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My Daughter at School

This questionnaire asks about your study child.

It should be completed by the chief carer.

THANK YOU FOR YOUR HELP

02/02/98

SECTION A: THE HEALTH OF YOUR STUDY CHILD

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	<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. Has she had fluoride supplements (tablets or drops) in the past year?

Yes

1

 No

2

A3. Has she had any of the following in the past 12 months?

In the last year	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>
f) snuffles/cold	<div>1</div>	<div>2</div>	<div>3</div>
g) ear ache	<div>1</div>	<div>2</div>	<div>3</div>

Yes and Yes but No did

	In the last year	saw a doctor	did not see doctor	not have
A3.	h) ear discharge (pus not wax)	<div>1</div>	<div>2</div>	<div>3</div>
	i) convulsions/fits	<div>1</div>	<div>2</div>	<div>3</div>
	j) stomach ache(s)	<div>1</div>	<div>2</div>	<div>3</div>
	k) rash	<div>1</div>	<div>2</div>	<div>3</div>
	l) wheezing	<div>1</div>	<div>2</div>	<div>3</div>
	m) breathlessness	<div>1</div>	<div>2</div>	<div>3</div>
	n) episodes of stopping breathing	<div>1</div>	<div>2</div>	<div>3</div>
	o) an accident	<div>1</div>	<div>2</div>	<div>3</div>
	p) urinary infection	<div>1</div>	<div>2</div>	<div>3</div>
	q) headache(s)	<div>1</div>	<div>2</div>	<div>3</div>
	r) constipation	<div>1</div>	<div>2</div>	<div>3</div>
	s) worm infections	<div>1</div>	<div>2</div>	<div>3</div>
	t) head lice	<div>1</div>	<div>2</div>	<div>3</div>
	u) scabies	<div>1</div>	<div>2</div>	<div>3</div>
	v) asthma	<div>1</div>	<div>2</div>	<div>3</div>
	w) eczema	<div>1</div>	<div>2</div>	<div>3</div>
	x) hay fever	<div>1</div>	<div>2</div>	<div>3</div>
	y) other (please tick and describe)	<div>1</div>	<div>2</div>	<div>3</div>

.....

A4. a) Has your child been admitted to hospital in the past year?

Yes

1

 No

2

 → If **no**, go to A5 on page 4

If **yes**,

b) how many times?

A4. c) please describe for each admission:

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

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

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

A5. Has she ever had any of the following operations?
(Please tick all that apply)

	Yes	
a) hernia repair	<input type="text"/>	→ If <u>yes</u> , please give type
b) tonsils out	<input type="text"/>	
c) adenoids out	<input type="text"/>	
d) appendicectomy (appendix out)	<input type="text"/>	
e) tubes (grommets) put in her ears	<input type="text"/>	
f) squint repair (to put eyes straight)	<input type="text"/>	
g) teeth pulled out	<input type="text"/>	

A5. i) other operations (please describe)

.....

.....

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

Yes No → If **no**, go to A6k on page 6

If **yes**,

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

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

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

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

d) Was she breathless during any of these times?

Yes for Yes for No
all some at all

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

Yes for Yes for No
all some at all

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

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

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 No

A6. h) Do you think the wheezing attacks are worse during any particular time of year?

yes, worse in spring and/or summer

yes, worse in autumn and/or winter

not particularly

other (please tick & describe)

.....

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

Yes

No

i) chest infection or bronchitis

ii) being in a smoky room

iii) cold weather

iv) I don't know

v) other (please tick & describe)

.....

k) In the past 12 months has your child's chest sounded wheezy during or after exercise?

Yes

No

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

Yes

No

m) Have any of your other children ever had spells of wheezing with whistling on the chest?

Yes

No

have no other children

A7. a) Has your child had any itchy, dry skin rash in the joints and creases of her body (e.g. behind the knees, elbows, under the arms) in the past year?

Yes

No

→ If **no**, go to A8a on page 7

If yes,

A7. b) how bad was this?

very bad quite bad mild no problem

c) does she have this sort of rash now?

Yes No

	Yes	No
d) did the rash ever become sore and oozy?	<input type="text"/>	<input type="text"/>
e) was it made worse by irritants such as bubble bath, soap, wool or nylon clothing?	<input type="text"/>	<input type="text"/>

A8. a) Has she had an itchy, dry, rash on her hands in the past year?

Yes No

b) Has she had an itchy, dry rash on her feet in the past year?

Yes No → **If no, go to A8c below**

If yes, please describe which parts of her feet

c) In the past 12 months how often, on average, has your child been kept awake at night by an itchy rash?

Never in the past 12 months Less than one night per week One or more nights per week

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

Yes No

A9. Has she had a skin reaction in the past year (e.g. redness or itching) which you thought was due to some food that she had eaten?

Yes No → **If no, go to A10 on page 8**

If yes,

i) please describe the food(s)

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

A9. iii)

where was the reaction?

mouth

other part

(please describe)

A10. This question is about problems which occur when your child **does not** have a cold or the flu.

a) Has your child ever had a problem with sneezing or a runny or blocked nose, when she did not have a cold or the flu?

Yes

No

→ If no, go to A11a on page 9

b) In the past 12 months, has your child had a problem with sneezing or a runny or blocked nose when she did not have a cold or the flu?

Yes

No

→ If no, go to A11a on page 9

c) In the past 12 months, has this nose problem been accompanied by itchy-watery eyes?

Yes

No

d) In which of the past 12 months did this nose problem occur?
(Please tick all that apply)

January

May

September

Februar

June

October

March

July

November

April

August

December

e) In the past 12 months, how much did this nose problem interfere with your child's activities?

Not at all

A little

A moderate amount

A lot

A11. a) Has she had vomiting spells in the past year?

Yes No → If **no**, go to A12a below

If **yes**,

b) How many times?

once twice 3-9 times 10 or more times

c) How often have these been associated with:

	Always	Frequently	Sometimes	Rarely	Never
i) diarrhoea	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
ii) chestiness (wheezing or coughing or grunting)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

A12. a) In the past year has she had diarrhoea or gastro-enteritis?

