



MY THREE YEAR OLD GIRL

This questionnaire asks about your child now she is 3 years old. We are interested to know about her health and behaviour and how she gets on with other children. Your answers will help us to understand the developing child and to identify problems that children and their parents have.

This questionnaire is like the other questionnaires you have received. To answer simply tick the box which best describes your child or your child's situation. Again some questions will seem similar but they are not the same. Please answer all questions that you can. If you cannot answer any question 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

06/10/94

Recycled Paper

SECTION A: PROBLEMS AND TREATMENT

A1. Children often have accidents or illnesses that need treatment. Please indicate which of the following have been given to your child since her 2nd birthday.

		Never Since her 2nd birthday	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	1	2	3	.....
b)	antibiotics/ penicillin	1	2	3	.....
c)	throat medicine	1	2	3	.....
d)	vitamins	1	2	3	.....
e)	paracetamol/ calpol	1	2	3	.....
f)	ointment for skin	1	2	3	.....
g)	eye ointment	1	2	3	.....
h)	diarrhoea mix- ture or pills	1	2	3	.....
i)	dimotapp/ decongestant	1	2	3	.....
j)	ear drops	1	2	3	.....
k)	eye drops	1	2	3	.....
l)	teething gel	1	2	3	.....
m)	laxative	1	2	3	.....
n)	other (please tick and describe)	1	2	3	.....
				

A2.

- 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, skin cream, laxatives as well as antibiotics, etc)

Yes 1 No 2 **If no, go to A3a below**

If yes,

- b) please describe:

.....

.....

A3. During the child's early years of life various possible problems are often identified - yet when investigated further they are often found not to be problems at all. In this section we are asking about any possible problem that might have arisen.

- a) Has your toddler ever 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 A4a on page 4

If yes,

- b) were any problems found?

Yes ₁ No ₂ Don't ₉
know

If yes, i) please describe:

ii) how old was she?

less than 1 year 1 year old 2 years old 3 years old

iii) what treatment did she have?

.....

Your child's hearing

- A4. a) Has anyone ever thought there might be a problem with her hearing?

Yes ₁ No ₂ If no, go to A5 below

If yes,

- b) Who first suspected a problem?

I did ₁

my partner did ₂

other relative or friend ₃

health visitor ₄

doctor ₅

someone else (please tick and ₆
describe)

.....

- c) Has your child been seen at the Hearing Assessment Centre?

Yes ₁ No ₂ If no, go to A5 below

If yes,

- d) At what age?

less than 1 year 1 year old 2 years old 3 years old

- e) What was decided?

- f) What treatment was given (if any)

Your child's sight

A5. a) Has anyone ever thought there might be a problem with her eyesight?

Yes ₁ No ₂ If no, go to A6

If yes,

b) Who first suspected a problem?

I did ₁
 my partner did ₂
 other relative or friend ₃
 health visitor ₄
 doctor ₅
 someone else
 (please tick and describe) ₆

A5. c) What was thought to be wrong with her eyes?

squint ₁ something else ₂ don't know ₃
 (please tick & describe)

d) Has your child ever been referred to an eye specialist?

Yes ₁ No ₂ If no, go to A6 below

If yes,

e) at what age?

less than 1 year 1 year old 2 years old 3 years old

f) What was decided?

.....

g) What treatment was given?

.....

Other problems

A6. a) Have there been any other problems for which your child saw (or is going to see) a specialist?

Yes ₁ No ₂ If no, go to A7a

If yes

b) For how many different problems?

Please list, for each problem, what has happened:

	Problem No. 1	Problem No. 2	Problem No. 3
c) What was thought to be the problem?	.....	.....	.....
d) Have you seen the specialist?	Yes No	Yes No	Yes No
e) What age was she the first time seen for she was this problem?	_____ years	_____ years	_____ years
(put 0 if less than 12 months)			
f) What was decided?	.....	.....	.....
g) What treatment was given?	.....	.....	.....
A7. a) Has she <u>ever</u> visited the dentist?			
yes for treatment	₁		

yes, for inspection only	2	- go to A7b below
no, not at all	3	- go to A7b below

If **yes**, for treatment, has she had:

i)	a filling	Yes	No
ii)	a tooth out	Yes	No
iii)	other treatment	Yes	No
	(please tick		
	and describe)		

b) Do you use a toothbrush for the child?

yes, ₁	yes, ₂	no not ₃
every day	sometimes	at all

c) Does she ever have toothpaste?

