

My Daughter's Health and Happiness

This questionnaire asks about your study child.

It should be completed by the chief carer.

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

If you cannot answer certain questions please put a line through them.

All answers are confidential.

THANK YOU FOR YOUR HELP

SECTION A: YOUR CHILD'S HEALTH

The health of your study child is still of great importance to us. We would like to know about any recent illnesses or medical treatment.

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

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

A2. a) In the past 12 months has the doctor been called to your home because she was unwell?

Yes

1

 No

2

 → If **no**, go to A3 below

If **yes**,

b) how many times?

once

1

 2 times

2

 3-4 times

3

 5 or more times

4

A3. In the past 12 months, has she had the following infections?

In the past 12 months:	Yes	No
a) measles	<div>1</div>	<div>2</div>
b) chicken pox	<div>1</div>	<div>2</div>
c) mumps	<div>1</div>	<div>2</div>
d) meningitis	<div>1</div>	<div>2</div>
e) cold sores	<div>1</div>	<div>2</div>
f) whooping cough	<div>1</div>	<div>2</div>

A3. In the past 12 months:

yes

no

g)	urinary infection	<div>1</div>	<div>2</div>
h)	eye infection	<div>1</div>	<div>2</div>
i)	ear infection	<div>1</div>	<div>2</div>
j)	chest infection	<div>1</div>	<div>2</div>
k)	tonsillitis or laryngitis	<div>1</div>	<div>2</div>
l)	german measles	<div>1</div>	<div>2</div>
m)	scarlet fever	<div>1</div>	<div>2</div>
n)	influenza (flu)	<div>1</div>	<div>2</div>
o)	a cold	<div>1</div>	<div>2</div>
p)	other infection (please tick & describe)	<div>1</div>	<div>2</div>

.....

A4. Has she had any of the following in the past 12 months?

In the past 12 months:	Yes and saw a doctor	Yes but did not see doctor	No did not have
a) diarrhoea	<div>1</div>	<div>2</div>	<div>3</div>
b) blood in the stools	<div>1</div>	<div>2</div>	<div>3</div>
c) vomiting	<div>1</div>	<div>2</div>	<div>3</div>
d) cough	<div>1</div>	<div>2</div>	<div>3</div>
e) high temperature	<div>1</div>	<div>2</div>	<div>3</div>

A4.

In the past 12 months:		Yes and saw a doctor	Yes but did not see doctor	No did not have
f)	ear ache	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
g)	ear discharge (pus not wax)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
h)	convulsions/fits	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
i)	stomach ache(s)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
j)	rash	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
k)	wheezing	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
l)	breathlessness	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
m)	episodes of stopping breathing	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
n)	an accident	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
o)	headache(s)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
p)	constipation	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
q)	worm infection	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
r)	head lice	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
s)	scabies	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
t)	asthma	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
u)	eczema	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
v)	hay fever	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
w)	other (please tick and describe)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>

.....

A5. Has a doctor ever actually said that your study child has asthma or eczema?

Yes asthma 1 Yes eczema 2 Yes, asthma and ec 3 No 4

A6. a) In the past year has she had any periods when there was wheezing with whistling on her chest when she breathed?

Yes 1 No 2 → If **no**, go to A6h on page 7

If **yes**,

b) How many separate times has this happened in the past 12 months?

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

c) How many days altogether would you say she has wheezed in the past 12 months?

1 day 1 2-3 days 2 4-9 days 3 10-19 days 4 20 or more days 5 don't know 9

d) Was she breathless during any of these times?

Yes for all 1 Yes for some 2 No not at all 3

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

Yes for all 1 Yes for some 2 No not at all 3

f) How often, on average, has your child's sleep been disturbed due to wheezing in the past 12 months?

Never woken with wheezing 1 Less than one night per week 2 One or more nights per week 3

g) Has wheezing ever been severe enough to limit your child's speech to only one or two words at a time between breaths in the past 12 months?

Yes 1 No 2

A6. h) In the past 12 months has her chest sounded wheezy during or after exercise?

Yes 1 No 2

j) In the past 12 months has she had a dry cough at night, apart from a cough associated with a cold or chest infection?

Yes 1 No 2

k) In the past 12 months has she had a problem with sneezing or a runny or blocked nose when she didn't have a cold or flu?

Yes 1 No 2 → If **no**, go to A7 below

If **yes**,

l) Has this nose problem been associated with itchy, watery eyes?

Yes 1 No 2

m) Did this nose problem happen in June or July?

Yes 1 No 2

A7. Has she ever had hay fever?

Yes 1 No 2

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

Yes 1 No 2 → If **no**, go to A9a on page 8

If **yes**,

b) has she had it in the last year? Yes 1 No 2 → If **no**, go to A9a on page 8

If **yes**,

c) how bad was this?

very bad 1 quite bad 2 mild 3 no problem 4

		Yes	No
A8.	d) does she have this sort of rash now?	<div><div>1</div></div>	<div><div>2</div></div>
	e) did the rash ever become sore and oozy?	<div><div>1</div></div>	<div><div>2</div></div>
	f) was it made worse by irritants such as bubble bath, soap, wool or nylon clothing?	<div><div>1</div></div>	<div><div>2</div></div>
	g) did the rash clear completely at any time in the last 12 months?	<div><div>1</div></div>	<div><div>2</div></div>
A9.	a) <u>In the past 12 months</u> how often, on average, has your child been kept awake at night by an itchy rash?		
	Never in the past 12 months	<div><div>1</div></div>	Less than one night per week <div><div>2</div></div>
			One or more nights per week <div><div>3</div></div>
	b) Does her skin get itchy when she gets sweaty? (e.g. in a hot room or when she has been playing?)		
	Yes	<div><div>1</div></div>	No <div><div>2</div></div>
	c) Has she <u>ever</u> had eczema?		
	Yes	<div><div>1</div></div>	No <div><div>2</div></div>

A10. How many days has she had to take off school for health reasons?
 [If you can't remember, make a guess and tick the guess box as well]

