



G I R L   T O D D L E R  
Q U E S T I O N N A I R E

This questionnaire asks about your daughter now she is a toddler. We are interested to know about her health and behaviour and how she gets on with other children. Your answers will help us to understand the problems that toddlers and their parents have.

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

THANK YOU FOR YOUR HELP

03/12/92

Recycled Paper

**SECTION A: YOUR TODDLER'S HEALTH**

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

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

A2. How many of the following immunisations has she had?  
(If you don't know put **9** in the appropriate box)

**Number**

- a) BCG (for tuberculosis)
- b) DTP or Triple (includes whooping cough)
- c) DT (without whooping cough)
- d) Polio
- e) MMR (measles, mumps and rubella)
- f) Hib (for meningitis)
- g) Other (please describe)  
.....
- h) Did she have a temperature or was she unwell after any immunisation?
- Yes <sub>1</sub>                      No <sub>2</sub>                      **If no, go to A3**

**If yes, please describe:**

- i) which immunisation?.....
- ii) how was she affected?.....
- iii) how long after the immunisation did this start?

under 3 <sub>1</sub> hours	3-24 <sub>2</sub> hours	1-2 <sub>3</sub> days
3-6 <sub>4</sub> days	1 week <sub>5</sub> or more	don't <sub>9</sub> know

A3. Has she had fluoride supplements at all?  
(i.e. special tablets or liquid)

Yes <sub>1</sub>                      No <sub>2</sub>                      Not known <sub>3</sub>

**If no or not known go to A4a**

**If yes,**

(i) for how long did she have them?

less than <sub>1</sub> 1 month	1-2 months <sub>2</sub>	3-5 months <sub>3</sub>	6-11 months <sub>4</sub>
12 months <sub>5</sub> or more	don't know <sub>9</sub>		

(ii) How old was she when she last had fluoride supplements? months old (put **66** if still has them)

A4. a) Since she was 6 months old, has the doctor been called to your home because she was unwell?

Yes <sub>1</sub>                      No <sub>2</sub>                      **If no, go to A5**

**If yes,**

b) how many times?

<sub>1</sub>                      <sub>2</sub>                      3-4 <sub>3</sub>                      5 or more <sub>4</sub>

A5. Has she had any of the following since she was 6 months old?

	Yes and saw a doctor	Yes but did not see doctor	No did not have
a) diarrhoea	1	2	3
b) blood in the stools			
c) vomiting			
d) cough			
e) high temperature			
f) snuffles/cold			
g) ear ache			
h) ear discharge (pus not wax)			
i) convulsions/fits			
j) colic			
k) rash			
l) wheezing			
m) breathlessness			
n) episodes of stopping breathing			
o) an accident			
p) other (please tick and describe)			
.....			

A6. a) Has your toddler been admitted to hospital since she was 6 months old?

Yes 1 No 2 If no, go to A7

If yes,

b) how many times?

c) please describe for each admission:

	Her age	Reason for admission	No. of nights stayed	Name of hospital
(1)	.....	.....	.....	.....
(2)	.....	.....	.....	.....
(3)	.....	.....	.....	.....

(If more than 3 admissions, please continue on back cover)

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

	1st admission	2nd admission	3rd admission
Not at all	1	1	1
Less than once a day	2	2	2
Every day	3	3	3
Stayed in the hospital with her	4	4	4

A7. Has she had any of the following?

	Yes	No
a) hernia repair	1	2
c) other operation (please describe)		
.....		
.....		

A8. How often has your toddler gone to the Child Health Clinic or Baby Clinic since she was 6 months old?

not at 1 all times	once 2	2-3 3
4-5 4 times	6 or more 5 times	don't 9 know

A9. a) Since she was 6 months old 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 A9h**

**If yes,**

A9. b) How many separate times has this happened?

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

c) On how many days altogether would you say she had wheezed?

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

d) Was she breathless (struggling for breath) during any of these times?

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

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

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

f) How old was she?

i) for the first occurrence:	months
ii) for the most recent occurrence:	months

g) What do you think brings them on? (tick all that apply)

i) chest infection or bronchitis	1
ii) being in a smoky room	1
iii) cold weather	1
iv) don't know	9
v) other (please describe) 1 .	
.....	
.....	

