



MY LITTLE BOY

Children grow so quickly, and change so much. This questionnaire asks about any accidents or problems your son may have had now that he is two years old, what he has been eating and drinking, his temperament and the way he may be beginning to understand the world about him.

It is like the other questionnaires you have received. To answer simply tick the box which best describes your son or his situation. Again some questions will seem similar but they are not the same. Please answer all questions that you can. If you cannot answer a question or if it does not apply to you please put a line through it. 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

25/04/93

Recycled

Paper

SECTION A: YOU AND YOUR SON

A1. When you are at home with your child, how often do you do the following:

		Every day	Several times a week	About once a week	Rarely	Never
a)	Let him play with paints, mud or other messy objects	1	2	3	4	5
b)	Let him use objects to build towers or other creations	1	2	3	4	5
c)	Sing to him	1	2	3	4	5
d)	Read him stories					
e)	Praise him for some- thing he has done	1	2	3	4	5
f)	Kiss or cuddle him	1	2	3	4	5
g)	Shout at him	1	2	3	4	5
h)	Slap him	1	2	3	4	5
i)	Go out to a park or playground with him	1	2	3	4	5
j)	Have a meal together with him	1	2	3	4	5
k)	Let him make a lot of noise (banging sauce- pans, singing etc)	1	2	3	4	5

SECTION B:PLAY THINGS

B1.How many of the following does your child have at home that he can look at or play with?

	None	One	2-3	4 or more
a) Cuddly animals	1	2	3	4
b) Dolls	1	2	3	4
c) A swing	1	2	3	4
d) Toy cars or lorries	1	2	3	4
e) Jigsaw puzzles	1	2	3	4
f) Mobiles	1	2	3	4
g) Building bricks or blocks	1	2	3	4
h) Books	1	2	3	4
i) Balls	1	2	3	4
j) A walker (that he puts things in and pushes)	1	2	3	4
k) The other sort of baby walker that he sits in and walks	1	2	3	4
l) Toys where he has to fit things together	1	2	3	4

B2. Do you have a special place (box, drawer, bag) for his toys which he can go to and choose what he wants to play with?

Special place but he is not able to get at it himself	1
Special place and he gets what he wants from it	2
No special place	3

SECTION C: ACCIDENTS AND INJURIES

However careful a parent is, most children have accidents at sometime 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.

C1. a) Has he been burnt or scalded since he was 15 months old?

Yes 1 No 2 If no, go to C2a

If yes, b) how many times?

For each burn or scald please describe below what happened:

	1st accident	2nd accident	3rd accident
c) Place accident happened (.e.g. kitchen, garden, creche)
d) What was he burnt with? (e.g. tea, iron, electric fire)
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?

	1st accident	2nd accident	3rd accident
Nothing	1	1	1
Treated him themselves	2	2	2
Took to doctor	3	3	3
Took to hospital	4	4	4
Other (please describe)	5	5	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

C2. a) Has he been dropped or had a bad fall since he was 15 months old?

Yes 1 No 2 If no, go to C3a

If yes, b) how many times?

For each fall please describe below what happened.

	1st accident	2nd accident	3rd accident
c) Place accident happened (e.g. kitchen, garden, creche)	.....	.....	.....
d) What did he fall or drop from (e.g. table, baby walker, pram, bed, your arms)	.....	.....	.....
e) Date of fall (month, year)	.....	.....	.....
f) Injuries caused (if no injury write none)	.....	.....	.....

g) Who was with him?	.....	.....	.....
h) What did the person with him do?			
Nothing	1	1	1
Treated him themselves	2	2	2
Took to doctor	3	3	3
Took to hospital	4	4	4
Other (please describe)	5	5	5

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

k) Please describe how each accident happened:

Fall 1
Fall 2
Fall 3

C3. a) Has he swallowed anything he shouldn't have (such as pills, buttons, disinfectant) since he was 15 months old?

Yes 1 No 2 If no, go to C4a

If yes, b) how many times?

