



--	--	--	--	--	--	--	--	--

My Son Growing Up

This questionnaire should be answered by the chief child carer. It asks about your child as he continues to develop.

It is like the other questionnaires you have received. To answer simply tick the box which best describes your child or your child's situation. Please answer all questions that you can. If you cannot answer certain 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

27/10/97

SECTION A: GOING TO SCHOOL

A1. a) Does he go to school?

Yes No → If **no**, go to section B on page 12

b) How old was he when he started school?

years months

c) How many different schools has he gone to?

different schools

d) What types of school has he gone to? (If more than 3 schools, write in the margin)

	(i) 1st school	(ii) 2nd school	(iii) 3rd school
e) infant school	<input type="text"/>	<input type="text"/>	<input type="text"/>
f) primary school	<input type="text"/>	<input type="text"/>	<input type="text"/>
g) private (fee paying)	<input type="text"/>	<input type="text"/>	<input type="text"/>
h) boarding school	<input type="text"/>	<input type="text"/>	<input type="text"/>
i) studies at home	<input type="text"/>	<input type="text"/>	<input type="text"/>
j) special school*	<input type="text"/>	<input type="text"/>	<input type="text"/>
k) not able to be taught	<input type="text"/>	<input type="text"/>	<input type="text"/>

*If special school please describe type

.....

l) Please describe reasons for child being at current school (tick all that apply)

- | | | |
|--------------------------------------|----------------------|-------------------------|
| i) It was the only available choice | <input type="text"/> | |
| ii) It was the best available | <input type="text"/> | |
| iii) There were medical reasons | <input type="text"/> | → please describe |
| iv) There were psychological reasons | <input type="text"/> | → please describe |
| v) Other (please tick and describe) | <input type="text"/> | |

A1. m)

		hours	minutes	
i)	What time does school start ?	<input type="text"/>	<input type="text"/>	a.m.
ii)	What time does school end ?	<input type="text"/>	<input type="text"/>	p.m.

A2. Who takes him to and from school nowadays? (Tick all that apply)

		(i) Going			(ii) Coming back	
		every day	some days		every day	some days
a)	I take him	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
b)	My partner takes him	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
c)	A grandparent or adult relative	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
d)	An older child	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
e)	Childminder	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
f)	Other person	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
g)	Goes on his own	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

A3. How does he get to school?

		(i) Going		(ii) Coming back	
		every day	some days	every day	some days
a)	He walks	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
b)	He goes in a wheelchair	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
c)	By public transport	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
d)	School bus/ coach	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
e)	By car	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
f)	Rides bicycle	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
g)	Other (please tick and describe)	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>

A4. a) How far away is the school?

less than ½ mile (1 km) away	<div>1</div>
½ - 1 mile (1-2 km) away	<div>2</div>
1 - 5 miles (2-8 km) away	<div>3</div>
more than 5 miles (8 km) away	<div>4</div>

b) How long does it take to get there in the morning? minutes

A5. We would like to know what happens after school.

a) Does he usually go straight home?

No 1 Yes 2 →If yes, go to A5c below

b) If **no**, where does he go?

	Every day	Some days	Never
i) to a relative's home	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3
ii) to a friend's home	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3
iii) to a childminder	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3
iv) school club	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3
v) plays outside	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3
vi) other (please tick and describe)	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3

.....

c) If he goes straight home are you always there too?

yes, always 1 yes, usually 2 yes, sometimes 3

no, hardly ever 4

A6. When he first arrives home does he have:

	Yes	No
a) a meal	<input type="text"/> 1	<input type="text"/> 2
b) a snack	<input type="text"/> 1	<input type="text"/> 2
c) a drink	<input type="text"/> 1	<input type="text"/> 2

A7. How does he feel about school?

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

A8. How much at school do you think he likes?

	He likes it a lot	He quite likes it	He does not like it
a) Reading	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
b) Maths	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
c) Writing	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
d) Games	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
e) Discussion	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
f) Other (please tick & describe)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>

.....

A9. When he finishes school and returns home:

Does he:	Always	Usually	Sometimes	Never
a) Talk about the events of the day	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b) Ask about what has happened in your day	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c) Read, draw or play quietly by himself	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
d) Watch TV	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
e) Play with other children	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
f) Fall asleep	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

A10. How many children in his class did he know before attending his present school?

none 1 child 2-3 children more than 3 children

A11. Had he visited this school before his first day?

Yes No

A12. a) Does he bring home things that he has done at school (e.g. painting)?

Yes No → If **no**, go to A13 on page 9

b) If **yes**, how often are they put so that everyone can see them?

Always Usually Sometimes Never

A13. When he gets home from school how does he behave?

	Always	Usually	Sometimes	Never
a) excited	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b) talkative	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c) withdrawn	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
d) calm	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
e) very active	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
f) sleepy	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
g) angry	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
h) hungry	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
i) tearful	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
j) anxious	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
k) affectionate	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
l) tired	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
m) other (please tick and describe)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

A14. a) Are you interested in what your child does at school?

Yes very Yes mostly No, not really

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

Yes very Yes mostly No, not really

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

Yes very Yes mostly No, not really

A15. a) Has he been identified as having any particular learning problems?

Yes No → If **no**, go to A16 on page10

A15. b) **If yes**, what is happening? (please tick all that apply)

	Started	Planned not started yet
(i) special school	<div>1</div>	<div>2</div>
(ii) special class in normal school	<div>1</div>	<div>2</div>
(iii) special teacher	<div>1</div>	<div>2</div>
(iv) no help available	<div>7</div>	

Space for comments

A16. Apart from yourself, who has regularly looked after your child when he is not at school? (Please answer for each person or place including childminder or neighbour regularly involved)

a) **Childcare on schooldays in the past 6 months**
Please list below all regular arrangements before or after school. (If none write NONE)

	Person and/or place (e.g. childminder - her home; after school clubs, neighbour etc.)	Number of hours per week
i)	<div><div></div><div></div></div>
ii)	<div><div></div><div></div></div>
iii)	<div><div></div><div></div></div>

A16. b)

Weekend childcare

Please list below all regular childcare arrangements during the weekend in the past 6 months. (If none write NONE)

Person and/or place (e.g. grandmother, my home)

Saturday

Sunday

i)

--	--

--	--

ii)

--	--

--	--

iii)

--	--

--	--

A16. c)

Childcare during school holidays

Please list the arrangements made when childcare was needed during school holidays in the past year. (If none write NONE)

Person and/or place

Number of hours per week

i)

--	--

ii)

--	--

iii)

--	--

SECTION B: EATING HABITS

B1. How far do the following statements describe your study child?