In the past 12 months:	(i) No. of days off school	(ii) Guess?
a) For one or more infections (including colds, cough, flu)	<div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div>	<div style="border: 1px solid red; width: 40px; height: 25px; display: inline-block; text-align: center; vertical-align: middle;">1</div>
Please describe		
.....		
b) For hospital investigation including admission	<div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div>	<div style="border: 1px solid red; width: 40px; height: 25px; display: inline-block; text-align: center; vertical-align: middle;">1</div>
Please describe		
.....		
c) For other investigation(s)	<div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div>	<div style="border: 1px solid red; width: 40px; height: 25px; display: inline-block; text-align: center; vertical-align: middle;">1</div>
Please describe		
.....		
d) For asthma	<div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div>	<div style="border: 1px solid red; width: 40px; height: 25px; display: inline-block; text-align: center; vertical-align: middle;">1</div>
e) For eczema or itchy rash	<div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div>	<div style="border: 1px solid red; width: 40px; height: 25px; display: inline-block; text-align: center; vertical-align: middle;">1</div>
f) For hay fever or allergic rhinitis	<div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div>	<div style="border: 1px solid red; width: 40px; height: 25px; display: inline-block; text-align: center; vertical-align: middle;">1</div>
g) For other reasons		
Please describe: 1.	<div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div>	<div style="border: 1px solid red; width: 40px; height: 25px; display: inline-block; text-align: center; vertical-align: middle;">1</div>
2.	<div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div>	<div style="border: 1px solid red; width: 40px; height: 25px; display: inline-block; text-align: center; vertical-align: middle;">1</div>
3.	<div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div>	<div style="border: 1px solid red; width: 40px; height: 25px; display: inline-block; text-align: center; vertical-align: middle;">1</div>

SECTION B: PILLS AND POTIONS

B1. Please indicate below any **medicines** (pills, syrups, inhalers, drops, sprays, suppositories, ointments etc including homeopathic and herbal remedies) that your study child has used **in the last 12 months**.

Include medicines prescribed by your doctor and those you may have bought over the counter. If you need more lines for a particular category please include the additional medicines under the 'Other conditions' section at the end of the question on Page 12.

Try to give the full name of the medicine and say how often it was used.

Regularly: most days for at least 3 months, **or** several times every month

Few days: for a few days at a time for one or more episodes

Odd occasions: on a few odd occasions

Once or twice: on one or two isolated occasions only

**In the past 12 months
medicine, pills
drops or
ointment for:**

How often?

	Yes ↓	Name of medicine etc.	Regularly ↓	Few days	Odd occasions	Once or twice
a) Headache	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b) Stomach ache	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c) Earache	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
d) Other ache or pain	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
e) Vomiting	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
f) Diarrhoea	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
g) Constipation	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
h) Travel sickness	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
i) Insect bites	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

B1.

**In the past 12 months
medicine, pills
drops or
ointment for:**

How often?

	Yes ↓	Name of medicine etc.	Regularly ↓	Few days	Odd occasions	Once or twice
j) Bruising	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
k) A 'cold'	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
l) Cough	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
m) Sore throat	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
n) 'Flu'	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
o) Infection requiring antibiotics	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
p) Athlete's foot	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
q) Wart or verruca	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
r) Head lice	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
s) Worms	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
t) Eye infection	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
u) Psoriasis	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
v) Eczema	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
w) Asthma	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

B1.

In the past 12 months

How often?

medicine, pills drops or ointment for:	Yes ↓	Name of medicine etc.	Regularly ↓	Few days	Odd occasions	Once or twice
x) Hay fever	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
y) Other allergies	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
z) Diabetes	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
za) Epilepsy	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
zb) Sleeping	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
zc) Fever, high temperature	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
Other conditions (Please tick and describe)						
zd).....	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
ze).....	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
zf).....	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
zg)	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
zh)	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
zi)	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
zj) No medicines, pills, drops or ointment used at all			<input type="text" value="1"/>			

B2. Please describe below any vitamins, minerals such as iron, or other supplements given for your study child's health in the **past month** and indicate how often they were taken.

To describe supplements containing a mixture of things e.g. calcium and vitamins, or vitamins and iron etc., please write them under "Other" in part d) below.

(Please say which and give brand name)	Every day	Most days ↓	About 1-2 times a week	Less than once a week	Not at all ↓
a) Vitamins					
i)	<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)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
b) Mineral supplements (e.g. iron, calcium)					
i)	<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)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
c) Oil supplements (e.g. cod liver oil, evening primrose oil)					
i)	<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)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
d) Other tonic or supplement					
i)	<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)	<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"/>

B3. Please describe below any treatment your child has taken for asthma or wheezing in the past month and indicate how often they were taken.

	Every day	Most days ↓	About 1-2 times a week	Less than once a week	Not at all ↓
In the past month:					
a) "Reliever" inhaler	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
b) "Preventer" inhaler	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
c) Other inhaler or medicine for asthma	<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"/>

SECTION C: PROVIDING FOOD

This section asks you some of your opinions on providing food for your study child and how you keep a watch on what she eats.

Tick whether you agree or disagree with these statements:

	Agree ↓	Slightly agree	Neither agree nor disagree	Slightly disagree	Disagree ↓
C1. I have to be sure that she does not eat too many sweets	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C2. I have to be sure that she does not eat too many of her favourite foods	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C3. I deliberately keep some foods out of her reach	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C4. It's OK to offer sweets as a reward for good behaviour	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C5. If I did not guide or regulate her eating she would eat too much	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

How often do you do the following:

	Always	Sometimes	Never	Not applicable
C6. I insist that she eats all the food on her plate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
C7. If she does not finish all of the main course she is not allowed a pudding	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
C8. I tell her off for playing or fiddling with food at mealtimes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
C9. I allow her to eat only at meal times, and not in between meals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Food for special occasions:

	Always	Sometimes	Never	Not applicable
C10. I cheer her up with something to eat if she is sad or upset	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C11. I like to take her out for a special meal when something good happens to her	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C12. I give her her favourite food when she is hurt or sick	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C13. I like to prepare a special meal for her when something good happens to her	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

Being watchful:

	Very often	Often	Sometimes	Not very often	Never
C14. How often do you keep track of the snack foods that she eats?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C15. How often do you keep track of the high-fat foods that she eats?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
C16. How often do you keep track of the sweets that she eats?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

Food and weight:

	Very often	Often	Sometimes	Not very often	Never
C17. How often have you commented to her about her eating?	<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"/>
C18. How often have you commented to her about her weight or shape?	<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"/>
C19. How often has she heard you complain about your <u>own</u> eating?	<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"/>
C20. How often has she heard you complain about your <u>own</u> weight or shape?	<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"/>

C21. Do you think your study child is:

Very underweight	<input type="text" value="1"/>	Moderately underweight	<input type="text" value="2"/>
Slightly underweight	<input type="text" value="3"/>	About the right weight	<input type="text" value="4"/>
Slightly overweight	<input type="text" value="5"/>	Moderately overweight	<input type="text" value="6"/>
Very overweight	<input type="text" value="7"/>		

SECTION D: SEPARATION ANXIETY

Most children are particularly attached to one person or a few key people, looking to them for security, and turning to them when upset. They can be mum and dad, grandparents, favourite teachers, neighbours etc.