For each time please describe below what happened.

	st accident	2nd accident	3rd accident
c) Place accident happened (eg. your home, nursery, at friend's)	.....	.....	.....
d) What did he swallow?	.....	.....	.....
e) Date of accident (month, year)	.....	.....	.....
f) Who was with him?	.....	.....	.....
g) What did the person with him do?			
Nothing	1	1	1
Treated him themselves	2	2	2
Took to doctor	3	3	3
Took to hospital	4	4	4
Other (please describe)	5	5	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

C4. a) Has he had any other accidents or injuries since he was 15 months old?

Yes 1 No 2 If no, go to C5a

If yes, b) how many other accidents?

For each accident or injury please describe below what happened.

	1st accident	2nd accident	3rd accident
c) Place accident happened (eg. kitchen, garden, creche)	.....	.....	.....
d) What happened?	.....	.....	.....
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	1	1	1
Treated him themselves	2	2	2
Took to doctor	3	3	3
Took to hospital	4	4	4
Other (please describe)	5	5	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

C5. a) Has your son **ever** had an accident that has left him with a scar, a physical disability or a behaviour or psychological problem?

Yes ₁ No ₂ If **no**, go to Section D

If **yes**,

b) is there a scar? Yes ₁ No ₂ If **no**, go to c) below

If **yes**, please describe where this is, and how he got it:

.....

.....

.....

c) is there a physical disability?

Yes ₁ No ₂ If **no**, go to d) below

If **yes**, please describe this and how he got it:

.....

.....

.....

d) did he develop a behaviour or psychological problem after an accident?

Yes ₁ No ₂ If no, go to Section D on page 11

If yes, please describe this, and whether he still has this problem.

.....
.....
.....

SECTION D: PROBLEMS AND TREATMENT

D1. Children often have accidents or illnesses that need treatment. Please indicate which of the following have been given to your child since he was 15 months old.

Since he was 15 months	No	Yes for one episode only	Yes for 2 or more episodes	If <u>yes</u> , please give full names of substances if you can
a) cough medicine	1	2	3	.....
b) antibiotics/ penicillin				
c) throat medicine				
d) vitamins				
e) paracetamol/ Calpol				
f) ointment for skin				
g) eye ointment				
h) diarrhoea mix- ture or pills				
i) dimotapp/ decongestant				
j) ear drops				
k) eye drops				
l) teething gel				
m) laxative				
n) other (please describe)				
			

D2. 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, laxatives as well as antibiotics, etc)

Yes ₁ No ₂ If no, go to D3

If yes,

b) please describe:

.....
.....

D3. Has he been investigated since he was 15 months old by a specialist clinic or a hospital doctor?

Yes ₁ No ₂ If no go to D4 below

If yes, please describe:

- a) the problem investigated:
-
- b) where was this done?
- c) what was decided? (write SBI if he is still being investigated)
-
-

d) please describe any treatment he was given.

.....
.....
.....

D4. Has he ever been given glasses to wear?

Yes₁ No ₂ If no, go to D5

If yes,

(i) does this cause any problems?

Yes₁ No ₂ If no, go to D5 on page 13

If yes,

please describe:

.....
.....

D5. Has he been given a hearing aid to wear?

Yes ₁ No ₂ If no, go to D6 below

If yes, (i) does this cause any problems?

Yes ₁ No ₂ If no, go to D6 below

If yes,

please describe:

.....
.....

D6. Has he **ever** had a seizure, a fit or a convulsion?

Yes₁ No ₂ If no, go to Section E

If yes,

a) how many has he had?

b) did any of them last more than 15 minutes?

Yes₁ No ₂ can't say₃

c) did his body shake and jerk on just one side?

Yes right ₁	Yes, left ₂	No, it	
side	side	was all ₃	can't ₄
		over say	

d) did he have a fever at the time?

Yes, each time ₁	Yes, but not ₂	No ₃	If <u>no</u> , go to
(or only time)	each time		D6e

If yes,

(i) how high was his temperature? (put NK if you don't know)

(ii) what was the cause of the fever(s)?

.....

(iii) did he have more than one episode of fitting during any feverish illness?

Yes₁ No ₂

e) were you given any medicine to give him?

Yes₁ No ₂ **If no, go to D6f**

If yes,

(i) what was this?

(ii) for how long did you give it?

f) Do you feel that you have been given enough information about his fits or seizures?

Yes₁ No ₂

Space for comments

.....

g) When the first fit or convulsion happened

(i) how old was he? months

(ii) what time of day was it?

