliberately provoked by them?	1	2	3	9				
	e) Does she deliberately provoke them?	1	2	3	9				
	f) Is she willing to share things with them?	1	2	3	9				
	g) Is she interrupted by the when she is working or playing?	m1	2	3	9				

		_				-				
F63	- a )	Does	vour	study	child	have	contact	with	other	children?
105.	<i>u</i> )		your	Study	unna	nave	contact	vv 1 till	outer	cinitaren.



a)	Handicraft (e.g. painting, drawing, making things )	1
b)	Playing on mobile toys (e.g. cycle, scooter, ride on trucks	1
c)	Music (e.g. listening, singing, dancing)	1
d)	Climbing on things (e.g. climbing frame, low walls)	1
e)	Constructive toys (e.g. lego)	1
f)	Imaginative play (pretend games)	1

F64.



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

	Never	Sometimes	Often	Nearly always	Not sure
a) Adults who are family	1	2	3	4	9
b) Other adults	1	2	3	4	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	D 1	2	3	4	9	7
b) Other childre	en 1	2	3	4	9	

## F67. How often does she:

..

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

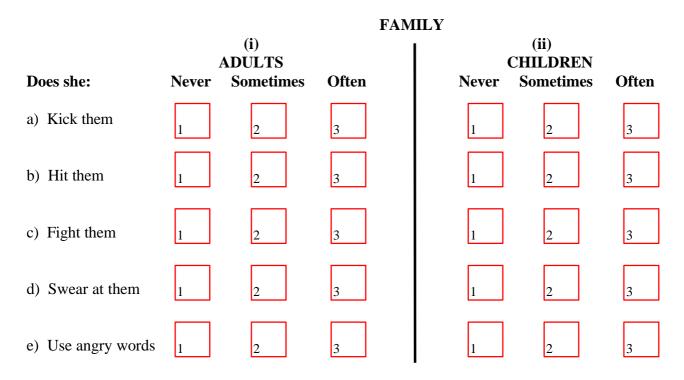
# F68. When you **take her out somewhere**, how often does she behave in the ways listed below? (Please put a tick against EACH listed behaviour)

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

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

		Yes	No
a)	Have a stutter or stammer ?	1	2
b)	Have a lisp?	1	2
c)	Say things that do not make sense?	1	2

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



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

	NOT FAMILY					
	Never	(i) ADULTS Sometimes	Often	Never	(ii) CHILDREN Sometimes	Often
a) Kick them	1	2	3	1	2	3
b) Hit them	1	2	3	1	2	3
c) Fight them	1	2	3	1	2	3
d) Swear at them	1	2	3	1	2	3
e) Use angry words	1	2	3	1	2	3

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

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

.....

F73. How often does she do the following things?

	Never	Sometimes	Often
a) Wet the bed when she is ill	1	2	3
b) Wet the bed when she is nervous or excited about something	1	2	3
c) Wet the bed when there is no apparent reason	1	2	3

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

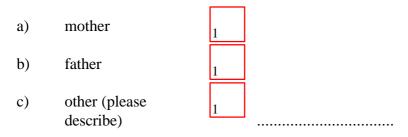
	Never	Sometimes	Often	Not sure
a) Takes from children in the family	1	2	3	9
b) Takes from other children	1	2	3	9
c) Takes from adults in the family	1	2	3	9
d) Takes from other adults	1	2	3	9

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

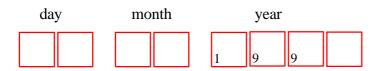
	Yes No 1
	If <u>yes</u> , please describe
F76.	Space for you to describe the strong points of her behaviour.

#### **SECTION G**

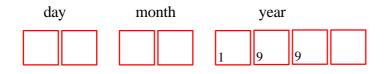
G1. This questionnaire was completed by: (tick all that apply)



G2. Please give the date on which you completed this questionnaire:



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



### 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