A9. h) Have any of your other children had similar spells of wheezing with whistling on the chest?

Yes 1      No 2      have no other children 7

A10. a) Has she had a skin rash in the joints and creases of her body (e.g. behind the knees, elbows, under the arms) since she was 6 months old?

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

**If yes,**

b) how bad was this?

very bad 1	quite bad 2	mild 3	no problem 4
------------	-------------	--------	--------------

c) does she have this sort of rash now?

Yes <sub>1</sub> No <sub>2</sub>

A11. a) Has she had an itchy, dry, oozing or crusted rash on the face, forearms or shins since she was 6 months old?

Yes <sub>1</sub> No <sub>2</sub> If no, go to A12a

If yes,

b) how bad was this?

very bad <sub>1</sub> quite bad <sub>2</sub> mild <sub>3</sub> no problem <sub>4</sub>

c) does she have this sort of rash now?

Yes <sub>1</sub> No <sub>2</sub>

A12. a) Has she had vomiting spells since she was 6 months old?

Yes <sub>1</sub> No <sub>2</sub> If no, go to A13

If yes,

b) How many times?

once<sub>1</sub> twice <sub>2</sub> 3-9 <sub>3</sub> 10 or more <sub>4</sub>  
times times

c) Have these been associated with:

	Always	Frequently	Sometimes	Rarely	Never
i) diarrhoea	<sub>1</sub>	<sub>2</sub>	<sub>3</sub>	<sub>4</sub>	<sub>5</sub>
ii) chestiness (wheezing or coughing or grunting)					
iii) fever					

A13. How many motions (or dirty nappies) does she usually have?

4 or more <sub>1</sub> times/day	2-3 <sub>2</sub> times/day	once <sub>3</sub> a day
once in <sub>4</sub> 2-4 days	once a week <sub>5</sub>	can't <sub>6</sub> say

A14. How often are her motions:

	Usually	Often	Occasionally	Never
a) hard	<sub>1</sub>	<sub>2</sub>	<sub>3</sub>	<sub>4</sub>
b) soft				
c) curdy				
d) liquid				
e) green				
f) brown				
g) black				
h) yellow				

A15. a) Since she was 6 months old has she had diarrhoea or gastro-enteritis?

Yes <sub>1</sub> No <sub>2</sub> If no, go to A16a

If yes,

b) how many times?

c) how many days  
did the worst  
attack last?

d) Did you:

Yes

No

i) ask the doctor to come  
to your home

1

2

ii) ring the doctor for  
advice

iii) go to your doctor

iv) treat it yourself

v) other (please describe)

.....

e) Did you continue feeding as usual?

Yes 1

If yes, go to A15f

No 2

If no,

i) how long was normal feeding disturbed?

less than 1  
1 day

1 day 2

2 days 3

3-4 days 4

5 or more 5  
days

A15.

f) Was the baby treated with an oral rehydration solution?

Yes 1

No 2

Don't know 9

If no or don't know go to A15g

If yes,

i) give type if known: .....

ii) how long was the solution given?

less than 1  
1 day

1 day 2

2 days 3

3-4 days 4

5 or more 5  
days

A15.

g) What other treatment was given?

.....

.....

A16. a)

Since she was 6 months old has your child ever had a time when she has coughed  
on and off for at least 2 days?

Yes 1

No 2

If no go to A17

If yes,

b) how old was she when this first happened? months

c) how many times has this happened?

once 1

twice 2

3-9 3  
times

10 or more 4  
times

d) did she have a fever at any of these times?

Yes for 1  
all

Yes for 2  
some

No not 3  
at all

e) did she have a runny nose during any of these spells?

