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MY SCHOOL BOY

This questionnaire asks about your study child.

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

5/12/96

SECTION A: YOUR CHILD'S HEALTH

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

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

A2. a) In the past 15 months has the doctor been called to your home because he was unwell?

Yes No → If **no**, go to A3 below

If **yes**,

b) how many times?

once 2 times 3-4 times 5 or more times

A3. Has he had any of the following in the past 15 months?

In the past 15 months:	Yes and saw a doctor	Yes but did not see doctor	No did not have
a) diarrhoea	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b) blood in the stools	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c) vomiting	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
d) cough	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
e) high temperature	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
f) snuffles/cold	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

In the past 15 months:			Yes and saw a doctor	Yes but did not see doctor	No did not have
A3.	g)	ear ache	<div>1</div>	<div>2</div>	<div>3</div>
	h)	ear discharge (pus not wax)	<div>1</div>	<div>2</div>	<div>3</div>
	i)	convulsions/fits	<div>1</div>	<div>2</div>	<div>3</div>
	j)	stomach ache(s)	<div>1</div>	<div>2</div>	<div>3</div>
	k)	rash	<div>1</div>	<div>2</div>	<div>3</div>
	l)	wheezing	<div>1</div>	<div>2</div>	<div>3</div>
	m)	breathlessness	<div>1</div>	<div>2</div>	<div>3</div>
	n)	episodes of stopping breathing	<div>1</div>	<div>2</div>	<div>3</div>
	o)	an accident	<div>1</div>	<div>2</div>	<div>3</div>
	p)	urinary infection	<div>1</div>	<div>2</div>	<div>3</div>
	q)	headache(s)	<div>1</div>	<div>2</div>	<div>3</div>
	r)	constipation	<div>1</div>	<div>2</div>	<div>3</div>
	s)	worm infections	<div>1</div>	<div>2</div>	<div>3</div>
	t)	lice or scabies	<div>1</div>	<div>2</div>	<div>3</div>
	u)	other (please tick and describe)	<div>1</div>	<div>2</div>	<div>3</div>

.....

A4. a) Has your child been admitted to hospital in the past 15 months?
 Yes

1

 No

2

 → If **no**, go to A5 on page 5

If **yes**,

b) how many times?

A4. c) please describe for each admission:

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

d) How often did you see him while he was in hospital?

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

A5. Has he ever had any of the following operations?

	Yes	No
a) hernia repair	<input type="text"/>	<input type="text"/>
b) tonsils out	<input type="text"/>	<input type="text"/>
c) adenoids out	<input type="text"/>	<input type="text"/>
d) appendicectomy (appendix out)	<input type="text"/>	<input type="text"/>
e) tubes (grommets) put in his ears	<input type="text"/>	<input type="text"/>
f) squint repair (to put eyes straight)	<input type="text"/>	<input type="text"/>
g) teeth pulled out	<input type="text"/>	<input type="text"/>
h) other operations (please describe)	<input type="text"/>	<input type="text"/>

.....

.....

- A6. a) In the past 15 months has he had any periods when there was wheezing with whistling on his chest when he breathed?

Yes No → **If no, go to A6f below**

If yes,

- b) How many separate times has he wheezed in the past 15 months?

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

- c) How many days altogether would you say he had wheezed in the past 15 months?

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

- d) Was he breathless during any of these times?

Yes for all Yes for some No not at all

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

Yes for all Yes for some No not at all

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

Yes No have no other children

- A7. a) Has your child had any itchy, dry skin rash in the joints and creases of his body (e.g. behind the knees, elbows, under the arms) in the past 15 months?

Yes No → **If no, go to A8a on page 7**

If yes,

- b) how bad was this?

very bad quite bad mild no problem

A7. c) does he have this sort of rash now?

Yes 1 No 2

	Yes	No
d) did the rash ever become sore and oozy?	<input type="text"/> 1	<input type="text"/> 2
e) was it made worse by irritants such as bubble bath, soap, wool or nylon clothing?	<input type="text"/> 1	<input type="text"/> 2

A8. a) Has he had an itchy, dry, rash on his hands in the past 15 months?