Yes ₁	No ₂	Go to A7d below
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If **yes**,

i) how much do you put on her brush nowadays?

brush full	half brush full	less than half a brush full	none
------------	-----------------	-----------------------------	------

ii) how many times a day do you do this?times

iii) does she swallow it or spit it out?

swallows it ₁	spits it out ₂	varies ₃
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iv) what type of toothpaste is usually used:
(please give exact name and brand)

.....

d) Has she ever had a dental X-ray? Yes ₁ No ₂

SECTION B: 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 SINCE HER 2ND BIRTHDAY whether or not she was injured as a result.

B1. a) Has she been burnt or scalded since her 2nd birthday?

Yes 1

No 2 If no, go to B2a on page 9

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 (eg. kitchen, garden, creche)	.....	.....	.....
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	1	1	1
Treated her 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 her give?	.....	.....	.....
j) What other treatment did she have?	.....	.....	.....
k) Please describe how each accident happened:			
Burn 1			
Burn 2			
Burn 3			

B2. a) Has she been dropped or had a bad fall since her 2nd birthday?

Yes 1

No 2

If no, go to B3a

If yes,

b) how many times?

For each fall please describe below what happened.

	1st accident	2nd accident	3rd accident
c) Place accident happened (eg. kitchen, garden, creche)	.....	.....	.....
d) What did she fall or drop from (eg. 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 her?	.....	.....	.....
h) What did the person with her do?			
Nothing	1	1	1
Treated her 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 her give?	.....	.....	.....
j) What other treatment did she have?	.....	.....	.....
k) Please describe how each accident happened:			

Fall 1.....

Fall 2.....

Fall 3.....

B3. a) Has she swallowed anything she shouldn't have (such as pills, buttons, disinfectant) since her 2nd birthday?

Yes 1 No 2 If no, go to B4a

If yes,

b) how many times?

For each time please describe below what happened.

	1st accident	2nd accident	3rd accident
c) Place accident happened (eg. your home, nursery, 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	1	1	1
Treated her 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 her give?	.....	.....	.....
i) What other treatment did she have?	.....	.....	.....
j) Please describe how each accident happened:			

Accident 1

Accident 2

Accident 3

B4. a) Has she had any other accidents or injuries since her 2nd birthday?

Yes 1

No 2 If no, go to Section C on page 12

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 her?	.....	.....	.....
h) What did the person with her do?			
Nothing	1	1	1
Treated her 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 her give?	.....	.....	.....
j) What other treatment did she have?	.....	.....	.....
k) Please describe how each accident happened:			
Accident 1	.....	
Accident 2	.....	
Accident 3	.....	

		Yes in our home	Yes elsewhere	No, not at all
a)	cat(s)	1	2	4
b)	dog(s)	1	2	4
c)	other furry animal*(s)	1	2	4
d)	birds	1	2	4
e)	other creatures*	1	2	4

C2. All children get dirty.How often in a normal day:

always₁ usually₂ sometimes₃ occasionally₄ never₅

more than ₁	once every ₂	several		
once a day	day	times a ₃	once a ₄	hardly ₅
		week	week	ever

C4. Is your child:

C5. Does your child tell you when she wants to go to the lavatory?

usually₁ sometimes₂ never₃

C6. How often during a day is she in a room or enclosed place where people are smoking:

	(i) Weekdays	(ii) Weekends
all the time	1	1
more than 5 hours	2	2
3-5 hours	3	3
1-2 hours	4	4
less than 1 hour	5	5
not at all	6	6

C7. How often in a normal week is she left at home alone or just with other young children? (i.e. children younger than 12)?

(i) during the day:

not at all₁ less than 10 minutes₂ less than an hour₃ more than an hour₄

(ii) at night:

not at all₁ less than 10 minutes₂ less than an hour₃ more than an hour₄

SECTION D: CHILDCARE

D1. a) Apart from yourself, nowadays who regularly looks after your child **when you are not there?**
(Please answer for each person regularly involved).

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

.....

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

I had no choice₁ I could afford it₂ It was convenient₃

It was linked to my job₄ I thought it would be beneficial for my child₅

Other (please tick & describe)₆

.....

c) How satisfied are you with these arrangements?

very Satisfied₁ Fairly satisfied₂ not at all happy₃

D2. Since your child was 24 months old, please list below the daytime child care arrangements (other than you or your partner) at each age.

