

SWS Serial Number



24 MONTH CHILD QUESTIONNAIRE

Mother's forename only: _____

Child's forename only: _____

[Nurse to refer to salmon card to ensure child's name is correct, and record any changes thereon. Also to request additional telephone number, for tracing purposes if family move]

Child's date of birth

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

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

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

Sex M=Male ☐
 F=Female

Date of interview

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

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

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

Interviewer

<input type="text"/>	<input type="text"/>
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May I also ask if you have your child's NHS number, so that I can record it for future reference. If we have this information, it makes it easier for us to trace you. You should find this number on your child's medical card.

(Nurse to enter NHS No. on salmon card)

* *If not the mother being interviewed, please complete section on back page*

[illegible]

1.2 Apart from the study child, are you living with the same people as you were when you became pregnant?

0. No

1. Yes

go to section 2

☐

1.3

If anyone has moved into the household since pregnancy, circle their "Person number" below, to indicate who it is from table 1.1. There is no need to fill their details in again.

If anyone has moved out of the household, fill in their details on an "unused" line.

[Use notes & codes from 1.1]

Person number	Relationship to woman	Sex M F		Date of birth Day Mth Yr			Age (yrs)	Smoker	Days per week	Relationship to study child
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										

2. MOTHER'S EMPLOYMENT

2.1 Were you in paid employment or self-employed in the week ending last Sunday?

0. No

go to 2.3

1. Yes

☐

2.2 Were you working full time or part time?

0. Full time (more than 30 hours) *go to 2.6b*

1. Part time (30 hours or fewer)

☐

2.3 Were you going to college full time?

0. No

if working part time

go to 2.6a

if not working

go to 2.5

1. Yes

☐

2.4 If Yes, what are you studying? _____

If working part time go to 2.7

If not working go to 2.6a

2.5 *If not working or studying were you:*

1. Unemployed
2. Permanently unable to work because of long term sickness or disability
3. Looking after home or family
4. Other, *specify* _____

2.6a If **not** working, or working part time, what was your last **full time** job?
 If only **ever** part time give last part time job.
 Then if currently working part time go to 2.7, otherwise go to section 3

Job Position _____(Self-employed/manager/foreman/employee)

Industry _____

2.6b *If working full-time, what is your job?*
Probe industry & self-employed/manager/foreman/employee

Job Position _____ (Self-employed/manager/foreman/employee)

Industry _____ go to 2.8

2.7 *If working part-time now, what is your current job?*

Job Position _____(Self-employed/manager/foreman/employee)

Industry _____

2.8 How old was the child when you went back to work? yrs mths wks

or on what date did you go back to work ?

d	d	m	m	y	y

2.9 How many hours did you work over the last week ?

--	--

 hrs

--	--

 mins

3. PARTNER'S EMPLOYMENT

If there is a husband or partner living in the house (if not go to section 4):

3.1 Was your husband/partner in paid employment or self-employed in the week ending last Sunday?

0. No

go to 3.3

1. Yes

☐

3.2 Was he working full time or part time?

0. Full time (more than 30 hours)

go to 3.6b

1. Part time (30 hours or fewer)

☐

3.3 Was he going to college full time?

0. No *if working part time*
if not working

go to 3.6a

go to 3.5

1. Yes

☐

3.4 *If yes, what is he studying?* _____

If working part time

go to 3.7

If not working

go to 3.6a

3.5 *If not working or studying was he:*

1. Unemployed

2. Permanently unable to work because of long term sickness or disability

3. Looking after home or family

4. Other, *specify* _____

☐

3.6a *If not working, or working part time, what was his last full time job?*

If only ever part time give last part time job.

Then if currently working part time go to 3.7, otherwise go to section 4

Job Position _____ (Self-employed/manager/foreman/employee)

Industry _____

3.6b *If working full-time, what is his job?*

Probe industry & self-employed/manager/foreman/employee

Job Position _____ (Self-employed/manager/foreman/employee)

Industry _____ *go to section 4*

3.7 *If working part-time now, what is his current job?*

Job Position _____ (Self-employed/manager/foreman/employee)

Industry _____

3.8 *If working part time, how many hours per week does he work?*

hrs mins

4. BENEFITS

4.1 *Are you (or your husband/partner) receiving any of the following benefits?
(Income support/job seekers allowance/working tax credit/housing benefit)

0. No *go to section 5*

1. Yes

☐

4.2 How long have you been receiving them?

(0=No, 1=<1 year, 2=1-2 years, 3=2+years, 9=Don't know)

(a) Income support

☐

(b) Job seekers allowance

☐

(c) Working tax credit

☐

(d) Housing benefit

☐

5. CHILDCARE ARRANGEMENTS

If the woman works (part-time or full-time): if not go to section 6

5.1 *Which of the following best describes the way you arrange for your children aged 12 or under to be looked after while you are at work?

