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# My Five Year Old Daughter

This questionnaire asks about your child now she is 5 years old.

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**

6/9/96
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### **SECTION A: ACCIDENTS AND INJURIES**

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

A1. a) Has she been **burnt or scalded** since she was 4½ years old?

Yes  No  → If **no**, go to A2a on page 4

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, school) .....			
d) What was she 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 her? .....			
h) What did the person with her do?			
Nothing	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
Treated her themselves	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>
Took to doctor	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>
Took to hospital	<input type="text" value="4"/>	<input type="text" value="4"/>	<input type="text" value="4"/>
Other (please describe)	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>
.....			
i) What treatment did the person with her give? .....			
j) What other treatment did she have? .....			

A1. k) Please describe how each accident happened:

**Burn 1** .....

**Burn 2** .....

**Burn 3** .....

A2. a) Has she had a **bad fall** since she was 4½ years old?

Yes  1 No  2 → If **no**, go to A3a on page 5

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

For each fall please describe below what happened:

	1st fall	2nd fall	3rd fall
c) Place accident happened (e.g. kitchen, garden, school) .....			
d) What did she fall from (e.g. table, wall, climbing frame)? .....			
e) Date of fall (month, year) .....			
f) Injuries caused (if no injury write none) .....			
g) Who was with her? .....			
h) What did the person with her do?			
Nothing	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1
Treated her themselves	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2
Took to doctor	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3
Took to hospital	<input type="text"/> 4	<input type="text"/> 4	<input type="text"/> 4
Other (please describe)	<input type="text"/> 5	<input type="text"/> 5	<input type="text"/> 5
	.....	.....	.....
i) What treatment did the person with her give? .....			
j) What other treatment did she have? .....			

A2. k) Please describe how each accident happened:

**Fall 1** .....

**Fall 2** .....

**Fall 3** .....

A3. a) Has she **swallowed anything** she shouldn't have (such as pills, buttons, disinfectant) since she was 4½ years old?

Yes  No  → If **no**, go to A4a on page 6

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

For each time please describe below what happened:

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

A3. j) Please describe how each accident happened:

**Accident 1** .....

**Accident 2** .....

**Accident 3** .....

A4. a) Has she had any **other accidents or injuries** since she was 4½ years old?

Yes  No  → If **no**, go to A5 on page 7

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 (e.g. kitchen, garden, street, school)	.....	.....	.....
d) What happened?	.....	.....	.....
e) Date of accident (month, year)	.....	.....	.....
f) Injuries caused (if no injury write none)	.....	.....	.....
g) Who was with her?	.....	.....	.....
h) What did the person with her do?			
Nothing	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
Treated her themselves	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>
Took to doctor	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>
Took to hospital	<input type="text" value="4"/>	<input type="text" value="4"/>	<input type="text" value="4"/>
Other (please describe)	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>
	.....	.....	.....
i) What treatment did the person with her give?	.....	.....	.....
j) What other treatment did she have?	.....	.....	.....

A4. k) Please describe how each accident happened:

**Accident 1** .....

**Accident 2** .....

**Accident 3** .....

A5. Has she had any of the following happen since she was 4½? (tick all that apply)

- |    |  |                          |       |
|----|--|--------------------------|-------|
| a) | Broken arm/hand                                | <input type="checkbox"/> |       |
| b) | Broken leg/foot                                | <input type="checkbox"/> |       |
| c) | Broken/cracked skull                           | <input type="checkbox"/> |       |
| d) | Other broken bone<br>(please describe).....    | <input type="checkbox"/> |       |
| e) | Unconscious because of a<br>head injury        | <input type="checkbox"/> |       |
| f) | Cut(s) requiring stitches                      | <input type="checkbox"/> |       |
| g) | Burn or scald having a skin<br>graft           | <input type="checkbox"/> |       |
| h) | A road traffic accident                        | <input type="checkbox"/> |       |
| i) | An accident in a playground                    | <input type="checkbox"/> |       |
| j) | An accident at school,<br>nursery, crèche      | <input type="checkbox"/> |       |
| k) | Stung by wasp or bee                           | <input type="checkbox"/> |       |
| l) | Bitten by animal or human<br>(please describe) | <input type="checkbox"/> | ..... |
| m) | Badly sunburnt                                 | <input type="checkbox"/> |       |
| n) | Nearly drowned                                 | <input type="checkbox"/> |       |
| o) | Front tooth (teeth) knocked<br>out             | <input type="checkbox"/> |       |
| p) | Front tooth/teeth chipped<br>or injured        | <input type="checkbox"/> |       |
| q) | Other tooth/teeth knocked<br>out or chipped    | <input type="checkbox"/> |       |

Space to describe any serious injuries not described already.