Yes 1 No 2

b) Has he had an itchy, dry rash on his feet in the past 15 months?

Yes 1 No 2 → If **no**, go to A8c below

If **yes**, please describe which parts of his feet

c) does his skin get itchy when he gets sweaty? (e.g. in a hot room or when he has been playing?)

Yes 1 No 2

A9. Has he ever had a skin reaction (e.g. redness or itching) which you thought was due to some food that he had eaten?

Yes 1 No 2 → If **no**, go to A10a on page 8

If **yes**,

i) please describe the food(s)

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

iii) where was the reaction? mouth 1

other part 2

(please describe)

A10. a) Has he had vomiting spells in the past 15 months?
 Yes 1 No 2 → If **no**, go to A11a below

If **yes**,

b) How many times?
 once 1 twice 2 3-9 times 3 10 or more times 4

c) Have these been associated with:

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

A11. a) In the past 15 months has he had diarrhoea or gastro-enteritis?
 Yes 1 No 2 → If **no** go to A12a on page 9

If **yes**,

b) how many times?

c) how many days did the worst attack last?

d) Did you:

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

.....

A11. e) Did he continue to eat as usual?
Yes 1 → **If yes, go to A11f below**
No 2

If no,

i) how long was normal feeding disturbed?

less than 1 1 day 2 2 days 3
1 day
3-4 days 4 5 or more 5
days

f) What treatment was given?

.....
.....

A12. a) In the past 15 months has your child ever had a time when he has coughed off and on for at least 2 days?

Yes 1 No 2 → **If no, go to A13a on page 10**

If yes,

b) how many times has this happened in the past 15 months?

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

c) did he have a fever at any of these times?

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

d) did he have a runny nose during any of these spells?

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

A13. The following questions are about your child's ears or hearing.

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

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

- b) Does he turn his head towards sounds?

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

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

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

A13. d) During recent colds, is the dripping (discharge) from his nose:

		Yes usually	Yes sometimes	No never	Don't know	Hasn't had a cold	
i)	clear	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>	<input type="text" value="7"/>	→ Go to A13e below
ii)	slightly white in colour	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>		
iii)	thick heavy yellow and/or green in colour (catarrh)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>		
iv)	very little discharge occurs at all	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="9"/>		

e) Has pus or sticky mucus (not ear wax) leaked out of his ear in the past 2 years?

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

f) Does he breathe through his mouth rather than through his nose?

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

A13. g) Does he snore for more than a few minutes at a time?

most nights

1

quite often

2

sometimes

3

only rarely

4

never

5

don't know

9

h) When he is asleep, does he seem to stop breathing or hold his breath for several seconds at a time?

yes, often

1

yes, sometimes

2

no

3

don't know

9

A14. a) Have there been times in the past 15 months when he has had a pain in his stomach?

Yes

No

→ If no, go to A15a on page 13

If yes,

b) How many separate times has this happened in the past 2 years?

once

twice

3-4
times

5 or more
times

don't
know

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

yes every time

yes, for some
of the times

no, not at all

A14. d) What do you think were the causes of his stomach pains (tick all that apply)?

i) something he ate ☐
1

ii) an infection ☐
1

iii) constipation ☐
1

iv) other
(please describe) ☐
1

.....

v) don't know ☐
1

A15. a) Does he often have aches and pains in his arms or legs?

yes arm(s) ☐
1

yes leg(s) ☐
2

yes both ☐
3

no, not
often ☐
4



**If no,
go to A16a
below**

b) **If yes,**

i) does this happen especially when he is tired? Yes ☐
1

No ☐
2

ii) what do you think is the cause ?

.....

iii) do you find any particular treatment helps ?

Yes ☐
1

No ☐
2

If yes, please describe.....

A16. a) In the past 15 months has he had any form of convulsion, fit, seizure or other turn in which consciousness was lost or any part of the body made an abnormal movement?

Yes ☐
1

No ☐
2

Not known ☐
9

→ **If no, or not known,
go to A17 on page 15**

If **yes**,

A16. b) Please describe the first attack since his 4th birthday:

.....

.....

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

Yes 1 No 2 Not known 9

d) How old was he at the time?