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

If **yes**,

b) how many times in the past 12 months?

c) how many days did the worst attack last?

d) Did you:

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

.....

A12. e) Did she continue to eat as usual?

Yes 1 → **If yes, go to (f) below**

No 2

If no, i) how long was normal eating disturbed?

less than 1 1 day 2 2 days 3

3-4 days 4 5 or more 5
days

f) What treatment was given?

.....
.....

A13. a) In the past year has your child ever had a time when she has coughed off and on for at least 2 days?

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

If yes,

b) How many times has this happened in the past year?

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

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

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

A14. a) Nowadays, does your child listen to people or to things that happen nearby:

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

b) Does she turn her head towards sounds?

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

c) Does she prefer music or talking to be loud or soft?

She hates loud sounds	<input type="text" value="1"/>	She doesn't mind if it's loud or not	<input type="text" value="2"/>
She loves loud sounds	<input type="text" value="3"/>	Can't say	<input type="text" value="4"/>

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

yes much worse	<input type="text" value="1"/>	yes a little worse	<input type="text" value="2"/>
no, about the same	<input type="text" value="3"/>	don't know	<input type="text" value="9"/>
has never had a cold	<input type="text" value="7"/>	→ Go to A14f on page 12	

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

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

f) Has pus or sticky mucus (not ear wax) leaked out of her ear in the past year?

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

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

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

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

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

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

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

A15. a) Have there been times in the past year when she has had a pain in her stomach?

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

If **yes**,

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

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

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

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

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

- i) something she ate ☐ 1
- ii) an infection ☐ 1
- iii) constipation ☐ 1
- iv) other (please describe) ☐ 1
- v) don't know ☐ 1

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

yes arm(s) ☐ 1 yes leg(s) ☐ 2 yes both ☐ 3 no, not often ☐ 4



**If no,
go to A17a
below**

If yes,

i) does this happen especially when she is tired? Yes ☐ 1 No ☐ 2

ii) what do you think is the cause ?

.....

iii) do you find any particular treatment helps ?

Yes ☐ 1 No ☐ 2

If yes, please describe.....

A17. a) Since her 5th birthday 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

→ **If no, or not known,
go to A18 on page 16**

If yes,

A17. b) Please describe the first attack since her 5th birthday:

.....
.....

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

Yes No Not known

d) How old was she at the time?

5 years 6 years

e) How many attacks has she had since her 5th birthday?

one two 3-4 5 or more

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

Yes

i)	general practitioner at home	<input type="text" value="1"/>
ii)	general practitioner at surgery	<input type="text" value="1"/>
iii)	hospital outpatients	<input type="text" value="1"/>
iv)	admitted to hospital	<input type="text" value="1"/>

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

.....
.....

A17. h) Did later attacks differ from the first one?

yes no → If **no** go to (j) below

If **yes**, please describe

.....
.....

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

i)	febrile convulsions	<input type="text" value="1"/>	
ii)	fainting and blackouts	<input type="text" value="1"/>	
iii)	epilepsy	<input type="text" value="1"/>	
iv)	breath holding	<input type="text" value="1"/>	
v)	reaction to immunisation	<input type="text" value="1"/>	
vi)	other (please specify)	<input type="text" value="1"/>
vii)	don't know	<input type="text" value="1"/>	

A18. In the past year, has she had the following infections?

	Yes	No
In the past year:		
a) measles	<input type="text" value="1"/>	<input type="text" value="2"/>
b) chicken pox	<input type="text" value="1"/>	<input type="text" value="2"/>
c) mumps	<input type="text" value="1"/>	<input type="text" value="2"/>
d) meningitis	<input type="text" value="1"/>	<input type="text" value="2"/>
e) cold sores	<input type="text" value="1"/>	<input type="text" value="2"/>
f) whooping cough	<input type="text" value="1"/>	<input type="text" value="2"/>

		Yes	No
In the past year:			
A18.	g) urinary infection	<div><div>1</div></div>	<div><div>2</div></div>
	h) eye infection	<div><div>1</div></div>	<div><div>2</div></div>
	i) ear infection	<div><div>1</div></div>	<div><div>2</div></div>
	j) chest infection	<div><div>1</div></div>	<div><div>2</div></div>
	k) other infection (please tick & describe)	<div><div>1</div></div>	<div><div>2</div></div>

A19. Are there any foods or drinks that your child is or has been allergic to?

yes definitely

1

 yes possibly

2

 no, not at all

3

 don't know

9

↓
If no, or don't know ← go to A20a on page 19

If yes,

a) please describe which foods or drinks

b) was the reaction caused by eating or touching the food or drink?

eating/drinking

1

 touching

2

 both

3

c) what happens when she does have the reaction? (Tick all that apply)

i) bright red rash

1

 → **If yes**, over what part of body?

.....

ii) hives (white raised bumps on skin)

1

 → **If yes**, over what part of body?

.....

iii) wheezing or whistling in the chest

1

iv) vomiting

1

v) diarrhoea

1

A19 c)

- vi) difficulty breathing
- vii) stop breathing
- viii) headache
- ix) swelling →If yes, describe where
- x) other reaction (please describe)

d) How long after eating or drinking or touching does this usually happen?

- less than 1 hr 1-2 hrs 3-5 hrs
- 6 hrs or more don't know

e) How old was she when this first happened?

years old (put 0 if she was under 12 months)

f) How many times has a reaction happened?

- once 2-3 times 4-9 times
- 10 or more times don't know

g) How old was she the last time a reaction happened?

years old

h) What have you done about these reactions? (Tick all that apply)

- i) Avoided the foods that caused them
- ii) Took to GP to investigate
- iii) Investigated in hospital
- iv) Other (please describe)

A19. j) What advice have you been given?

None ☐ 1 Yes, some advice ☐ 2 → Please describe

.....

k) What treatment has your child been given for the problem?

None ☐ 1 Yes, some treatment ☐ 2 → Please describe

.....

A20. a) Apart from food and drink are there any other things to which she is allergic?