## **SECTION B: PROBLEMS AND TREATMENT**

B1. Children often have accidents or illnesses that need treatment. Please indicate which of the following have been given to your child since she was 4½ years old.

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

..

- B2. a) Are there any pills, ointments or medicines that she has taken every day or nearly every day for the last 3 months? (Include vitamins, iron, skin cream, laxatives as well as antibiotics, homeopathic and herbal remedies etc.)

Yes 1 No 2 → If **no**, go to B3a below

If **yes**,

- b) please describe:

.....  
.....

- B3. During the child's early years of life possible problems may be identified - yet when investigated further they are often found not to be problems at all. In this section we are asking about any possible problems that might have arisen recently.

- a) Since your study child was 4 years old has she been investigated because it was thought she might have something wrong with her hips, her legs or her feet?

Yes 1 No 2 → If **no**, go to B4a on page 11

If **yes**,

- b) were any problems found?

Yes 1 No 2 Don't know 9

→ If **no**, go to B4a on page 11

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

- ii) how old was she?

4 years old 1 5 years old 2

- iii) what treatment did she have? .....

.....

B4. a) Since her 4<sup>th</sup> birthday has anyone thought there might be a problem with her hearing?

Yes  1 No  2 → If **no**, go to B5a below

b) Has your child been seen at the Hearing Assessment Centre or by a specialist since her 4<sup>th</sup> birthday?

Yes  1 No  2 → If **no**, go to B5a below

If **yes**,

c) At what age?

4 years old  1 5 years old  2

d) What was decided? .....  
.....

B5. a) Has anyone ever thought there might be a problem with her eyesight?

Yes  1 No  2 → If **no**, go to B6a on page 12

Has she been given any of the following?

	No	Yes	
b) Glasses	<input type="text"/> 1	<input type="text"/> 2	→ If <b>yes</b> , how many pairs in total? .....
c) Patches	<input type="text"/> 1	<input type="text"/> 2	→ If <b>yes</b> , how many months in total has she worn them so far? .....
d) Drops for her eyes	<input type="text"/> 1	<input type="text"/> 2	→ If <b>yes</b> , how many bottles in total? .....
e) An operation on her eyes	<input type="text"/> 1	<input type="text"/> 2	→ If <b>yes</b> , how many in total? .....
f) Anything else	<input type="text"/> 1	<input type="text"/> 2	If <b>yes</b> , write down other treatment given

.....  
.....

B6. a) Has anyone thought that there might be a problem with her talking since her 4<sup>th</sup> birthday?

Yes ☐ 1 No ☐ 2 → If no, go to B7a below

If yes,

B6. b) Has she been seen by a speech therapist?

Yes ☐ 1 No ☐ 2 → If no, go to B6c below

If yes,

i) how old was she? ☐ years

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

c) Are there still any worries about her talking?

Yes ☐ 1 No ☐ 2

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

B7. a) Since her 4<sup>th</sup> birthday has anyone thought there might be a problem with her growth?

Yes ☐ 1 No ☐ 2 → If no, go to B8a on page 13

If yes,

b) Has she been seen by a specialist about her growth

Yes ☐ 1 No ☐ 2 → If no, go to B7d on page 13

If yes,

c) what was decided?.....  
.....

B7. d) Are there still worries about her growth?

Yes ☐ 1 No ☐ 2 → If **no**, go to B8a below

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

.....

B8. a) Since her 4<sup>th</sup> birthday has anyone thought there might be a problem with clumsiness or her movement or co-ordination?

Yes ☐ 1 No ☐ 2 → If **no**, go to B9a below

If **yes**,

b) Has she been seen by a specialist about this?

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

If **yes**,

c) what was decided?.....

.....

d) Are there still worries about this?