Tick up to three boxes.

		1 st mention	2 nd mention	3 rd mention
1	I work only while they are at school			
2	They look after themselves until I get home			
3	I work from home			
4	My husband/partner looks after them			
5	A nanny or mother's help looks after them at home			
6	They go to a work-place nursery			
7	They go to a day nursery			
8	They go to a child minder			
9	A relative looks after them			
10	A friend or neighbour looks after them			
11	Other, <i>specify</i>			

TV WATCHING

6.1 *On a typical day, how many hours does your child generally sit down to watch television or a video?

1. More than 5 hours
2. 4-5 hours
3. 3-4 hours
4. 2-3 hours
5. 1-2 hours
6. Less than 1 hour
7. None

☐

7. HOUSING

7.1 What type of accommodation do you live in?

1. Detached house/bungalow
2. Semi-detached house/bungalow
3. End terraced house
4. Terraced house
5. Purpose built flat/maisonette
6. Converted flat/maisonette
7. Dwelling with business premises
8. Bedsitter, in multiple occupation
9. Bedsitter, other
10. Hostel
11. Hall of residence
12. Other student accommodation
13. Other, *specify* _____

☐

7.2 On what floor is the main part of living accommodation?
(If more than one, code the lowest)

1. Basement
2. Ground floor/street level
3. 1st floor
4. 2nd floor
5. 3rd floor
6. 4th to 9th floor
7. 10th to 19th floor
8. 20th floor or higher

☐

7.3 *Do you own your own home, or are you buying it on a mortgage, or do you rent it in some way?

1. Owns outright or buying with mortgage
2. Rent from private landlord
3. Rent from council or housing association
4. Other rented accommodation (hostel, hall of residence, B& B)
5. Lives with parents
6. Other, *specify* _____

☐

7.4 *How many rooms do you have for use only by your household?

[Do not count bathrooms, toilets, halls or landings, or rooms that can only be used for storage such as cupboards. Do count all other rooms, eg. kitchens, living rooms, bedrooms, utility rooms & studies. If 2 rooms have been converted into one, count them as one room].

7.5 How many bedrooms do you have?

[Include bedsitters, boxrooms, attic bedrooms]

7.6 How many years have you lived at this address?

yrs

mths

7.7 Since the birth of the study child, have you changed address?

No 0.

Yes - number of times moved

7.8 *Here is a list of some problems that people often have with their homes. Please tell me if you think that each one is a big problem, a small problem or not a problem for you and your family?

(Circle number in appropriate boxes)

		Big problem	Small problem	Not a problem
1	Condensation	3	2	1
2	Rising or penetrating damp	3	2	1
3	Difficulty in keeping home warm	3	2	1
4	Leaking roof	3	2	1
5	Rot in window frames, timbers or floorboards	3	2	1
6	Not enough space	3	2	1

7.9 *Here is a list of some problems that people often have with the area where they live. Again, please tell me if you think that each one is a big problem, a small problem or not a problem for you and your family?

(Circle number in appropriate boxes)

		Big problem	Small problem	Not a problem
1	Vandalism	3	2	1
2	Litter & rubbish	3	2	1
3	Smells & fumes	3	2	1
4	Assaults & muggings	3	2	1
5	Burglaries	3	2	1
6	Disturbance by children or youngsters	3	2	1
7	Traffic	3	2	1
8	Noise	3	2	1

8. INCOME / HOUSEHOLD

- 8.1** *Here is a list of some things that sometimes cause people financial difficulties. Please tell me if you think that finding the money for each one is a big problem, a small problem or not a problem for you and your family?

