# M Y  I N F A N T  S O N

Babies grow so quickly, and change so much. This questionnaire asks about any accidents or problems he may have had, what he has been eating and drinking, his temperament and the way he may be beginning to understand the world about him.

It is like the other questionnaires you have received. To answer simply tick the box which best describes your son or your son'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 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**

22/04/93

**SECTION A: ACCIDENTS AND INJURIES**

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

A1. a) Has he been burnt or scalded since he was 6 months old?

Yes 1 No 2 **If no, go to A2a**

**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 he burnt with? (e.g tea, iron, electric fire) | ..... | ..... | ..... |
| e) | Date of accident month, year) | ..... | ..... | ..... |
| f) | Injuries caused (if no injury write none) | ..... | ..... | ..... |
| | | ..... | ..... | ..... |
| g) | Who was with him? | ..... | ..... | ..... |
| h) | What did the person with him do? | | | |
| | Nothing | 1 | 1 | 1 |
| | Treated him themselves | 2 | 2 | 2 |
| | Took to doctor | 3 | 3 | 3 |
| | Took to hospital | 4 | 4 | 4 |
| | Other (please describe) | 5 | 5 | 5 |
| | | ..... | ..... | ..... |
| i) | What treatment did the person with him give? | ..... | ..... | ..... |
| j) | What other treatment did he have? | ..... | ..... | ..... |

k) Please describe how each accident happened:

**Burn 1** .....

**Burn 2** .....

**Burn 3** .....

A2. a) Has he been dropped or had a bad fall since he was 6 months old?

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

**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 he fall or drop from (e.g table, baby walker, pram, bed, your arms) | ..... | ..... | ..... |
| e) | Date of fall (month, year) | ..... | ..... | ..... |
| f) | Injuries caused (if no injury write none) | ..... | ..... | ..... |
| | | ..... | ..... | ..... |
| g) | Who was with him? | ..... | ..... | ..... |
| h) | What did the person with him do? | | | |
| | Nothing | 1 | 1 | 1 |
| | Treated him themselves | 2 | 2 | 2 |
| | Took to doctor | 3 | 3 | 3 |
| | Took to hospital | 4 | 4 | 4 |
| | Other (please describe) | 5 | 5 | 5 |
| | | ..... | ..... | ..... |
| i) | What treatment did the person with him give? | ..... | ..... | ..... |
| j) | What other treatment did he have? | ..... | ..... | ..... |

k) Please describe how each accident happened:

**Fall 1** .....

**Fall 2** .....

**Fall 3** .....

A3. a) Has he swallowed anything he shouldn't have (such as pills, buttons, disinfectant) since he was 6 months old?

Yes 1 No 2 **If no, go to A4a**

**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. kitchen, garden, creche) | ..... | ..... | ..... |
| d) | What did he swallow? | ..... | ..... | ..... |

| | | | | |
|---|---|---|---|---|
| e) | Date of accident (month, year) | ..... | ..... | ..... |
| f) | Who was with him? | ..... | ..... | ..... |
| g) | What did the person with him do? | | | |
| | Nothing | 1 | 1 | 1 |
| | Treated him themselves | 2 | 2 | 2 |
| | Took to doctor | 3 | 3 | 3 |
| | Took to hospital | 4 | 4 | 4 |
| | Other (please describe) | 5 | 5 | 5 |
| | | ..... | ..... | ..... |
| h) | What treatment did the person with him give? | ..... | ..... | ..... |
| i) | What other treatment did he have? | ..... | ..... | ..... |

j) Please describe how each accident happened:

**Accident 1** .....

**Accident 2** .....

**Accident 3** .....

A4. a) Has he had any other accidents or injuries since he was 6 months old?

Yes 1 No 2 **If no, go to Section B**

**If yes,** b) how many other accidents?

For each accident or injury please describe below what happened.

| | | **1st accident** | **2nd accident** | **3rd accident** |
|---|---|---|---|---|
| c) | Place accident happened eg. kitchen, garden, creche) | ..... | ..... | ..... |
| d) | What happened? | ..... | ..... | ..... |
| e) | Date of accident (month, year) | ..... | ..... | ..... |
| f) | Injuries caused (if no injury write none) | ..... | ..... | ..... |
| | | ..... | ..... | ..... |
| g) | Who was with him? | ..... | ..... | ..... |
| h) | What did the person with him do? | | | |
| | Nothing | 1 | 1 | 1 |
| | Treated him themselves | 2 | 2 | 2 |
| | Took to doctor | 3 | 3 | 3 |
| | Took to hospital | 4 | 4 | 4 |
| | Other (please describe) | 5 | 5 | 5 |

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

k) Please describe how each accident happened:

**Accident 1** .....

**Accident 2** .....

**Accident 3** .....

**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 he was six months old.

| Since he was 6 months | | 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 | 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 mixture 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 describe) | 1 | 2 → | 3 → | ..... |

.....