Yes ☐ 1 No ☐ 2 → If **no**, go to B9a below

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

.....

B9. a) Since her 4<sup>th</sup> birthday has anyone thought there might be a problem with other aspects of her development?

Yes ☐ 1 No ☐ 2 → If **no**, go to B10a on page 14

If **yes**,

b) Has she been seen by a specialist about this?

Yes ☐ 1 No ☐ 2 → If **no**, go to B9d on page 14

**If yes,**

B9. c) what was decided?.....

.....

d) Are there still worries about this?

Yes

No



**If no, go to B10a below**

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

.....

B10. a) Have there been any **other** problems for which your child saw (or is going to see) a specialist since her 4<sup>th</sup> birthday?

Yes

No

→ **If no, go to B11a on page 15**

**If yes,**

b) For how many different problems?

--	--

Please list each problem, and what has happened?

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

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

B11. a) Has she visited the dentist in the last 12 months?

yes for treatment

☐ 1

yes, for inspection only

☐ 2

no, not at all

☐ 3

→go to B11b on page 16

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

i) a filling?

☐ 1

Yes

ii) a tooth taken out?

☐ 1

Yes→ If **yes**,

a) How many teeth?

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

b) Did she have a general anaesthetic for this?

Yes

☐ 1

No

☐ 2

iii) other treatment?

☐ 1

Yes

Please describe .....

B11. b) Does she use a toothbrush?

yes, adult size brush  1      yes, child size brush  2      no, not at all  3

↓  
**If no, go to B11e below**

B11. c) How often does she brush her teeth?

more than once each day  1      once every day  2      less than once a day  3      not at all  4

d) Who brushes her teeth?

always brushes herself	<input type="text"/> 1	usually brushes herself	<input type="text"/> 2
sometimes child, sometimes adult	<input type="text"/> 3	usually brushed by adult	<input type="text"/> 4
always brushed by adult	<input type="text"/> 5	other (please describe)	<input type="text"/> 6
		.....	

e) Does she ever have toothpaste?

Yes  1      No  2      → **If no, go to B11f on page 17**

**If yes,**

i) how much toothpaste does she have on her brush nowadays?

brush full  1      half brush  2      less than half a brush  3      none  4

ii) how many times a day does this happen?  times

iii) does she usually swallow it or spit it out?

swallows it  1      spits it out  2      varies  3



B11.e) iv) what type of toothpaste is usually used?  
(please give exact name and brand)

.....

f) Has she ever had a dental X-ray?

Yes 1 No 2

g) Have any of her first (milk) teeth fallen out?

Yes 1 No 2 → If **no**, go to B12 below

If **yes**, how many?  teeth

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

B12. Are there any foods or drinks that your child is allergic to?

yes definitely 1 yes possibly 2 no, not at all 3 don't know 9

↓  
If **no**, or **don't know**  
go to B13a on page 19

←

If **yes**, a) please describe which foods or drinks .....

.....

b) was the reaction caused by eating or touching the food or drink?

eating/drinking 1 touching 2 both 3

B12. c) what happens when she does have the reaction? (tick all that apply)

i) bright red rash ☐ <sub>1</sub> → **If yes**, over what part of body?

.....

ii) hives (white raised bumps on skin) ☐ <sub>1</sub> → **If yes**, over what part of body

.....

iii) wheezing or whistling in the chest ☐ <sub>1</sub>

iv) vomiting ☐ <sub>1</sub>

v) diarrhoea ☐ <sub>1</sub>

vi) difficulty breathing ☐ <sub>1</sub>

vii) stops breathing ☐ <sub>1</sub>

viii) headache ☐ <sub>1</sub>

ix) swelling ☐ <sub>1</sub> → **If yes**, describe where

.....

x) other reaction (please describe ) ☐ <sub>1</sub>

.....

B12. d) How long after eating or drinking or touching does this usually happen?

less than 1 hr ☐ <sub>1</sub> 1-2 hrs ☐ <sub>2</sub> 3-5 hrs ☐ <sub>3</sub> 6 hrs or more ☐ <sub>4</sub>

don't know ☐ <sub>9</sub>

e) How old was she when this **first** happened?

years old (put 0 if she was under 12 months )

f) How many times has a reaction happened?   times

g) How old was she the **last** time a reaction happened?

years old

B12. h) What have you done about these reactions? (tick all that apply)

- i) Avoided the foods that caused them ☐
- ii) Took to GP to investigate ☐
- iii) Investigated in hospital ☐
- iv) Other (please describe) ..... ☐

B12. j) What advice have you been given? (if none, write NONE)

.....

k) What treatment has your child been given for the problem? (if none, write NONE)

.....