D1. Who would you say your study child is particularly attached to? (tick all that apply)

Very attached to:	Yes	No-one	
a) mum/mother figure	<div>1<div></div></div>	<div>2<div></div></div>	→ If <u>no-one</u>, go to E1 on page 20
b) dad/father figure	<div>1<div></div></div>		
c) grandparent(s)	<div>1<div></div></div>		
d) teacher	<div>1<div></div></div>		
e) older brother or sister	<div>1<div></div></div>		
f) aunt or uncle	<div>1<div></div></div>		
g) family friend	<div>1<div></div></div>		
h) other (please tick & describe) Do not include pets or toys here	<div>1<div></div></div>		

.....

Most children have some worries about being separated from the people they are most attached to. We would like to know how your study child compares with other children of her age.

We are interested in how she is usually - not the occasional “clingy day” or “off day”.

D2. Overall in the past month, has she been particularly worried about being separated from any of the people ticked in D1 above?

Yes	<div>1<div></div></div>	No	<div>2<div></div></div>
-----	-------------------------	----	-------------------------

D3.	In the past month, compared with other children of the same age:	No more than others	A little more than others	A lot more than others
a)	Has she often worried about something unpleasant happening to these people, or about losing them?	1 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	2 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	3 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
b)	Has she often worried that she might be taken away from any of them, e.g. by being kidnapped, taken to hospital or killed?	1 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	2 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	3 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
c)	Has she often not wanted to go to school in case something nasty happened whilst she was still at school to a person(s) she is attached to? (Do not include reluctance to go to school for other reasons, e.g. fear of bullying or exams)	1 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	2 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	3 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
d)	Has she worried about sleeping alone?	1 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	2 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	3 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
e)	Has she come out of her bedroom at night to check on, or to sleep near any of these people?	1 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	2 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	3 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
f)	Has she worried about sleeping in a strange place?	1 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	2 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	3 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
g)	Has she been afraid of being alone in a room at home without one of the people she is attached to (even if you or they are close by)?	1 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	2 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	3 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
h)	Has she had repeated nightmares or bad dreams about being separated from any of these people?	1 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	2 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	3 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
i)	Has she had headaches, stomach aches or felt sick when she had to leave a person she is attached to, or when she knew it was about to happen?	1 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	2 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	3 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
j)	Has being apart or the thought of being apart from a person she is attached to led to worry, crying, tantrums, clinginess or misery?	1 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	2 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	3 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>

*** If you have ticked ‘a lot more than others’, to ANY of the answers in D3, continue below.
If not, go to E1 on page 20**

D4. a) How long has she had worries about separation?

Less than 1 month	<input type="text" value="1"/>	1-5 months	<input type="text" value="2"/>	6 months or more	<input type="text" value="3"/>
----------------------	--------------------------------	---------------	--------------------------------	---------------------	--------------------------------

b) Was she like this before the age of 6?

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

D5. How much do you think these worries have upset her?

not at all	<input type="text" value="1"/>	only a little	<input type="text" value="2"/>
quite a lot	<input type="text" value="3"/>	a great deal	<input type="text" value="4"/>

D6. How much have these worries interfered with her day-to-day life?

Have they interfered with:	Not at all	Only a little	Quite a lot	A great deal
a) how well she gets on with you and the rest of the family?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b) making and keeping friends?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c) learning or school work?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
d) playing, hobbies, sports or other leisure activities?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

D7.	Have these problems put a burden on you or the family as a whole?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
-----	---	--------------------------------	--------------------------------	--------------------------------	--------------------------------

SECTION E: PARTICULAR FEARS

This section of the questionnaire is about any particular things or situations that your study child is scared of, even though they aren't really a danger to her. How is she **usually** - not on the occasional "off day"?

E1. How scared is your study child about any of the following?

She is scared of:	Not at all	Only a little	Quite a lot	A great deal
a) insects, spiders, wasps, bees, mice, snakes, birds or any other creature	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b) storms, thunder, heights or water	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c) blood, injection or injury	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
d) dentists or doctors	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
e) other specific situations: lifts, tunnels, flying, driving, trains buses, small enclosed spaces	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
f) the dark	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
g) any other specific fear? (please tick & describe)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

.....

h) not particularly scared of anything

1

 → **If so, go to F1 on page 23**

E2. Is this fear/are these fears a real nuisance to her, or to you, or to anyone else?

No

1

 Perhaps

2

 Definitely

3

E3. How long has this fear (or the most severe of these fears) been going on?

less than a month

1

 1-5 months

2

 6 months or more

3

- E4. a) When your study child comes up against these things, or thinks she is about to come up against them, does she become anxious or upset?

yes, a lot a little no

↓

**If 'no' or 'a little'
go to E5a below**

- b) Does this reaction happen every time (or almost every time) she comes up against such a situation?

Yes No

- c) How often does this fear (or the most severe of her fears) result in her becoming upset like this?

many times most days
a day

most weeks every now and then

- E5. a) Does this fear lead to your study child avoiding the things she is afraid of?

yes, a lot a little no

↓

**If 'no' or 'a little'
go to E6a below**

- b) Does this avoidance interfere with her everyday life?

yes, a lot a little no

- E6. a) Does she recognise that this fear is excessive or unreasonable?

no perhaps definitely

- b) Is she upset that she has this fear?

no perhaps definitely

- E7. Has your study child's fear put a burden on you or the family as a whole?

not at all

only a little

quite a lot

a great deal

a) Space for comment

.....