B2. a) Are there any pills, ointments or medicines that he has taken every day or nearly every day for the last 3 months?(Include vitamins, skin cream, laxatives as wel l as antibiotics, etc)

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

**If yes,**

b) please describe:

.....

.....

During the child's early months 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.

B3. a) Has your toddler been investigated because it was thought he might have something wrong with his hips, his legs or his feet?

Yes 1 No 2 **If no go to B4a**

**If yes,**

b) were any problems found?

Yes 1 No 2 Don't know 9

**If no, go to B4a**

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

ii) how old was he? months (put 00 if less than 1 month)

iii) what treatment did he have? .....

.....

Your child's hearing

B4. a) Has anyone thought there might be a problem with his hearing?

Yes 1 No 2 **If no, go to B5**

**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 describe) 6

.....

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

Yes 1 No 2 **If no, go to B5**

**If yes,**

d) At what age? months

e) What was decided? .....

Your child's sight

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

Yes 1 No 2 **If no go to B6**

**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 describe) 6

.....

B5. c) What was thought to be wrong with his eyes?

squint 1

something else 2

don't know 9
(please describe)

.....

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

Yes 1 No 2 **If no go to B6**

**If yes,**

e) at what age? months

f) What was decided? .....

g) What treatment was given? .....

B6. Other problems

a) Have there been any other problems for which your child was referred to a specialist?

Yes 1 No 2 **If no, go to Section C**

**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 1 No 2 | Yes 1 No 2 | Yes 1 No 2 |

| | **Problem No. 1** | **Problem No. 2** | **Problem No. 3** |
|---|---|---|---|
| e) What age was he the first time he was seen for | months | months | months |

this problem?

f) What was decided? ..... ..... .....

g) What treatment was given? ..... ..... .....

**SECTION C: YOUR INFANT AND HIS ENVIRONMENT**

C1. What does your son look like?

a) His hair is:

black 1 dark brown 2 light brown 3

fair 4 reddish 5 other 6 (please describe) .....

b) His eyes are:

blue 1 brown2 green3 other 4 (please describe) .....

c) Does he have any unusual marks on his face?

yes, a scar 1

yes, a birthmark 2

yes, other mark 3

no, not at all 4 ⟶ **If no, go to C1d**

**If yes,**

i) please describe what the mark is like, where it is and how big it is:

.....

ii) what difference do you think this makes to his looks?

improves them 1 no difference2 makes worse3

C1. d) Does he have any unusual marks on other parts of his body?

yes, a scar 1

yes, a birthmark 2

yes, other mark 3

no, not at all 4 ⟶ **If no, go to C2a**

**If yes,**

C1. d) please describe (for each):

| | Where it is | What it is | How big it is |
|---|---|---|---|
| i) | ..... | ..... | ..... |
| ii) | ..... | ..... | ..... |
| iii) | ..... | ..... | ..... |

C2. a) How many teeth has he got now?

b) How old was he when the first one appeared? months

c) Do you use a toothbrush for the child?

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

d) Does he ever have toothpaste?

Yes [1] No [2] **If no, go to C3**

**If yes,**

i) how old was he when you started using toothpaste? months

ii) how much do you put on his brush nowadays?

brush full [1] | half brushfull [2] | less than half a brushfull [3] | none [4]

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

iv) does he swallow it or spit it out? swallows it [1] | spits it out [2] | varies [3]

C2. d) v) what type of toothpaste is usually used: please give exact name and brand)

.....

C3. All children get dirty. How often in a normal day:

a) is his face washed?

not at all [1] | 1-2 times [2] | 3-4 times [3] | 5 or more times [4]

b) are his hands washed or wiped?

not at all [1] | 1-2 times [2] | 3-4 times [3] | 5 or more times [4]

c) are his hands cleaned before a meal?

always [1] | usually [2] | sometimes [3] | occasionally [4] | never [5]

C4. How often does he usually:

a) have a bath or shower:

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

b) have his ear holes cleaned:

more than once a day [1] | once every day [2] | several times a week [3] | once a week [4] | never or hardly ever [5]

C5. What do you think about toilet training for him?