B13. a) Apart from food and drink are there any other things to which she is allergic?

Yes ☐ No ☐ → If no, go to Section C on page 21

If yes, b) What is she allergic to? (tick all that apply)

- i) pollen ☐
- ii) cat ☐
- iii) dog ☐
- iv) bee sting ☐
- v) house dust ☐
- vi) other (please tick and describe) ☐

.....

c) How does she react to these? (tick all that apply)

- i) wheezing ☐
- ii) breathlessness ☐
- iii) sneezing ☐

B13.c	iv)	rash	<div>1</div>
	v)	other (please tick and describe)	<div>1</div>
.....			

Space for any comments about allergies.

## **SECTION C: YOUR CHILD'S ENVIRONMENT**

C1. Which animals in either your home or elsewhere does she touch at least once a week?

	<b>Yes in our home</b>	<b>Yes elsewhere</b>	<b>Yes both</b>	<b>No, not at all</b>
a) cat (s)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b) dog (s)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c) other furry animal*(s)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
d) bird(s)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
e) other creatures*	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

(\*please tick and describe.....)

C2. All children get dirty. How often when she's at home:

a) is her face washed?

not at all 

1

 1-2 times 

2

 3-4 times 

3

 5 or more times 

4

b) are her hands washed or wiped?

not at all 

1

 1-2 times 

2

 3-4 times 

3

 5 or more times 

4

c) are her hands cleaned before a meal?

always 

1

 usually 

2

 sometimes 

3

 occasionally 

4

 never 

5

C3. How often does she normally:

a) have a bath or shower:

more than once a day	<input type="text" value="1"/>	once every day	<input type="text" value="2"/>	more than once a week	<input type="text" value="3"/>	once a week	<input type="text" value="4"/>	hardly ever	<input type="text" value="5"/>
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b) have her ear holes cleaned

more than once a day	<input type="text" value="1"/>	once every day	<input type="text" value="2"/>	more than once a week	<input type="text" value="3"/>	once a week	<input type="text" value="4"/>	hardly ever	<input type="text" value="5"/>
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C4. How often during a day is she in a room or enclosed place where people are smoking:

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

C5. How often in a normal week does your child:

	Never ↓	Occasional accident but less than once a week	About once a week	More than once a week	Every day ↓
a) wet herself during the day	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
b) wet the bed at night	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
c) dirty her pants during the day	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
d) dirty herself at night	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

C6. In a normal week, for how long is she left at home alone or just with other young children (aged less than 12)?\*

i) during the day:

not at all	<input type="text" value="1"/>	only for a few minutes	<input type="text" value="2"/>
for less than an hour	<input type="text" value="3"/>	for more than an hour	<input type="text" value="4"/>

ii) at night:

not at all	<input type="text" value="1"/>	only for a few minutes	<input type="text" value="2"/>
for less than an hour	<input type="text" value="3"/>	for more than an hour	<input type="text" value="4"/>

(\* by this we mean with no adults or children older than 11 at home at all)

C7. How much time on average does she spend each day during term time:

	(i) on a weekday				(ii) on a weekend day			
	Not at all	less than 1 hour	1-2 hours	3 or more hours	Not at all	less than 1 hour	1-2 hours	3 or more hours
a) in a car, bus or other transport	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b) out of doors in summer	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c) out of doors in winter	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
d) watching T.V	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
e) with other children	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
f) drawing, making or constructing things	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
g) playing by herself	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
h) looking at books	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

## SECTION D: CHILD CARE AND ACTIVITIES

D1. During the time since she was 4 years old, have you and your partner been employed?  
Please answer for each age:

Child's age	(i) Mother			(ii) Partner			
	Full time	Part time	Not employed	Full time	Part time	Not employed	No partner
a) 4 year to 4½	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) 4½ to 5th birthday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
c) 5th birthday to now	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

D2. Apart from yourself, who has regularly looked after your child when you were not with her?  
(Please answer for each person or place including kindergarten, nursery, playgroup, childminder, neighbour or school regularly involved.)

a) **Childcare on weekdays**

Please list below all regular arrangements for your child during weekdays since she was 4½ (if none write NONE).