Yes for 1

Yes for 2

No not 3

all                      some                      at all

A17. The following questions are about your toddler's ears or hearing.

a) Generally, does your toddler listen to people or to things that happen nearby:

Yes usually <sub>1</sub>                      Yes often <sub>2</sub>

Sometimes <sub>3</sub>                      Usually not <sub>4</sub>                      Don't know <sub>9</sub>

b) Does she turn her head towards sounds?

yes usually	1
yes sometimes	2
yes, but only to very loud sounds	3
never turns towards sounds	4
don't know/not sure	5

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

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

d) During a cold, is the dripping (discharge) from her nose:

		Yes	No	Don't know	Hasn't had a cold
i)	clear	1	2	9	7
ii)	slightly white in colour				
iii)	thick heavy yellow and/or green in colour (catarrh)				
iv)	very little discharge occurs at all				

A17. e) Does she pull, scratch or poke at her ears?

quite often	1
sometimes	2
only at times when poorly, fretful, or in pain	3
hardly ever/never	4
don't know	9

f) Do her ears go red and look sore for a long time?(Remember - an ear that has just been slept on may look red for a short time.)

quite often	1
sometimes	2
only at times when poorly, fretful, or in pain	3
hardly ever/never	4
don't know	9





g) Has pus or a sticky mucus (not ear wax) ever leaked out of her ear?

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

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

all the time 1  
much of the time 2  
sometimes/occasionally 3  
never/hardly ever 4  
don't know 9

A17. i) Does she snore for more than a few minutes at a time?

most nights 1  
quite often 2  
sometimes/occasionally 3  
never/hardly ever 4  
don't know 9

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

yes, often 1  
yes, sometimes 2  
yes, but rarely 3  
no 4  
don't know 9

A18. a) Have there been times when she seems to have had a pain in her stomach?

1 Yes 2 No If no go to A19a

If yes,

b) How many separate times has this happened?

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

c) How old was she?

i) for the first occurrence: months

ii) for the most recent occurrence: months

A19. a) Has she ever 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?

1 Yes 2 No 9 Not known

If no or not known go to A20

If yes,

b) Please describe the first attack

.....  
.....



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

1 Yes                      2 No                      9 Not known

d) How old was she at the time? months

(put 00 if less than 1 month old)

e) How many attacks has she had?

One 1              two 2              3-4 3              5 or more 4

f) Who saw the child because of the attack(s)

	Yes	No	Don't know
i) general practitioner at home	1	2	9.
ii) general practitioner at surgery			
iii) hospital outpatients			
iv) admitted to hospital			

g) What investigations, if any, were carried out?

.....

.....

h) How did subsequent attacks differ, if any?

.....

.....

i) Does she have pills, ointments or medicine for these attacks?

yes uses 1	yes uses when 2	no not 3
every day	she has a fever	at all

If yes, please describe .....

A19. j) Did the attack(s) occur at any of the following ages?

	Yes	No
i) under one month	1	2
ii) 1 - 5 months		
iii) 6 - 11 months		
iv) since her first birthday		

A19. k) What were these thought to be due to?

	Yes	No	Don't know
i) febrile convulsions (with a fever)	1	2	9
ii) fainting and blackouts			
iii) epilepsy			
iv) breath holding			
v) reaction to immunisation			
vi) other (please specify)			
.....			

A20. Has she ever had any of the following infections?

		Yes	No
a)	german measles (rubella)	1	2
b)	measles		
c)	chicken pox		
d)	mumps		
e)	meningitis		
f)	other infection (please describe)		

**SECTION B: SLEEPING AND CRYING**

B1. Does your toddler have a regular sleeping routine?  
(i.e. does she tend to go to sleep at the same times every day?)

Yes <sub>1</sub> No <sub>2</sub>

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

none <sub>1</sub> less than <sub>2</sub> 1-2 <sub>3</sub> more than <sub>4</sub> don't <sub>9</sub>  
1 hour hrs 2 hours know

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

.....

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

.....

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

c) How often during the day does she usually sleep? times

B4. a) In which room does she usually sleep?

	(i) When you put her down at night	(ii) When she wakes in the morning from her night sleep
--	---	--

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 describe)	5	5

.....