Age of child	No. of hours/week during the day	Person (e.g. childminder grandmother)	Place (e.g. at home, creche, etc)
2 years
2 years 3 months
2 years 6 months
2 years 9 months
3 years
now

D3. How many different people other than you or your partner have looked after your child during the day since she was 2 years old (count each nursery or creche as 1 person)

D4. How often does your partner do these activities with your child?

Partner:	Often	Sometimes	Rarely	Never	Have no no partner
a) baths her	1	2	3	4	7 → Go to D5
b) feeds her	1	2	3	4	
c) sings to her	1	2	3	4	
d) shows her pictures in books	1	2	3	4	
e) plays with toys	1	2	3	4	
f) cuddles her	1	2	3	4	
g) physical play (e.g. clapping, rolling over)	1	2	3	4	
h) takes her for walks	1	2	3	4	
i) puts her to bed	1	2	3	4	
j) other (please tick & describe)	1	2	3	4	
.....					

D5. How often do you do these activities with your child?

	Often	Sometimes	Rarely	Never
a) bath her	1	2	3	4
b) feed her	1	2	3	4
c) sing to her	1	2	3	4
d) show her pictures in books	1	2	3	4
e) play with toys	1	2	3	4
f) cuddle her	1	2	3	4

- g) physical play (eg. clapping, rolling over) 1 2 3 4
- h) take her for walks 1 2 3 4
- i) put her to bed 1 2 3 4
- j) other (please tick & describe) 1 2 3 4
-

D6. How much time on average does she spend:

On most weekdays

		not at all	less than 1 hour	1-2 hours a day	more than 2 hours a day
(a)	in a car	1	2	3	4
(b)	out of doors	1	2	3	4
(c)	watching T.V.	1	2	3	4
(d)	with other children	1	2	3	4

D7. How much time on average does she spend:

On most weekend days

		not at all	less than 1 hour	1-2 hours a day	more than 2 hours a day
(a)	in a car	1	2	3	4
(b)	out of doors	1	2	3	4
(c)	watching T.V.	1	2	3	4
(d)	with other children	1	2	3	4

SECTION E: FEEDING

E1a) Some children just nibble all day while others wait for meals. How would you describe your child?

nibbles all day, no real meals	1
nibbles all day, but also has meals	2
doesn't nibble much, just has meals	3
other (please tick & describe)	4

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

E2. For her main meal of the day how often does your child eat:

		Always	Almost always	Sometimes	Almost never	Never	Doesn't have a main meal
a)	the same food as you	1	2	3	4	5	7 ↓ go to E3 below
b)	a different meal that you prepare	1	2	3	4	5	
c)	a ready-prepared meal out of a packet or tin	1	2	3	4	5	

E3. Do you feel that you have had difficulties feeding her in the past year?

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

If yes, please describe the problems:

.....

.....

E4. In the past year has she 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	1	2	3	4
c)	been choosy with food	1	2	3	4
d)	over-eaten	1	2	3	4
e)	been difficult to get into an eating routine	1	2	3	4

E5. How many times nowadays does she eat:

		Never or rarely	Once in 2 weeks	1 - 3 times a week	4 - 7 times a week	More than once a day
a)	Sausages, Burgers	1	2	3	4	5
b)	Pies, Pasties (pork pie, steak/meat pie etc.)	1	2	3	4	5
c)	Meat (beef, lamb, pork, ham, bacon etc.)	1	2	3	4	5
d)	Poultry (chicken, turkey etc)	1	2	3	4	5
e)	Liver, liver pate, kidney, heart	1	2	3	4	5
f)	Fish fingers	1	2	3	4	5
g)	White fish, not fish fingers (cod, haddock, plaice, etc)	1	2	3	4	5
h)	Other fish (pilchards, sardines, mackerel, tuna, herring, kippers, trout, salmon etc)	1	2	3	4	5
i)	Shellfish (prawns, crab, cockles, mussels etc)	1	2	3	4	5
j)	Eggs, quiche	1	2	3	4	5
k)	Cheese	1	2	3	4	5
l)	Pizza	1	2	3	4	5
m)	Chips	1	2	3	4	5
n)	Roast potatoes (cooked in fat)	1	2	3	4	5
o)	Boiled, mashed, jacket potatoes	1	2	3	4	5
p)	Rice (boiled, or fried)	1	2	3	4	5
q)	Pot Noodles, cook-in sauces, Ragu etc.	1	2	3	4	5
r)	Pasta (eg. spaghetti, lasagne)	1	2	3	4	5
s)	Crisps	1	2	3	4	5
t)	Fried foods (eg. fried fish,					

eggs, bacon, chops etc) 1 2 3 4 5

E6. Does she eat the fat on meat?