(Circle number in appropriate boxes)

		Big problem	Small problem	Not a problem	Not applicable
1	Food and other household necessities, which you have to buy often	3	2	1	8
2	Clothes	3	2	1	8
3	Mortgage or rent	3	2	1	8
4	Bills, like council tax or heating, that come up from time to time	3	2	1	8
5	Treats & luxuries, like having a night out or presents for the family	3	2	1	8
6	Holidays	3	2	1	8
7	Cigarettes/tobacco	3	2	1	8

- 8.2** *Suppose you needed to find a lump sum of money (eg suppose a cooker or washing machine broke down & needed **replacing** straight away), would it be:

1. No problem
2. Inconvenient, but not impossible
3. Difficult
4. Impossible

☐

- 8.3** *Suppose you needed to find a smaller sum of money (eg suppose a cooker or washing machine needed **repairing** straight away), would it be:

1. No problem
2. Inconvenient, but not impossible
3. Difficult
4. Impossible

☐

- 8.4** How many cars or vans are owned, or available for use, by one or more members of your household? *[Include any company car or van if available for private use].* *If none, go to 8.6*

☐

- 8.5** Do you yourself have regular use of a car or van?

0. No
1. Yes

☐

8.6a *At which type of shop do you do your **main food shopping**? ☐

1. City centre market stalls
2. City centre food shop
3. Corner shop
4. Greengrocer
5. Small supermarket
6. Large supermarket
7. Internet *go to 8.8*

8.6b Please specify name and location of **8.6a** _____

8.7 *Thinking about the household's main/weekly shopping, what is the form of transport most often used

- a) to get to (the) *[insert response from Q8.6a & b]*
 b) to get back from (the) *[insert response from Q8.6a & b]*

		a) TO	b) FROM
1	Household's own car		
2	Lift in someone else's car		
3	Taxi		
4	Normal paying bus		
5	Store's free bus service		
6	Train		
7	Walk		
8	Other, <i>specify</i> :		

8.8 Do you pay for any regular outside help with the household tasks (eg cleaning, ironing, gardening - **not** including window cleaning?)

0. No
1. Yes

☐

9. HEATING

9.1 *How is your flat/house principally heated?

1. Gas central heating
2. Ducted central heating
3. Under floor heating
4. Night storage heaters
5. Coal/wood open fires
6. Coal/wood burners
7. Gas fires
8. Electric fires/heaters
9. Paraffin/kerosene heaters
10. Oil central heating
11. Other, *specify* _____

☐

9.2 Is the room where your child usually sleeps heated in this way?

0. No
1. Yes *go to section 10*

☐

9.3 *How is the room where your child usually sleeps heated?

1. Gas central heating
2. Ducted central heating
3. Under floor heating
4. Night storage heaters
5. Coal/wood open fires
6. Coal/wood burners
7. Gas fires
8. Electric fires/heaters
9. Paraffin/kerosene heaters
10. Oil central heating
11. Other, *specify* _____

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10. SLEEPING ARRANGEMENTS

10.1 Does he/she sleep mainly

1. in the same bedroom as brothers or sisters
2. in the same bedroom as parents
3. in his/her own bedroom
8. other, *specify* _____

☐

10.2 How many times **per night** (between midnight and 6am) does he/she generally wake for any reason?

Please answer this in relation to the last 2 weeks?

	.		per night
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MOTHER'S SMOKING

11.1 Are you currently smoking?

0. No *go to 11.5*
1. Yes

☐

11.2 If yes, and offered, is it:

1. Only in a separate room
2. Only outside the house

☐

11.3 How many per day?

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11.4 What is your current brand? _____

11.5 Does anyone else smoke in the flat/house, or is he/she ever looked after more than once a week by anyone who smokes?

0. No *go to section 12*
1. Yes

☐

11.6 If yes, and offered, is it:

1. Only in a separate room
2. Only outside the house

☐

12. MOTHER'S GENERAL HEALTH

12.1 *How is your health in general? Would you say it was:

1. Very good
2. Good
3. Fair
4. Bad
5. Very bad

☐

12.2 *To what extent do you feel that the stress or pressure you have experienced since we first interviewed you has affected your health? (*get date from salmon card*)

1. None
2. Slightly
3. Moderately
4. Quite a lot
5. Extremely

☐

12.3 *In general, how much stress or pressure have you experienced in your daily living in the last 4 weeks?

1. None
2. Just a little
3. A good bit
4. Quite a lot
5. A great deal

☐

13. CHILD'S ILLNESSES

I would just like to ask a few questions about any illnesses your child might have had **since we last visited you when he/she was about twelve months old.** (*Give date of last visit*)

(*Prolonged period with <1 week break between bouts - enter 88*)

- 13.1** Has he/she had any episodes of chestiness associated with wheezing or whistling in his/her chest? (*includes wheezy bronchitis, asthma*)

No 0. go to 13.3

Yes - number of times

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- 13.2** How old was he/she at the start of the first episode ?

yrs	mths	wks	

- 13.3** In the past twelve months, other than during the first week of a cold, has he/she woken at night with coughing for 3 or more nights in a row?