.....

SECTION F: SOCIAL FEARS

- F1. Overall does your study child particularly fear or avoid situations that involve a lot of people or meeting new people or doing things in front of people? **Do not count the occasional “off day” or ordinary shyness.**

Yes No

- F2. Has she been particularly afraid of any of the following situations over the last month?

Afraid of:		No	A little	A lot	Hasn't done this in last month
a)	Meeting new people	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b)	Meeting <u>a lot of</u> people such as at a party	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c)	Speaking in class	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
d)	Reading out loud in front of others	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
e)	Writing in front of others	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
f)	Eating in front of others	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

- * If you have ticked 'a lot' to ANY of the answers in F2 above, continue below.
If not, go to G1 on page 26

- F3. Are her fears of being with a lot of people mainly related to her fear of being separated from someone she is attached to, or are the fears still there even when she is with such a person?

mainly afraid only when separated from her special people afraid even when with one of her special people

- F4. Is your study child just afraid in these situations with adults, or is she also afraid in situations that involve lots of children, or meeting new children?

only with adults with both adults and children only with children

F5. Outside of these situations is your study child able to get on well enough with the adults and children she knows best?

Yes

No

F6. a) Do you think her dislike of these situations is because she is afraid she will act in a way that will be embarrassing or show her up?

Yes, definitely

Not sure

No

b) Is it related to speech, reading or writing problems?

Yes

Not sure

No

c) Why else do you think she dislikes such situations?

.....

F7. a) How long has she had this fear of being with lots of people, or doing things in front of lots of people, or meeting new people?

less than
one month

1-5 months

6 months
or more

b) What age did it begin?

under 6 years

6 years or older

F8. When your study child is in one of these situations she fears, or when she thinks she is about to be in one, how anxious or upset does she usually become?

very anxious
or upset

just a bit

not at all

→ **If 'not at all'
go to F10 on
on page 25**

F9. How often do these fears result in her becoming upset like this?

Many times
a day

Most days

Most weeks

Every now
and then

F10. a) Does her fear lead to avoiding these situations?

yes, a lot 1

a little 2

no 3

↓
**If 'a little' or 'no'
go to F10c below**

b) Does this avoidance interfere with her everyday life?

no 1

a little 2

yes, a lot 3

c) Does she recognise that this fear is excessive or unreasonable?

no 1

perhaps 2

definitely 3

d) Is she upset about having this fear?

no 1

perhaps 2

definitely 3

F11. Has your study child's fear of these situations put a burden on you or the family as a whole?

not at all 1

a little 2

quite a lot 3

a great deal 4

a) Space for comments

.....

.....

.....

SECTION G: DISASTERS AND FRIGHTS

- G1. During your study child's lifetime has anything exceptionally stressful happened to her, that would really upset almost anyone, such as being involved in a terrible accident, or being abused or some other sort of disaster?

Yes No → **If no, go to H1 on page 29**

If yes,

a) what was it? (please describe)

.....

b) how old was she ? years

- G2. At the time, was she very distressed or did her behaviour change dramatically?

Yes No

- G3. At present, is it affecting her behaviour, feelings or concentration?

Yes No

- G4. **Over the last month** has your study child:

	No	A little	Yes, a lot
a) "relived" the event with vivid memories (flashbacks) of it?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b) had repeated distressing dreams of the event?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c) got upset if anything happened which reminded her of it?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
d) tried to avoid thinking or talking about anything to do with the event?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
e) tried to avoid activities, places or people that remind her of the event?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

Over the last month has your study child:		No	A little	Yes, a lot
G4.	f) blocked out important details of the event from her memory?	<div>1</div>	<div>2</div>	<div>3</div>
	g) shown much less interest in activities she used to enjoy?	<div>1</div>	<div>2</div>	<div>3</div>
	h) expressed a smaller range of feelings than in the past, e.g. no longer able to express loving feelings?	<div>1</div>	<div>2</div>	<div>3</div>
	i) had problems sleeping?	<div>1</div>	<div>2</div>	<div>3</div>
	j) seemed irritable or angry?	<div>1</div>	<div>2</div>	<div>3</div>
	k) had difficulty concentrating?	<div>1</div>	<div>2</div>	<div>3</div>
	l) always been on the alert for possible dangers?	<div>1</div>	<div>2</div>	<div>3</div>
	m) jumped at little noises or been easily startled in other ways?	<div>1</div>	<div>2</div>	<div>3</div>

***** If you have ticked 'yes, a lot' to ANY answers in G4, continue below.
If not, go to H1 on page 29

G5. How long after the event did these problems begin?

within 6 months

1

 more than 6 months after the event

2

G6. How long has she been having these problems?

Less than one month

1

 1-2 months

2

 3 months or more

3

G7. How much have these problems upset or distressed her?

Not at all

1

 only a little

2

quite a lot

3

 a great deal

4

G8. How much have these problems interfered with her day-to-day life?

Have they interfered with:	Not at all	Only a little	Quite a lot	A great deal
a) how well she gets on with you and the rest of the family?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b) making and keeping friends?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c) learning or school work?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
d) playing, hobbies, sports or other leisure activities?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

G9. Have these problems put a burden on you or the family as a whole?

Not at all	<div>1</div>	only a little	<div>2</div>
quite a lot	<div>3</div>	a great deal	<div>4</div>

a) Space for comments

.....

.....

.....

.....

.....

.....

SECTION H: COMPULSIONS AND OBSESSIONS

Many children have some habits or superstitions, such as not stepping on the cracks in the pavement, or needing to wear lucky clothes. It is also common for children to go through phases when they seem obsessed by one particular subject or activity. In this section **we are interested in whether your study child has rituals or obsessions that go beyond this.**

H1. Overall, does she have rituals or obsessions that upset her, waste a lot of her time, or interfere with her ability to get on with everyday life?

Yes

No

H2. In the past month has your study child been doing any of the following things over and over again even though she has already done them or doesn't need to do them at all?