4 years 1 5 years 2 6 years old 3

e) How many attacks has he had since his 4th birthday?

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

f) By whom was he seen for these attack(s)? (tick all that apply)

Yes

i) general practitioner at home 1

ii) general practitioner at surgery 1

iii) hospital outpatients 1

iv) admitted to hospital 1

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

.....

.....

h) Did later attacks differ from the first one?

Yes 1 No 2 → If **no** go to A16(j) on page 15

If yes, please describe

.....
.....

A16 j) What were the attacks thought to be due to? (Tick all that apply)

- | | | |
|-------|--------------------------|-------------------------|
| i) | febrile convulsions | <div><div>1</div></div> |
| ii) | fainting and blackouts | <div><div>1</div></div> |
| iii) | epilepsy | <div><div>1</div></div> |
| iv) | breath holding | <div><div>1</div></div> |
| v) | reaction to immunisation | <div><div>1</div></div> |
| vi) | other (please specify) | <div><div>1</div></div> |
| | | |
| vii) | don't know | <div><div>1</div></div> |

A17. In the past 15 months, has he had the following infections?

In the past 15 months:	Yes	No
a) measles	<div><div>1</div></div>	<div><div>2</div></div>
b) chicken pox	<div><div>1</div></div>	<div><div>2</div></div>
c) mumps	<div><div>1</div></div>	<div><div>2</div></div>
d) meningitis	<div><div>1</div></div>	<div><div>2</div></div>
e) cold sores	<div><div>1</div></div>	<div><div>2</div></div>
f) whooping cough	<div><div>1</div></div>	<div><div>2</div></div>

In the past 15 months:		Yes	No
A17.			
g)	urinary infection	<div>1</div>	<div>2</div>
h)	eye infection	<div>1</div>	<div>2</div>
i)	ear infection	<div>1</div>	<div>2</div>
j)	chest infection	<div>1</div>	<div>2</div>
k)	other infection (please tick & describe)	<div>1</div>	<div>2</div>

.....

A18. Approximately how many times **in the last 12 months** has:

a)	the family doctor come to your home because your study child was ill	<div></div> <div></div>	times (put 00 if not at all)
b)	the family doctor seen your study child in his/her surgery because he was unwell?	<div></div> <div></div>	times (put 00 if not at all)
c)	a doctor seen your study child for a routine check?	<div></div> <div></div>	times (put 00 if not at all)

SECTION B: SLEEPING

B1. Does your child have a regular sleeping routine?

Yes 1 No 2

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

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

b) On normal school days what time in the evening does your child go to sleep?

hours minutes
 p.m.

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

hours minutes
 a.m.

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

B4. a) Where does the child usually sleep?

	(i) When he goes to bed at night	(ii) When he wakes in the morning
in his own room on his own	<input type="text"/> 1 <input type="text"/>	<input type="text"/> 1 <input type="text"/>
in a room with other children	<input type="text"/> 2 <input type="text"/>	<input type="text"/> 2 <input type="text"/>
in your bedroom	<input type="text"/> 3 <input type="text"/>	<input type="text"/> 3 <input type="text"/>
in a room with other adults	<input type="text"/> 4 <input type="text"/>	<input type="text"/> 4 <input type="text"/>
other place (please tick & describe)	<input type="text"/> 5 <input type="text"/>	<input type="text"/> 5 <input type="text"/>

.....

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

	(i) When he goes to bed at night	(ii) When he wakes in the morning
in his own bed	<div>1</div>	<div>1</div>
in a bed with other children	<div>2</div>	<div>2</div>
in your bed with you	<div>3</div>	<div>3</div>
in a bed with other adult	<div>4</div>	<div>4</div>
other place (please tick & describe)	<div>5</div>	<div>5</div>

.....

c) How often does he sleep?