(iii) who was there at the time?

(iv) what did they do?

h) Have there been any warning signs before he had a fit or convulsion?

Yes₁ No ₂ **If no, go to Section E**

If yes,

please describe:

.....

.....

SECTION E: YOUR INFANT AND HIS ENVIRONMENT

- E1. a) How many teeth has he got now?
- b) Do you use a toothbrush to clean his teeth?
- | | | |
|-------------------|-------------------|---------------------|
| yes, ₁ | yes, ₂ | no not ₃ |
| every day | sometimes | at all |

- c) Does he ever have toothpaste?
- Yes ₁ No ₂ **If no, go to E2**

If yes,

- i) how old was he when you started using toothpaste? months
- ii) how much do you put on his brush nowadays?
- | | | | |
|-------------------------|-------------------------|----------------------------------|-------------------|
| brush full ₁ | half brush ₂ | less than
half a ₃ | none ₄ |
| | full | brush full | |
- iii) how many times a week do you do this? times
- iv) does he swallow it or spit it out?
- | | | |
|--------------------------|---------------------------|---------------------|
| swallows it ₁ | spits it out ₂ | varies ₃ |
|--------------------------|---------------------------|---------------------|
- v) what type of toothpaste is usually used:
(please give exact name and brand)
-

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

- a) is his face washed?
- | | | | |
|---------------------|------------------------|------------------------|------------------------|
| not at ₁ | 1-2 times ₂ | 3-4 times ₃ | 5 or more ₄ |
| all | | | times |
- b) are his hands washed or wiped?
- | | | | |
|---------------------|------------------------|------------------------|------------------------|
| not at ₁ | 1-2 times ₂ | 3-4 times ₃ | 5 or more ₄ |
| all | | | times |
- c) are his hands cleaned before a meal?
- | | | | | |
|---------------------|----------------------|------------------------|---------------------------|--------------------|
| Always ₁ | usually ₂ | sometimes ₃ | occasionally ₄ | never ₅ |
|---------------------|----------------------|------------------------|---------------------------|--------------------|

E3. How often does he usually:

- a) have a bath or shower:
- | | | | | |
|------------------------|-------------------------|---------------------------------|---------------------|---------------------|
| more than ₁ | once every ₂ | several
times a ₃ | once a ₄ | hardly ₅ |
| once a day | day | week | week | ever |
- b) have his ear holes cleaned:
- | | | | | |
|------------------------|-------------------------|---------------------------------|---------------------|---------------------------------|
| more than ₁ | once every ₂ | several
times a ₃ | once a ₄ | never or
hardly ₅ |
| once a day | day | week | week | ever |

E4. What do you think about toilet training for him?

- It is too early to start any toilet
training yet ₁
- I have just started toilet training ₂
- I have been toilet training for some
time ₃ give age you
 started
 training months

- E5. Is he:
- | | Always | Sometimes | Never |
|---------------------------|--------|-----------|-------|
| a) dry during the day | 1 | 2 | 3 |
| b) dry during the night | | | |
| c) clean during the day | | | |
| d) clean during the night | | | |
- E6. Please indicate how often during the day he is in a room or enclosed place where people are smoking:
- | | (i)
Weekdays | (ii)
Weekends |
|-------------------|-----------------|------------------|
| all the time | 1 | 1 |
| more than 5 hours | | |
| 3 - 5 hours | | |
| 1 - 2 hours | | |
| less than 1 hour | | |
| not at all | | |
- E7. Which pets is he in contact with at least once a week either in your home or elsewhere?
- | | Yes | No |
|------------------------|-----|----|
| a) cat(s) | 1 | 2 |
| b) dog(s) | | |
| c) other furry pet*(s) | | |
| d) other pet*(s) | | |
| *please describe | | |
- E8. INDOORS AND OUTDOORS
- a) How many hours **in a normal week** would you say your child spends out of doors (assuming the weather is reasonable) - please include time spent playing, going to shops, etc.
- | | | | | | |
|------------|-----------|-----------|------------|-------------|------------------|
| not at all | 1-2 hours | 3-6 hours | 7-13 hours | 14-20 hours | 21 hours or more |
| 1 | 2 | 3 | 4 | 5 | 6 |
- b) When he is out of doors, how much time in a week is he by a busy road?
hours a week (If less than 1 hour put 97. If none put 00)
- c) How many hours in a normal week does he spend in a car?
- | | | | | | |
|------------|-------------------|-----------|------------|-------------|------------------|
| not at all | less than 3 hours | 3-6 hours | 7-13 hours | 14-20 hours | 21 hours or more |
| 1 | 2 | 3 | 4 | 5 | 6 |