In the past month:	No	Sometimes	Often
a) Excessive cleaning e.g. hand washing, baths, showers, toothbrushing etc.	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b) Other special measures to avoid dirt, germs or poisons	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c) Checking things, e.g. doors, locks, oven, gas taps, electric switches	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
d) Repeating actions: e.g. going in/out door many times in a row, up/down from chair	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
e) Touching things or people in particular ways	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
f) Arranging things so they are just so, or exactly symmetrical	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
g) Counting to particular lucky numbers or avoiding unlucky numbers	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
h) Anything else? (please tick and describe)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

.....

H3. In the past month, has she been concerned about:

	No	Sometimes	Often
a) dirt, germs or poison	<div><div>1</div></div>	<div><div>2</div></div>	<div><div>3</div></div>
b) something terrible happening to herself or others e.g. illnesses, accidents, fires etc.	<div><div>1</div></div>	<div><div>2</div></div>	<div><div>3</div></div>

*** If you have ticked ‘often’ to ANY answers in H2 or H3, continue below.
If not, go to J1 on page 32**

H4. Space for you to describe any of these activities and concerns in more detail:

a) What does she do?

.....

.....

b) How often does she do them?

c) How long does each episode last?

H5. Have these compulsions or obsessions been present on most days for a period of at least two weeks?

Yes

1

 No

2

H6. Does she recognise that this behaviour or these thoughts are excessive or unreasonable?

Definitely

1

 Somewhat

2

 No

3

H7. Does she try not to do them or think about them?

Definitely

1

 Somewhat

2

 No

3

H8. Does she become upset because she has to do or think these things?

No, enjoys them	<div>1</div>	Neither enjoys it nor becomes upset	<div>2</div>
Sometimes a bit upset	<div>3</div>	Upset a great deal	<div>4</div>

H9. Do these acts or thoughts last at least an hour a day on average?

Yes	<div>1</div>	No	<div>2</div>
-----	--------------	----	--------------

H10. Have these acts or thoughts interfered with:

	No, not at all	Only a little	Quite a lot	A great deal
a) how well she gets on with you and the rest of the family	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b) making and keeping friends	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c) learning or school work	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
d) playing, hobbies, sports or other leisure activities	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

H11. Have these problems put a burden on you or the family as a whole?

<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
--------------	--------------	--------------	--------------

a) Space for comments

.....

.....

.....

SECTION J: ANXIETY IN GENERAL

Nearly all children have some worries, and these are naturally worse on some days than others, but some children have so many worries for so much of the time that it makes them really upset or interferes with their lives.

J1. Does your study child ever worry?

Yes

No → **If no, go to K1
on page 35**

J2. Apart from any of the specific anxieties already mentioned on previous pages, has she worried so much over the last six months about so many things that it has really upset her or interfered with her life?

Definitely

Perhaps

No

J3. Does she worry a lot about:

	No, not at all	Sometimes	Often
a) Past behaviour (e.g. Did I do that wrong? Have I upset someone? Have they forgiven me?)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b) School work, homework or tests/ examinations	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c) Disasters (e.g. burglaries, muggings, fires, bombs)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
d) Her own health	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
e) Bad things happening to others (e.g. family, friends, pets, the world)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
f) The future (e.g. changing school, growing up, getting a job)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
g) Any other worries? (please tick and describe)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

.....

J4. In the past 6 months has she worried excessively on more days than not?

Yes

No

J5. Does she find it difficult to control the worry?

Yes

No

J6. a) Does worrying lead to her being restless, feeling keyed up, tense or on edge, or being unable to relax?

No not
at all

Yes, but not
on most days

Yes happens more
days than not

b) Does worrying lead to her feeling tired or “worn out” more easily?

No not
at all

Yes, but not
on most days

Yes happens more
days than not

c) Does worrying lead to difficulties in concentrating or her mind going blank?

No not
at all

Yes, but not
on most days

Yes happens more
days than not

d) Does worrying lead to irritability?

No not
at all

Yes, but not
on most days

Yes happens more
days than not

e) Does worrying lead to her looking physically tense (tense muscles)?

No not
at all

Yes, but not
on most days

Yes happens more
days than not

f) Does worrying interfere with her sleep (e.g. difficulty in falling or staying asleep, or restless sleep, or doesn't have a good night's sleep)?

No not
at all

Yes, but not
on most days

Yes happens more
days than not

J7. Overall, how upset and distressed is your study child as a result of all her various worries?

Not at all A little Quite a lot A great deal

J8. Have these worries interfered with her day-to-day life?

Have they interfered with:	No, not at all	Only a little	Quite a lot	A great deal
a) how well she gets on with you and the rest of the family	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b) making and keeping friends	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c) learning or school work	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
d) playing, hobbies, sports or other leisure activities	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

J9. Have these worries put a burden on you or the family as a whole?

Not at all A little Quite a lot A great deal

a) Space for comments

.....

.....

.....

SECTION K: MOODS

K1. In the past month, have there been times when your study child has been very sad, miserable, unhappy or tearful?

Yes

No → If **no**, go to K2 below

If **yes**,

a) Was there a period over this last month when she was really miserable nearly every day?

Yes

No

b) During the time when she was miserable, was she really miserable for most of the day?

Yes

No

c) How long did that period last?

Less than 2 weeks

2 weeks or more

d) Have you any idea what might have caused it?

Yes

No

↓
If **yes**,

e) please describe

.....

f) During this period, could she be cheered up?

easily

with difficulty/only briefly

not at all

K2. In the past month, have there been times when your study child has been grumpy or irritable in a way that was out of character for her?

Yes

No → If **no**, go to K4 on page 36

If yes,

- K3. a) Has there been any period over this last month when she has been really grumpy or irritable nearly every day?

Yes ☐
1

No ☐
2

- b) During the time when she was grumpy or irritable, was she really irritable for most of the day?

Yes ☐
1

No ☐
2

- c) How long did that period last?

Less than 2 weeks ☐
1

2 weeks or more ☐
2

- d) Have you any idea what might have caused it?

Yes ☐
1

No ☐
2



If yes,

- e) please describe

- f) Was the irritability improved by particular activities, friends coming around or anything else?

easily ☐
1

with difficulty/only briefly ☐
2

not at all ☐
3

- K4. In the past month, have there been times when your study child lost interest in everything, or nearly everything, she normally enjoys doing?