Age of child when started		Person and/or place (eg. childminder-her home; kindergarten, school)	Number of hours per week	Age of child when stopped (put 777 if still happening)	
years	months			years	months
i)					
ii)					
iii)					



D2. b) **Weekend childcare**

Please list below all regular childcare arrangements during the weekend since she was 4½ (if none write NONE).

	Age of child when started		Person and/or place (eg. grandmother-my home)	Number of hours per week		Age of child when stopped (put 777 if still happening)	
	years	months		Saturday	Sunday	years	months
i)	<input type="text"/>	<input type="text"/> <input type="text"/>	.....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
ii)	<input type="text"/>	<input type="text"/> <input type="text"/>	.....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
iii)	<input type="text"/>	<input type="text"/> <input type="text"/>	.....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

c) **Childcare during the holidays of people who normally care for her**

Please list the arrangements made for each time this happened. (If none write NONE)

	Age of child when started		Substitute person and/or place	Number of weeks this happened
	years	months		
i)	<input type="text"/>	<input type="text"/> <input type="text"/>	.....	<input type="text"/> <input type="text"/>
ii)	<input type="text"/>	<input type="text"/> <input type="text"/>	.....	<input type="text"/> <input type="text"/>
iii)	<input type="text"/>	<input type="text"/> <input type="text"/>	.....	<input type="text"/> <input type="text"/>

D3. What type of school does your child nowadays attend (tick all that apply)

Please give name of school

a)	infant school full-time	<input type="checkbox"/>	.....
b)	infant school part-time	<input type="checkbox"/>	.....
c)	special school (please tick & describe)	<input type="checkbox"/>	.....
d)	other (please tick & describe)	<input type="checkbox"/>	.....

D4. Who takes her to and from school nowadays? (tick all that apply).

		(i) Going		(ii) Coming back	
		every day	some days	every day	some days
a)	I take her	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
b)	My partner takes her	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
c)	A grandparent or adult relative	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
d)	An older child	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
e)	Childminder	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
f)	Other person	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
g)	Goes on her own	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>

D5 How does she get there?

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

.....

D6. a) How far away is the school?

less than ½ mile (1 km) away

1

½ - 1 mile (1-2 km) away

2

1-5 miles (2-8 km) away

3

more than 5 miles (8 km) away

4

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

D7. We would like to know what happens after school

a) Does she usually go straight home?

No

1

Yes

2

→ **If yes**, go to D7c below

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

**Every day**

**Some days**

**Never**

i) to a relative's home

1

2

3

ii) to a friend's home

1

2

3

iii) to a childminder

1

2

3

iv) other (please tick and describe)

1

2

3

.....

c) If she goes straight home are you always there?

yes, always

1

yes, usually

2

yes, sometimes

3

no, hardly  
ever

4

D8. When she first arrives home does she have:

	Yes	No
a) a meal	<div>1</div>	<div>2</div>
b) a snack	<div>1</div>	<div>2</div>
c) a drink	<div>1</div>	<div>2</div>

D9. How does she feel about school?

	Always	Usually	Sometimes	Not at all
a) She looks forward to going	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b) She enjoys it	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c) She is stimulated by it	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
d) She is frightened by it	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
e) She talks about her friends	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
f) She seems bored by school	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
g) She likes her class teacher (s)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

D10. When she finishes and returns home:

How often does she:	Always	Usually	Sometimes	Never
a) Talk about the events of the day	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b) Ask about what has happened in your day	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c) Read, draw or play quietly by herself	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
d) Watch TV	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
e) Play with other children	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
f) Fall asleep	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

D11. How many children in her class did she know before attending this school?

None  1  2-3  more than 3   
 1 child 2 children 3 children 4

D12. Had she visited the school before her first day?

Yes  No   
 1 2

D13. a) Does she bring home things that she has done during the day (e.g. painting)?

Yes  No  → If **no**, go to D14 below  
 1 2

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

Always  Usually  Sometimes  Never   
 1 2 3 4

D14. When she gets home from school how does she behave?