SECTION F:FEEDING

F1. For the main meal of the day does he eat:

His main meal:		Always	Almost always	Sometimes	Almost never	Never
a)	the same food as you	1	2	3	4	5
b)	a different meal to you					

F2. Do you feel that you have had difficulties feeding him in the past 9 months?

Yes, great difficulty	1
Yes, some difficulty	2
Yes, occasional difficulty	3
No, no difficulty	4

F3. Does he feed himself?

Yes usually 1	Yes sometimes 2	No not 3 at all
---------------	-----------------	--------------------

F4. Since he was 15 months old has he at any time:

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

F5. Since he was 15 months old has he had any of the following:

	No	Yes	How often nowadays (Put 00 if no longer happens)
a) baby milk (formula)	1	2	times a week
b) follow-on milk			
c) soya formula			
d) hypo-allergenic formula			
e) goats' milk			
f) breast milk			
g) soya milk			
h) ordinary cows' milk			
i) other milk 1 2 times a week			
j) when he has cows' milk is it mostly:	whole 1	semi-skimmed 2	orskimmed 3
never has cows' milk 4			

F6. Since he was 15 months old has he had:

	No	Yes	How often nowadays (Put 00 if no longer happens)
a) baby rice	1	2	times a month
b) other baby cereal			
c) breakfast cereal			
d) rusks			
e) bread or toast			
f) biscuits			

F7. Since he was 15 months old has he had any of the following prepared baby foods, toddler foods or junior foods (from jar, tin or packet)?

	No	Yes	How often nowadays (Put 00 if no longer happens)
--	----	-----	---

Jar, tin or packet of:

a) savoury - meat	1	2	times a month
b) savoury - fish			
c) savoury - vegetable			
d) baby fruit dessert or pudding			
e) baby milk dessert or pudding			

F8. Since he was 15 months old has he eaten any of these other foods (not bought baby or toddler foods)

	No	Yes	How often nowadays (Put 00 if no longer happens)
a) egg	1	2	times a month
b) cheese			
c) meat or meat products			
d) fish or fish products			
e) potatoes			
f) other vegetables			
g) fruit puddings			
h) milk puddings			

F9. Since he was 15 months old has he had:

	No	Yes	How often nowadays (Put 00 if no longer happens)
a) coca cola or pepsi	1	2	times a week
b) other fizzy drink			
c) apple juice			
d) blackcurrant juice or rosehip syrup			
e) other fruit juice			
f) a little alcohol			
g) any other fruit drink (e.g. orange squash)			
h) herbal drink (please describe)			

.....		No	Yes	How often nowadays (Put 00 if no longer happens)
i)	gripe water	1	2	times a week
j)	tea			
k)	coffee			
l)	sports drinks (e.g. Lucozade sport, Dexters)			
	(please describe)			
m)	milky chocolate drink			
n)	other flavoured milk drink			
	(please describe)			

F10. Which type of these drinks does your child have nowadays?(tick all that apply)

	decaffeinated	weak	strong	does not like	does not have
a)tea	1	2	4	6	7
b)coffee	decaffeinated	ordinary	diet	does not like	does not have
c)cola	1	2	4	6	7
d)other soft drinks					

F11. Since he was 15 months old, has your child had the following, whether in baby foods or elsewhere:

	No	Yes	How often nowadays (put 00 if less than once a month)
a) Packet soup	1	2	times a month
b) Canned soup			
c) Liver/liver pâté			
d) Kidney			
e) Shellfish (e.g. prawns mussels, cockles)			
f) Baked beans			
g) Green peas			
h) Other legumes (e.g. lentils, chick peas, red kidney beans)			
i) Yoghurt			
j) Figs/fig products			
k) Raw apple			
l) Other raw fruit (e.g. banana/orange)			
m) Raw carrot			
n) Other raw vegetables (please describe)			
o) Nuts/nut products			

p) Crisps

	No	Yes	How often nowadays (put 00 if less than once a month)
q) Other cocktail or savoury snacks (e.g. cheesy biscuits)	1	2	times a month
r) Chocolates			
s) Mints (e.g. polo)			
t) Sweets			

F12. Do you ever add these things to your child's food or use them in preparing his food?