Yes ☐
1

No ☐
2

→ If no, go to K5 on page 37

If yes,

- a) Was there a period in the past month when she lost interest for nearly every day?

Yes ☐
1

No ☐
2

- b) During the days when she had lost interest in things, was she like this for most of the day?

Yes ☐
1

No ☐
2

- K4. c) For how long did she lose interest in things?
- Less than 2 weeks 1 2 weeks or more 2
- d) Did this loss of interest happen during the same period when she was really miserable or irritable?
- Yes 1 No 2

K5. Just to recap, has she, in the past month been miserable/irritable or lacked interest in things she usually enjoys?

Yes 1 No 2 → If **no**, go to L1 on page 39

	Yes	No	Don't know
If <u>yes</u> in the past month:			
a) Did she have no energy and seem tired all the time?	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3
b) Was she eating either much more or much less than usual?	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3
c) Did she either lose weight or gain a lot of weight?	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3
d) Did she find it hard to get to sleep?	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3
e) Did she sleep too much?	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3
f) Was there any period when she was agitated or restless much of the time?	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3
g) Was there any period when she felt worthless, or unnecessarily guilty much of the time?	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3
h) Was there any period when she found it unusually hard to concentrate or to think things out?	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3
i) Did she think about death a lot?	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3
j) Did she ever talk about harming herself or killing herself?	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3
k) Did she ever try to harm herself or kill herself?	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3
l) Over the whole of her lifetime has she ever tried to harm herself or kill herself?	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3

K6. Overall, how upset and distressed is your study child as a result of feeling miserable/irritable/ or lacking interest?

Not at all A little Quite a lot A great deal

K7. How has this interfered with her day-to-day life?

Has this interfered with:	No, not at all	Only a little	Quite a lot	A great deal
a) how well she gets on with you and the rest of the family	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b) making and keeping friends	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c) learning or school work	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
d) playing, hobbies, sports or other leisure activities	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

K8. Has your study child's feeling miserable/irritable/lacking interest put a burden on you or the family as a whole?

Not at all A little Quite a lot A great deal

a) Space for comments

.....

.....

.....

.....

.....

SECTION L: ATTENTION AND ACTIVITY

Nearly all children are overactive or lose concentration at times, but how does your study child compare with other children of her age? **We are interested in how she is usually - not the occasional “off day”.**

Over the last 6 months:

- L1. Allowing for her age, do you think that your study child definitely has some problems with overactivity or poor concentration?

Yes

No

- L2. Please compare her behaviour in the last 6 months with other children of her age.

In the last 6 months:	No	A little more than others	A lot more than others
a) Does she often fidget?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b) Is it hard for her to stay sitting down for long?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c) Does she run or climb about when she shouldn't?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
d) Does she find it hard to play or take part in other leisure activities without making a noise?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
e) If she is rushing about does she find it hard to calm down when someone asks her to do so ?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

L3. In the last 6 months and compared with other children of her own age:	No	A little more than others	A lot more than others
a) Does she often blurt out an answer before she has heard the question properly?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b) Is it hard for her to wait her turn?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c) Does she often butt in on other people's conversation or games?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
d) Does she often go on talking even if she has been asked to stop or no one is listening?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

L4.	In the last 6 months and compared with other children of her own age:	No ↓	A little more than others	A lot more than others
a)	Does she often make careless mistakes or fail to pay attention to what she is supposed to be doing?	<div>1</div>	<div>2</div>	<div>3</div>
b)	Does she often seem to lose interest in what she is doing?	<div>1</div>	<div>2</div>	<div>3</div>
c)	Does she often not listen to what people are saying to her?	<div>1</div>	<div>2</div>	<div>3</div>
d)	Does she often not finish a job properly?	<div>1</div>	<div>2</div>	<div>3</div>
e)	Is it often hard for her to get herself organised to do something?	<div>1</div>	<div>2</div>	<div>3</div>
f)	Does she often try to get out of things she would have to think about, such as homework?	<div>1</div>	<div>2</div>	<div>3</div>
g)	Does she often lose things she needs for school or PE?	<div>1</div>	<div>2</div>	<div>3</div>
h)	Is she easily distracted?	<div>1</div>	<div>2</div>	<div>3</div>
i)	Is she often forgetful?	<div>1</div>	<div>2</div>	<div>3</div>

L5. Has your study child's teacher complained in the last 6 months of problems with:

In the last 6 months:	No	A little	A lot
a) Fidgetiness, restlessness or overactivity	<div>1</div>	<div>2</div>	<div>3</div>
b) Poor concentration or being easily distracted	<div>1</div>	<div>2</div>	<div>3</div>
c) Acting without thinking about what she was doing, frequently butting in, or not waiting her turn	<div>1</div>	<div>2</div>	<div>3</div>

*** If you have ticked ‘a lot’ to ANY answers in L2-L5, continue below.
If not, go to M1 on page 42**

L6. Have these problems been there for much of her life?

Yes

No

L7. At what age did they start? years

L8. Thinking still of your child’s difficulties with activity and attention, how much do you think they have upset or distressed her?

Not at all

A little

Quite a lot

A great deal

L9. How have these difficulties interfered with her day-to-day life?

Has this interfered with:	No, not at all	Only a little	Quite a lot	A great deal
a) how well she gets on with you and the rest of the family	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) making and keeping friends	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) learning or school work	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) playing, hobbies, sports or other leisure activities	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

L10. Have these problems put a burden on you or the family as a whole?

Not at all

A little

Quite a lot

A great deal

a) Space for comments

.....
.....

SECTION M: AWKWARD AND TROUBLESOME BEHAVIOUR

Awkward Behaviour

All children can be awkward and difficult at times - things like not doing as they are told, being irritable, having temper outbursts, or deliberately annoying other people. **We are interested in how your study child is usually, and not just on occasional “off days”.**

In the last 6 months:

M1. Overall, how do you think your study child compares with other children of her age as far as this sort of awkward behaviour is concerned?