	Always	Usually	Sometimes	Hardly ever
i) on his back	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
ii) on his side	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
iii) on his front	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

d) Does your child seem to grind his teeth :

	Yes, often	Yes, sometimes	No
a) when he's asleep?	<div>1</div>	<div>2</div>	<div>3</div>
b) at other times?	<div>1</div>	<div>2</div>	<div>3</div>

Space for comments:

B4. e) In the room where the child sleeps most of the night:

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

B5. In the past year has your child regularly:

		Yes, but did not worry me	Yes, worried me a bit	Yes, worried me greatly	No, did not happen	Don't know
a)	refused to go to bed	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>9</div>
b)	woken very early	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>9</div>
c)	had difficulty going to sleep	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>9</div>
d)	had nightmares	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>9</div>
e)	continued to get up after being put to bed	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>9</div>
f)	refused to go to bed	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>9</div>
g)	got up after only a few hours sleep	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>9</div>

SECTION C: HIS ACTIVITIES AND BEHAVIOUR

C1. Does he listen to the radio at all? Yes No → If **no**, go to C3 below

C2. How many hours per day is he in a room or a car with each of the following stations switched on?

	Never	Once in a while	Less than 1 hour a day	1-2 hours per day	3-7 hours per day	More than 7 hours per day
a) Radio 1	<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"/>
b) Radio 2	<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"/>
c) Radio 3	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
d) Radio 4	<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"/>
e) Radio 5	<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"/>
f) Radio Bristol	<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) GWR	<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) Other local commercial station (please tick & describe).....	<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"/>

C3. Is he in a household where there is a television?

Yes No → If **no**, go to C7 on page 22

C4. How often during the week is the TV switched on when he is in the room?

	Yes every day	Yes most days	Yes occasionally	No or rarely
a) Breakfast TV (6-00 to 9-00 am)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b) In the daytime (9-00am to 4-00 pm)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c) Between 4-00 and 5-30	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
d) In the evening between 5-30 and 9pm.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
e) After 9pm.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

C5. During the week, which channels are likely to be on in the room where he is?

	a) Breakfast TV	b) 9-00 am.to 4-00 pm.	c) Between 4-00 and 5-30 pm.	d) Between 5-30 and 9pm	e) After 9pm.
BBC 1	<div>1</div>	<div>1</div>	<div>1</div>	<div>1</div>	<div>1</div>
BBC2	<div>2</div>	<div>2</div>	<div>2</div>	<div>2</div>	<div>2</div>
ITV	<div>3</div>	<div>3</div>	<div>3</div>	<div>3</div>	<div>3</div>
Channel 4	<div>4</div>	<div>4</div>	<div>4</div>	<div>4</div>	<div>4</div>
Satellite	<div>5</div>	<div>5</div>	<div>5</div>	<div>5</div>	<div>5</div>
Cable	<div>6</div>	<div>6</div>	<div>6</div>	<div>6</div>	<div>6</div>
He is not there at this time	<div>7</div>	<div>7</div>	<div>7</div>	<div>7</div>	<div>7</div>
Do not have TV on at this time	<div>8</div>	<div>8</div>	<div>8</div>	<div>8</div>	<div>8</div>

C6. a) 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,

b) what programmes does he see? (tick all that apply)

i) children's programmes	<input type="text" value="1"/>	
ii) other programmes	<input type="text" value="1"/>	
iii) children's videos	<input type="text" value="1"/>	Don't know
iv) other videos	<input type="text" value="1"/>	<input type="text" value="9"/>

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

less than 1 metre	<input type="text" value="1"/>	about 1 metre	<input type="text" value="2"/>	more 1 metre	<input type="text" value="3"/>
varies	<input type="text" value="4"/>				

C7. How often does he have temper tantrums?

More than once a day	<input type="text" value="1"/>
Most days	<input type="text" value="2"/>
At least once a week	<input type="text" value="3"/>
Less than once a week	<input type="text" value="4"/>
never	<input type="text" value="5"/>

C8. How often does he do the following:

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

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C9.

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	Never ↓
a) local shops	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
b) department store	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
c) supermarket	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
d) park or playground	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
e) visits to friends	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
f) visits to relatives	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
g) library	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
h) places of interest (e.g. Zoo, museum)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
i) places of entertainment (e.g. funfair)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
j) swimming pool or other sporting area	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>

C10. How much choice do you allow him in deciding what foods he eats at meals?