Yes ☐ 1 No ☐ 2 → **If no, go to A21 on page 20**

If yes,

b) What is she allergic to? (Tick all that apply)

i)	pollen	<input type="checkbox"/> 1	
ii)	cat	<input type="checkbox"/> 1	
iii)	dog	<input type="checkbox"/> 1	
iv)	bee sting or wasp sting	<input type="checkbox"/> 1	
v)	house dust	<input type="checkbox"/> 1	
vi)	medicine	<input type="checkbox"/> 1	→ If <u>yes</u>, please describe type of medicine

.....

vii) other (please tick and describe) ☐ 1

A20. c) How does she react to these? (Tick all that apply)

- | | |
|-------------------------------------|------------------------------------|
| i) wheezing | <div><div></div><div>1</div></div> |
| ii) breathlessness | <div><div></div><div>1</div></div> |
| iii) sneezing | <div><div></div><div>1</div></div> |
| iv) rash | <div><div></div><div>1</div></div> |
| v) other (please tick and describe) | <div><div></div><div>1</div></div> |

.....

A21. Spring and Summer problems:

a) Does your child suffer from any of the following symptoms **during Spring or Summer?**
(Please tick all that apply)

- | | Yes |
|--|------------------------------------|
| i) runny, red or itchy eyes | <div><div></div><div>1</div></div> |
| ii) frequent sneezing bouts | <div><div></div><div>1</div></div> |
| iii) constantly blocked, runny or itchy nose | <div><div></div><div>1</div></div> |
| iv) nettle-like rash without obvious cause | <div><div></div><div>1</div></div> |
| v) constant cold | <div><div></div><div>1</div></div> |
| vi) none of the above | <div><div></div><div>1</div></div> |

b) Does your child take any of the following medication regularly but just during the Spring or Summer months? (Please tick all that apply)

- | | | | |
|----------------------------|------------------------------------|--|------------------------------------|
| i) Piriton | <div><div></div><div>1</div></div> | vi) Triludan | <div><div></div><div>1</div></div> |
| ii) Loratadine/Clarityn | <div><div></div><div>1</div></div> | vii) Cetirizine/Zirtek | <div><div></div><div>1</div></div> |
| iii) Flixonase | <div><div></div><div>1</div></div> | viii) Beconase | <div><div></div><div>1</div></div> |
| iv) Nasonex | <div><div></div><div>1</div></div> | ix) Opticrom eye drops | <div><div></div><div>1</div></div> |
| v) Antihistamine eye drops | <div><div></div><div>1</div></div> | x) Other antihistamine
(Please tick & describe) | <div><div></div><div>1</div></div> |

.....

SECTION B: SLEEPING

B1. Does your child have a regular sleeping routine?

Yes ₁ No ₂

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

none ₁ less than ₂ 1 hour 1 - 2 hours ₃ more than ₄ 2 hours don't know ₉

b) Normally, **during term-time** what time in the evening does your child go to sleep?

(i) school days

hours

minutes

p.m.

(ii) on Saturdays

hours

minutes

p.m.

B3. a) **During term-time** what time does she normally wake up in the morning?

(i) school days

hours

minutes

a.m.

(ii) weekend days

hours

minutes

a.m.

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

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

B4. a) Where does the child usually sleep?

(i)

When she goes to bed at night

(ii)

When she wakes in the morning

in her own room on her own

 ₁
 ₁

in a room with other children

 ₂
 ₂

in your bedroom

 ₃
 ₃

in a room with other adults

 ₄
 ₄

other place

(please tick and describe)

 ₅
 ₅

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

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

.....

c) How often does she sleep?

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

d) Do you feel her sleep pattern is:

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

B5. In the room where the child sleeps most of the night:

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

B6. In the past year has your child:

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

B6.		Yes, but did not worry me	Yes, worried me a bit	Yes, worried me greatlyhappen	No, did not	Don't know
g)	got up after only a few hours sleep	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	9 <input type="text"/>
h)	snored	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	9 <input type="text"/>
i)	wet the bed	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	9 <input type="text"/>
j)	sleep walked	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	9 <input type="text"/>
k)	masturbated	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	9 <input type="text"/>
l)	other (please tick and describe)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	9 <input type="text"/>

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SECTION C: STRENGTHS AND DIFFICULTIES

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

	In the last six months:	Not true	Somewhat true	Certainly true	Don't know
C1.	She has been considerate of other people's feelings	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
C2.	She has been restless, overactive, cannot stay still for long	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
C3.	She has often complained of headaches, stomach aches or sickness	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
C4.	She has shared readily with other children (treats, toys, pencils etc.)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
C5.	She has often had temper tantrums or hot tempers	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
C6.	She is rather solitary, tends to play alone	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
C7.	She is generally obedient, usually does what adults request	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
C8.	She has many worries, often seems worried	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
C9.	She is helpful if someone is hurt, upset or feeling ill	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
C10.	She is constantly fidgeting or squirming	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
C11.	She has at least one good friend	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
C12.	She often fights with other children or bullies them	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
C13.	She is often unhappy, down-hearted or tearful	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
C14.	She is generally liked by other children	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>

In the last six months:		Not true	Somewhat true	Certainly true	Don't know
C15.	She is easily distracted, her concentration wanders	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C16.	She is nervous or clingy in new situations, easily loses confidence	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C17.	She is kind to younger children	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C18.	She often lies or cheats	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C19.	She is picked on or bullied by other children	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C20.	She often volunteers to help others (parents, teachers, other children)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C21.	She thinks things out before acting	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C22.	She steals from home, school or elsewhere	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C23.	She gets on better with adults than with other children	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C24.	She has many fears, is easily scared	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
C25.	She sees tasks through to the end, has good attention span	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

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 5 years old.