Less troublesome than average about average more troublesome than average

M2.	No more than others	A little more than others	A lot more than others
In the last 6 months and compared with other children of the same age			
a) Has she had severe temper tantrums?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b) Has she argued with grown-ups?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c) Has she taken no notice of rules, or refused to do as she is told?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
d) Has she seemed to do things to annoy other people on purpose?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
e) Has she blamed others for her own mistakes or bad behaviour?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
f) Has she been touchy and easily annoyed?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
g) Has she been angry and resentful?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
h) Has she been spiteful?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
i) Has she tried to get her own back on people?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

*** If you have ticked ‘a lot more than others’ to ANY answers in M2, please continue.
If not, go to M8 at the bottom of this page.**

M3. Is this behaviour just with one person (e.g. teacher, brother) or with more than one?

Just with
one person

More than
one

M4. Has your study child’s awkward behaviour been there for much of her life?

Yes

No

M5. What age did it start ? years

M6. Has it interfered with her day-to-day life?

Has it interfered with:	No, not at all	Only a little	Quite a lot	A great deal
a) how well she gets on with you and the rest of the family?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b) making and keeping friends?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c) learning or school work?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
d) playing, hobbies, sports or other leisure activities?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

M7. Have these problems put a burden on you or the family as a whole?

Not at all

A little

Quite a lot

A great deal

M8. Has her teacher complained over the last 6 months of problems with this same kind of awkward behaviour or disruptiveness in class?

No

A little

A lot

Behaviour That Sometimes Gets Children Into Trouble - including dangerous, aggressive or antisocial behaviour. How has your study child been over the **past 12 months?** Answer how she is usually, and not just on occasional “off days”.

- M9. a) Has she told lies to get things or favours from others, or to get out of things she was supposed to do?

No ☐ 1 Perhaps ☐ 2 Definitely ☐ 3

↓
If definitely,

- i) has this been going on for the last 6 months?

Yes ☐ 1 No ☐ 2

- b) Has she often started fights? (other than with brothers and sisters)

No ☐ 1 Sometimes ☐ 2 Often ☐ 3

↓
If often,

- i) has this been going on for the last 6 months?

Yes ☐ 1 No ☐ 2

- c) Has she bullied or threatened people?

No ☐ 1 Sometimes ☐ 2 Often ☐ 3

↓
If often,

- i) has this been going on for the last 6 months?

Yes ☐ 1 No ☐ 2

M9. d) Has she stayed out much later than she was supposed to?

No 1 Sometimes 2 Often 3



If often,

i) has this been going on for the last 6 months?

Yes 1 No 2

e) Has she stolen things from the house, or other people's houses or shops or school?

No 1 Perhaps 2 Definitely 3



If definitely,

i) has this happened in the last 6 months?

Yes 1 No 2

f) Has she run away from home or ever stayed away all night without your permission?

No 1 Yes once only 2 Yes, more than once 3



If yes,

i) has this happened in the last 6 months?

Yes 1 No 2

g) Has she often played truant (bunked off) from school?

No 1 Perhaps 2 Definitely 3



If definitely,

i) has this happened in the last 6 months?

Yes 1 No 2

M10. Has your study child shown any other worrying behaviour in the past 12 months? (e.g. deliberately started a fire, vandalism, been deliberately cruel to another person, to animals or birds)?

Yes ☐

No ☐

If yes, please describe

.....

SECTION N: OTHER PROBLEMS

This next section is about a variety of different aspects of your study child's behaviour and development.

N1. In her **first 3 years of life**, was there anything that seriously worried you about:

a) her speech development?

Yes

No

→ If **no**, go to N1b below

If **yes**,

i) has this cleared up completely?

Some continuing problems

completely cleared up

b) how she got on with other people?

Yes

No

→ If **no**, go to N1c below

If **yes**,

i) has this cleared up completely?

Some continuing problems

completely cleared up

c) any odd rituals or unusual habits that were very hard to interrupt?

Yes

No

→ If **no**, go to N2 below

If **yes**,

i) has this cleared up completely?

Some continuing problems

completely cleared up

N2. Nowadays, does she have any tics or twitches that she can't seem to control?

Yes

No

N3. How much do the following descriptions apply to your study child?

	Not true	Quite or sometimes true	Very or often true
Over the last 6 months:			
a) not aware of other people's feelings	<div>1</div>	<div>2</div>	<div>3</div>
b) does not realise when others are upset or angry	<div>1</div>	<div>2</div>	<div>3</div>
c) does not notice the effect of her behaviour on other members of the family	<div>1</div>	<div>2</div>	<div>3</div>
d) her behaviour often disrupts normal family life	<div>1</div>	<div>2</div>	<div>3</div>
e) very demanding of other people's time	<div>1</div>	<div>2</div>	<div>3</div>
f) difficult to reason with when upset	<div>1</div>	<div>2</div>	<div>3</div>
g) does not seem to understand social skills e.g. interrupts conversations constantly	<div>1</div>	<div>2</div>	<div>3</div>
h) does not pick up on body language	<div>1</div>	<div>2</div>	<div>3</div>
i) does not understand how she should behave when she is out e.g. in shops, or other people's houses	<div>1</div>	<div>2</div>	<div>3</div>
j) does not realise that she offends people with her behaviour	<div>1</div>	<div>2</div>	<div>3</div>
k) does not respond when told to do something	<div>1</div>	<div>2</div>	<div>3</div>
l) cannot follow a command unless it is carefully worded	<div>1</div>	<div>2</div>	<div>3</div>
m) Do you have any other comments or concerns? (If <u>yes</u> , please tick and describe)	Yes <div>1</div>	No <div>2</div>	

.....

.....

SECTION O: GOING TO SCHOOL

O1. What type of school does your study child attend?

primary/junior school ☐
 special school ☐
 private school ☐
 middle school ☐

secondary school ☐
 does not go to school ☐
 other (please tick
 and describe) ☐

.....

O2. a) Does she have any problems that mean that the school should make (or has made) special arrangements for her (e.g. put her to the front of the class so that she can hear, provide extra teaching or help.)

Yes ☐

No ☐

→ If **no**, go to O4a on page 50

If **yes**, please describe

.....

b) Please indicate below which particular types of problem your child has which mean that special arrangements at school are needed (please tick all that apply).

i) learning difficulty ☐

ii) speech ☐

iii) hearing ☐

iv) eyesight ☐

v) physical problem ☐

→ please describe

vi) reading difficulty ☐

vii) emotional or
behavioural problem ☐

viii) other (please tick
and describe) ☐

.....