	Yes, most of the time	Yes sometimes	No, not at all
a) He likes to try different foods	<div>1</div>	<div>2</div>	<div>3</div>
b) He seems to enjoy eating	<div>1</div>	<div>2</div>	<div>3</div>
c) He seems to prefer sweet foods	<div>1</div>	<div>2</div>	<div>3</div>
d) He seems to prefer savoury foods	<div>1</div>	<div>2</div>	<div>3</div>
e) He plays with his food rather than eating eagerly	<div>1</div>	<div>2</div>	<div>3</div>
f) He is very choosy about the food he eats	<div>1</div>	<div>2</div>	<div>3</div>
g) He finishes all the food on the plate	<div>1</div>	<div>2</div>	<div>3</div>

B2. Children are often difficult about eating certain foods. When your study child is difficult about a certain food that you would like him to eat, how far do the following sentences describe how you deal with this?

	Yes, most of the time	Yes sometimes	No, not at all	Is never difficult
a) I let him choose something else	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b) I try to encourage him to eat the food by making up a game or story	<div>1</div>	<div>2</div>	<div>3</div>	<p>Go to B3 on page 13</p>
c) I mix the food with another food that he likes and will eat	<div>1</div>	<div>2</div>	<div>3</div>	
d) I let him put sauce on the food to cover up the taste/appearance	<div>1</div>	<div>2</div>	<div>3</div>	

B2.	Yes, most of the time	Yes sometimes	No, not at all
e) I try to persuade him to eat just a very small amount of the food	<div>1</div>	<div>2</div>	<div>3</div>
f) I do not let him leave the table or have anything else to eat until he eats all the food on the plate	<div>1</div>	<div>2</div>	<div>3</div>
g) I try to encourage him by offering a reward (e.g. a sweet or new toy) if he finishes the food	<div>1</div>	<div>2</div>	<div>3</div>
h) If he will not eat a certain food I take it away and give him something else to eat	<div>1</div>	<div>2</div>	<div>3</div>
i) I try not to make an issue of it	<div>1</div>	<div>2</div>	<div>3</div>
j) I try the same food again on a different day	<div>1</div>	<div>2</div>	<div>3</div>
k) Other (please tick & describe)	<div>1</div>	<div>2</div>	<div>3</div>

.....

B3. When you are preparing food does your study child help in any of the following ways?

	Yes, often	Yes sometimes	Never/ rarely
a) He helps to choose what we have by looking in the cupboard/fridge	<div>1</div>	<div>2</div>	<div>3</div>
b) He comes shopping with me and helps to choose food that we buy	<div>1</div>	<div>2</div>	<div>3</div>
c) He helps with the cooking/ preparation	<div>1</div>	<div>2</div>	<div>3</div>
d) He helps to get things out for the meal/sets the table	<div>1</div>	<div>2</div>	<div>3</div>
e) He helps to clear things away after the meal	<div>1</div>	<div>2</div>	<div>3</div>

B4. Do you have any rules that you try to follow when feeding the family?

	Yes	No
a) "Proper" cooked meal every day	<div>1</div>	<div>2</div>
b) Fresh fruit every day	<div>1</div>	<div>2</div>
c) Meat, fish, egg or cheese every day	<div>1</div>	<div>2</div>
d) Vegetables or salad every day	<div>1</div>	<div>2</div>
e) Pudding every day (including yoghurt or ice cream)	<div>1</div>	<div>2</div>
f) "Special" meal each week e.g. Sunday lunch	<div>1</div>	<div>2</div>
g) Eat up everything on the plate	<div>1</div>	<div>2</div>

B5. Do you try to use any of the following kinds of foods or drinks in meals for your study child?

	Yes, often	Yes sometimes	Never/ rarely
a) "Whole" food (unrefined, e.g. brown rice or pasta etc.)	<div>1</div>	<div>2</div>	<div>3</div>
b) Reduced sugar/sugar-free foods or drinks	<div>1</div>	<div>2</div>	<div>3</div>
c) Reduced fat/fat-free foods or drinks	<div>1</div>	<div>2</div>	<div>3</div>
d) Low salt foods	<div>1</div>	<div>2</div>	<div>3</div>
e) Foods or drinks with added Vitamin C	<div>1</div>	<div>2</div>	<div>3</div>
f) Foods or drinks with added iron	<div>1</div>	<div>2</div>	<div>3</div>
g) "Organic" foods or drinks	<div>1</div>	<div>2</div>	<div>3</div>

B6. On normal school days how often does your study child eat something at the following times of day?

	Never	Once in 2 weeks	Once a week	2-4 times a week	5 times a week	Don't know
a) Before school	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>
b) Mid-morning	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>
c) Mid-day	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>
d) Mid-afternoon before 4.30 p.m.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>
e) Late afternoon, between 4.30 & 6.00 p.m.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>
f) Early evening between 6.00 & 7.30 p.m.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>
g) Mid-evening between 7.30 & 9.00 p.m.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>
h) Late evening after 9.00 p.m.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>

B7. How many times a week on school days does your study child have the following foods or drinks before school?