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

	(i) When you put her down	(ii) When she wakes in the morning from her night sleep
--	---------------------------------	---

in her own bed/cot	1	1
in bed/cot with other children	2	2
in your bed with you	3	3
in bed with other adult	4	4
other place (please describe)	5	5

.....

c) In the room where the baby sleeps most of the night:

	Yes always	Yes sometimes	No not at all
--	---------------	------------------	------------------

i) is the heating on at night?	1	2	3
ii) is there a window open at night?			
iii) does she sleep with a duvet?			
iv) does she have an electric blanket on at night?			
v) does she sleep with			

- a pillow?
- d) Do you have a room thermometer in this room:
- Yes <sub>1</sub> No <sub>2</sub> **If no, go to B5**
- i) **If yes**, have you used it to alter the number of bedclothes she has?
- yes often <sub>1</sub> yes sometimes <sub>2</sub> not at all <sub>3</sub>

- B5. Do you feel her sleep pattern is:
- better than other children of the same age <sub>1</sub>
- same as other children of the same age <sub>2</sub>
- worse than other children of the same age <sub>3</sub>
- don't know <sub>9</sub>

- B6. In the past year has your child regularly:
- | Has she regularly:                               | Yes, but<br>did not<br>worry me | Yes,<br>worried<br>me<br>somewhat | Yes,<br>worried<br>me<br>greatly | No, did<br>not<br>happen<br>regularly |
|--|---------------------------------|-----------------------------------|----------------------------------|---------------------------------------|
| a) refused to go to bed                          | <sub>1</sub>                    | <sub>2</sub>                      | <sub>3</sub>                     | <sub>4</sub>                          |
| b) woken very early                              |                                 |                                   |                                  |                                       |
| c) had difficulty going<br>to sleep              |                                 |                                   |                                  |                                       |
| d) had nightmares                                |                                 |                                   |                                  |                                       |
| e) continued to get up<br>after being put to bed |                                 |                                   |                                  |                                       |
| f) woken in the night                            |                                 |                                   |                                  |                                       |
| g) got up after only a<br>few hours sleep        |                                 |                                   |                                  |                                       |

- B7. Compared with other toddlers would you describe the amount of time your toddler cries as:
- more than other toddlers <sub>1</sub>
- the same as other toddlers <sub>2</sub>
- less than other toddlers <sub>3</sub>
- don't know <sub>9</sub>

- B8. Most toddlers fuss and whine. How often does your child whine or fuss?
- for long periods each day <sub>1</sub>
- for a short while each day <sub>2</sub>
- a number of times during the week <sub>3</sub>
- sometimes <sub>4</sub>
- never or hardly ever <sub>5</sub>

- B9. How often does your daughter cry for no particular reason?
- often (almost every day) <sub>1</sub>
- sometimes (at least once a week) <sub>2</sub>
- never or hardly ever <sub>3</sub>

B10. Does she cry at any particular times?

		Yes, always	Yes, often	Yes, sometimes	Hardly ever	Don't know
a)	mornings	1	2	3	4	9
b)	afternoons (before 17.00 hours)					
c)	in the late afternoon/ evenings (5 p.m. onwards)					
d)	during the night					
e)	other (please describe)					
	.....					

B11. Can you usually calm her when she cries?

no	1
yes, after much effort	2
yes, but it takes a while	3
yes, usually fairly easily	4

B12. Do you ever feel that her crying is a problem?

Yes 1 No 2

B13. a) How often do you use sweets or other foods to stop her crying or fussing?

at least 1	several times 2	infrequently 3
once a day	a week	
never 4	<b>If never, go to B14</b>	

B13. b) what do you use to stop her crying or fussing?

	Yes	No
i) sweets	1	2
ii) chocolates		
iii) crisps		
iv) apple or fruit		
v) breast feed		
vi) milk drink		
vii) other drink		
viii) other food (please describe)		
.....		

B14. HOMEOPATHIC MEDICINES

a) Has your toddler ever taken homeopathic medicines?

Yes often 1 Yes sometimes 2 No 3

b) **If yes**, please describe .....

.....

.....