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

	Always	Usually	Sometimes	Never
D14.				
l) tired	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
m) other (please tick & describe)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

.....

D15. How often does your partner do these activities with your child?

Partner:	Often	Sometimes	Rarely	Never	Have no partner	
a) gives her a bath or shower	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="7"/>	→ Go to D16 on page 31
b) makes things with her	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>		
c) sings to her	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>		
d) reads to her	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>		
e) plays with toys	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>		
f) cuddles her	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>		
g) active play (eg ball games, hide and seek)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>		
h) takes her to a park or playground	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>		
i) puts her to bed	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>		
j) takes her swimming	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>		
k) draws or paints with her	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>		
l) prepares food for her	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>		
m) other (please tick & describe)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>		

.....

D16. How often do you do these activities with your child?

<b>You:</b>	<b>Often</b>	<b>Sometimes</b>	<b>Rarely</b>	<b>Never</b>
a) bath (or shower) her	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b) make things with her	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c) sing to her	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
d) read to her	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
e) play with toys	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
f) cuddle her	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
g) active play (eg. ball games, wrestling, hide and seek)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
h) take her to the park or playground	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
i) put her to bed	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
j) take her swimming or other activity	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
k) draw or paint with her	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
l) prepare food for her	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
m) other (please tick and describe)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

.....

D17. About how often does your child do the following during term time:

	Every day	2-6 times a week	once a week	once a month	not at all
a) Go to a park or playground	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
b) Go swimming	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
c) Play a musical instrument (e.g. piano, recorder )	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
d) Go to a library	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
e) Go to special groups (such as Beavers or Rainbows)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

Please tick and describe group .....

f) Go to Sunday school or other religious group	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
g) Go to special classes or clubs for some activity (e.g. dancing, judo, sports )	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

Please tick and describe.....

h) Go to special classes because of learning difficulty	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
---	--------------	--------------	--------------	--------------	--------------

Please tick and describe.....

i) Have physiotherapy	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
j) See her grandparents	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
k) Play computer games	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
l) Help in the house	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>



D18. Has she had her ear or ears pierced?

Yes  No

1

2

## SECTION E: EATING

- E1. a) Some children just have snacks all day while others wait for meals. How would you describe your child?

snacks all day, no real meals

1

snacks all day, but also has meals

2

doesn't snack much, mainly has meals

3

other (please describe).....

4

.....

- b) How many real meals a day does your child have now ?

--	--

- E2. a) When would you say is her main meal of the day?

	<b>Breakfast</b>	<b>Mid morning</b>	<b>Midday</b>	<b>Mid afternoon</b>	<b>Early evening</b>	<b>Late evening</b>	<b>Doesn't have a main meal</b>
--	------------------	--------------------	---------------	----------------------	----------------------	---------------------	---------------------------------

- i) on weekdays

1
---

2
---

3
---

4
---

5
---

6
---

7
---

→ If no main meal,  
go to E3  
on page 35

- ii) on Saturdays

1
---

2
---

3
---

4
---

5
---

6
---

7
---

- iii) on Sundays

1
---

2
---

3
---

4
---

5
---

6
---

7
---

- b) On a typical week how often does she eat her main meal in these places?

**Never**

**1-2 days a week**

**3-5 days a week**

**6-7 days a week**

- i) at home

1
---

2
---

3
---

4
---

- ii) at school

1
---

2
---

3
---

4
---

- iii) other (please tick and describe)

1
---

2
---

3
---

4
---

.....

E3. In the past year have you had difficulties getting her to eat what you wanted her to?

Yes, great difficulty

Yes, some difficulty

Yes, occasional difficulty

No, no difficulty

→ If yes, please describe the problems:

.....

.....

E4. In the past year has she at any time:

		<b>Yes, worried me greatly</b>	<b>Yes, worried me a bit</b>	<b>Yes, but did not worry me</b>	<b>No did not happen</b>
a)	deliberately not eaten enough food	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b)	refused to eat the food you think she should eat	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c)	been choosy with food	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d)	over-eaten	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e)	been difficult to get into an eating routine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E5. How far do the following statements describe your study child?