yes, all of it 1 yes, some of it 2 no 3 never eats meat 4

E7. How many times nowadays does she eat:

		Never or rarely	Once in 2 weeks	1 - 3 times a week	4 - 7 times a week	More than once a day
a)	Baked beans	1	2	3	4	5
b)	Peas, sweetcorn, broad beans	1	2	3	4	5
c)	Cabbage, brussel sprouts, kale and other green leafy vegetables	1	2	3	4	5
d)	Other green vegetables (cauliflower, runner beans, leeks etc)	1	2	3	4	5
e)	Carrots	1	2	3	4	5
f)	Other root vegetables (turnip, swede, parsnip etc)	1	2	3	4	5
g)	Salad (lettuce, tomato, cucumber etc)	1	2	3	4	5
h)	Pulses - dried peas, beans, lentils, chick peas, bean curd, tahini	1	2	3	4	5
i)	Nuts, nut roast	1	2	3	4	5
j)	Soya 'Meat', T.V.P., Vegeburgers	1	2	3	4	5
k)	Fresh fruit (apple, pear, banana, orange, bunch of grapes etc)	1	2	3	4	5
l)	Yoghurt, Fromage Frais, milk puddings, mousse	1	2	3	4	5
m)	Pudding (eg fruit pie, crumble, cheesecake, gateaux)	1	2	3	4	5
n)	Oat cereals (eg porridge, Ready Brek, muesli)	1	2	3	4	5
o)	Wholegrain or bran cereals (eg. All Bran, Bran Flakes, Weetabix, Wheatflakes, Fruit & Fibre)	1	2	3	4	5
p)	Other cereals (eg Corn- flakes, Rice Krispies, Frosties)	1	2	3	4	5
q)	Cakes or buns (fruit cake, sponge, teacake, doughnut, flapjack, scone, custard tart, cream cake etc)	1	2	3	4	5
r)	Crispbreads (Ryvita, crackerbread etc)	1	2	3	4	5
s)	Biscuits (digestive, shortcake, Hob Nobs, Rich Tea, Nice, Marie)	1	2	3	4	5
t)	Chocolate biscuits, chocolate fingers, (Penguin, Club, Kit Kat etc)	1	2	3	4	5
u)	Chocolate bars (Mars, Twix, Wispa, Bounty, Creme Egg etc)	1	2	3	4	5
v)	Chocolate (dairy milk or plain, white chocolate, smarties etc)	1	2	3	4	5
w)	Sweets (cola bottles, penny mix-ups,					

chews, jelly sweets etc) 1 2 3 4 5

E8. On days when she has sweets, how many individual sweets does she eat in that day? Count a chew or jelly sweet as one sweet.

1-2 3-5 6-10 11 and over

E9. On the day when she has chocolates or chocolate bars, how much does she eat (give as proportion of Mars bar, bag of buttons, etc)

less than a quarter about a quarter about a half about three-quarters whole more than one never has chocolates

E10. How many times a week nowadays does she drink?

		Never or rarely	Once in 2 weeks	1 - 3 times a week	4 - 7 times a week	More than once a day
a)	Fruit juice from a tin (including tomato juice)	1	2	3	4	5
b)	Pure fruit juice carton/ freshly squeezed	1	2	3	4	5
c)	Squash, fruit drink or Ribena	1	2	3	4	5
d)	Cola drinks e.g. Coca Cola, Pepsi etc.	1	2	3	4	5
e)	Other fizzy drinks e.g. lemonade	1	2	3	4	5
f)	Water on its own	1	2	3	4	5
g)	Milk on its own	1	2	3	4	5
h)	Flavoured milk/yoghurt drinks, ready made	1	2	3	4	5
i)	Flavoured milk drinks (not ready made) hot or cold	1	2	3	4	5

E11. When she has soft drinks, how often are they low calorie, diet or reduced sugar drinks?

usually₁ sometimes₂ not at all₃ doesn't drink soft drinks ₄

E12. If she has cola drinks, how often are they decaffeinated?

usually₁ sometimes₂ not at all₃ doesn't drink cola ₄

E13. How many pieces of bread, rolls or chappatis does she eat on a usual day ?