# **SECTION C: YOU AND YOUR TODDLER**

C1. Often parents are anxious that problems might occur. Please indicate how often you think about the following:

		Yes, worries me a lot	Yes, worry occasionally	No, never think of it
a)	My toddler may have a bad accident	1	2	3
b)	She might get meningitis			
c)	She might get asthma			
d)	She might have fits			
e)	She might be mentally handicapped			
f)	She might get AIDS			
g)	Other problem (please describe)			
	.....			
	.....			

C2.a) Do you ever have a battle of wills with your toddler?

never	1	If <u>no</u> go to C3a
rarely (less than once a week)	2	
sometimes (at least once a week)	3	
frequently (almost every day)	4	

If yes,

b) What are they usually about:  
.....  
.....

c) Who most often wins?

me	1
my toddler	2
about even	3
neither of us	4

C3.a) How often does she refuse to go to bed when you take her?

most of the time	1	
often	2	
at times	3	
rarely	4	
never	5	If never happens go to C4a
I never do this task	7	

b) If she does refuse, how often might you try:

	Often	Sometimes	Never
i) allowing her to stay up until she is more sleepy	1	2	3
ii) allowing her to fall asleep then putting her to bed			



	Often	Sometimes	Never
iii) insisting it is bedtime and putting her in her room	1	2	3
iv) playing or reading with her in her room for a while then putting her to bed			
v) cuddling her until she falls asleep			
vi) giving her a bottle			
vii) giving her a dummy			
viii) other (please describe)			
.....			
.....			

C4.a) How often does she refuse to eat the meal you yourself prepare for her?

most of the time	1	
often	2	
sometimes	3	
rarely	4	
never	5	If never happens go to C5a
I don't do this	7	

b) When she refuses do you:	Often	Sometimes	Never
i) give her another meal to eat	1	2	3
ii) allow her to have dessert without eating a main savoury meal			
iii) insist she eats at least some of the meal before she can have a dessert			
iv) other (please describe)			
.....			
.....			

C5.a) How often does she have temper tantrums?

more than once a day	1	
most days	2	
at least once a week	3	
less than once a week	4	
never	5	If <u>never</u> , go to C6

If she has temper tantrums:

C5. b) Do they occur because of:	Yes	No
i) failure to get what she wants	1	2
ii) failure to make herself understood		
iii) reaction to being corrected		
iv) no particular reason		
v) other (please describe)		

.....			
c)	When she has temper tantrums how often do you:		
		<b>Often</b>	<b>Sometimes</b> <b>Never</b>
i)	ignore it, let her get it out of her system	1	2      3
ii)	send her away for 'time out' e.g. send her to her bedroom		
iii)	try to hold and cuddle her		
iv)	try to reason with her		
v)	leave it for someone else to cope with		
vi)	try to distract her		
vii)	give her a smack or shake		
viii)	shout at her		
ix)	other (please describe)		

.....

C6.	How often does she do the following:			
		<b>Once a week or more</b>	<b>Less than once a week</b>	<b>Never</b>
a)	repeatedly rocks head or body	1	2	3
b)	has a tic or twitch			
c)	has other unusual behaviour (please describe)			

.....

C7.	About how often do you take her to:					
		<b>Nearly every day</b>	<b>Once a week</b>	<b>Once a month</b>	<b>A few times per year</b>	<b>Never</b>
a)	local shops	1	2	3	4	5
b)	department store					
c)	supermarket					
d)	park or playground					
e)	visits to friends or family					
f)	library					
g)	places of interest (e.g. Zoo)					
h)	places of entertainment (e.g. funfair)					

C8.	When out with your toddler do you:				
		<b>Often</b>	<b>Sometimes</b>	<b>Never</b>	<b>Does not walk yet</b>
a)	allow her to walk without restraint	1	2	3	7
b)	allow her to walk holding your hand				
c)	allow her to walk with reins				

- d) carry her in a backpack
- |                                 | Often | Sometimes | Never |
|---------------------------------|-------|-----------|-------|
| e) carry her in your arms       | 1     | 2         | 3     |
| f) put her in pushchair or pram |       |           |       |

C9. In which places do you allow her to walk freely?