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

C6. At what age would you expect a child to be dry?

a) during the day ____ months (If you don't know put 99)

b) during the night ____ months (If you don't know put 99)

C7. Is he:

| | | **Always** | **Sometimes** | **Never** |
|---|---|---|---|---|
| a) | dry during the day | 1 | 2 | 3 |
| b) | dry during the night | 1 | 2 | 3 |
| c) | clean during the day | 1 | 2 | 3 |
| d) | clean during the night | 1 | 2 | 3 |

C8. Please indicate how often during the day he is in a room or enclosed place where people are smoking:

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

C9. Which pets is he in contact with at least once a week either in your home or elsewhere?

| | | **Yes** | **No** |
|---|---|---|---|
| a) | cat(s) | 1 | 2 |
| b) | dog(s) | 1 | 2 |
| c) | other furry pet*(s) | 1 | 2 |
| d) | other pet*(s) | 1 | 2 |

*please describe .....

**SECTION D:FEEDING**

D1. How many meals with solids does he have each day?

D2. Was he breast fed?

Yes, he is still being breast fed 1 ⟶ How many times a day? times

Yes, was breast fed but now stopped 2 ⟶ How old was he when breastfeeding stopped? (put 00 if less than 1 month) months

He was never breast fed 3

D3. For the main meal of the day does he eat:

| | His main meal: | Always | Almost always | Sometimes | Almost never | Never |
|---|---|---|---|---|---|---|
| a) | the same food as you | 1 | 2 | 3 | 4 | 5 |
| b) | a different meal that you prepare | 1 | 2 | 3 | 4 | 5 |
| c) | a ready-prepared meal out of a packet or tin | 1 | 2 | 3 | 4 | 5 |

D4. a) Do you feel that you have had difficulties feeding him in the past year?

Yes, great difficulty 1

Yes, some difficulty 2

Yes, occasional difficulty 3

No, no difficulty 4

b) Does he want to feed himself?

Yes usually 1 Yes sometimes 2 No not at all 3

c) Do you let him feed himself?

Yes usually 1 Yes sometimes 2 No not at all 3

D5. Since he was 6 months old has he at any time:

| | | Yes, worried me greatly | Yes, worried me a bit | Yes, but did not worry me | No, did not happen |
|---|---|---|---|---|---|
| a) | not eaten sufficient amount of food | 1 | 2 | 3 | 4 |
| b) | refused to eat the right food | 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 |

D6. Since he was 6 months old has he had any of the following:

| | | No | Yes | Age started | How often nowadays (Put 00 if no longer happens) |
|---|---|---|---|---|---|
| a) | baby milk (formula) | 1 | 2 | months | times a week |
| b) | follow-on milk | 1 | 2 | months | times a week |
| c) | soya formula | 1 | 2 | months | times a week |
| d) | hypo-allergenic formula | 1 | 2 | months | times a week |
| e) | goats' milk | 1 | 2 | months | times a week |
| f) | soya milk | 1 | 2 | months | times a week |
| g) | ordinary cows' milk | 1 | 2 | months | times a week |
| h) | other milk | 1 | 2 | months | times a week |

i) when he has cows' milk is it mostly:

whole 1 semi-skimmed 2 **or** skimmed 3

never had cows milk 4

D7. Since he was 6 months old has he had:

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

D8. Since he was 6 months old has he had any of the following prepared baby foods, toddler foods or junior foods (from jar, tin or packet)?

| | | No | Yes | Age started | How often nowadays (Put 00 if no longer happens) |
|---|---|---|---|---|---|
| a) | savoury - meat | 1 | 2 | months | times a week |
| b) | savoury - fish | 1 | 2 | months | times a week |
| c) | savoury vegetable | 1 | 2 | months | times a week |
| d) | baby fruit dessert or pudding | 1 | 2 | months | times a week |
| e) | baby milk dessert or pudding | 1 | 2 | months | times a week |

D9. Since he was 6 months old has he eaten any of these other foods (not bought baby or toddler foods)?