	(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 choses	<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"/>

C11. How often does he play with other children (other than brothers or sisters)?

every day	<input type="text" value="1"/>
2 - 6 times a week	<input type="text" value="2"/>
once a week	<input type="text" value="3"/>
less than once a week	<input type="text" value="4"/>
never	<input type="text" value="5"/>

C12. When you and your child meet again after being apart for an hour or more, does he tell you what he's been doing?

yes, always	<input type="text" value="1"/>	yes, sometimes	<input type="text" value="2"/>	hardly ever	<input type="text" value="3"/>
never	<input type="text" value="4"/>				

SECTION D: UPSETTING EVENTS

Below are listed some events that might upset some children. Please state whether any of these has happened in the last 15 months.

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

In the last 15 months	Yes and he was very upset	Yes and he was quite upset	Yes and he was a bit upset	Yes but he wasn't upset	No did not happen
D1. He was taken into care*	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
D2. A pet died	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
D3. He moved home	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
D4. He had a shock or fright*	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
D5. He was physically hurt by someone*	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
D6. He was sexually abused*	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
D7. He was separated from his mother	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
D8. He was separated from his father	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
D9. He acquired a new mother or father	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
D10. He had a new brother or sister	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
D11. He was admitted to hospital	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

In the last 15 months	Yes and he was very upset	Yes and he was quite upset	Yes and he was a bit upset	Yes but he wasn't upset	No did not happen
D12. He changed care taker (i.e. the person mostly looking after him)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D13. He was separated from someone else	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D14. He started a <u>new</u> nursery or kindergarten	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D15. He started school	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
D16. Something else*	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

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

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Space for comments:

SECTION E: ABILITIES AND DISABILITIES

Children in this study have a range of skills and abilities and some have a number of disabilities. These questions will enable us to get a picture of your child. Please answer each question. If you don't know the answer ask your child to try the task.

E1.		Yes, can do well	Yes, does but not very well	Has not yet done	Is unable to try this
a)	Is he is able to walk?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
b)	Is he able to stoop down and pick up something from the floor?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
c)	Is he able to run?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
d)	Can he jump forward with both feet together?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
e)	Can he walk on tiptoe?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
f)	Can he run on tiptoe?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
g)	Can he hop on one foot for 3 steps?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
h)	Can he walk backwards for 4 steps?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
i)	Can he stand on 1 foot for at least 8 seconds?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
j)	Can he walk upstairs, putting both feet on each step?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
k)	Can he walk upstairs, putting one foot on each step?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
l)	Can he walk downstairs, putting both feet on each step?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
m)	Can he walk downstairs, putting one foot on each step?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>

E1.		Yes, can do well	Yes, does but not very well	Has not yet done	Is unable to try this
n)	Can he run upstairs?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
o)	Can he ride a tricycle?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
p)	Can he ride a bicycle?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
q)	Can he swim with waterwings?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
r)	Can he swim without waterwings?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
s)	Can he do a handstand against the wall?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
t)	Can he skip with a skipping rope?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
u)	Can he stand on his head?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
E2.					
a)	Can he hold a pencil and scribble?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
b)	Can he copy a vertical line with a pencil?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
c)	Can he wiggle his thumb?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
d)	Can he draw a circle (more or less)?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
e)	Can he bang together two objects that he is holding?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
f)	Can he draw (or copy) a cross?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>

E2.		Yes, can do well	Yes, does but not very well	Has not yet done	Is unable to try this	
g)	Can he draw (or copy) a square?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>	
h)	Can he write his name?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>	
i)	Can he write any numbers?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>	
j)	If you ask him to draw a man, what is the result likely to be?					
	just a scribble	<div>1</div>	a head and not much else	<div>2</div>	a head and body	<div>3</div>
	a head, body and legs	<div>4</div>	head, body, arms, legs	<div>5</div>		
	other (please describe)	<div>6</div>			

E3.		Yes, can do well	Yes, does but not very well	Has not yet done	Is unable to try this
a)	Can he pick up a small object using finger and thumb only?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
b)	Can he turn the pages of a book?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
c)	Can he build a tower putting one object on top of another?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
d)	Can he build a tower of 4 bricks?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
e)	Can he build a tower of 6 bricks?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
f)	Can he build a tower of 8 bricks?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
g)	Can he put bricks together to make a bridge?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>