	Never	Once in 2 weeks	Once a week	2-4 times a week	5 times a week	know
Before school:						
a) Nothing to eat or drink	1	2	3	4	5	9
b) Has a drink but nothing to eat	1	2	3	4	5	9
c) Has cereal without milk	1	2	3	4	5	9
d) Has cereal with milk	1	2	3	4	5	9
e) Has bread or toast	1	2	3	4	5	9
f) Has bacon, egg, sausage, or cheese	1	2	3	4	5	9
g) Has crisps, corn snack or other savoury snack	1	2	3	4	5	9
h) Has sweet biscuits, sweets or chocolates	1	2	3	4	5	9
i) Has fruit, yoghurt or fromage frais	1	2	3	4	5	9
j) Has a milk drink	1	2	3	4	5	9
k) Has other food (Please tick & describe)	1	2	3	4	5	9

.....

B8. How many times a week on school days does your study child have as his mid-day meal?

	Never	Once in 2 weeks	Once a week	2-4 times a week	5 times a week	know
Don't						
a) Cooked meal at school	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>
b) Packed lunch provided by school	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>
c) Packed lunch provided from home	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>
d) Comes home for a snack lunch	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>
e) Comes home for a main meal at mid day	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>

B9. How often do you ask your study child about the food he has eaten at school?

Never	Occasionally	Quite often	Most days	Does not eat at school
<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>7</div>

B10. How many times a week on **school days** does your study child have for his **tea/evening meal** ?

	Never	Once in 2 weeks	Once a week	2-4 times a week	5 times a week	Don't know
Tea/evening meal						
a) Cooked meal with no vegetables or salad	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>
b) Cooked meal with fresh vegetables or salad	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>
c) Cooked meal with frozen vegetables	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>
d) Cooked meal with tinned vegetables	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>
e) Sandwich or snack meal e.g. Baked beans on toast, pot noodles	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>

How does he eat his evening meal?

f) Sitting up at a table	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>
g) From a tray/plate on his lap	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>
h) Using a knife and fork	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>
i) Using a spoon and/or fingers	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>
j) Adult(s) eat with him	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>
k) Other children eat with him but not adults	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>
l) Eats on his own	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>

On a school day.....

- B11. a) Does he have milk at school Yes 1 No 2
- b) Does he have milk at home Yes 1 No 2 → If **no**, go to B12 below
- c) If milk is drunk at home about how much does he have in total in drinks and on cereal at home?

Up to ½ pint	½-1 pint	1-1½ pints	1½-2 pints	more than 2 pints
<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5

- B12. When your study child is offered vegetables e.g: carrots, green vegetables, peas, sweetcorn etc. (**not including potatoes, pasta, tinned spaghetti, baked beans, or rice**) which of the following statements best describes his attitude to eating them?

- (i) Never offered these vegetables 1 → Go to B13 on page 20

	Yes, very like him	Yes, somewhat like him	No, not like him
a) Refuses to eat vegetables when offered	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3
b) Will eat 1 or 2 types of vegetables only	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3
c) Will eat vegetables occasionally (twice a week or less)	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3
d) Prefers to eat vegetables raw rather than cooked	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3
e) Eats vegetables regularly but needs encouragement (more than twice a week)	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3
f) Eats vegetables regularly without any fuss (more than twice a week)	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3

B13. When your study child is offered fresh fruit e.g. an apple, pear or banana etc. which of the following statements best describes his attitude to eating it?

(i) Never offered fresh fruit

→ Go to B14 below

	Yes, very like him	Yes, somewhat like him	No, not like him	Don't know
a) Refuses to eat fruit when offered	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
b) Will eat 1 or 2 types of fruit only	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
c) Will eat fruit occasionally (twice a week or less)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
d) Eats fruit regularly but needs encouragement (more than twice a week)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
e) Eats fruit regularly without any fuss (more than twice a week)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>

B14. Which of the following statements best describes your study child's attitude to eating slices or chunks of meat that need chewing e.g. a slice of chicken, or lamb or pork chop or chunks of meat in stew?

(i) Never offered meat

→ Go to B15 on page 21

	Yes, very like him	Yes, somewhat like him	No, not like him	Don't know
a) Refuses to eat meat when offered	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
b) Will not eat pieces of meat but will eat mince or sausages or burgers	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
c) Eats meat but needs encouragement	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>
d) Eats meat without any fuss	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>

B15. How often would you describe meal times with your children in the following ways?

	Never	Occasionally	Quite often	Mostly
a) Mealtimes are enjoyable for everyone	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b) Mealtimes are a rush	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c) Mealtimes give us time to talk to each other	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
d) Mealtimes include arguments between the children	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
e) Mealtimes include arguments between adults and children	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
f) Mealtimes include arguments between adults	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

B16. Does your child have definite likes and dislikes as far as food is concerned?

no, will eat almost anything

1

yes, quite choosy

2

yes, very choosy

3

B17. a) How often does he suck a dummy or his thumb or finger?

	(i) dummy	(ii) thumb of right hand	(iii) thumb of left hand	(iv) finger(s)
most of the time	<div>1</div>	<div>1</div>	<div>1</div>	<div>1</div>
sometimes	<div>2</div>	<div>2</div>	<div>2</div>	<div>2</div>
no, never	<div>3</div>	<div>3</div>	<div>3</div>	<div>3</div>

B17. b) Apart from his finger, thumb or a dummy does he have a special object that he uses for comfort?

Yes ☐ 1 No ☐ 2 → If no go to B18 below

c) If yes, what is this?

blanket ☐ 1 cuddly toy ☐ 2 other (please describe) ☐ 3
.....

B18. Does he eat coal, soil, dirt or other non-food substances?

yes, every day ☐ 1
yes, at least once a week ☐ 2
yes, less than once a week ☐ 3
no, not at all ☐ 4

→ If yes, please tick and describe what he eats:
.....
.....

SECTION C: PROBLEMS AND TREATMENT

C1. Children often have accidents or illnesses that need treatment. Please indicate which of the following have been given to your child in the last 12 months.