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

E14. What types of bread does she eat most days?

	Yes	No
a) white bread	1	2
b) brown/granary bread	1	2
c) wholemeal bread	1	2
d) chappatis, nan bread	1	2
e) doesn't usually eat any bread		

E15. What sort of fat does she have?

	No not usually	Yes sometimes	Yes at all
a) Butter, Ghee, Dripping Lard, Solid cooking fat	1	2	3
b) Hard or soft margarine (e.g. Blue Band, Stork, Supermarket own brand)	1	2	3
c) Polyunsaturated margarine e.g. Flora, Sunflower, Vitalite	1	2	3
d) Low fat spread, e.g. Outline, Delight, St.Ivel Gold	1	2	3
e) Sunflower, soya, corn, olive oil	1	2	3
f) Other vegetable oil	1	2	3
g) Other (please tick & describe)	1	2	3

.....

E16. How many slices of bread (or rolls) spread with fat
does she eat each day?(include bought sandwiches) _____slices

E17. How many times in a month does she eat take-away foods for her main meal?

never or rarely	1
1 - 2	2
3 - 4	3
5 - 9	4
10 or more	5

E18. What type(s) of milk does she have?

	Yes usually	Yes sometimes	No not at all
a) Full fat (silver or gold top)	1	2	3
b) Semi Skimmed (red stripe)	1	2	3
c) Skimmed (blue stripe)	1	2	3
d) Sterilised	1	2	3
e) Breast milk	1	2	3
f) Goat/sheep milk	1	2	3
g) Soya milk	1	2	3
h) Other (please tick & describe)	1	2	3

.....

E19. How often does she have milk:

	almost every day	several times a week	at least once a week	less than once a week	no, not at all
a) tea with milk	1	2	3	4	5
b) coffee with some milk	1	2	3	4	5
c) milk on breakfast cereal	1	2	3	4	5
d) a milk pudding (custard, rice)	1	2	3	4	5

- E20. a) How many cups of tea does she drink in a day? _____ cups a day
(do not include herbal teas)
- b) How many spoons of sugar in each cup? _____ spoons
- c) How many of the cups of tea she drinks are decaffeinated? _____ cups a day
- d) How many cups of coffee does she drink? _____ cups a day
- e) How many spoons of sugar in each cup? _____ spoons
- f) How many of the cups of coffee she drinks are decaffeinated? _____ cups a day
- g) How many of the cups of coffee she drinks are made using real coffee (i.e. not instant)? _____ cups a day
- h) How many of these are decaffeinated? _____ cups a day

- E21. a) Does she drink herbal teas at all?
yes, often ₁ yes, occasionally₂ no, not at all₃

If no, go to E22a below

If yes,

- b) how many cups/mugs of herbal teas has she drunk in the past week? _____ cups/mugs
- c) Please list the types of herbal teas she has drunk in the past 3 months:
.....
.....
.....

- E22. a) What would you say best describes your child's alcohol drinking:

- she often has a glass of her own ₁
- she sometimes has a glass of her own ₂
- she just has a taste of other people's drink ₃
- she has rarely had any alcohol ₄
- she has never had any alcohol ₅

- E22. b) How often does she have any of the following:

- | | More than
once a
week | Once
a
week | Less than
once a
week | Not at
all |
|--|-----------------------------|-------------------|-----------------------------|---------------|
| i) wine | 1 | 2 | 3 | 4 |
| ii) beer, lager | 1 | 2 | 3 | 4 |
| iii) spirits (gin, vodka, brandy) | 1 | 2 | 3 | 4 |
| iv) other, alcohol
(please tick and describe) | 1 | 2 | 3 | 4 |

.....

E23. Apart from herbal teas, are there any other health foods (whether or not bought from a health food shop) that she often eats or drinks?

Yes ₁

No ₂

If **yes**, please describe below:

.....