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

D10. Since he was 6 months old has he had:

| | | No | Yes | Age started | How often nowadays (Put 00 if no longer happens) |
|---|---|---|---|---|---|
| a) | coca cola or pepsi | 1 | 2 | months | times a week |
| b) | other fizzy drink | 1 | 2 | months | times a week |
| c) | apple juice | 1 | 2 | months | times a week |
| d) | blackcurrant juice or rosehip syrup | 1 | 2 | months | times a week |
| e) | other fruit juice | 1 | 2 | months | times a week |
| f) | a little alcohol | 1 | 2 | months | times a week |
| g) | any other fruit drink (e.g. orange squash) | 1 | 2 | months | times a week |
| h) | herbal drink (please describe) | 1 | 2 | months | times a week |
| | ..... | | | | |
| i) | gripe water | 1 | 2 | months | times a week |
| j) | tea | 1 | 2 | months | times a week |
| k) | coffee | 1 | 2 | months | times a week |

D11. Which <u>type</u> of these drinks does your child have nowadays?(tick all that apply)

| | | Decaffeinated | Weak | Strong | Does not like | Does not have |
|---|---|---|---|---|---|---|
| a) | tea | 1 | 2 | 4 | 6 | 7 |
| b) | coffee | 1 | 2 | 4 | 6 | 7 |

| | | Decaffeinated | Ordinary | Diet | Does not like | Does not have |
|---|---|---|---|---|---|---|
| c) | cola | 1 | 2 | 4 | 6 | 7 |
| d) | other soft drinks | 1 | 2 | 4 | 6 | 7 |

D12. Since he was 6 months old, has your child had the following, whether in baby foods or elsewhere:

| | | No | Yes | Age started | How often nowadays (Put 00 if no longer happens) |
|---|---|---|---|---|---|
| a) | Packet soup | 1 | 2 | months | times a week |
| b) | Canned soup | 1 | 2 | months | times a week |
| c) | Liver/liver pate | 1 | 2 | months | times a week |
| d) | Kidney | 1 | 2 | months | times a week |
| e) | Shellfish (eg. prawns mussels, cockles) | 1 | 2 | months | times a week |
| f) | Baked beans | 1 | 2 | months | times a week |
| g) | Green peas | 1 | 2 | months | times a week |
| h) | Other legumes (eg. lentils, chick peas, red kidney beans) | 1 | 2 | months | times a week |
| i) | Yoghurt | 1 | 2 | months | times a week |
| j) | Figs/fig products | 1 | 2 | months | times a week |
| k) | Raw apple | 1 | 2 | months | times a week |
| l) | Other raw fruit (eg. banana/orange) | 1 | 2 | months | times a week |
| m) | Raw carrot | 1 | 2 | months | times a week |
| n) | Other raw vegetables (please describe) ..... | 1 | 2 | months | times a week |
| o) | Nuts/nut products | 1 | 2 | months | times a week |
| p) | Crisps | 1 | 2 | months | times a week |
| q) | Other cocktail or savoury snacks (eg. cheesy biscuits) | 1 | 2 | months | times a week |
| r) | Chocolates | 1 | 2 | months | times a week |
| s) | Mints (eg. polo) | 1 | 2 | months | times a week |
| t) | Sweets | 1 | 2 | months | times a week |

D13. Do you ever add these things to your child's food or use them in preparing his food?

| | | No | Yes | Age started | How often nowadays (Put 00 if no longer happens) |
|---|---|---|---|---|---|
| a) | Gravy (made with granules, powder or cubes) or soy sauce | 1 | 2 | months | times a week |
| b) | Salt | 1 | 2 | months | times a week |
| c) | Herbs (please describe) ..... | 1 | 2 | months | times a week |
| d) | Spices (please describe) ..... | 1 | 2 | months | times a week |
| D13. e) | Tomato ketchup | 1 | 2 | months | times a week |
| f) | Other sauce (please describe) ..... | 1 | 2 | months | times a week |
| g) | Sugar | 1 | 2 | months | times a week |

D14. Skins and peels: does he eat:

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

D15. Has your infant ever had:

| | | No | Yes | | Age started | How often nowadays (Put 00 if no longer happens) |
|---|---|---|---|---|---|---|
| a) | smoked/cured foods (ham, bacon, smoked fish, smoked cheese) | 1 | 2 | → | months | times a week |
| b) | individually packaged microwave meals | 1 | 2 | → | months | times a week |
| c) | foods cooked on a barbecue | 1 | 2 | → | months | times a week |
| d) | sports drinks (eg. Lucozade sport, Dexters) | 1 | 2 | → | months | times a week |

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

D16. Is he fed 'on demand', i.e. whenever he is hungry?

Yes always 1 Yes some of the time 2 No not at all 3

D17. Are there any other foods that your child eats that haven't been included above?