	Never	Yes for 1-2 episodes only	Yes for 3 or more episodes	<u>If yes, please give full names of substances if you can</u>
a) cough medicine	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b) antibiotics/penicillin	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c) throat medicine	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
d) vitamins	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
e) paracetamol/calpol	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
f) ointment for skin	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
g) eye ointment	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
h) diarrhoea mixture or pills	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
i) dimotapp/decongestant	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
j) ear drops	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
k) eye drops	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
l) iron	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
m) laxative	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
n) homeopathic medicine	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
o) herbal medicine	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
p) asthma medication	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
q) vaporiser	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
r) other (please tick and describe)		<input type="text" value="2"/>	<input type="text" value="3"/>

..

- C2. a) Are there any pills, ointments or medicines that he has taken every day or nearly every day for the last 3 months? (Include vitamins, skin cream, inhaler, laxatives as well as antibiotics, homeopathic and herbal remedies etc.)

Yes No → If **no**, go to C3a below

If **yes**,

- b) please describe:

.....
.....

- C3. During the child's early years of life possible problems may be identified - yet when investigated further they are often found not to be problems at all. In this section we are asking about any possible problems that might have arisen.

- a) Since your study child's 5th birthday has he been investigated because it was thought he might have something wrong with his spine, his legs or his feet?

Yes No → If **no**, go to C4a on page 25

If **yes**,

- b) were any problems found?

Yes No Don't know

→ If **no**, go to C4a on page 25

If **yes**, i) please describe:

- ii) how old was he?

5 years old 6 years old

- iii) what treatment did he have?

.....

C4. a) Since his 5th birthday has anyone thought there might be a problem with his hearing?

Yes 1 No 2 → If **no**, go to C5a below

b) Has your child been seen by a hearing specialist since he was 5?

Yes 1 No 2 → If **no**, go to C5a below

If **yes**,

c) At what age?

5 years old 1 6 years old 2

d) What was decided?
.....

C5. a) Has anyone **ever** thought there might be a problem with his eyesight?

Yes 1 No 2 → If **no**, go to C6a on page 26

If **yes**,

b) What was thought to be wrong with his eyes?

squint (eyes not looking in same direction)	<input type="text"/> 1	
colour blind	<input type="text"/> 2	
something else (please tick and describe)	<input type="text"/> 3	.....
don't know	<input type="text"/> 9	

c) Has your child been referred to an eye specialist since his 5th birthday?

Yes 1 No 2 → If **no**, go to C6a on page 26

If yes,

d) at what age?

5 years old 1 6 years old 2

e) What was decided?
.....

f) What treatment was given?
.....

C6. a) Has anyone **ever** thought that there might be a problem with his talking?

Yes 1 No 2 → If **no**, go to C7a below

If yes,

b) Has he ever been seen by a speech therapist?

Yes 1 No 2 → If **no**, go to C6c below

If yes,

i) how old was he? years

ii) what was decided?.....
.....

c) Are there still any worries about his talking?

Yes 1 No 2

If yes, please describe
.....

C7. a) Has anyone **ever** thought there might be a problem with his growth?

Yes 1 No 2 → If **no**, go to C8a on page 27

If yes,

C7. b) Has he **ever** been seen by a specialist about his growth?

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

If yes,

c) how old was he? years (If less than 12 months put 0)

d) what was decided?.....
.....

e) Are there still worries about his growth?

Yes 1 No 2

If yes, please describe.....
.....

C8. a) Has anyone **ever** thought there might be a problem with clumsiness or his movement or coordination?

Yes 1 No 2 → **If no, go to C9a on page 28**

If yes,

b) Has he ever been seen by a specialist about this?

Yes 1 No 2 → **If no, go to C8e on page 28**

If yes,

c) how old was he? years (If less than 12 months put 0)

d) what was decided?.....
.....

C8. e) Are there still worries about this?

Yes 1 No 2

If **yes**, please describe.....

.....

C9. a) Has anyone **ever** thought there might be a problem with other aspects of his development?

Yes 1 No 2 → If **no**, go to C10a below

If **yes**,

b) Has he ever been seen by a specialist about this?

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

If **yes**,

c) how old was he? years (If less than 12 months put 0)

d) what was decided?.....

.....

e) Are there still worries about this?

Yes 1 No 2

If **yes**, please describe.....

.....

C10. a) Has anyone **ever** thought there might be a problem with his behaviour or personality?

Yes 1 No 2 → If **no**, go to C11a on page 29

If **yes**,

b) Has he ever been seen by a specialist about this?

Yes 1 No 2 → If **no**, go to C10e on page 29

If yes,

C10. c) how old was he? years (If less than 12 months put 0)

d) what was decided?.....

.....

e) Are there still worries about this?

Yes No

If yes, please describe.....

.....

C11. a) Has anyone **ever** thought there might be a problem with aches and pains, including headache?

Yes No → **If no, go to C12a on page 30**

If yes,

b) Has he ever been seen by a specialist about this?

Yes No → **If no, go to C11e below**

If yes,

c) how old was he? years (If less than 12 months put 0)

d) what was decided?.....

.....

e) Are there still worries about this?

Yes No

If yes, please describe.....

.....

C12. a) Have there been any **other** problems for which your child saw (or is going to see) a specialist since his 5th birthday?

Yes

No

→ If **no**, go to C13a on page 31

If **yes**,

b) For how many different problems?

Please list, for each problem, what has happened:

	Problem No.1	Problem No.2	Problem No.3
c) What was thought to be the problem?	.....	.....	.....
d) Has he seen a specialist?	Yes <input type="text" value="1"/> No <input type="text" value="2"/>	Yes <input type="text" value="1"/> No <input type="text" value="2"/>	Yes <input type="text" value="1"/> No <input type="text" value="2"/>
e) What age was he the first time he was seen for this problem ? (put 0 if less than 12 months)	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years
f) What was decided?	..... ..... .....	..... ..... .....	..... ..... .....
g) What treatment was given?	..... ..... .....	..... ..... .....	..... ..... .....

If more than 3 problems, continue below or on a separate sheet.