	<b>Yes, most of the time</b>	<b>Yes sometimes</b>	<b>No, not at all</b>
a) She likes to try different foods	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) She seems to enjoy eating	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) She seems to prefer sweet foods	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Yes, most of the time	Yes sometimes	No, not at all
E5. d) She seems to prefer savoury foods	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
e) She plays with her food rather than eating eagerly	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
f) She is very choosy about the food she eats	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
g) She finishes all the food on the plate	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

E6. Children are often difficult about eating certain foods. When your study child is difficult about a certain food you would like her to eat, how far do the following sentences describe how you deal with this?

	Yes, most of the time	Yes sometimes	No, not at all	Is never difficult
a) I let her choose something else	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b) I try to encourage her to eat the food by making up a game or story	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<p>Go to E7 on page 37</p>
c) I mix the food with another food that she likes and will eat	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	
d) I let her put sauce on the food to cover up the taste/appearance	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	
e) I try to persuade her to eat just a very small amount of the food	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	
f) I do not let her leave the table or have anything else to eat until she eats all the food on the plate	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	
g) I try to encourage her by offering a reward (e.g. a sweet or new toy) if she finishes the food	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	
h) If she will not eat a certain food I take it away and give her something else to eat	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	

	<b>Yes, most of the time</b>	<b>Yes sometimes</b>	<b>No, not at all</b>
E6. i) I try not to make an issue of it	<div>1</div>	<div>2</div>	<div>3</div>
j) I try the same food again on a different day	<div>1</div>	<div>2</div>	<div>3</div>
k) Other (please tick & describe)	<div>1</div>	<div>2</div>	<div>3</div>

.....

E7. When you are preparing food does your study child help in any of the following ways?

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

E8. Do you have any rules that you try to follow when feeding the family?

	<b>Yes</b>	<b>No</b>
a) "Proper" cooked meal every day	<div>1</div>	<div>2</div>
b) Fresh fruit every day	<div>1</div>	<div>2</div>
c) Meat, fish, egg or cheese every day	<div>1</div>	<div>2</div>
d) Vegetables or salad every day	<div>1</div>	<div>2</div>
e) Pudding every day (including yoghurt or ice cream)	<div>1</div>	<div>2</div>

	Yes	No
E8. f) “Special” meal each week e.g. Sunday lunch	<input type="text" value="1"/>	<input type="text" value="2"/>
g) Eat up everything on the plate	<input type="text" value="1"/>	<input type="text" value="2"/>

E9. Do you try to use any of the following kinds of foods or drinks in meals for your study child?

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

E10. On school days how often does your study child usually eat at each of the following times of day?

	Never	Once in 2 weeks	Once a week	2-4 times a week	5 times a week	Don’t know
a) Before school	<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="9"/>
b) Mid-morning	<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="9"/>
c) Mid-day	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="9"/>

		Never ↓	Once in 2 weeks	Once a week	2-4 times a week	5 times a week	Don't know ↓
E10.	d) Mid-afternoon before 4.30 p.m.	<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="9"/>
	e) Late afternoon, between 4.30 & 6.00 p.m.	<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="9"/>
	f) Early evening between 6.00 & 7.30 p.m.	<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="9"/>
	g) Mid evening between 7.30 & 9.00 p.m.	<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="9"/>
	h) Late evening after 9.00 p.m.	<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="9"/>

E11. How many times a week on school days does your study child have the following foods or drinks before school?

		Never	Once in 2 weeks	Once a week	2-4 times a week	5 times a week	Don't know
<b>Before school:</b>							
a)	Nothing to eat or drink	<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="9"/>
b)	Has a drink but nothing to eat	<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="9"/>
c)	Has cereal without milk	<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="9"/>
d)	Has cereal with milk	<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="9"/>
e)	Has bread or toast	<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="9"/>
f)	Has bacon, egg, sausage, or cheese	<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="9"/>
g)	Has crisps, corn snack or other savoury snack	<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="9"/>
h)	Has sweet biscuits, sweets or chocolates	<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="9"/>
i)	Has fruit, yoghurt or fromage frais	<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="9"/>

	Never ↓	Once in 2 weeks	Once a week	2-4 times a week	5 times a week	Don't know
<b>Before school:</b>						
E11. j) Has a milk drink	<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="9"/>
k) Has other food (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="9"/>
.....						