****We realise how sensitive and personal some of the following questions are, but it is important to find out how frequently these events happen to children and what, if any, effect they have on them. As you know, answers you put in questionnaires are never linked back to your name and address.**

Since her 5th birthday	Yes and she was very upset	Yes and she was quite upset	Yes and she was a bit upset	Yes but she wasn't upset	No did not happen
D1. She was taken into care*	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
D2. A pet died	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
D3. She moved home	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
D4. She had a shock or fright*	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
D5. She was physically hurt by someone*	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
D6. She was sexually abused	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
D7. Somebody in the family died	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
D8. She was separated from her mother	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
D9. She was separated from her father	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
D10. She acquired a new mother or father	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
D11. She had a new brother or sister	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
D12. She was admitted to hospital	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

Since her 5th birthday	Yes and she was very upset	Yes and she was quite upset	Yes and she was a bit upset	Yes but she wasn't upset	No did not happen
D13. She changed care taker (i.e. the person mostly looking after her)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D14. She was separated from someone else that she was close to	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D15. She started a <u>new</u> school or kindergarten	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D16. She started school	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D17. She lost her best friend	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D18. Something else* (please tick and describe)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

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* If yes, to any items with a *, please write a description if you feel able to.

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Space for comments:

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 please ask your child to try the task.

E1.	<u>Using her body:</u>	Yes, can do well	Yes, does but not very well	Has not yet done	Is unable to try this	Has not had the chance
a)	Is she able to walk?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
b)	Is she able to stoop down and pick up something from the floor?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
c)	Is she able to run?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
d)	Can she jump forward with both feet together?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
e)	Can she walk on tiptoe?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
f)	Can she run on tiptoe?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
g)	Can she hop on one foot for 3 steps?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
h)	Can she walk backwards for 4 steps?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
i)	Can she stand on one foot for at least 8 seconds?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
j)	Can she walk upstairs, putting both feet on each step?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
k)	Can she walk upstairs, putting one foot on each step?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

E1.		Yes, can do well	Yes, does but not very well	Has not yet done	Is unable to try this	Has not had the chance
l)	Can she walk down- stairs, putting both feet on each step?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
m)	Can she walk down- stairs, putting one foot on each step?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
n)	Can she run upstairs?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
o)	Can she run upstairs 2 steps at a time?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
p)	Can she ride a tricycle or a bicycle with stabilisers	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
q)	Can she ride a bicycle?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
r)	Can she swim with waterwings?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
s)	Can she swim without waterwings?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
t)	Can she do a hand- stand against the wall?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
u)	Can she do a hand- stand without support?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
v)	Can she skip with a skipping rope?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
w)	Can she stand on her head?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>

E2.	<u>Using her hands:</u>	Yes, can do well	Yes, does but not very well	Has not yet done	Is unable to try this	Has not had the chance
a)	Can she hold a pencil and scribble?	<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)	Can she copy a vertical line with a pencil?	<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)	Can she wiggle her thumb?	<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)	Can she draw a circle (more or less)	<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"/>
e)	Can she bang together two objects that she is holding?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
f)	Can she draw (or copy) a cross?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
g)	Can she draw (or copy) a square?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
h)	Can she write her name?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
i)	Can she write the numbers 1 to 9?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
j)	If you ask her to draw a man, what is the result likely to be?					
	just a scribble	<input type="text" value="1"/>	a head and not much else	<input type="text" value="2"/>	a head and body	<input type="text" value="3"/>
	a head, body and legs	<input type="text" value="4"/>	head, body, arms, legs	<input type="text" value="5"/>		
	other (please describe)	<input type="text" value="6"/>			

E3.	<u>Pictures, letters and numbers</u>	Yes, can do well	Yes, does but not very well	Has not yet done	Is unable to try this	Has not had the chance
a)	Does she show interest in pictures in books?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
b)	Does she notice details in pictures and photographs?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
c)	Can she recognise the colours red, yellow and blue?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
d)	Can she recognise orange, brown and purple?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
e)	Can she recognise her name when written?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
f)	Does she know at least 3 letters of the alphabet?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
g)	Does she know at least 10 letters of the alphabet?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
h)	Can she read simple words?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
i)	Can she read a story with less than 10 words a page?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
j)	Can she read a story with more than 10 words a page?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
k)	Does she understand numbers 1 and 2?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
l)	Does she understand numbers 3 and 4?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

E3.		Yes, can do well	Yes, does but not very well	Has not yet done	Is unable to try this	Has not had the chance
m)	Does she understand numbers 5 to 10?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
n)	Can she count up to 20?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
o)	Can she count up to 100?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
E4.	<u>Playing & sharing</u>	Yes, can do well	Yes, does but not very well	Has not yet done	Is unable to try this	Has not had the chance
a)	Does she share her toys with other children?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
b)	Does she share the toys of other children, understanding that they are not hers?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
c)	Does she feel sympathy for someone if they are hurt?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
d)	Does she think of things to do to please you?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
e)	Does she take turns in a game without fuss?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
f)	Can she play card games (e.g. snap)?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
g)	Can she play any board games (e.g. Monopoly, Snakes & Ladders)?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
h)	Can she play chess?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

E5.	<u>Ball skills</u>	Yes, can do well	Yes, does but not very well	Has not yet done	Is unable to try this	Has not had the chance
a)	Can she kick a large ball?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
b)	Can she throw a small ball underarm?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
c)	Can she throw a small ball overarm?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
d)	Can she throw a ball against a wall and catch it?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
E6.	<u>Social skills</u>	Yes, can do well	Yes, does but not very well	Has not yet done	Is unable to try this	Has not had the chance
a)	Does she drink from a cup or mug?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
b)	Does she eat skilfully with a spoon?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
c)	Does she eat with fork and spoon in each hand?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
d)	Does she cut her food with a knife?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
e)	Can she sit at a table and cope with a whole meal without help?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
f)	Can she wash and dry her hands on her own?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
g)	Can she brush her teeth on her own?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
h)	Can she get dressed without help?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>