C13. a) Has he visited the dentist in the last 12 months?

yes for treatment

1

yes, for inspection only

2

no, not at all

3

→go to C13b below

If **yes**, for treatment, what has he had (tick all that apply)

i) a filling?

1

Yes

ii) a tooth taken out?

1

Yes→ If **yes**,

a) How many teeth?

b) Did he have a general anaesthetic for this?

Yes

1

No

2

iii) tooth brace

1

Yes

iv) other treatment?

1

Yes

Please describe

b) How often does he brush his teeth?

more than
once each day

once
every day

less than
once a day

not
at all

c) Does he ever have toothpaste?

Yes

1

No

2

→ If **no**, go to C13d on page32

If **yes**,

i) how much toothpaste does he have on his brush nowadays?

brush full

1

half brush

2

less than
half a
brush

3

none

4

don't know

9

ii) how many times a day does he use toothpaste times

C13.c iii) does he usually swallow it or spit it out?

swallows it 1 spits it out 2 varies 3
don't know 9

iv) what type of toothpaste is usually used?
(please give exact name and brand)

.....

d) Has he ever had a dental X-ray?

Yes 1 No 2

e) Have any of his first (milk) teeth fallen out?

Yes 1 No 2 → **If no, go to Section D on page 33**

If yes, how many? teeth

f) Are there any other problems with his teeth?

Yes 1 No 2

If yes, please describe

.....

.....

Please remember - the Children of the Nineties Tooth Fairy
would love to have any teeth and send a badge to your son.
Only use the bags we send you.
If you don't have a bag call the office.

SECTION D: ACCIDENTS AND INJURIES

However careful a parent is, most children have accidents at some time or other. Please list on the next pages the times your child has had an accident, whether or not he was injured as a result.

D1. a) Has he been burnt or scalded in the past 12 months?

Yes 1 No 2 → If **no**, go to D2a on page 34

If **yes**, b) how many times?

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

For each accident please describe below what happened:

	1st accident	2nd accident	3rd accident
c) Place accident happened (e.g.kitchen, park, school)	.....	.....	.....
d) What was he burnt with? (e.g. tea, iron, electric fire, bonfire, fireworks)	.....	.....	.....
e) Date of accident (month, year).....	.....	.....	.....
f) Injuries caused (if no injury write none)	.....	.....	.....
g) Who was with him?	.....	.....	.....
h) What did the person with him do?			
Nothing	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1
Treated him themselves	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2
Took to doctor	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3
Took to hospital	<input type="text"/> 4	<input type="text"/> 4	<input type="text"/> 4
Other (please describe)	<input type="text"/> 5	<input type="text"/> 5	<input type="text"/> 5

i) What treatment did the person with him give?	.....	.....	.....
j) What other treatment did he have?	.....	.....	.....
k) Please describe how each accident happened:			

Burn 1

Burn 2

Burn 3

D2. a) Has he had an accident while playing sports or games in the past 12 months?

Yes No → If no, go to D3a on page 35

If yes, b) how many times?

For each accident please describe below what happened:

	1st accident	2nd accident	3rd accident
c) Place it happened (e.g. playground, street, school)
d) What happened (e.g. hit by ball, fell off trampoline)
e) Date of accident (month, year)
f) Injuries caused (if no injury write none)
g) Who was with him?
h) What did the person with him do?			
Nothing	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
Treated him themselves	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>
Took to doctor	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>
Took to hospital	<input type="text" value="4"/>	<input type="text" value="4"/>	<input type="text" value="4"/>
Other (please describe)	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>

i) What treatment did the person with him give?
j) What other treatment did he have?

k) Please describe how each accident happened:

Accident 1

Accident 2

Accident 3

D3. a) Has he swallowed anything he shouldn't have (such as pills, buttons, disinfectant) in the past 12 months?

Yes No → If no, go to D4a on page 36

If yes, b) how many times?

For each time please describe below what happened:

	1st accident	2nd accident	3rd accident
c) Place accident happened (e.g. your home, school, at friend's)
d) What did he swallow? (e.g. bleach, aspirin, marble)
e) Date of accident (month, year)
f) Who was with him?
g) What did the person with him do?			
Nothing	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
Treated him themselves	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>
Took to doctor	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>
Took to hospital	<input type="text" value="4"/>	<input type="text" value="4"/>	<input type="text" value="4"/>
Other (please describe)	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>

h) What treatment did the person with him give?
i) What other treatment did he have?

j) Please describe how each accident happened:

Accident 1

Accident 2

Accident 3

D4. a) Has he had any injuries involving traffic in the past 12 months?

Yes No → If no, go to D5a on page 37

If yes, b) how many times?

--	--

For each accident or injury please describe below what happened:

	1st accident	2nd accident	3rd accident
c) Where was he and what was he doing (e.g. sitting in car; riding a bicycle)
d) What happened (e.g. car hit tree; cycle toppled into path of motor vehicle)
e) Date of accident (month,year).....
f) Injuries caused (if no injury write none)
g) Who was with him?
h) What did the person with him do?			
Nothing	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
Treated him themselves	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>
Took to doctor	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>
Took to hospital	<input type="text" value="4"/>	<input type="text" value="4"/>	<input type="text" value="4"/>
Other (please describe)	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>
i) What treatment did the person with him give?
j) What other treatment did he have?

k) Please describe how each accident happened:

Accident 1

Accident 2

Accident 3

D5. a) Has he ever been injured by the action of another person (whether intentionally or not)

Yes No → If no, go to D6a on page 38

If yes, b) how many times?

For each time please describe below what happened:

	1st injury	2nd injury	3rd injury
c) Person involved (e.g. stranger, sister, child's father)
d) What happened ?
e) Date of injury (month, year)
f) Who else was with him?
g) What did the person with him do?			
Nothing	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
Treated him themselves	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>
Took to doctor	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>
Took to hospital	<input type="text" value="4"/>	<input type="text" value="4"/>	<input type="text" value="4"/>
Other (please describe)	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>

h) What treatment did the person with him give?
i) What other treatment did he have?
j) Please describe how each accident happened:			

Accident 1

Accident 2

Accident 3

D6. a) Has he had any other accidents or injuries in the past 12 months?