E4.		Yes, can do well	Yes, does but not very well	Has not yet done	Is unable to try this
a)	Does he show interest in pictures in books?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="7"/>
b)	Does he notice details in pictures and photographs?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="7"/>
c)	Can he recognise the colours red, yellow and blue?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="7"/>
d)	Can he recognise orange, brown and purple?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="7"/>
e)	Can he recognise his name when written?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="7"/>
f)	Does he know at least 3 letters of the alphabet?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="7"/>
g)	Does he know at least 10 letters of the alphabet?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="7"/>
h)	Can he read simple words ?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="7"/>
i)	Can he read a story with less than 10 words a page?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="7"/>
j)	Can he read a story with more than 10 words a page?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="7"/>
k)	Does he understand numbers 1 and 2?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="7"/>
l)	Does he understand numbers 3 and 4?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="7"/>
m)	Does he understand numbers 5 to 10?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="7"/>
n)	Can he count up to 20?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="7"/>
o)	Can he count up to 100?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="7"/>

E5.		Yes, can do well	Yes, does but not very well	Has not yet done	Is unable to try this
a)	Does he share his toys with other children?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
b)	Does he share the toys of other children, understanding that they are not his?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
c)	Does he feel sympathy for someone if they are hurt?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
d)	Does he think of things to do to please you?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
e)	Can he kick a large ball?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
f)	Can he throw a small ball underarm?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
g)	Can he throw a small ball overarm?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
h)	Can he throw a ball against a wall and catch it?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
i)	Does he take turns in a game without fuss?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
j)	Can he play card games (e.g. snap) ?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
k)	Can he play any board games (e.g. monopoly, snakes and ladders)?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>
l)	Does he play chess?	<div>1</div>	<div>2</div>	<div>3</div>	<div>7</div>

E6.		Yes, can do well	Yes, does but not very well	Has not yet done	Is unable to try this
a)	Does he drink from a cup or mug?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
b)	Does he eat skilfully with a spoon?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
c)	Does he eat with fork and spoon in each hand?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
d)	Does he cut his food with a knife?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
e)	Can he sit at table and cope with a whole meal without help?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
f)	Can he wash and dry his hands on his own?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
g)	Can he brush his teeth on his own?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
h)	Can he get dressed without help?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
i)	Can he get undressed without help?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
j)	Can he do up buttons?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
k)	Can he tie a bow?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>
l)	Can he brush and comb his hair?	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	7 <input type="text"/>

E7.		Yes, can do well	Yes, does but not very well	Has not yet done	Is unable to try this
a)	Can he listen to a short story from start to finish?	1	2	3	7
b)	Can he understand instructions such as: 'Find the jumper that Granny gave you'?	1	2	3	7
c)	Does he sing songs (even if the words are not clear)?	1	2	3	7
d)	Does he talk clearly?	1	2	3	7
e)	Does he ask sensible questions?	1	2	3	7
f)	Can he carry on a conversation?	1	2	3	7
g)	Can he say at least 3 nursery rhymes?	1	2	3	7
h)	Can he sing at least 3 songs?	1	2	3	7
i)	Can he hum a tune?	1	2	3	7
j)	Can he beat a rhythm by clapping hands in time to the music?	1	2	3	7

E8. **Never** **Sometimes** **Often** **Always**

- a) Does he stumble or get stuck on words, or repeat them many times? (e.g. I I I I want a sweet)
- b) Is his voice hoarse or husky?
- c) Can you understand what he says?
- d) Can your family understand what he says?
- e) Can visitors to your house understand what he says?

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

- Yes, still does
- Yes, did in past, not now
- No, never did

b) When he talks nowadays, what is the most words he can put together (e.g. "I want juice" would be 3 words).

- one word two words 3 or 4 words 5 -8 words 9 or more words

does not talk at all

E10. Some children enjoy talking and others do not.

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

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

Yes

1

 No

2

b) **If yes**, please describe

E12. a) Are there any other languages apart from English spoken in your household?

Yes

1

 No

2

 → **If no**, go to E13 on page 37

If yes, please say which

.....