E24. What does she usually drink from nowadays?

	yes, usually	yes, sometimes	No, not at all
a) ordinary cup, mug or glass	1	2	3
b) feeder cup	1	2	3
c) bottle with teat	1	2	3
d) can	1	2	3
e) carton or bottle with a straw	1	2	3

E25. How often does she have a bottle of drink which she carries with her and drinks from, over several hours?

everyday₁

most days ₂

occasionally ₃

not at all ₄

E26. Does your child have definite likes and dislikes as far as food is concerned?

no, will eat almost anything ₁

yes, quite choosy ₂

yes, very choosy ₃

E27. How often do you put her down to sleep with a bottle? (whether at night or during the day)

always ₁

sometimes ₂

never ₃

E28. How often does she suck a dummy or her thumb or finger?

	(a) dummy	(b) thumb/finger
most of the time	1	1
sometimes	2	2
no, never	3	3

c) 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 E29 below

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

blanket₁

cuddly toy ₂

other ₃ (please describe)

E29. How often does she eat coal, soil, dirt or other non-nutritious substances?

every day	1	→	If <u>yes</u> , please describe what she eats:
at least once a week	2	→	.....
less than once a week	3	→	.....
not at all	4		

SECTION F: TEMPERAMENT

Please tick the box which describes how often the child's behaviour is like the behaviour given below:

		Not at all like her	Not much like her	Somewhat like her	Quite like her	Exactly like her
F1.	She tends to be shy	1	2	3	4	5
F2.	She cries easily	1	2	3	4	5
F3.	She likes to be with people	1	2	3	4	5
F4.	She is always on the go	1	2	3	4	5
F5.	She prefers playing with others rather than alone	1	2	3	4	5
F6.	She tends to be somewhat emotional	1	2	3	4	5
F7.	When she moves about she tends to move slowly	1	2	3	4	5
F8.	She makes friends easily	1	2	3	4	5
F9.	She is off and running as soon as she wakes up in the morning	1	2	3	4	5
F10.	She finds people more stimulating than anything else	1	2	3	4	5
F11.	She often fusses and cries	1	2	3	4	5
F12.	She is very sociable	1	2	3	4	5
F13.	She is very energetic	1	2	3	4	5
F14.	She takes a long time to warm up to strangers	1	2	3	4	5
F15.	She gets upset easily	1	2	3	4	5
F16.	She is something of a loner	1	2	3	4	5
F17.	She prefers quiet inactive games to more active ones	1	2	3	4	5
F18.	When alone she feels Isolated	1	2	3	4	5
F19.	She reacts intensely when upset	1	2	3	4	5
F20.	She is very friendly with strangers	1	2	3	4	5

SECTION G:HER GROWTH

Please list the dates on which your child was weighed since she was 24 months old and how much she weighed each time. Also add height and head circumferences, if they were measured.

[If you do not have this information tick _____ and go to section H]

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

SECTION H:UNDERSTANDING AND TALKING

We are interested in the words your child understands and those she **SAYS**. Please mark the words **you have heard your child use or know she understands**.

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 she says and understands).**

(i)	(ii)
She	She
says	understands

- H1. a) Hello
 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

(i)	(ii)
She	She
says	understands

- | | | |
|-----|----|-----------------|
| 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) | (Beef) burger |
| h) | | Peas |
| | i) | Potato |
| | j) | Strawberry |
| | k) | Spaghetti |
| | l) | Lemonade |
| | m) | Nuts |
| H6. | a) | Door |
| | 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 |

		(i) She says	(ii) She understands
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	
H13	a)	Ouch/Ow	
	b)	Wet	
	c)	Happy	
	d)	Hurt	
	e)	Sleepy	
	f)	New	
	g)	Green	
	h)	Fast	
	i)	Quiet	
	j)	Awake	
	k)	White	
	l)	First	

m) Angry

(i)
She
says

(ii)
She
understands

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

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

n) Put

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 daughter begun to do this?

Not yet Sometimes Often

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

Not yet Sometimes Often

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

Not yet Sometimes Often

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 daughter begun to do this?

Not yet Sometimes Often

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

**(i)
Yes, she
says** **(ii)
Yes, she
understands**

- a) children
- b) feet
- c) men
- d) mice
- e) teeth

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

**(i)
Yes, she
says** **(ii)
Yes, she
understands**

- f) ate
- g) blew
- h) bought
- i) broke
- j) came
- k) drank
- l) drove
- m) fell
- n) flew
- o) got
- p) had
- q) heard
- r) held
- s) lost
- t) made
- u) ran
- v) sat
- w) saw
- x) took

y) went

H22. Has your daughter begun to combine words yet, such as "nother sweet", or "doggie bite?"