Yes 1 No 2 **If no, go to D18**

If **yes** please describe:

| Food | Age started | How often nowadays |
|---|---|---|
| a) ..... | months | times a week |
| b) ..... | months | times a week |
| c) ..... | months | times a week |

D18. When shopping do you deliberately choose for your toddler labels that say:

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

D19. Are there any foods that you don't allow your toddler to eat?

yes 1 no 2
If yes, please list the foods and why:

.....

.....

.....

.....

D20. Babies first solid meals are usually a puree. When did your child first start having meals with lumps in?

**Age started** (if not yet started put 77) months

D21. a) Who most often feeds him during the day?

you 1 partner 2 paid helper 3 other person (describe) 4 .....

b) Who usually feeds him at night?

you 1 partner 2 paid helper 3 don't feed 4 other person (describe) 5

.....

D22. Does your toddler have definite likes and dislikes as far as food is concerned?

no, will eat almost anything 1

yes, quite choosy 2

yes, very choosy 3

D23. Does he drink out of a cup or feeding beaker?

yes, usually 1

yes, sometimes 2

no, not at all 3

D24. How often do you put him down to sleep with a bottle (whether at night or during the day)?

always 1

sometimes 2

never 3

D25. How often does he suck a dummy or his thumb or finger?

| | **(a) dummy** | **(b) thumb/finger** |
|---|---|---|
| most of the time | 2 | 2 |
| sometimes | 3 | 3 |
| never | 4 | 4 |

c) When you give him a dummy, how often is it dipped in or filled with something that tastes nice?

usually 1 sometimes 2 never 3 doesn't have a dummy 7

D26. a) Apart from his fingers, thumb or a dummy does he have a special object that he uses for comfort?

Yes 1 No 2 **If <u>no</u>, go to E1**

b) **If <u>yes</u>**, what is this?
blanket 1 cuddly toy 2 other (please describe) 3

.....

**SECTION E:CHILDCARE**

E1. a) Apart from yourself, who regularly looks after your infant?(Please answer for each person regularly involved).

| | | No | Yes | If yes, give hours per week and | Age of baby when this began (in months) |
|---|---|---|---|---|---|
| i) | partner | 1 | 2 | ..... | ..... |
| ii) | baby's grandparent | 1 | 2 | ..... | ..... |
| iii) | other relative | 1 | 2 | ..... | ..... |
| iv) | friend/neighbour | 1 | 2 | ..... | ..... |
| v) | paid person outside baby's home (eg. child minder) | 1 | 2 | ..... | ..... |
| vi) | paid person in baby's 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 choice 1 I could afford it 2

It was convenient 3 It was linked to my job 4

I thought it would be beneficial for my child 5 Other (please describe) 6 .....

c) How satisfied are you with these arrangements?

very satisfied 1 fairly satisfied 2 not at all happy 3

E2. Since your baby was born, please list below all daytime child care arrangements (other than yourselves) according to the age of this child.

| Age of child | No. of hours/week during the day | Person (eg childminder grandmother) | Place (eg at home, creche, etc) |
|---|---|---|---|
| 1 month | ..... | ..... | ..... |
| 2 months | ..... | ..... | ..... |
| 3 months | ..... | ..... | ..... |
| 4 months | ..... | ..... | ..... |
| 5 months | ..... | ..... | ..... |
| 6 months | ..... | ..... | ..... |
| 7 months | ..... | ..... | ..... |
| 8 months | ..... | ..... | ..... |
| 9 months | ..... | ..... | ..... |
| 10 months | ..... | ..... | ..... |
| 11 months | ..... | ..... | ..... |
| 12 months | ..... | ..... | ..... |
| 13 months | ..... | ..... | ..... |
| 14 months | ..... | ..... | ..... |

15 months ..... ..... .....

E3. How many different people other than you or your partner have looked after your baby during the day since he was born?
(count each nursery or creche as 1 person)

.....

**SECTION F: UNDERSTANDING AND TALKING**

Before beginning to speak, children often show signs of understanding some words and phrases. Does your child do any of these?

| | | | Yes usually | Yes sometimes | No |
|---|---|---|---|---|---|
| F1. | a) | turns when his name is called | 1 | 2 | 3 |
| | b) | stops what he is doing (even for a moment) when you say 'no' | 1 | 2 | 3 |

F2. Which of these does your child understand?