	No	Yes	How often nowadays (put 00 if less than once a month)
a) Gravy (made with granules, powder or cubes) or soy sauce	1	2	times a month
b) Salt			
c) Herbs (please describe)			
d) Spices (please describe)			
e) Tomato ketchup			
f) Other sauce (please describe)			
g) Sugar			

F13. Skins and peels: does he eat:

	No	Yes	Doesn't have this fruit/veg at all
a)apple skin	1	2	3
b)orange peel			
c)potato skin			
d)other fruit or vegetable skin (please describe)			

F14. Does he have:

	No	Yes	How often nowadays (put 00 if less than once a month)
a)smoked/cured foods (ham, bacon, smoked fish, smoked cheese)	1	2	times a month
b)individually packaged microwave meals			
c)foods cooked on a barbecue			

F15. Are there any other foods that your child eats that haven't been included above?

Yes ₁ No ₂ If no, go to F16

If yes please describe:

Food	How often nowadays
a).....	times a month
b).....	times a month
c).....	times a month

(If more than 3, please continue on a separate sheet).

F16. When shopping do you deliberately choose for him labels that say:

	Usually	Sometimes	Never
a) low sugar	₁	₂	₃
b) iron added			

F17. Does your toddler 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

F18. Does he drink out of a cup or feeding beaker?

yes, usually	₁
yes, sometimes	₂
no, not at all	₃

F19. How often do you put him down to sleep with a bottle (whether at night or during the day)?

always	₁
sometimes	₂
never	₃

F20. How often does he suck a dummy or his thumb or finger?

	(a) dummy	(b) thumb/finger
most of the time	₂	₂
sometimes		
never		
c) When you give him a dummy, how often is it dipped in or filled with something that tastes nice? doesn't		
usually ₁	sometimes ₂	never ₃
		have a ₇ dummy

F21. a) Apart from his fingers, thumb or a dummy does he have a special object that he uses for comfort?

Yes ₁ No ₂ If no, go to G1

b) If yes, what is this?

blanket ₁	cuddly toy ₂	other (please ₃ describe)
----------------------	-------------------------	---

SECTION G:CHILD CARE

G1. a) Apart from yourself, who regularly has looked after your son when you are not there, **since he was 15 months old?** (Please answer for each person regularly involved).

	No	Yes	If yes, give hours per week	and	his age when this began (in months)
i) partner	1	2			
ii) baby's grandparent					
iii) other relative					
iv) friend/neighbour					
v) paid person outside baby's home (e.g. child minder)					
vi) paid person in baby's home (eg. nanny, baby sitter)					
vii) day nursery (creche)					
viii) other (please describe)					

b) What was the main reason for choosing this form of childcare?

I had no choice	1	I could afford it	2
It was convenient	3	It was linked to my	4
I thought it would be beneficial for my child	5	Other (please describe)	6

c) How satisfied are you with these arrangements?

very ₁ satisfied	fairly ₂ satisfied	not at ₃ all happy
--------------------------------	----------------------------------	----------------------------------

G2. Please list below all daytime child care arrangements (other than yourselves) that he has had since he was 15 months old.

Age of child	No. of hours/week during the day	Person (e.g. childminder, grandmother)	Place (e.g. at home, creche, etc.)
15 months
16 months
17 months
18 months
19 months
20 months
21 months
22 months
23 months
24 months

SECTION H: UNDERSTANDING AND TALKING

We are interested in the words your child understands and those he **SAYS**. Please mark the words **you have heard your child use**. If your child uses a different pronunciation of a word (for example, "raffe" instead of "giraffe" or "sketti" for "spaghetti"), mark the word anyway. This is a list of some of the words that may be used by young children. Don't worry if your child doesn't say any of these yet. **(Tick both columns if he says and understands)**