E12. How many times a week on school days does your study child have as her mid-day meal?

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

E13. How often do you ask your study child about the food she has eaten at school?

	Never	Occasionally	Quite often	Most days	Does not eat at school
	<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"/>



E14. How many times a week on **school days** does your study child have for her **tea/evening meal**

Tea/evening meal	Never	Once in 2 weeks	Once a week	2-4 times a week	5 times a week	Don't know
a) Cooked meal with no vegetables or salad	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>
b) Cooked meal with fresh vegetables or salad	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>
c) Cooked meal with frozen vegetables	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>
d) Cooked meal with tinned vegetables	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>
e) Sandwich or snack meal e.g. Baked beans on toast, pot noodles	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>
f) Sitting up at a table	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>
g) Eaten from a tray/plate on her lap	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>
h) Eaten using a knife and fork	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>
i) Eaten using a spoon and/or fingers	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>
j) Adult(s) eating with her	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>
k) Other children eating with her but not adults	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>
l) Eating on her own	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>9</div>

E15. How much milk does your child usually drink on a school day?

a) Does not drink milk

b) Has milk at school

Yes

No

c) Has milk at home

Yes

No

d) If milk is drunk at home about how much does she have in total in drinks and on cereal at home?

Up to ½ pint

½-1 pint

1-1½ pints

1½-2 pints

more than 2 pints

E16. When your study child is offered vegetables e.g: carrots, green vegetables, peas, sweetcorn etc. (not including potatoes, pasta, tinned spaghetti, baked beans, or rice) which of the following statements best describes her attitude to eating them?

(i) Never offered these vegetables

→ Go to E17 on page 43

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

E17. When your study child is offered fresh fruit e.g. an apple, pear or banana etc. which of the following statements best describes her attitude to eating it?

(i) Never offered fresh fruit

→ Go to E18 below

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

E18. Which of the following statements best describes your study child's attitude to eating slices or chunks of meat that need chewing e.g. a slice of chicken, or lamb or pork chop or chunks of meat in stew?

(i) Never offered meat

→ Go to E19 on page 44

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

E19. How often would you describe meal times with your children in the following ways?

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

E20. Is your child at present a vegetarian?

Yes  1 No  2

E21. Is your child at present a vegan (i.e. does not eat meat, poultry, fish, eggs, butter, milk or cheese)?

Yes  1 No  2

E22. Is your child at present on any other kind of special diet?

Yes  1 No  2 → If **no**, go to E23 on page 45

If **yes**, please describe below.

.....

.....

E23. Does your child have definite likes and dislikes as far as food is concerned?

no, will eat almost anything	<div>1</div>
yes, quite choosy	<div>2</div>
yes, very choosy	<div>3</div>

E24. a) How often does she suck a dummy or her thumb or finger?

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

b) Apart from her finger, thumb or a dummy does she have a special object that she uses for comfort?

Yes 

1

 No 

2

 → If **no**, go to E25 below

c) If **yes**, what is this?

blanket 

1

 cuddly toy 

2

 other (please describe) 

3

.....

E25. Does she eat coal, soil, dirt or other non-food substances?

yes, every day	<div>1</div>	→ If <b><u>yes</u></b> , please describe what she eats: ..... .....
yes, at least once a week	<div>2</div>	
yes, less than once a week	<div>3</div>	
no, not at all	<div>4</div>	.....



## **SECTION F: HER GROWTH AND HER SHOES**

Please list the dates on which your child was weighed since she was 4½ years old and how much she weighed each time. Also add height and head circumferences, if they were measured. If you don't know, please write DK and go to F5, below.

	<b><u>Date</u></b>	<b><u>Weight</u></b>	<b><u>Height</u></b>	<b><u>Head circumference</u></b>
F1.	...../...../199....	.....	.....	.....
F2.	...../...../199....	.....	.....	.....
F3.	...../...../199....	.....	.....	.....
F4.	...../...../199....	.....	.....	.....

F5. What size shoes does she take? .....

F6. How often nowadays does she wear the following footwear:

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

.....

G1. This questionnaire was completed by: (tick all that apply)

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

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

day month year

☐ ☐ ☐ ☐ 199 ☐

G3. 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**

For Office use only

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