Not yet ₁ Sometimes ₂ Often ₃

↓

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.

H24. In each of the following, please mark the one that sounds most like the way your child talks right now.

- | | | | |
|----|---------------------------|-----------------------------|---------------------------------|
| a) | two shoe ₁ | two shoes. ₂ | |
| b) | two feet ₁ | two foots ₂ | two foot ₃ |
| c) | Daddy car ₁ | Daddy's car ₂ | |
| d) | Kitty sleep ₁ | Kitty sleeping ₂ | Kitty is asleep. ₃ |
| e) | I make tower ₁ | I making tower ₂ | I am making tower. ₃ |

Talking about something that already happened:

- | | | |
|----|-------------------------------|---------------------------------|
| f) | I fell down ₁ | I fall down ₂ |
| g) | Doggie kiss me ₁ | Doggie kissed me ₂ |
| h) | Daddy pick me up ₁ | Daddy picked me up ₂ |
| i) | John went away ₁ | John go away ₂ |

Talking about other things:

- | | | |
|----|-----------------------------|---------------------------|
| j) | Baby's blanket ₁ | Baby blanket ₂ |
| k) | Dog table ₁ | Dog on table ₂ |
| l) | That's my book ₁ | That my book ₂ |

SECTION I: MORE ABOUT TALKING AND LISTENING

	Not yet	Sometimes	Often
I1. Can she listen to a short story from start to finish?	1	2	3
I2. Can she understand instructions such as: 'Find the jumper that Granny gave you'.	1	2	3
	Never	Sometimes	Often
I3. Does she stumble or get stuck on words, or repeat them many times? (e.g. 'I I I I want a sweet').	1	2	3
I4. Is her voice hoarse or husky?	1	2	3

		Mostly	Sometimes	Rarely
I5.	a) Can <u>you</u> understand what she says?	1	2	3
	b) Can your family understand what she says?	1	2	3
	c) Can visitors to your house understand what she says?	1	2	3
		Not yet	Sometimes	Often
I6.	Does she sing songs (even if the words are not clear)?	1	2	3
		Often	Sometimes	Never
I7.	Does she talk but the words are in the wrong order? (e.g. 'me car want').	1	2	3
I8.	Does she ask questions?	1	2	3
I9.	Children learn to talk in different ways and at different ages. Please indicate which description best describes your daughter:			
	a) making babble noises that sound like talking:			
	Yes still does	1		
	Yes, did in past not now	2		
	No, never did	3		
I9.	b) prefers using gestures (pointing or pulling) to get what she wants:			
	Yes still does	1		
	Yes, did in past not now	2		
	No never did	3		
	c) When she talks nowadays, how many words can she put together (e.g. "me want juice" would be 3)?			
	one	two	3 or 4	5 or more
	does not talk at all			
I10.	Some children enjoy talking and others do not.			
Does your child:		Often	Sometimes	Not often
a)	talk a lot	1	2	3
b)	stay mainly silent	1	2	3
c)	seem to avoid looking at people's faces when she talks	1	2	3
d)	echo what has just been said to her (e.g. you say; 'we are going out now' she says: 'going out now').	1	2	3

I11. Has anyone ever thought that there might be a problem with her talking?

Yes No If no, go to I13)

If yes, who (tick all that apply):

Yes No

- a) you or your partner
- b) health visitor
- c) G.P.
- d) grandparents
- e) other
(please tick and describe)

.....

- f) Are there still any worries about her talking? Yes₁ No₂

If yes, please describe

.....

I12. Has she ever been seen by a speech therapist?

Yes No If no, go to I13 below

If yes,

- (i) how old was she? _____years(If less than 1 year put 0)

- (ii) what was decided?

.....

I13. a) Are there any other languages apart from English spoken in your household?

Yes No

If yes,

- b) please say which

.....

- c) Which language does your daughter speak?

English only 1

English and other 2

Other only 3

J1. This questionnaire was completed by:

		Yes	No
a)	mother	1	2
b)	father	1	2
c)	other	1	2
	(please tick & describe)		
.....			

J2. Please give the date on which you completed this questionnaire:

day	month	year
		199

J3. 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:

Dr. Jean Golding,
Children of the Nineties - ALSPAC,
Institute of Child Health,
24, Tyndall Avenue,
Bristol.
BS8 1BR. Tel: Bristol 925 6260