			He says	He understands
H1.	a)	Hello	1	1
	b)	Don't		
	c)	Dinner		
	d)	Call		
	e)	Turn round		
H2.	a)	Dog/Puppy		
	b)	Bear/Teddy		
	c)	Chicken		
	d)	Goose		
	e)	Animal		
	f)	Crocodile		
	g)	Hen		
H3.	a)	Nose		
	b)	Hand		
	c)	Head		
	d)	Finger		
H4.	a)	Sock		
	b)	Coat		
	c)	Pyjamas		
	d)	Jumper		
	e)	Tights		
H5.	a)	Cheese		
	b)	Biscuit		
	c)	Raisin		
	d)	Pizza		
	e)	Butter		
	f)	Chips		
	g)	Beefburger		
	h)	Peas		
	i)	Potato		
	j)	Strawberry		
	k)	Spaghetti		
	l)	Lemonade		
	m)	Nuts		

		He says	He understands
H6.	a)	Door	1
	b)	Window	
	c)	Settee/sofa	
	d)	Sink	
	e)	Bedroom	
	f)	Washing machine	
H7.	a)	Bottle	
	b)	Box	
	c)	Fork	
	d)	Money	
	e)	Glasses	
	f)	Plate	
	g)	Knife	
	h)	Camera	
	i)	Heater	
H8.	a)	Tree	
	b)	Rain	
	c)	Star	
	d)	House	
	e)	Snow	
	f)	Roof	
H9.	a)	Mummy	
	b)	Boy	
	c)	Clown	
	d)	Lady	
	e)	Princess	
	f)	Person	
H10.	a)	Park	
	b)	Farm	
	c)	Church	
	d)	Library	
H11.	a)	Down	
	b)	The	
	c)	On top of	
	d)	With	
	e)	An	
H12.	a)	Mine	
	b)	These	
	c)	Him	
	d)	Hers	
	e)	Us	

			He says	He understands
H13	a)	Ouch	1	1
	b)	Wet		
	c)	Happy		
	d)	Hurt		
	e)	Sleepy		
	f)	New		
	g)	Green		
	h)	Fast		
	i)	Quiet		
	j)	Awake		
	k)	White		
	l)	First		
	m)	Mad		
H14.	a)	More		
	b)	Some		
	c)	Any		
H15.	a)	What?		
	b)	Which?		
H16.	a)	Night		
	b)	Today		
H17.	a)	Toy		
	b)	Bubbles		
	c)	Football		
H18.	a)	Boat		
	b)	Train		
H19.	a)	Kiss		
	b)	Bite		
	c)	Help		
	d)	Comb		
	e)	Close		
	f)	Cook		
	g)	Turn on/off		
	h)	Fix		
	i)	Look		
	j)	Splash		
	k)	Shake		
	l)	Pull		

	m)	Touch		
			He says	He understands
H19.	n)	Put	1	1
	o)	Cover		
	p)	Drop		
	q)	Taste		
	r)	Lie down		
	s)	Wish		
	t)	Do		
	u)	Have to		
	v)	Are		
	w)	Were		

H20. a) To talk about more than one thing, we add an "s" to many words. For example, cars, shoes, dogs, and keys. Has your son begun to do this?

Not yet	Sometimes	Often
1	2	3

b) To talk about ownership, we add an "s", for example , Daddy's key, kitty's dish, and baby's bottle. Has your son begun to do this?

Not yet	Sometimes	Often
1	2	3

c) To talk about activities, we sometimes add "ing" to verbs. For example, looking, running, and crying. Has your son begun to do this?

Not yet	Sometimes	Often
1	2	3

d) To talk about things that happened in the past, we often add "ed" to the verb. For example, kissed, opened, and pushed. Has your son begun to do this?

Not yet	Sometimes	Often
1	2	3

H21. Below are some plural words. Please indicate in each column which your son uses and/or understands (if any).