- |                            | Always | Often | Sometimes | Never | Does not walk yet |
|----------------------------|--------|-------|-----------|-------|-------------------|
| a) own home                | 1      | 2     | 3         | 4     | 7                 |
| b) own garden              |        |       |           |       | ↓<br>Go to C11a   |
| c) other homes             |        |       |           |       |                   |
| d) other private gardens   |        |       |           |       |                   |
| e) park or playground      |        |       |           |       |                   |
| f) other (please describe) |        |       |           |       |                   |
| .....                      |        |       |           |       |                   |

C10. Please tick which is appropriate for your toddler:

- She wanders further than I like 1
- She never leaves me 2
- Neither of above 3

C11. a) Are there any foods you do not allow her to eat?

Yes 1 No 2 If no, go to C12

If yes,

b) What are these?

.....

.....

C11. c) For what reason(s) are they not allowed?

- |  | Yes | No |
|--|-----|----|
| i) health                                | 1   | 2  |
| ii) religious/moral                      |     |    |
| iii) allergy                             |     |    |
| iv) advice from doctor or health visitor |     |    |
| v) likely to choke                       |     |    |
| vi) other (please describe)              |     |    |
| .....                                    |     |    |

C12. How much choice do you allow her in deciding what foods she eats at meals?

- I decide what she will eat 1
- She is given a choice from a few alternatives that I select 2
- She can choose from any food available 3

I am never in charge of preparing her meals 7

C13. Do you allow her to choose what clothes she will wear?

She always takes part in choosing	1
She has some choice	2
I decide what she will wear	3
I am never responsible for dressing her	7

C14. Does your toddler have:

	Yes	No
a) cuddly toys	1	2
b) push or pull toys		
c) co-ordination toys (eg. set of blocks, shape posting box, stacking cups)		
d) baby walker (that she sits in)		
e) baby bouncer		

C15. About how many books does she have of her own?

none	1
1 - 2 books	2
3 - 9 books	3
10 or more	4

C16. a) Do you try to teach your toddler?

no, she is too young	1
no, I do not have time	2
yes, sometimes	3
yes, often	4

b) Which things do you try to do with her?

	Yes	No
i) clapping games such as pat-a-cake	1	2
ii) parts of the body		
iii) to wave bye-bye		
iv) colours		
v) alphabet		
vi) numbers		
vii) nursery rhymes		
viii) songs		
ix) shapes and sizes		
x) politeness (e.g. 'please', 'thank you')		
xi) others (please describe		
.....		

C17. How often do you talk to her while you do housework or are occupied in some other way?

	Never <sub>1</sub>	rarely <sub>2</sub>	sometimes <sub>3</sub>	
	often <sub>4</sub>	nearly always <sub>5</sub>		

C18. a) Do you usually have the television on:

		<b>Yes every day</b>	<b>Yes some days</b>	<b>No hardly ever</b>	<b>Don't have a T.V.</b>
i)	in the mornings	1	2	3	7
ii)	in the afternoons				
iii)	in the evenings				

b) Does your toddler watch television?

yes, but only while playing	1	<b>do not have T.V.</b> <sub>7</sub>
yes, concentrates and tries to understand	2	
no, she ignores it	3	
no, she is never allowed to see it	4	

If she does watch TV,

C18. c) what programmes does she see?

	<b>Yes</b>	<b>No</b>
i) children's programmes	1	2
ii) other programmes		
iii) children's videos		
iv) other videos		

C19. How often does she play with other children (other than brothers or sisters)?

everyday	1
2-6 times a week	2
once a week	3
less than once a week	4
never	5

C20. How often does your **partner** do these activities with your toddler?

	<b>Nearly every day</b>	<b>3-5 times a week</b>	<b>1-2 times a week</b>	<b>less than once a week</b>	<b>Never</b>	<b>Have no partner</b>
<b>Partner:</b>						
a) baths her	1	2	3	4	5	7
b) feeds her						<div>↓</div> Go to C21
c) sings to her						
d) reads stories or shows her pictures in books						
e) plays with toys						
f) cuddles her						
g) imitation games (pat-a-cake, peek-a-boo)						
h) physical play (e.g. rolling over, bouncing)						
i) takes her for walks						
j) other (please						

describe)

.....