| | | He understands: | Yes | No |
|---|---|---|---|---|
| | a) | Are you sleepy? | 1 | 2 |
| | b) | Be quiet | 1 | 2 |
| | c) | Come here | 1 | 2 |
| | d) | Do you want more? | 1 | 2 |
| | e) | Don't do that | 1 | 2 |
| | f) | Give me a kiss | 1 | 2 |
| | g) | Don't touch | 1 | 2 |
| | h) | Open your mouth | 1 | 2 |
| | i) | Sit down | 1 | 2 |
| | j) | Spit it out | 1 | 2 |
| | k) | Stop it | 1 | 2 |
| | l) | Time for bed | 1 | 2 |

]F3. Starting to talk.

a) Some children like to imitate things that they've just heard. How often does your child imitate words?

never 1 sometimes 2 often 3

b) Some children like to name or label things. How often does your child do this?

never 1 sometimes 2 often 3

Here are some words that your child might understand and some that he might say. If he uses a different pronunciation (like efant for elephant) tick it anyway. Please tick whether he can do any of the following.

| | | | He understands but doesn't say | He understands and says | No, neither |
|---|---|---|---|---|---|
| F4. | | animal noises | | | |
| | a) | ba ba (sheep) | 1 | 2 | 3 |
| | b) | meow (cat) | 1 | 2 | 3 |
| | c) | moo (cow) | 1 | 2 | 3 |
| | d) | quack quack (duck) | 1 | 2 | 3 |
| | e) | woof woof (dog) | 1 | 2 | 3 |

| | | He understands but doesn't say | He understands and says | No, neither |
|---|---|---|---|---|
| F5. | animal names | | | |
| a) | bird | 1 | 2 | 3 |
| b) | butterfly | 1 | 2 | 3 |
| c) | cat | 1 | 2 | 3 |
| d) | chicken | 1 | 2 | 3 |
| e) | cow | 1 | 2 | 3 |
| f) | dog | 1 | 2 | 3 |
| g) | donkey | 1 | 2 | 3 |
| h) | elephant | 1 | 2 | 3 |
| i) | fish | 1 | 2 | 3 |
| j) | frog | 1 | 2 | 3 |
| k) | horse | 1 | 2 | 3 |
| l) | lion | 1 | 2 | 3 |
| m) | monkey | 1 | 2 | 3 |
| n) | owl | 1 | 2 | 3 |
| o) | penguin | 1 | 2 | 3 |
| p) | pig | 1 | 2 | 3 |
| q) | teddy bear | 1 | 2 | 3 |
| F6. | vehicles | | | |
| a) | car | 1 | 2 | 3 |
| b) | bus | 1 | 2 | 3 |
| c) | bicycle | 1 | 2 | 3 |
| d) | aeroplane | 1 | 2 | 3 |
| e) | train | 1 | 2 | 3 |
| f) | lorry | 1 | 2 | 3 |
| g) | motorbike | 1 | 2 | 3 |
| F7. | food and drink | | | |
| a) | apple | 1 | 2 | 3 |
| b) | banana | 1 | 2 | 3 |
| c) | bread | 1 | 2 | 3 |
| d) | cake | 1 | 2 | 3 |
| e) | carrots | 1 | 2 | 3 |
| f) | cheese | 1 | 2 | 3 |
| g) | chicken | 1 | 2 | 3 |
| h) | drink | 1 | 2 | 3 |
| i) | egg | 1 | 2 | 3 |

| | | | He understands but doesn't say | He understands and says | No, neither |
|---|---|---|---|---|---|
| F7. | j) | fish | 1 | 2 | 3 |
| | k) | ice cream | 1 | 2 | 3 |
| | l) | juice | 1 | 2 | 3 |
| | m) | meat | 1 | 2 | 3 |
| | n) | milk | 1 | 2 | 3 |
| | o) | orange | 1 | 2 | 3 |
| | p) | peas | 1 | 2 | 3 |
| | q) | sweets | 1 | 2 | 3 |
| | r) | spaghetti | 1 | 2 | 3 |
| | s) | toast | 1 | 2 | 3 |
| | t) | water | 1 | 2 | 3 |

F8. clothing

| | | | | | |
|---|---|---|---|---|---|
| | a) | button | 1 | 2 | 3 |
| | b) | coat | 1 | 2 | 3 |
| | c) | dress | 1 | 2 | 3 |
| | d) | hat | 1 | 2 | 3 |
| | e) | necklace | 1 | 2 | 3 |
| | f) | T-shirt | 1 | 2 | 3 |
| | g) | nappy | 1 | 2 | 3 |
| | h) | shoe | 1 | 2 | 3 |
| | i) | sock | 1 | 2 | 3 |
| | j) | sweater or jumper | 1 | 2 | 3 |
| | k) | zip | 1 | 2 | 3 |