		Yes he says	Yes he understands
a)	children	1	1
b)	feet	1	1
c)	men	1	1
d)	mice	1	1
e)	teeth	1	1

Next are some words that indicate that something happened in the past; please mark in each column which he says and/or understands.

f)	ate	1	1
g)	blew	1	1
h)	bought	1	1
i)	broke	1	1
j)	came	1	1
k)	drank	1	1

l)	drove	1	1
		Yes he says	Yes he understands
m)	fell	1	1
n)	flew	1	1
o)	got	1	1
p)	had	1	1
q)	heard	1	1
r)	held	1	1
s)	lost	1	1
t)	made	1	3
u)	ran	1	3
v)	sat	1	3
w)	saw	1	3
x)	took	1	3
y)	went	1	3

H22. Has your son begun to combine words yet, such as "nother sweet", or "doggiebite?"

Not yet ₁ Sometimes₂ Often₃

If not yet, go to section I

H23. Please list three of the longest combinations you have heard your child say recently.

- 1.
- 2.
- 3.

SECTION I: TEMPERAMENT

The next questions are important. They will tell us about his personality. Some questions look similar but are not. Please tick the box which describes how often your son behaves like the description.

		Almost never	Rarely	Some times	Often	Almost always
I1.	He gets sleepy at about the same time each evening (within 1/2 hour)	1	2	3	4	5
I2.	He fidgets during quiet activities (story telling, etc)					
I3.	He takes feeds quietly with mild expression of likes and dislikes					
I4.	He is pleasant (smiles, laughs) when first arriving in unfamiliar places					

I5.	His initial reaction to seeing the doctor is acceptance					
		Almost never	Rarely	Some times	Often	Almost always
I6.	He pays attention to games with mum/dad for only a minute or so	1	2	3	4	5
I7.	His bowel movements come at different times from day to day (over 1 hour difference)					
I8.	He is fussy on waking up (frowns, complains, cries)					
I9.	He reacts to a disliked food even if it is mixed with a preferred one					
I10.	He accepts delays (for several minutes) for desired objects or activities (snacks, treats, gifts)					
I11.	He usually stays still when being dressed					
I12.	He continues an activity in spite of noises in the same room					
I13.	He shows strong reactions (cries, stamps feet) to failure					
I14.	He plays continuously for more than 10 minutes at a time with a favourite toy					
I15.	He ignores the temperature of food, whether hot or cold					
I16.	He varies from day to day in wanting a drink or snack before bedtime					
I17.	He sits still while waiting for food					
I18.	He is easily excited by praise (laughs, yells, jumps)					
I19.	He cries after a fall or bump					
I20.	He approaches and plays with unfamiliar pets (small dogs, cats)					
I21.	He stops eating and looks up when a person walks by					
I22.	He seems unaware of differences in taste of familiar liquids (different milks and juices)					
I23.	He moves about actively when he explores new places					
I24.	He fusses or whines when his bottom is cleaned after bowel movement					
I25.	He smiles when played with by unfamiliar adults					
I26.	He looks up from play when I enter the room					
I27.	He spends over 1 hour reading books/looking at pictures					

	Almost never	Rarely	Some times	Often	Almost always
I28. He responds intensely (screams, yells) when frustrated	1	2	3	4	5
I29. He eats about the same amount of solid food at meals from day to day					
I30. He remains pleasant when hungry & waiting for food to be prepared					
I31. He allows face washing without protest (squirming, turning away)					
I32. The amount of milk or juice he drinks at mealtimes is unpredictable from meal to meal (over 50gm (2oz) difference)					
I33. He practices physical activities (climbing, jumping, pushing objects)					
I34. He vigorously resists extra food/drink when full (spits out, clamps mouth closed, hits out at spoon, etc)					
I35. He plays actively (bangs, throws, runs) with toys indoors					
I36. He ignores voices when playing with a favourite toy					
I37. He approaches (moves towards) new visitors at home					
I38. He plays outside on hot or cold days without seeming to notice temperature differences					
I39. He continues playing with other children for under 5 minutes and then goes elsewhere					
I40. He continues to look at a picture book in spite of distracting noises (car horns, doorbells, etc)					
I41. He wants a snack at a different time each day (over 1 hour difference)					
I42. He is pleasant when put down for a nap or at night					
I43. He speaks right away to unfamiliar adults					
I44. He reacts strongly (cries or screams) when unable to finish playing					
I45. He enjoys games with running and jumping more than games when sitting down					
I46. He notices wet clothing and wants to be changed right away					
I47. He loses interest in a new toy or game within an hour					
I48. He runs to get					