E6.		Yes, can do well	Yes, does but not very well	Has not yet done	Is unable to try this	Has not had the chance
i)	Can she get undressed without help?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
j)	Can she do up buttons?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
k)	Can she tie a bow?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
l)	Can she brush and comb her hair?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
E7.	<u>Listening & Singing</u>	Yes, can do well	Yes, does but not very well	Has not yet done	Is unable to try this	Has not had the chance
a)	Can she listen to a short story from start to finish?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
b)	Can she understand instructions such as: 'Find the jumper that Granny gave you'?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
c)	Does she sing songs (even if the words are not clear)?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
d)	Does she talk clearly?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
e)	Does she ask sensible questions?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
f)	Can she carry on a conversation?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
g)	Can she say at least 3 nursery rhymes?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
h)	Can she sing at least 3 songs?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>

E7.		Yes, can do well	Yes, does but not very well	Has not yet done	Is unable to try this	Has not had the chance
i)	Can she hum a tune?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
j)	Can she beat a rhythm by clapping hands in time to the music?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

E8.	<u>Talking</u>	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)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b)	Is her voice hoarse or husky?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c)	Can <u>you</u> understand what she says?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
d)	Can your family understand what she says?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
e)	Can visitors to your house understand what she says?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

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

Yes, still does	<div>1</div>
Yes, did in past, not now	<div>2</div>
No, never did	<div>3</div>

E9. b) When she talks nowadays, what are the most words she can put together (e.g. “I want juice” would be 3 words).

one word	<input type="text" value="1"/>	two words	<input type="text" value="2"/>	3 or 4 words	<input type="text" value="3"/>
5-8 words	<input type="text" value="4"/>	9 or more words	<input type="text" value="5"/>	does not talk at all	<input type="text" value="6"/>

E10. Some children enjoy talking and others do not.

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

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

Yes No

b) **If yes**, please describe

E12. a) Are there any other languages apart from spoken English used in your household, including Sign language for the deaf?

Yes No → **If no**, go to E13a on page 38

If yes, please say which

.....

E12.b) Is English the main language spoken?

	By mother	By study child	By partner	By other children
English is the main language	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
both English and other language used equally	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>
other is the main language	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>
no such person	<input type="text" value="7"/>		<input type="text" value="7"/>	<input type="text" value="7"/>

Space for comments.

E13. a) Do you think she has difficulty recognising how other people feel just by looking at the expression on their faces?

Yes, often	<input type="text" value="1"/>	Yes, sometimes	<input type="text" value="2"/>
No, not at all	<input type="text" value="3"/>	Can't say	<input type="text" value="9"/>

b) Do you think she has difficulty recognising how other people feel just from the tone of their voice?

Yes, often	<input type="text" value="1"/>	Sometimes	<input type="text" value="2"/>
Rarely/never	<input type="text" value="3"/>	Can't say	<input type="text" value="9"/>

E14. Which aspects of your child's growth and development are you worried about?
(Please tick all that apply)

	Yes I worry about	Not worried at all about any aspect
a) her speech	<div style="border: 1px solid red; padding: 2px; display: inline-block;">1</div>	<div style="border: 1px solid red; padding: 2px; display: inline-block;">2</div> → Go to F1 on page 40
b) her weight	<div style="border: 1px solid red; padding: 2px; display: inline-block;">1</div>	
c) her height	<div style="border: 1px solid red; padding: 2px; display: inline-block;">1</div>	
d) her behaviour	<div style="border: 1px solid red; padding: 2px; display: inline-block;">1</div>	
e) her general development	<div style="border: 1px solid red; padding: 2px; display: inline-block;">1</div>	
f) other (please tick & describe)	<div style="border: 1px solid red; padding: 2px; display: inline-block;">1</div>	

.....

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

.....

.....

.....

This is confidential information, so 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: THE CHILD'S ACTIVITIES

F1. About how often does your child do the following:

How often does she:		Nearly every day	2-5 times a week	Once a week	Once a month	Rarely ↓	Not at all
a)	Go swimming	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>6</div>
b)	Play a musical instrument (e.g. piano, recorder)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>6</div>
Please tick & describe							
c)	Go to special groups (such as Beavers or Rainbows)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>6</div>
Please tick and describe group							
d)	Go to Sunday School	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>6</div>
e)	Go to special classes or clubs for some activity (e.g. dancing, judo, sports)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>6</div>
Please tick and describe.....							
f)	Go to special classes because of learning difficulty	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>6</div>
Please tick and describe.....							
g)	Classes for foreign languages	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>6</div>
Please tick and describe.....							
h)	Singing group	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>6</div>
Please tick and describe.....							
i)	Other type of classes or group	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>6</div>
Please tick and describe.....							

		Nearly every day	2-5 times a week	Once a week	Once a month	Rarely ↓	Not at all
F1.	j) Have physiotherapy	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
	k) See her grandparents	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
	l) Play computer games	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
	m) Help in the house	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>

F2. How often does her mother or other adult female do these activities with the study child?

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

F2.		Nearly every day	2-5 times a week	Once a week	Less than once a week	Never ↓
	Mother or other woman:					
m)	takes her to classes	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
n)	takes her shopping	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
o)	takes her to watch sports/ football	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
p)	does homework with her	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
q)	has conversations with her	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
r)	helps her prepare things for school	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
s)	other (please tick & describe)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

.....

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

i)	Her mother	<div>1</div>
ii)	Her stepmother	<div>1</div>
iii)	Her grandmother	<div>1</div>
iv)	Her grown-up sister	<div>1</div>
v)	Another relative	<div>1</div>
vi)	A family friend	<div>1</div>
vii)	A lodger	<div>1</div>
viii)	A baby sitter/nanny	<div>1</div>
ix)	Other (please tick and describe)	<div>1</div>

.....

F3. How often does a male adult (e.g. her father/your partner) do these activities with your child?

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

F3.

	Nearly every day	2 - 5 times a week	Once a week	Less than once a week	Never ↓
Father or other man:					
s) other (please tick and describe)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

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

i) Her father	<div>1</div>
ii) Her stepfather	<div>1</div>
iii) Her grandfather	<div>1</div>
iv) Her grown-up brother	<div>1</div>
v) Another relative	<div>1</div>
vi) A family friend	<div>1</div>
vii) A lodger	<div>1</div>
viii) A baby sitter/nanny	<div>1</div>
ix) Other (please tick and describe)	<div>1</div>

F4. Help in the house:

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

Yes, but only if made to	<div>1</div>
Yes, sometimes offers to and sometimes is made to	<div>2</div>
Yes, always offers to	<div>3</div>
No, refuses to help	<div>4</div>
No, is not allowed to help	<div>5</div>

F5. Does she have a space in which she can do things on her own?