F9. body parts

| | | | | | |
|---|---|---|---|---|---|
| | a) | arm | 1 | 2 | 3 |
| | b) | tummy button (or belly button) | 1 | 2 | 3 |
| | c) | cheek | 1 | 2 | 3 |
| | d) | ear | 1 | 2 | 3 |
| | e) | eye | 1 | 2 | 3 |
| | f) | face | 1 | 2 | 3 |
| | g) | foot | 1 | 2 | 3 |
| | h) | finger | 1 | 2 | 3 |
| | i) | hair | 1 | 2 | 3 |
| | j) | hand | 1 | 2 | 3 |
| | k) | head | 1 | 2 | 3 |

| | | | He understands but doesn't say | He understands and says | No, neither |
|---|---|---|---|---|---|
| F9. | l) | knee | 1 | 2 | 3 |
| | m) | leg | 1 | 2 | 3 |
| | n) | mouth | 1 | 2 | 3 |
| | o) | nose | 1 | 2 | 3 |
| | p) | tooth | 1 | 2 | 3 |
| | q) | toe | 1 | 2 | 3 |
| | r) | tongue | 1 | 2 | 3 |
| | s) | tummy | 1 | 2 | 3 |
| F10. | furniture and rooms | | | | |
| | a) | bathroom | 1 | 2 | 3 |
| | b) | bed | 1 | 2 | 3 |
| | c) | bedroom | 1 | 2 | 3 |
| | d) | chair | 1 | 2 | 3 |
| | e) | door | 1 | 2 | 3 |
| | f) | drawer | 1 | 2 | 3 |
| | g) | kitchen | 1 | 2 | 3 |
| | h) | living room or lounge | 1 | 2 | 3 |
| | i) | oven | 1 | 2 | 3 |
| | j) | fridge | 1 | 2 | 3 |
| | k) | sink | 1 | 2 | 3 |
| | l) | stairs | 1 | 2 | 3 |
| | m) | table | 1 | 2 | 3 |
| | n) | TV | 1 | 2 | 3 |
| | o) | window | 1 | 2 | 3 |
| F11. | outside things | | | | |
| | a) | flower | 1 | 2 | 3 |
| | b) | garden | 1 | 2 | 3 |
| | c) | home | 1 | 2 | 3 |
| | d) | house | 1 | 2 | 3 |
| | e) | moon | 1 | 2 | 3 |
| | f) | park | 1 | 2 | 3 |
| | g) | rain | 1 | 2 | 3 |
| | h) | sky | 1 | 2 | 3 |
| | i) | sun | 1 | 2 | 3 |
| | j) | swing | 1 | 2 | 3 |
| | k) | tree | 1 | 2 | 3 |

| | | He understands but doesn't say | He understands and says | No, neither |
|---|---|---|---|---|
| F12. | games and routines | | | |
| a) | bath | 1 | 2 | 3 |
| b) | breakfast | 1 | 2 | 3 |
| c) | hello | 1 | 2 | 3 |
| d) | night night | 1 | 2 | 3 |
| e) | no | 1 | 2 | 3 |
| f) | please | 1 | 2 | 3 |
| g) | thank you | 1 | 2 | 3 |
| h) | yes | 1 | 2 | 3 |

| | | | | |
|---|---|---|---|---|
| F13. | descriptive words | | | |
| a) | asleep | 1 | 2 | 3 |
| b) | all gone | 1 | 2 | 3 |
| c) | bad | 1 | 2 | 3 |
| d) | big | 1 | 2 | 3 |
| e) | broken | 1 | 2 | 3 |
| f) | cold | 1 | 2 | 3 |
| g) | dirty | 1 | 2 | 3 |
| h) | dry | 1 | 2 | 3 |
| i) | empty | 1 | 2 | 3 |
| j) | gentle | 1 | 2 | 3 |
| k) | happy | 1 | 2 | 3 |
| l) | hot | 1 | 2 | 3 |
| m) | hungry | 1 | 2 | 3 |
| n) | hurt | 1 | 2 | 3 |
| o) | little | 1 | 2 | 3 |
| p) | naughty | 1 | 2 | 3 |
| q) | nice | 1 | 2 | 3 |
| r) | thirsty | 1 | 2 | 3 |
| s) | tired | 1 | 2 | 3 |
| t) | wet | 1 | 2 | 3 |

F14. When children are first learning to communicate, they often use gestures to make their wishes known. Which does your infant do?