E12. b) Is English the main language spoken?

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

Space for comments.

E13. Are you worried about any aspects of your child's growth and development?

	Yes I am worried	No not worried
a) his speech	<input type="text" value="1"/>	<input type="text" value="2"/>
b) his weight	<input type="text" value="1"/>	<input type="text" value="2"/>
c) his height	<input type="text" value="1"/>	<input type="text" value="2"/>
d) his behaviour	<input type="text" value="1"/>	<input type="text" value="2"/>
e) his general development	<input type="text" value="1"/>	<input type="text" value="2"/>
f) other	<input type="text" value="1"/>	<input type="text" value="2"/>

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

.....

.....

.....

This is confidential information, so we cannot make any response to what you put. If you are worried about your child's development we suggest you contact your family doctor or your health visitor.

SECTION F: TEMPERAMENT AND BEHAVIOUR

How often is your child's behaviour like that given below:

		Never	Rarely	Some- times	Often	Always
F1.	He tends to be shy	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F2.	He cries easily	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F3.	He likes to be with people	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F4.	He is always on the go	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F5.	He prefers playing with others rather than alone	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F6.	He is somewhat emotional	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F7.	When he moves about he moves slowly	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F8.	He makes friends easily	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F9.	He is off and running as soon as he wakes up in the morning	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F10.	He finds people more stimulating than anything else	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F11.	He fusses and cries	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

		Never	Rarely	Some- times	Often	Always
F12.	He is very sociable	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F13.	He is very energetic	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F14.	He takes a long time to warm to strangers	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F15.	He gets upset easily	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F16.	He is something of a loner	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F17.	He prefers quiet inactive games to more active ones	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F18.	When alone he feels isolated	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F19.	He reacts intensely when upset	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F20.	He is very friendly with strangers	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F21.	He bullies other children	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F22.	He is very restless Hardly ever still.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F23.	He is squirmy or fidgety	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F24.	He destroys his own things or those belonging to others	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

		Never	Rarely	Some- times	Often	Always
F25.	He fights with other children	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F26.	He is not much liked by other children	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F27.	He worries about many things	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F28.	He does things on his own. He is rather solitary	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F29.	He is irritable. Is quick to fly off the handle	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F30.	He appears miserable, unhappy, tearful or distressed	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F31.	He takes things belonging to others	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F32.	He bites his nails or fingers	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F33.	He is disobedient	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F34.	He cannot settle to do anything for more than a few moments	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F35.	He is afraid of new things or new situations	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

		Never	Rarely	Some- times	Often	Always
F36.	He is fussy or over- particular	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F37.	He tells lies	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F38.	He likes to sit and watch TV rather than play active games	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F39.	He laughs a lot	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F40.	He smiles when he sees his parent(s)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F41.	He likes a cuddle	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
F42.	He really enjoys life	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

SECTION G: ODDS AND ENDS

G1. We would like to catch up with your child's growth. If you can, please let us know his measurements at the moment. (If you have a tape measure handy perhaps you could measure him).

(a)	His height	feet <input type="text"/>	ins <input type="text"/> <input type="text"/>	or	cm <input type="text"/> <input type="text"/> <input type="text"/>
(b)	His weight	stones <input type="text"/>	lb <input type="text"/> <input type="text"/>	or	kg <input type="text"/> <input type="text"/> <input type="text"/>
(c)	His inside leg measurement		ins <input type="text"/> <input type="text"/>	or	cm <input type="text"/> <input type="text"/> <input type="text"/>
(d)	His waist measurement		<input type="text"/> <input type="text"/>	or	<input type="text"/> <input type="text"/> <input type="text"/>
(e)	His chest		<input type="text"/> <input type="text"/>	or	<input type="text"/> <input type="text"/> <input type="text"/>
(f)	His hips		<input type="text"/> <input type="text"/>	or	<input type="text"/> <input type="text"/> <input type="text"/>

G2. Does he tend to collect static electricity and have shocks when he touches metal?

Yes, a lot ₁ Yes, occasionally ₂ No, not at all ₃

G3. Did your study child ever get sunburnt so badly that there were blisters or pain that lasted at least 2 days?