Yes No → If **no**, go to D7 on page 39

If **yes**, b) how many times?

--	--

For each time please describe below what happened:

	1st accident	2nd accident	3rd accident
c) Place accident happened (e.g. kitchen, garden, street, school)
d) What happened?
e) Date of accident (month, year)
f) Injuries caused (if no injury write none)
g) What did the person with him do?			
Nothing	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
Treated him themselves	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>
Took to doctor	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>
Took to hospital	<input type="text" value="4"/>	<input type="text" value="4"/>	<input type="text" value="4"/>
Other (please describe)	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>

h) What treatment did the person with him give?
i) What other treatment did he have?

j) Please describe how each accident happened:

Accident 1

Accident 2

Accident 3

D7. Has he had any of the following happen since he was born? (tick all questions and all time periods that apply)

	(i) Yes, aged 0 - 2 years	(ii) Yes, aged 3-4 years	(iii) Yes, since 5 th birthday
a) Broken arm/hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Broken leg/foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Broken/cracked skull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Other broken bone (please describe).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Unconscious because of a head injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Cut(s) requiring stitches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Burn or scald having a skin graft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) A road traffic accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) An accident in a playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) An accident at school, nursery, creche	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Stung by wasp or bee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Bitten by animal or human please tick and describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Badly sunburnt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Nearly drowned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Front tooth (teeth) knocked out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		(i) Yes, aged 0 - 2 years	(ii) Yes, aged 3 - 4 years	(iii) Yes, since 5 th birthday
D7.	p) Front tooth/teeth chipped or injured	<div><div>1</div></div>	<div><div>1</div></div>	<div><div>1</div></div>
	q) Other tooth/teeth knocked out or chipped	<div><div>1</div></div>	<div><div>1</div></div>	<div><div>1</div></div>
D8.	Has the study child ever had an accident that has had effects that are still present? (Please tick all that apply)			
	a) yes, a scar	<div><div>1</div></div>		
	b) yes, a behaviour difference	<div><div>1</div></div>		
	c) yes, other (please tick and describe)	<div><div>1</div></div>		

.....

SECTION E: YOUR CHILD'S ENVIRONMENT

E1. Which animals in either your home or elsewhere does he touch or have close contact with at least once a week?

	Yes in our home	Yes elsewhere	Yes both	No, not at all
a) cat (s)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b) dog (s)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c) birds	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
d) other creatures*	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

*please tick and describe.....

E2. All children get dirty. How often in a normal day at home:

a) does he wash his face?

not at all 1-2 times 3-4 times 5 or more times

b) does he wash or wipe his hands?

not at all 1-2 times 3-4 times 5 or more times

c) does he clean his hands before a meal?

always usually sometimes occasionally never

E3. How much time on average does he spend each day:

	(i) on a school weekday				(ii) on a weekend day			
	Not at all	less than 1 hour	1-2 hours	3 or more hours	Not at all	less than 1 hour	1-2 hours	3 or more hours
a) in a car, bus or other transport	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) out of doors in summer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) out of doors in winter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) watching T.V	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e) with other children	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f) drawing, making, constructing things	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g) playing by himself	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h) school homework	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
i) reading books for pleasure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
j) playing musical instruments	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
k) using a computer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
l) on the telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E3. How much time on average does he spend each day:

(iii)
on normal days in school holidays

	Not at all	less than 1 hour	1-2 hours	3 or more hours
a) in a car, bus or other transport	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b) out of doors in summer	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c) out of doors in winter	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
d) watching T.V	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
e) with other children	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
f) drawing, making, constructing things	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
g) playing by himself	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
h) school homework	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
i) reading books for pleasure	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
j) playing musical instruments	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
k) using a computer	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
l) on the telephone	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

E4. How often does he normally:

a) have a bath or shower:

more than 1 once every 2 once a week 3 more 4 a week 5 ever

b) clean his ear holes:

more than 1 once every 2 once a week 3 more 4 a week 5 ever

c) wash his hair:

more than 1 once every 2 once a week 3 more 4 a week 5 ever

E5. How often during a day is he in a room or enclosed place where people are smoking:

	(i) weekdays	(ii) weekends
all the time	<input type="text"/> 1	<input type="text"/> 1
more than 5 hours	<input type="text"/> 2	<input type="text"/> 2
3-5 hours	<input type="text"/> 3	<input type="text"/> 3
1-2 hours	<input type="text"/> 4	<input type="text"/> 4
less than 1 hour	<input type="text"/> 5	<input type="text"/> 5
not at all	<input type="text"/> 6	<input type="text"/> 6

E6. Using the toilet:

a) How often does he show signs (eg fidgets) when he needs to go to the toilet?

never 1 sometimes 2 often 3

b) When he needs to, how often does he go to the toilet without you having to remind him?

never 1 sometimes 2 often 3 always 4

E6.

c) Does he have to dash to the toilet quickly when he realises he needs to go?

yes, has to go straight away

can hold for a short time
(less than 5 minutes)

can hold for longer than 5 minutes

d) How often does he usually go to the toilet during the day?

less than 5 times a day 5-9 times a day

10 or more times a day don't know

e) How often does he usually get up to go to the toilet at night?

not at all once twice 3 or more times don't know

E6. How often usually does your child:

	Never ↓	Occasional accident but less than once a week	About once a week ↓	2-5 times a week ↓	Nearly everyday ↓	More than once a day ↓
f) dirty his pants during the day	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
g) dirty himself at 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="5"/>	<input type="text" value="6"/>
h) wet himself during the day	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
i) wet the bed at 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="5"/>	<input type="text" value="6"/>

j) If he wets at night, how often does he:

	never	sometimes	often	always
(i) wake up after wetting	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
(ii) seem to wet soon after going to sleep	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
(iii) seem upset when the bed is wet	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