C21. How often do **you** do these activities with your toddler?

<b>You:</b>		<b>Nearly every day</b>	<b>3-5 times a week</b>	<b>1-2 times a week</b>	<b>less than once a week</b>	<b>Never</b>
a)	bath her	1	2	3	4	5
b)	feed her					
c)	sing to her					
d)	read stories or show her pictures in books					
e)	play with toys					
f)	cuddle her					
g)	imitation games (pat-a-cake, peek-a-boo)					
h)	physical play (e.g. rolling over, bouncing)					
i)	take her for walks					
j)	other (please describe)					

.....

C22. When you and your toddler meet again after being apart for an hour or more, how often does she:

	<b>usually</b>	<b>sometimes</b>	<b>hardly ever</b>	<b>we are never apart</b>
a) move away, avoid looking at you	1	2	3	7
b) push you away				
c) run to you for a hug or cuddle				

**SECTION D: BROTHERS AND SISTERS**

We are interested in the other children who live with your toddler. Please include half-brothers and half-sisters, step-brothers and step-sisters, fostered or adopted children.

- D1. a) Are there any other children in your home?
- Yes 1 No 2 If no, go to Section E

If yes,

- b) Does your toddler have older children living with her?
- Yes 1 No 2 If no, go to D2a

If yes,

- c) How many?
- older brothers: older sisters:
- d) How does your toddler get on with her older brothers and sisters?

		Yes, most of the time	Yes, some of the time	No, hardly ever
i)	she likes to be with them	1	2	3
ii)	she quarrels with them			
iii)	she is upset if she's parted from them			

- D2.a) Does your toddler have a twin or triplet?
- Yes 1 No 2 If no, go to D3a

If yes,

- b) Would you say they are alike:
- |                            | Yes | No |
|----------------------------|-----|----|
| i) in looks                | 1   | 2  |
| ii) in behaviour           |     |    |
| iii) personality/character |     |    |
| iv) in health              |     |    |

- D2. c) How do you dress them?
- in similar clothes each day 1
- in similar clothes sometimes 2
- hardly ever in similar clothes 3
- d) How does this twin react to the other?

		Yes, most of the time	Yes, some of the time	No, hardly ever
i)	she likes to be with her twin	1	2	3
ii)	she quarrels with her twin			
iii)	she is upset if she is parted from her twin			

- D3.a) Does your toddler have any younger brothers or sisters?
- Yes 1 No 2 If no, go to Section E

If yes,

b) How many?

Younger brothers:                      Younger sisters:

c) Please give each child's name, age and sex:

	Younger Child 1	Younger Child 2	Younger Child 3
i) <b>Name</b>	.....	.....	.....
ii) <b>Age (months)</b>	.....	.....	.....
iii) <b>Sex</b>	.....	.....	.....

d) When your younger child/children arrived how did your toddler react?

	Younger Child 1	Younger Child 2	Younger Child 3
seemed pleased	1	1	1
didn't mind	2	2	2
was unhappy	3	3	3

D3. e) Does she like to touch her younger brother(s)/sister(s)?

yes often	1
sometimes	2
No	3

f) Does she try to harm her younger brother(s)/sister(s)?

yes often	1
sometimes	2
No	3

g) Is she affectionate to her younger brother(s)/sister(s)?

yes often	1
sometimes	2
No	3

h) Does she like helping you to look after her younger brother(s)/sister(s)?

yes often	1
sometimes	2
No	3

i) Does she resent her younger brother(s)/sister(s)?

yes often	1
sometimes	2
No	3

j) Does she get angry with her younger brother(s)/sister(s)?

yes often	1
sometimes	2
No	3



**SECTION E: UPSETTING EVENTS**

Below are listed some events that might upset some children. Please state whether any of these happened.

Since she was 6 months old		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
E1.	She was taken into care*	1	2	3	4	5
E2.	A pet died					
E3.	She moved home					
E4.	She had a shock or fright*					
E5.	She was physically hurt by someone*					
E6.	She was sexually abused*					
E7.	She was separated from her mother for at least a week*					
E8.	She was separated from her father for at least a week*					
E9.	She acquired a new parent*					
E10.	She had a new brother or sister					
E11.	She was admitted to hospital					
E12.	She changed carer/ care giver					
E13.	She was separated from someone else*					
E14.	She started creche or nursery					
E15.	Something else*					

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

.....  
 .....