Yes ₁ No ₂ **If no, go to G4 on page 44**

If yes, please state what age he was at each time this happened.

- (i) 1st 12 months ₁ yes, got badly sunburnt
- (ii) 1 year old ₁ yes, got badly sunburnt
- (iii) 2 years old ₁ yes, got badly sunburnt

G3. (cont.)

- (iv) 3 years old yes, got badly sunburnt
- (v) 4 years old yes, got badly sunburnt
- (vi) 5 years old yes, got badly sunburnt

G4. If your child is in and out of the sun for a few days, how would you say the colour of the skin changes?

- always burns, never tans,
- burns easily, rarely tans
- doesn't change
- tans easily, rarely burns
- always tans, never burns
- can't say. His skin is always protected

G5. a) Please think through the child's life - and try to remember how many days each year, the child would have been in the sun **for at least 4 hours each day**. We realise how difficult this is, but please make your best guess.

NUMBER OF DAYS IN THE SUN

Age	None	Less than 10	10-19	20-29	30-39	40 or more
(i) 1 st 12 months	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
(ii) 1 year old	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
(iii) 2 years old	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
(iv) 3 years old	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>

G5. a) (cont.)

NUMBER OF DAYS IN THE SUN

Age	None	Less than 10	10-19	20-29	30-39	40 or more
(v) 4 years old	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(vi) 5 years old	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

G5.b) Were any of these days when the child was in the sun for at least 4 hours spent beside the sea (or a lake or river)?

	No	Yes	If <u>yes</u> , about how many
days			
(i) 1 st 12 months	<input type="text"/>	<input type="text"/>	→
(ii) 1 year old	<input type="text"/>	<input type="text"/>	→
(iii) 2 years old	<input type="text"/>	<input type="text"/>	→
(iv) 3 years old	<input type="text"/>	<input type="text"/>	→
(v) 4 years old	<input type="text"/>	<input type="text"/>	→
(vi) 5 years old	<input type="text"/>	<input type="text"/>	→

c) Were any of the days the child was in the sun for at least 4 hours spent abroad?

	No	Yes	If <u>yes</u> , please say where	How many days
(i) 1 st 12 months	<input type="text"/>	<input type="text"/>	→
(ii) 1 year old	<input type="text"/>	<input type="text"/>	→
(iii) 2 years old	<input type="text"/>	<input type="text"/>	→
(iv) 3 years old	<input type="text"/>	<input type="text"/>	→
(v) 4 years old	<input type="text"/>	<input type="text"/>	→
(vi) 5 years old	<input type="text"/>	<input type="text"/>	→

G6. When in the sun in the summer, does your child usually:

	Yes always	Yes usually	Yes sometimes	No never
a) wear a hat	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b) wear something to keep his skin covered	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c) have sun block, sun screen, lotion or cream	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
d) avoid midday sun	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

e) If your child has sun block, sun lotion or cream put on his skin, please say what factor is usually used:

1-3	4-7	8-14	15-20	21-25	25+	can't say
<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>6</div>	<div>9</div>

f) Some sun creams also have a star system. If you can, please say how many stars are usually used.

1	2	3	4	can't say
<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>9</div>

g) If possible give the name of the sun block, sun lotion or creams used on your child

.....

.....

.....

h) When you are out in the sun with your child, about how often do you put sun lotion or cream on him?

Once only	Every 3-4 hours	Every 2 hours	Every hour	Every ½ hour
<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

G7. On the first day of strong sun in the summer, if you haven't put sun cream on your child, how would you say he would have reacted after 1 hour?

no burn	<div>1</div>
mild burn	<div>2</div>
painful burn	<div>3</div>
can't say	<div>4</div>

G8. Has your study child ever used a sunbed or sun lamp?

yes, sunbed

1

yes, sun lamp

2

no

4

 → **If no, go to H1 on page 48**

If yes, how often

once only

1

2-4 times

2

5 or more times

3

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

a) mother

☐

b) father

☐

c) other (please describe)

☐

.....

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

day

month

year

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 comments you would like to make

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

When completed, please return the questionnaire to:

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

Coder

Int