Yes, her own bedroom

A corner of a room

No, there is no room for this

Something else
(please tick and describe)

.....

F6. a) Does she have brothers and/or sisters living at home (include step and half brothers and sisters)?

Yes

No



If **no**, go to section G on page 48

If **yes**,

b) How many?

i) older brothers

older sisters

ii) younger brothers

younger sisters

Please give the age of:

iii) oldest brother

years old

iv) oldest sister

years old

v) youngest brother

years old

vi) youngest sister

years old

F6. c) How often does she do the following with them?

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

d) Does she wear clothes that have been handed down free from others?
(Please tick all that apply)

i) yes, from her older brothers & sisters	<div>1</div>
ii) yes, from other relatives	<div>1</div>
iii) yes, from friends	<div>1</div>

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

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

SECTION G: EATING

- G1. a) Some children just have snacks all day while others wait for meals. How would you describe your child?

snacks all day, no real meals	<div>1</div>
snacks all day, but also has meals	<div>2</div>
doesn't snack much, just has meals	<div>3</div>
other (please tick & describe)	<div>4</div>

.....

- b) How many real meals a day does your child have now?

<div></div>	<div></div>
-------------	-------------

- G2. In the past year have you had difficulties getting her to eat what you wanted her to?

Yes, great difficulty

1

Yes, some difficulty

2

Yes, occasional difficulty

3

No, no difficulty

4

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

.....

- G3. In the past year has she at any time:

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

G4. Meals in School

a) Does your study child ever have a mid-day meal provided by the school?

Yes

No → If **no**, go to G4d below

If **yes**,

b) How often?

Rarely

once in
2 weeks

once a
week

2-4 times
a week

5 times
a week

c) Please ask her how much she usually eats of this school meal:

	Never eats this in school meals	Eats about $\frac{1}{4}$ of the serving	Eats about $\frac{1}{2}$ of the serving	Eats about $\frac{3}{4}$ of the serving	Eats it all ↓	Eats extra portion
School meal						
i) Main part of meal e.g. meat, egg etc.	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
ii) potatoes	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
iii) other cooked vegetables	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
iv) salad	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
v) rice/pasta	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
vi) pudding	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>

d) Does your study child ever have packed lunch provided by you?

Yes

No → If **no**, go to G5 on page 50

If **yes**,

e) How often?

Rarely

once in
2 weeks

once a
week

2-4 times
a week

5 times
a week

G4. f) Please ask her how much she usually eats of this packed lunch:

Packed lunch	Never has this in packed lunch	Eats about $\frac{1}{4}$ of the serving	Eats about $\frac{1}{2}$ of the serving	Eats about $\frac{3}{4}$ of the serving	Eats it all ↓	Eats extra (from other children)
i) sandwiches (any type)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
ii) pies, pastries, pizza etc.	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
iii) crisps/savoury snacks	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
iv) fruit (fresh, dried or tinned)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
v) yoghurt etc.	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
vi) biscuits/cakes	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
vii) chocolate/sweets	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>

G5. How many times in a usual **month** does your study child eat meals away from home (not counting school meals)? If none, write 00.

a) Term-time		b) School holidays	
i) with a relative	<input type="text" value=""/> <input type="text" value=""/> times	i) with a relative	<input type="text" value=""/> <input type="text" value=""/> times
ii) with friends	<input type="text" value=""/> <input type="text" value=""/> times	ii) with friends	<input type="text" value=""/> <input type="text" value=""/> times
iii) in a café/restaurant (e.g. McDonalds)	<input type="text" value=""/> <input type="text" value=""/> times	iii) in a café/restaurant (e.g. McDonalds)	<input type="text" value=""/> <input type="text" value=""/> times
iv) other	<input type="text" value=""/> <input type="text" value=""/> times	iv) other	<input type="text" value=""/> <input type="text" value=""/> times

G6 - G23. Thinking about all the food **that you provide** which she eats during the day, how often does she eat the following foods? Please answer every question even if she never eats the food (in this case tick “never” or “rarely”). **Do not include meals provided by school.**

G6.		Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than once a day
a)	Sausages, burgers	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
b)	Meat pies/pasties (pork pie, steak/meat pie etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
c)	Vegetarian Pies/ Pasties (cheese and onion pasties, vegetable samosa, onion bhaji, vegetable grills etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
d)	Ham, bacon, pâté and cold meats (e.g. salami, luncheon meat, garlic sausage etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
e)	Meat roast, chops, stews and curries etc. (e.g. beef, lamb, pork, mince)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
f)	Liver, kidney, heart	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
g)	Chicken/turkey in crispy coating (e.g. chicken nuggets, turkey burgers, chicken fingers etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
h)	Poultry: roast, grilled, fried, boiled, stewed (chicken, turkey etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

G6.		Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than once a day
i)	Shellfish (prawns, crab, cockles, mussels etc.)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
j)	White fish in breadcrumbs or batter (e.g. fish fingers/shapes, chip shop fish, breaded cod etc.)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
k)	White fish without coating (eg. grilled fish, cod in parsley sauce etc.)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
l)	Tuna	<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"/>
m)	Other fish (pilchards, sardines, mackerel, herring, kippers, trout, salmon etc.)	<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"/>
n)	Eggs, quiche, omelettes, flan etc.	<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"/>
o)	Cheese	<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"/>
p)	Pizza	<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"/>
q)	Oven chips	<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"/>
r)	Fried chips, potato waffles or croquettes, Alphabites etc.	<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"/>
s)	Roast potatoes (cooked in fat or oil)	<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"/>
t)	Boiled, mashed, jacket potatoes	<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"/>