E7. In a normal week for how long is he left at home alone or just with other young children (aged less than 12)?*

a) during the day:

not at all	<div>1</div>	only for a few minutes	<div>2</div>
for less than an hour	<div>3</div>	for more than an hour	<div>4</div>

b) at night:

not at all	<div>1</div>	only for a few minutes	<div>2</div>
for less than an hour	<div>3</div>	for more than an hour	<div>4</div>

(* by this we mean with no adults or older children (aged 12 or more) at home at all)

SECTION F: YOU AND YOUR CHILD

- F1. a) Most parents have a battle of wills with their children. How often do you have a battle with your study son?

never

1

→ If **never**, go to F2a on page 48

rarely

2

sometimes

3

frequently

4

- b) What are they usually about (please tick all that apply)?

i) going to sleep

1

ii) eating

1

iii) type of food

1

iv) helping in home

1

v) getting up in the morning

1

vi) homework

1

vii) dressing

1

viii) other

1

please describe

- c) Who most often wins?

me

1

he does

2

about even

3

neither of us

4

F2. a) How often does he refuse to go to bed?

most of the time

1

often

2

at times

3

rarely

4

never

5

b) How often does he refuse to do homework?

most of the time

1

often

2

at times

3

rarely

4

never

5

is not given homework

7

F3. a) How often does he have temper tantrums or get into a real rage?

more than once a day

1

most days

2

at least once a week

3

less than once a week

4

never

5

→ If never, go to F4 on page 50

If he has temper tantrums:

F3. b) Why do you think they happen? (please tick all that apply)

- | | | |
|-------|--|--|
| i) | failure to get what he wants | <div style="border: 1px solid red; padding: 2px; display: inline-block;">1</div> |
| ii) | failure to make himself understood | <div style="border: 1px solid red; padding: 2px; display: inline-block;">1</div> |
| iii) | reaction to being corrected | <div style="border: 1px solid red; padding: 2px; display: inline-block;">1</div> |
| iv) | refusal by child to do something | <div style="border: 1px solid red; padding: 2px; display: inline-block;">1</div> |
| v) | failure to get attention | <div style="border: 1px solid red; padding: 2px; display: inline-block;">1</div> |
| vi) | feeling that a sibling gets preferential treatment | <div style="border: 1px solid red; padding: 2px; display: inline-block;">1</div> |
| vii) | no particular reason | <div style="border: 1px solid red; padding: 2px; display: inline-block;">1</div> |
| viii) | other (please describe) | <div style="border: 1px solid red; padding: 2px; display: inline-block;">1</div> |

.....

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

- | | Often | Sometimes | Never |
|---|--|--|--|
| i) ignore it, let him get it out of his system | <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> | <div style="border: 1px solid red; padding: 2px; display: inline-block;">3</div> |
| ii) send him away for 'time out' e.g. send him to his bedroom | <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> | <div style="border: 1px solid red; padding: 2px; display: inline-block;">3</div> |
| iii) try to hold and cuddle him | <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> | <div style="border: 1px solid red; padding: 2px; display: inline-block;">3</div> |
| iv) try to reason with him | <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> | <div style="border: 1px solid red; padding: 2px; display: inline-block;">3</div> |
| v) threaten him | <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> | <div style="border: 1px solid red; padding: 2px; display: inline-block;">3</div> |
| vi) say hurtful things you regret | <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> | <div style="border: 1px solid red; padding: 2px; display: inline-block;">3</div> |

		Often	Sometimes	Never
vii)	leave it for someone else to cope with	<div>1</div>	<div>2</div>	<div>3</div>
viii)	slap or hit him	<div>1</div>	<div>2</div>	<div>3</div>
ix)	try to distract him	<div>1</div>	<div>2</div>	<div>3</div>
x)	shout at him	<div>1</div>	<div>2</div>	<div>3</div>
xi)	other (please tick and describe)	<div>1</div>	<div>2</div>	<div>3</div>

.....

Space for comments:

F4. How often does he do the following:

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

.....

d)	bites his nails?	<div>1</div>	<div>2</div>	<div>3</div>
----	------------------	--------------	--------------	--------------

F5. Activities

About how often does he go to:	Nearly every day	2-5 times a week	Once a week	Once a month	A few times per year	Once or twice a year	Never ↓
a) local shops	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>
b) department store	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>
c) supermarket	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>
d) public park or playground	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>
e) visits to friends	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>
f) visits to relatives	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>
g) library	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>
h) places of interest (e.g. Zoo, museum)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>
i) places of entertainment (e.g. funfair, cinema, theatre)	<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"/>	<input type="text" value="7"/>
j) swimming pool or other sporting area	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>

F6. How much choice do you allow him in deciding what foods he eats at meals at home?

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

F7. a) Do you allow him to choose what clothes he will wear at home?

he always takes part in choosing

1

he has some choice

2

he has no choice in what he will wear

3

b) Does his school have a uniform?

yes, all children have to wear it

1

yes, but children don't have to wear it

2

no, no school uniform

3

F8. Does your child have the following to play with:

**Yes, and
plays with**

**Yes, but
doesn't
play with**

**No,
doesn't
have**

a) cuddly toys

1

2

3

b) construction toys (e.g. lego)

1

2

3

c) computer games

1

2

3

d) bicycle

1

2

3

e) card games

1

2

3

f) board games

1

2

3

g) jigsaw puzzles

1

2

3

h) action dolls (e.g. Barbie, Power Rangers)

1

2

3

i) How many books does the child have of his own ?

--	--

books

F9. About books:

a) Does he belong to a library?