O2. c) Have you told the school about this?

yes, told this school	<input type="checkbox"/>
no, but told previous school	<input type="checkbox"/>
the school told me	<input type="checkbox"/>
no	<input type="checkbox"/>

d) Who else have you told? (please tick all that apply)

i) doctor	<input type="checkbox"/>	no one <input type="checkbox"/>	→ If <u>no-one</u> , go to O3a below
ii) local education authority	<input type="checkbox"/>		
iii) health visitor	<input type="checkbox"/>		
iv) other (please tick and describe)	<input type="checkbox"/>	

O3. a) Have you ever asked the local education authority for an assessment of your child's needs?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	→ If <u>no</u> , go to O4a below
------------------------------	-----------------------------	---

If **yes**,

b) Did the local education authority carry out an assessment?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

O4. a) Has any school or education authority ever said that your study child has Special Educational Needs?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	→ If <u>no</u> , go to O6a on page 52
------------------------------	-----------------------------	--

If **yes**,

b) what do they say these needs are?

.....

c) how old was the child when you were first told this ? years

O4. d) Are you happy with the special needs provision that is being made for your child?

Yes, very happy ☐ 1 yes, quite happy ☐ 2 no, not happy ☐ 3

If **no**, what changes do you want?.....

.....

e) have you heard of the Special Educational Needs Code of Practice?

Yes ☐ 1 No ☐ 2

O5. a) Does your study child have a 'statement' of special educational needs?

yes, has a statement ☐ 1

no, but is being assessed ☐ 2

no, was refused a statement ☐ 3

no, has never been considered for a statement ☐ 4

→ If **never considered**, go to O6a on page 52

b) If your child was ever considered for a statement please indicate how helpful you found the following people:

	Very helpful	Quite helpful	Not helpful ↓	Did not get help
i) The 'Named Person' (someone you agreed with the LEA could help you)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
ii) An LEA 'Parent Partnership Officer'	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
iii) Someone from a voluntary group (please tick & describe the group)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
iv) Someone else (please tick & describe)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

[LEA = local education authority]

O6. a) Have you ever appealed to the Special Educational Needs Tribunal?

Yes ☐1 No ☐2 → If **no**, go to O7 on page 53

If **yes**,

b) was your appeal heard by the Tribunal?

Yes, ☐1 No, but will be ☐2 No ☐3

```
graph TD; A[No, but will be 2] --> B[No 3]; B --> C[If no, go to O7 on page 53]; A --> C;
```

If **no**, go to O7 on page 53

If **yes**,

c) what was the outcome?

waiting for result	<input type="checkbox"/> 1	→	Go to O7 on page 53
turned down	<input type="checkbox"/> 2		
successful	<input type="checkbox"/> 3		

If **successful**,

i) do you think the LEA has carried out the Tribunal's order?

Yes ☐1 No ☐2

If **no**,

ii) please say how you think the local education authority has failed to carry out the order:

.....
.....

O7. If you think your child has special needs, do you have any suggestions for improvements in the way they have been handled by the special needs system?

Yes No

If **yes**, please describe

.....

O8. a) Has your study child ever had speech (or language) therapy?

yes	<input type="text" value="1"/>	<input type="text"/>	→ If no , go to O9 below
no, but is on waiting list	<input type="text" value="2"/>		
no, never	<input type="text" value="3"/>		

If **yes**,

b) do you think her difficulties improved as a result?

Yes No

c) is she still having speech therapy?

Yes No

d) do you think she should still be receiving speech and language therapy?

Yes No

O9. How well do you feel your child's school keeps you informed?

	Very well informed	Quite well informed	Not well informed
a) about her school work	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b) about her behaviour	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c) about other aspects (please tick and describe)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

.....

O10. How does she feel about school?

		Always	Usually	Sometimes	Not at all
a)	She looks forward to going	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
b)	She enjoys it	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
c)	She is stimulated by it	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
d)	She is frightened by it	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
e)	She talks about her friends	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
f)	She seems bored by school	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
g)	She likes her teacher(s)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>

O11. How much at school do you think she likes:

		She likes it a lot	She quite likes it	She does not like it	Is unable to do
a)	reading	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
b)	maths	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
c)	writing	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
d)	games	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
e)	discussion	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
f)	other (please tick and describe)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>

.....

O12. a) Are you interested in what your child does at school?

Yes very

Yes mostly

No, not really

b) Are you happy with the teaching your daughter is getting at school?

Yes very

Yes mostly

No, not really

c) Are you happy with the progress your daughter is making at school?

Yes very

Yes mostly

No, not really

P1. This questionnaire was completed by: (tick all that apply)

- | | | | | |
|----|--|---|---|-------|
| a) | child's biological mother | <table border="1"><tr><td>1</td></tr></table> | 1 | |
| 1 | | | | |
| b) | child's mother figure | <table border="1"><tr><td>1</td></tr></table> | 1 | |
| 1 | | | | |
| c) | child's biological father | <table border="1"><tr><td>1</td></tr></table> | 1 | |
| 1 | | | | |
| d) | child's father figure | <table border="1"><tr><td>1</td></tr></table> | 1 | |
| 1 | | | | |
| e) | study child | <table border="1"><tr><td>1</td></tr></table> | 1 | |
| 1 | | | | |
| f) | someone else (please tick and describe | <table border="1"><tr><td>1</td></tr></table> | 1 | |
| 1 | | | | |

P2. Please give the date on which you completed this questionnaire:

day	month	year								
<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td>2</td><td>0</td><td>0</td><td></td></tr></table>	2	0	0	
2	0	0								

P3. Please give the date of birth of your child:

day	month	year					
<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			199 <table border="1"><tr><td></td></tr></table>	

THANK YOU VERY MUCH FOR YOUR HELP

Space for any additional comment you would like to make

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

When completed, please return the questionnaire to:

**Professor Jean Golding
Children of the Nineties - ALSPAC
Institute of Child Health
24 Tyndall Avenue
Bristol
BS8 1BR Tel: Bristol 0117 928 8793**

The illustrations in this questionnaire have been reproduced from pictures produced by children who are part of the "Children of the 90s" research initiative.

For office use only

coder

--	--

int

--	--

© University of Bristol