G6.		Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than once a day
u)	Rice (boiled, or fried, <u>not</u> rice pudding)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
v)	Canned pasta (spaghetti rings, ravioli, macaroni cheese etc.) Pot Noodles, Super Noodles etc.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
w)	Boiled pasta (e.g. spaghetti, fusilli, lasagna) bulgar wheat and cous-cous.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
x)	Fried food (e.g. fried fish, eggs, bacon, chops etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

G7.	Does she eat the fat on meat?				
	yes, all of it	<div>1</div>	no, always leaves fat	<div>3</div>	never eats meat
	yes, some of it	<div>2</div>	no, never given meat with fat	<div>4</div>	<div>5</div>

G8.		Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than once a day
a)	Baked beans	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
b)	Peas, broad beans	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
c)	Sweetcorn	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
d)	Cabbage, brussel sprouts, spinach, broccoli and other dark green leafy vegetables	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

		Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than once a day
G8.						
e)	Other green vegetables (cauliflower, runner beans, leeks, courgettes etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
f)	Carrots	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
g)	Other root vegetables (turnip, swede, parsnip etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
h)	Tomatoes (cooked or raw)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
i)	Salad (lettuce, cucumber, peppers, other raw vegetables etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
j)	Pulses and pulse dishes (dahl, lentil soup, falafel, dried peas, beans, chick peas)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
k)	Soya 'Meat', TVP, Soya-type Vegeburgers, Bean Curd (Tofu, Miso etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
l)	Peanuts, peanut butter	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
m)	Other nuts (e.g. cashew), nut roast	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
n)	Fresh citrus fruit (e.g. oranges, grapefruit, satsumas, tangerines etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
o)	Other fresh fruit (e.g. apple, banana, pear, bunch of grapes, peach etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
p)	Canned fruit	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

		Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than once a day
G8.						
q)	Yoghurt, Fromage Frais	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
r)	Milk puddings (e.g. rice pudding, semolina), mousse, Angel Delight etc.)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
s)	Ice cream, choc ice, chocolate ice cream bar etc.	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
t)	Ice lollies	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
u)	Pudding (e.g. fruit pie, crumble, cheesecake, gateaux)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
v)	Custard, cream, Elmlea, Tip-Top, evaporated milk etc. on puddings	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
w)	Cakes or buns (fruit cake, sponge, teacake, doughnut, flapjack, scone, custard tart, cream cake etc.)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
x)	Crispbreads (Ryvita, crackerbread etc.)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>

G9. a) Does she eat breakfast cereals at all?

Yes

No → If no, go to G11 on page 57

If yes, What type of breakfast cereal does she eat nowadays?

G9.		Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than once a day
b)	Oat cereals (e.g. porridge, Ready Brek, Muesli, chocolate Ready Brek)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
c)	Wholegrain or bran cereals (e.g. All Bran, Bran Flakes, Weetabix, Wheatflakes, Fruit & Fibre, Shreddies, Shredded Wheat, Sugar Puffs)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
d)	Other cereals (e.g. Cornflakes, Rice Krispies, Frosties, Special K, Coco Pops)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

G10. **When she has breakfast cereals**

- a) How often are they sugar/honey coated or chocolate flavoured (eg. Frosties, Coco Pops etc.)

Always	Sometimes	Never	
<div>1</div>	<div>2</div>	<div>3</div>	→ If <u>never</u> go to G10c below

- b) How many teaspoonfuls of sugar does she have on **this type** of cereal (ie. sugar coated etc.)

None	½ teaspoon	One teaspoon	2 teaspoons	More than 2 teaspoons
<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

- c) How many teaspoonfuls of sugar does she have on **other types** of cereal (ie. plain cereal)?

None	½ teaspoon	One teaspoon	2 teaspoons	More than 2 teaspoons	Doesn't have plain cereal
<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>7</div>

- d) How many times **per week** does she have milk on cereal? times

G11. How often nowadays does she eat:

	Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than once a day
a) Crisps, corn snacks (e.g. Wotsits, Quavers, tortilla chips, etc.)	<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) Full-coated chocolate biscuits (e.g. Club, Kit Kat, Penguin, Breakaway etc.)	<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 biscuits (e.g. Rich tea, shortcake, digestive and chocolate digestive, Hob Nobs)	<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) Chocolate bars/buttons (milk, plain or white,) Smarties, Mars bars, Milky Way, Creme Eggs, Rolos etc.	<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"/>
e) Sweets (individual, packets or bars) Cola bottles, penny mix-ups, chews, jelly sweets, flumps, liquorice, sherbert dips, polos, fruit pastilles, refreshers etc.	<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"/>

G12. On days when she has sweets, how many individual sweets does she eat in that day?
Count a chew or jelly sweet as one sweet.

1-2 sweets	3-5 sweets	6-10 sweets	11 - 20 sweets	more than 20 sweets	never has sweets
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="7"/>

G13. On days when she has chocolate or chocolate bars (e.g. Mars bars, bag of buttons):

a) What size bar/packet does she have?

Usually eats Funsize

Usually eats Adult size

Never has chocolate

→ Go to
G14 on
page 58

b) How many bars or packets of **this** size does she usually eat in **that** day?

½ or less

1

2

3

G14. How many times a week nowadays does she drink?

		Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than once a day
a)	Fruit juice from a tin (including tomato juice)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
b)	Pure fruit juice from a carton or freshly squeezed	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
c)	Squash, fruit drinks or Ribena	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
d)	Cola drinks (e.g. Coca Cola, Pepsi etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
e)	Other fizzy drinks (e.g. lemonade, fizzy water)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
f)	Plain water on its own	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
g)	Milk on its own (Please include school milk here)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
h)	Flavoured milk drinks (e.g. Horlicks, Ovaltine, milkshakes) or yoghurt drinks	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

G15. When she has soft drinks (e.g. lemonade, cola, squash), how often are they low calorie, diet or reduced sugar drinks?

usually	<div>1</div>	not at all	<div>3</div>
sometimes	<div>2</div>	doesn't drink soft drinks	<div>7</div>

G16. When she has cola drinks, how often are they decaffeinated?

usually	<input type="text" value="1"/>	not at all	<input type="text" value="3"/>
sometimes	<input type="text" value="2"/>	doesn't have cola	<input type="text" value="7"/>

G17. How often does she eat each of these types of bread?