Yes No →If **no**, go to F10 below

If **yes**,

b) How often does he borrow books from a library?

never	<input type="text" value="1"/>
less than once a week	<input type="text" value="2"/>
about once a week	<input type="text" value="3"/>
more than once a week	<input type="text" value="4"/>

F10. What sort of books does he like? (tick all that apply)

	Yes
i) Books with lots of pictures	<input type="text" value="1"/>
ii) Story books	<input type="text" value="1"/>
iii) Books with horrific fantasy creatures	<input type="text" value="1"/>
iv) Books with factual information (e.g. about cars, pets)	<input type="text" value="1"/>
v) Doesn't like books at all	<input type="text" value="1"/>

F11. Does he read a comic or children's magazine or newspaper each week?

a) yes, comic	<input type="text" value="1"/>
b) yes, magazine	<input type="text" value="1"/>
c) yes, newspaper	<input type="text" value="1"/>
d) no, none of these	<input type="text" value="1"/>

F12. How often do you have a conversation with him?

never	<input type="text" value="1"/>	rarely (once a week)	<input type="text" value="2"/>	sometimes (several times a week)	<input type="text" value="3"/>
often (nearly every day)	<input type="text" value="4"/>	almost always (at least once a day)	<input type="text" value="5"/>		

F13. a) What particular tasks does he do at home? (please tick all that apply)

	Often	Occasionally	Not at all
i) making his bed	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
ii) cleaning his room	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
iii) tidying his room	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
iv) setting or clearing the table	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
v) looking after a pet	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
vi) other task (please tick and describe)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

.....

b) Does he do these tasks:

	Often	Occasionally	Not at all
i) Because he wants to	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
ii) Because you tell him to	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
iii) Because he will get a reward	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

F14. a) Is there a television set at home?

Yes and he watches it Yes, but he does not watch it

No → If **no**, go to F16 on page 56

F14. b) How often is your child allowed to watch the television or a video?

whenever he wants

when I decide it is suitable

hardly ever

→If **hardly ever**, go to
F16 on page 56

c) When do you normally have the television on?

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

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

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

If he does watch TV,

F14. e) what programmes does he see? (tick all that apply)

	Yes	No	Don't know
i) children's programmes	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
ii) other programmes	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
iii) children's videos	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>
iv) other videos	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="9"/>

F14. f) Do you watch as a family?

Yes often 1 Yes sometimes 2 No never 3

g) Do you discuss what you have seen on TV with your study child?

Yes often 1 Yes sometimes 2 No never 3

h) About how close to the TV does he usually sit?

less than 1 about 1 2 more 3
1 metre 1 metre 1 metre
varies 4

i) Does he use the TV to play computer games?

Yes 1 No 2

F15. How often does he play with other children (other than brothers or sisters) outside school?

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

F16. a) When you and your child meet again after being apart does he tell you what he's been doing?

yes, always 1 yes, sometimes 2 hardly ever 3 never 4

b) Does he share with you his feelings and worries?

yes, always 1 yes, sometimes 2 hardly ever 3
never 4 don't know how often 5

c) Do you think he likes to be with you?

yes, always 1 yes, sometimes 2 hardly ever 3 never 4

F17. Do you feel that he dominates the household?

Yes, usually

Yes, sometimes

No, not at all

F18. Do you start by being firm but then give way?

Yes, usually

Yes, sometimes

No, not at all

F19. Does he make collections of things (e.g. stamps, coins)

Yes

No

F20. a) On a day when the weather is reasonable where does he prefer to play?

Prefers out of doors

Prefers indoors

No preference

b) Does he prefer to play?

On his own

With other children

Either

Doesn't play at all

F21. a) Does he like to take part in competitive games? (i.e. one with winners and losers)

Yes

No

b) Does he take a leading role when playing with other children?

Yes

No

c) Does he like making up stories?

Yes

No

	Yes I insist always	Sometimes I insist	I never insist
F22. Do you insist:			
a) that he goes to bed at bedtime	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
b) that he obeys you	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
c) that he eats what you give him	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
d) that he is polite to adults	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
e) that he is considerate of other's feelings	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
f) that he keeps himself clean	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
g) that he keeps his belongings tidy	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>

	Yes I object always	Sometimes I object	I never object
F23. Do you object:			
a) if he makes a lot of noise	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
b) if he brings friends home	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
c) if he interrupts your conversation	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>

SECTION G: HIS GROWTH AND HIS SHOES

Please list the dates on which your child was weighed since he was 5½ years old and how much he weighed each time. Also add height and head circumferences, if they were measured. If you don't know, please write DK and go to G2, below.

	<u>Date</u>	<u>Weight</u>	<u>Height</u>	<u>Head circumference</u>
G1a.	...../...../199....	.....	.....	.....
G1b.	...../...../199....	.....	.....	.....

G2. What size shoes does he take?

G3. How often nowadays does he wear the following footwear:

		(i) Out of doors			(ii) Indoors		
		Usually	Sometimes	Never	Usually	Sometimes	Never
a)	sandals	<div>1</div>	<div>2</div>	<div>3</div>	<div>1</div>	<div>2</div>	<div>3</div>
b)	trainers/ plimsolls	<div>1</div>	<div>2</div>	<div>3</div>	<div>1</div>	<div>2</div>	<div>3</div>
c)	slippers	<div>1</div>	<div>2</div>	<div>3</div>	<div>1</div>	<div>2</div>	<div>3</div>
d)	shoes	<div>1</div>	<div>2</div>	<div>3</div>	<div>1</div>	<div>2</div>	<div>3</div>
e)	other (please tick and describe)	<div>1</div>	<div>2</div>	<div>3</div>	<div>1</div>	<div>2</div>	<div>3</div>

G4. How long do you usually let his hair grow before cutting it?

less than 1 inch	<div>1</div>	more than 1 inch but not	<div>2</div>	shoulder length	<div>3</div>
		shoulder length			
longer than shoulder	<div>4</div>	never cut it	<div>5</div>	other, please describe	<div>6</div>
				

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

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

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

day month year

☐ ☐ ☐ ☐ 199 ☐

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 comment you would like to make

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

When completed, please return the questionnaire to:

**Professor Jean Golding
Children of the Nineties - ALSPAC
Institute of Child Health
24 Tyndall Avenue
Bristol
BS8 1BR Tel: Bristol 928 5007**

For office use only

coder ☐ ☐ int ☐ ☐

© University of Bristol