	where he wants to go	Almost never	Rarely	Some times	Often	Almost always
I49.	For the first few minutes in a new place (shop, home) he is wary (clings to me, holds back)	1	2	3	4	5
I50.	He takes daytime naps at differing times (over half hour difference) from day to day					
I51.	He reacts mildly (frown or smile) when his play is interrupted by me					
I52.	He accepts being dressed and undressed without protest					
I53.	He is outgoing with adult strangers outside the home					
I54.	His period of greatest physical activity comes at the same time of day					
I55.	He can be coaxed out of a forbidden activity					
I56.	He stops playing and watches when someone walks by					
I57.	He goes back to the same activity after a brief interruption (snack, trip to the lavatory)					
I58.	He laughs or smiles when meeting other children					
I59.	He will avoid doing something wrong if punished firmly once or twice					
I60.	He continues to play with a toy in spite of sudden noises from outside(car horn)					
I61.	He ignores dirt on himself					
I62.	His time of waking in morning varies greatly(by 1 hour or more) from day to day					
I63.	He has moody or 'off' days when he is fussy all day					
I64.	He reacts mildly(frown/smile) when another child takes his toy					
I65.	He sticks at a routine task (dressing, picking up toys) for 5 minutes or more					
I66.	He stops eating and looks up when he hears an unusual noise (telephone, doorbell)					
I67.	He sits reasonably still during hair brushing or nail cutting, etc.					
I68.	He shows much bodily movement (stamps, swings arms) when upset or crying					
I69.	He is pleasant during face washing					
I70.	His first reaction at home to an approach by strangers is acceptance					

(reaches out, looks at)

	Almost never	Rarely	Some times	Often	Almost always
I71. He is hungry at dinner time	1	2	3	4	5
I72. He continues to get into forbidden areas or objects in spite of my warnings					
I73. He stops to examine new objects thoroughly (5 minutes or more)					
I74. He ignores smells (smoke, cooking, perfume) whether pleasant or not					
I75. He looks up from an activity when he hears the sounds of children playing					
I76. He falls asleep at about the same length of time after being put to bed					
I77. He is moody for more than a few minutes when corrected or disciplined					
I78. He is shy on meeting another child for the first time					
I79. He is still wary of strangers after 15 minutes					
I80. He frets or cries when first learning a new task (dressing self, picking up toys					
I81. He sits quietly in the bath					
I82. He practises a new skill (throwing, piling blocks, drawing) for 10 minutes or more					
I83. He ignores differences in taste or consistency of familiar foods					
I84. He is fearful of being put down in an unfamiliar place (supermarket trolley, new push chair, playpen) even when I'm present					
I85. He frowns or complains when left to play alone					
I86. He accepts within 10 minutes (feels at home, at ease) new surroundings (home, shop, play area)					
I87. He looks up from play when the telephone or doorbell rings					
I88. He will always choose a new, unfamiliar toy to play with rather than one he knows					
I89. In one play session he likes to play with many different toys rather than just one or two					

SECTION J:HIS GROWTH

Do you have any records of your baby's growth since he was 15 months old? If so please list the dates on which your baby was weighed and how much he weighed each time. Also add lengths, head circumferences, and arm circumferences if they were measured. [If you have no records please don't worry].

	<u>Date</u>	<u>Weight</u>	<u>Length</u>	<u>Head circumference</u>	<u>Arm circumference</u>
1.	..../..../199..	.....	.....	.....	.....
2.	..../..../199..	.....	.....	.....	.....
3.	..../..../199..	.....	.....	.....	.....
4.	..../..../199..	.....	.....	.....	.....
5.	..../..../199..	.....	.....	.....	.....
6.	..../..../199..	.....	.....	.....	.....

K1. This questionnaire was completed by:

	Yes	No
a) mother	1	2
b) father	1	2
c) other	1	2

(please describe).....

K2. Please give the date on which you completed this questionnaire:

day	month	year
		199

K3. Please give the date of birth of your son:

day	month	year
		199

THANK YOU VERY MUCH FOR YOUR HELP

Space for any additional comments you would like to make

NB Please remember that we cannot respond personally to your comments unless they are signed.

When completed, please return the questionnaire to:

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