	Usually	Sometimes	Never
a) white bread	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b) soft grain white bread (e.g. Mighty White)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c) brown/granary bread	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
d) wholemeal bread	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
e) chappatis, pitta bread	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
f) naan bread	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

G18.a) How many slices of bread, rolls or chappatis does she eat on a usual day?
(Include packed lunch provided from home)

less than 1	<input type="text" value="1"/>	1-2	<input type="text" value="2"/>	3-4	<input type="text" value="3"/>	5 or more	<input type="text" value="4"/>
-------------	--------------------------------	-----	--------------------------------	-----	--------------------------------	-----------	--------------------------------

b) How many slices of bread (or rolls) spread with butter or margarine does she eat each day? (include bought sandwiches)

<input type="text"/>	<input type="text"/>	slices
----------------------	----------------------	--------

G19. What sort of fat does she have:

		(i) on bread or vegetables		(ii) for frying	
		Yes	No	Yes	No
a)	Butter, ghee, dripping, lard, solid cooking fat	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
b)	Polyunsaturated margarine (e.g. Flora, sunflower margarine, Vitalite)	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
c)	Hard or soft margarine (e.g. Blue Band, Stork, supermarket own brand)	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
d)	Low-fat spread (e.g. Delight, St Ivel Gold, Flora Xtra Light)	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
e)	Sunflower oil, corn oil, soya oil	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
f)	Olive oil, hazelnut oil, rapeseed oil	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
g)	Other vegetable oil	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
h)	Other (please tick & describe)	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
.....				

G20. What type(s) of milk does she have?

	Yes usually	Yes sometimes	No not at all
a) Full fat (silver or gold top)	<div>1</div>	<div>2</div>	<div>3</div>
b) Semi-skimmed (red stripe)	<div>1</div>	<div>2</div>	<div>3</div>
c) Skimmed (blue stripe)	<div>1</div>	<div>2</div>	<div>3</div>
d) Dried milk (e.g. Marvel)	<div>1</div>	<div>2</div>	<div>3</div>
e) Goat/sheep milk	<div>1</div>	<div>2</div>	<div>3</div>
f) Soya milk	<div>1</div>	<div>2</div>	<div>3</div>
g) Other (please tick and describe)	<div>1</div>	<div>2</div>	<div>3</div>
.....			

G21. Is this milk usually:

**Fresh
pasteurised**

**Longlife
(UHT)**

Sterilised

Other (please describe)

.....

Don't know

G22. a) Does she drink tea?

Yes

No

→ If **no**, go to G23a below

If **yes**,

b) How many cups of tea does she drink in a day?
(do not include herbal teas)

cups a day

c) How many spoons of sugar in each cup?

spoons

d) How many of the cups of tea that she drinks are
decaffeinated?

cups a day

e) Which description best fits the amount of milk in the tea she drinks?

no milk

a little milk

about $\frac{1}{4}$ milk

about $\frac{1}{2}$ milk

about $\frac{3}{4}$ milk

**almost
all milk**

G23. a) Does she drink coffee?

Yes

No

→ If **no**, go to G24 on page 62

If **yes**,

b) How many cups of coffee (real, instant or
decaffeinated) does she drink?

cups a day

c) How many spoons of sugar in each cup?

spoons

d) How many of the cups of coffee she drinks are
decaffeinated?

cups a day

e) How many of the cups of coffee she drinks
are made using real coffee (i.e. not instant)?

cups a day

f) How many of these are decaffeinated?

cups a day

G23. g) Which description best fits the amount of milk in the coffee she drinks?

no milk a little milk about ¼ milk about ½ milk about ¾ milk all milk

G24. a) Does she drink herbal teas at all?

yes, often

yes, occasionally

no, not at all

→ **If no, go to G25 below**

If yes,

b) how many cups/mugs of herbal tea has she drunk in the past week? cups a week

c) Please list the types of herbal teas she has drunk in the past 3 months:

.....

G25. Apart from herbal teas, are there any other health foods (whether or not bought from a health food shop) that she often eats or drinks?

Yes

No

→ **If no, go to G26a below**

If yes, please describe below:

.....

G26. a) In the past year has your child taken any **homeopathic** medicines?

yes, often

yes, sometimes

no

If yes, please describe the name of the homeopathic medicine and the reason it was taken:

.....

.....

b) Who was it prescribed by:

your GP

specialist homeopathic

qualified lay homeopath

doctor

family, friend, neighbour

chemist

other (please describe)

yourself

.....

G27. a) How often does she have any of the following:

	More than once a week	Once a week	Less than once a week	Not at all
i) wine	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
ii) beer, lager	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
iii) spirits (gin, vodka, brandy)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
iv) other alcohol (please tick and describe)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

b) What would you say best describes your child's alcohol drinking:

she has a glass of her own containing a normal adult portion	<input type="text" value="1"/>
she has a glass of her own, but less than an adult portion	<input type="text" value="2"/>
she just has a taste of other people's drink	<input type="text" value="3"/>
she has rarely had any alcohol	<input type="text" value="4"/>
she has never had any alcohol	<input type="text" value="5"/>

G28. Is your child at present a vegetarian?

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

G29. Is your child at present a vegan (i.e. does not eat meat, poultry, fish, eggs, butter, milk or cheese)?

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

G30. Is your child at present on any other kind of special diet?

Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>	→ If no , go to H1 on page 64
-----	--------------------------------	----	--------------------------------	--------------------------------------

If **yes**, please describe below.

.....

.....

H1. This questionnaire was completed by: (tick all that apply)

a) mother

☐

b) father

☐

c) other (please describe)

☐

.....

H2. Please give the date on which you completed this questionnaire:

day

month

year

H3. Please give the date of birth of your child:

day

month

year

199

THANK YOU VERY MUCH FOR YOUR HELP

Space for any additional comments you would like to make

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

When completed, please return the questionnaire to:

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

For office use only

Coder

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