**SECTION F: MILESTONES**

Below are a list of things which children gradually learn to do as they get older. Some of them your toddler will be doing and others she won't have started yet. Please indicate which she is doing:

			Yes, can do well	Has only done once or twice	Has not yet started
F1.	a)	She is able to drink from a cup	1	2	3
	b)	She shows what she wants without crying for it			
	c)	She copies me doing the housework			
	d)	She uses a spoon without spilling much			
	e)	She helps in the house with simple tasks			
	f)	She can take off her clothes with help			
	g)	She can put her shoes on (without fastening them)			
	h)	She can wash and dry her hands			
	i)	She lets me know when she wants to go to the lavatory			
	j)	She will play happily on her own			
	k)	She eats with a spoon and fork			
	l)	She is shy when she first meets a stranger			
	m)	She plays peek-a-boo			
	n)	She plays pat-a-cake (or other clapping game) with me			
F2.	a)	She can hold a rattle			
	b)	She can focus her eyes on a small object such as a raisin			
	c)	She can pick up a small object such as a raisin			
	d)	She can pass an object from one hand to another			
	e)	She can bang together two similar objects that she is holding			
	f)	She grabs objects using the whole hand			
	g)	She can pick up a small object using finger and thumb only			
	h)	She will use a pencil and scribble			
	i)	She can build a tower putting one object on top of another			
	j)	She can build a tower of 3 bricks			
	k)	She can build a tower of 4 bricks			

		Yes, can do well	Has only done once or twice	Has not yet started	
	l)	She can build a tower of 8 bricks	1	2	3
	m)	She holds a pencil in her fist			
	n)	She can copy a vertical line with a pencil			
	o)	She points to what she wants			
	p)	She will turn the pages of a book			
F3.	a)	When a bell rings, she moves or makes a noise	1	2	3
	b)	She turns towards people when they are speaking			
	c)	She tries to copy what you say			
	d)	She says 'dada' and 'mama' and knows what they mean			
	e)	She says at least 3 other words and knows what they mean			
	f)	She combines two different words (e.g. nice dinner)			
	g)	She can point to her toes when asked			
	h)	She uses plurals (e.g. cat <u>s</u> , toy <u>s</u> )			
	i)	She gives her first name			
	j)	She gives her first and last name			
	k)	She understands the word 'cold'			
	l)	She understands 'hungry'			
	m)	She can name three colours, even if she doesn't get them right			
	n)	She makes negative statements (e.g. no bath)			
F4.	a)	She can stand up without being supported even if only for a very short time	1	2	3
	b)	From a standing position she can bend down and return to standing			
	c)	She can stand alone for at least a minute without holding on to anything			
	d)	She can walk while holding someone's hand			
	e)	She can walk alone for at least 5 steps			

		Yes, can do well	Has only done once or twice	Has not yet started
F4.	f)	She can walk backwards 5 steps 1	2	3
	g)	She can move around by shuffling on her bottom		
	h)	She can kick a ball		
	i)	She can throw a ball		
	j)	She can balance on one foot for at least 1 second		
	k)	She can jump up and down		
	l)	She can climb stairs		

F5. Are you worried about any aspects of your child's growth and development?

		Yes I am worried	No not worried
a)	her speech	1	2
b)	her weight		
c)	her height		
d)	her behaviour		
e)	her general development		

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.

G1. This questionnaire was completed by:

	Yes	No
a) mother	1	2
b) father		
c) other (please describe).....		

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

day	month	year
		199

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

day	month	year
		199

THANK YOU VERY MUCH FOR YOUR HELP

Space for any additional comments you would like to make.

When completed, please return the questionnaire to:

Dr. Jean Golding,  
Children of the Nineties - ALSPAC,  
Institute of Child Health,  
24, Tyndall Avenue,  
Bristol.  
BS8 1BR. Tel: Bristol 256260