| | | Not yet | Sometimes | Often |
|---|---|---|---|---|
| a) | extends arm to show you something he is holding | 1 | 2 | 3 |
| b) | reaches out and gives you a toy or some object that he is holding | 1 | 2 | 3 |
| c) | points (with arm & index finger extended) at some interesting object or event | 1 | 2 | 3 |

| | | | Not yet | Sometimes | Often |
|---|---|---|---|---|---|
| F14. | d) | waves bye-bye on his own when someone leaves | 1 | 2 | 3 |
| | e) | extends his arms upward to signal a wish to be picked up | 1 | 2 | 3 |
| | f) | shakes head 'no' | 1 | 2 | 3 |
| | g) | nods head 'yes' | 1 | 2 | 3 |
| | h) | gestures 'hush' by placing finger to lips | 1 | 2 | 3 |
| | i) | asks for something by opening and closing hand | 1 | 2 | 3 |
| | j) | blows kisses from a distance | 1 | 2 | 3 |

F15. Does he do or try to do any of the following?

| | | | Yes does | Yes tries | No |
|---|---|---|---|---|---|
| | a) | eat with a spoon or fork | 1 | 2 | 3 |
| | b) | drink from a cup containing liquid | 1 | 2 | 3 |
| | c) | comb or brush own hair | 1 | 2 | 3 |
| | d) | brush teeth | 1 | 2 | 3 |
| | e) | wipe face or hands with a towel or cloth | 1 | 2 | 3 |
| | f) | put on hat | 1 | 2 | 3 |
| | g) | put on a shoe or sock | 1 | 2 | 3 |
| | h) | put on a necklace, bracelet or watch | 1 | 2 | 3 |
| | i) | lay head on hands and squeeze eyes shut as if sleeping | 1 | 2 | 3 |
| | j) | blow to indicate something is hot | 1 | 2 | 3 |
| | k) | hold plane and make it 'fly' | 1 | 2 | 3 |
| | l) | put telephone to ear | 1 | 2 | 3 |
| | m) | sniff flowers | 1 | 2 | 3 |
| | n) | push toy car or truck | 1 | 2 | 3 |
| | o) | pour pretend liquid from one container to another | 1 | 2 | 3 |
| | p) | stir pretend liquid in a cup or pan with a spoon | 1 | 2 | 3 |

**SECTION G: HIS GROWTH**

Do you have any records of your baby's growth since he was 6 months old? If so please list the dates on which your baby was weighed and how much he weighed each time. Also add lengths, head circumferences, and arm circumferences if they were measured.

| | Date | Weight | Length | Head circumference | Arm circumference |
|---|---|---|---|---|---|
| 1. | ..../..../199.. | ..... | ..... | ..... | ..... |
| 2. | ..../..../199.. | ..... | ..... | ..... | ..... |
| 3. | ..../..../199.. | ..... | ..... | ..... | ..... |
| 4. | ..../..../199.. | ..... | ..... | ..... | ..... |
| 5. | ..../..../199.. | ..... | ..... | ..... | ..... |
| 6. | ..../..../199.. | ..... | ..... | ..... | ..... |
| 7. | ..../..../199.. | ..... | ..... | ..... | ..... |
| 8. | ..../..../199.. | ..... | ..... | ..... | ..... |
| 9. | ..../..../199.. | ..... | ..... | ..... | ..... |
| 10. | ..../..../199.. | ..... | ..... | ..... | ..... |
| 11. | ..../..../199.. | ..... | ..... | ..... | ..... |
| 12. | ..../..../199.. | ..... | ..... | ..... | ..... |
| 13. | ..../..../199.. | ..... | ..... | ..... | ..... |
| 14. | ..../..../199.. | ..... | ..... | ..... | ..... |
| 15. | ..../..../199.. | ..... | ..... | ..... | ..... |

H1. This questionnaire was completed by:

| | | **Yes** | **No** |
|---|---|---|---|
| a) | mother | 1 | 2 |
| b) | father | | |
| c) | other (please describe)..... | | |

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

day month year 199

H3. Please give the date of birth of your infant:

day month year 199

**THANK YOU VERY MUCH FOR YOUR HELP**

Space for any additional comments you would like to make

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

When completed, please return the questionnaire to:

**Dr. Jean Golding,**
**Children of the Nineties - ALSPAC,**
**Institute of Child Health,**
**24, Tyndall Avenue,**
**Bristol.**
**BS8 1BR.**
**Tel: (0117) 928 5007**