0. No

1. Yes

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- 13.4** In the past twelve months has he/she ever been diagnosed by a doctor as having had pneumonia or bronchiolitis? (*don't include bronchitis or "chest infection"*)

No 0.

Yes - number of times

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- 13.5** In the past twelve months, has he/she ever been diagnosed by a doctor as having had a chest infection or bronchitis? (*includes wheezy bronchitis*)

No 0.

Yes - number of times

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- 13.6** In the past twelve months, has he/she had any episodes of croup or a croupy cough ? (i.e. a barking cough worse at night)

No 0.

Yes - number of episodes

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- 13.7** In the past twelve months, has he/she had any bouts of vomiting lasting 2 days or longer?

No 0.

Yes - number of bouts

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- 13.8** In the past twelve months, has he/she had any bouts of diarrhoea lasting 2 days or longer? (*probe; diarrhoea=frequent unformed stools*)

No 0.

Yes - number of bouts

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- 13.9** In the past twelve months, has he/she ever been diagnosed by a doctor as having an ear infection?

No 0.

Yes - number of times

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14. CHILD EXAMINATION

14.1 Measurement Date

d	d	m	m	y	y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

14.2 Time (24 hr clock)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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14.3 Measurer

<input type="text"/>	<input type="text"/>
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14.4 Helpers (Parent = 90)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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14.5 Occipito-frontal circumference

<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm

Crying
0. No ☐
1. Yes

14.6 Left mid-upper arm circumference (arm straight)

<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm

Crying
0. No ☐
1. Yes

14.7 Chest circumference

<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm

Crying
0. No ☐
1. Yes

14.8 Abdominal circumference (sitting)

<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm

Crying
0. No ☐
1. Yes

14.9 Waist
(standing)

		.		cm
		.		cm
		.		cm

Crying

0. No

1. Yes

☐
☐

14.10 Height (barefoot)
(Leicester H/M)

		.		cm
		.		cm
		.		cm

Crying

0. No

1. Yes

☐
☐

14.11 Sitting height
(Leicester H/M)

		.		cm
		.		cm
		.		cm

Crying

0. No

1. Yes

☐
☐

14.12 Stadiometer used

☐

14.15 Child's weight (preferably in underwear only, with no nappy)

		.			kg
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14.16 Approx weight of any clothes (except underwear) or nappy?

	.			kg
--	---	--	--	----

14.17 Scales used

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Skinfold thicknesses

14.17 Triceps skinfold

		.		mm
		.		mm
		.		mm

Crying

0. No

1. Yes

☐
14.18 Subscapular skinfold

		.		mm
		.		mm
		.		mm

Crying

0. No

1. Yes

☐
14.19 Skinfold calipers used

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15. TEETH**15.1** Number of teeth

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15.2 Position of teeth*(Mark with a cross for each tooth present)**Child's top right**Child's top left**Child's bottom right**Child's bottom left***15.3** Has your child lost any teeth?

No 0.

Yes - number of teeth

☐

Additional section ONLY for those still breast feeding at 1yr - as indicated on salmon card by "green spot".

16. MILK OR FORMULA FEEDING

16.1 Are you still breast feeding?

0. No *go to 16.3*
1. Yes *Nurse to note on salmon card*

☐

16.2 *What is the **main** reason for continuing to breast feed?

1. Enjoyment
2. Best for baby / prevention of allergies
3. Cheaper
4. Baby prefers it or refuses other feeds
5. Convenience
8. Any other / multiple reasons, e.g. help lose weight, so sleeps through night

☐

16.3 How old was your baby when he/she last had a breast feed?

		mnts		wks		days
--	--	------	--	-----	--	------

or

On what date did he/she last have a breast feed?

d	d	m	m	y	y

To be completed by the nurse if the mother was not the person interviewed:

17.1 Why was the mother not available?

1. Has left the family home
2. Still lives in family home, but was unavailable for interview
3. Has died
4. Is ill or in hospital
8. Other, specify _____
9. Don't know

☐

17.2 Who was interviewed?

1. Study child's father
2. Mother's partner (if not father)
3. Study child's grandparent
4. Other family member
5. Mother "figure" (eg father's partner/step-mother)
6. Family friend
8. Other, specify _____

☐