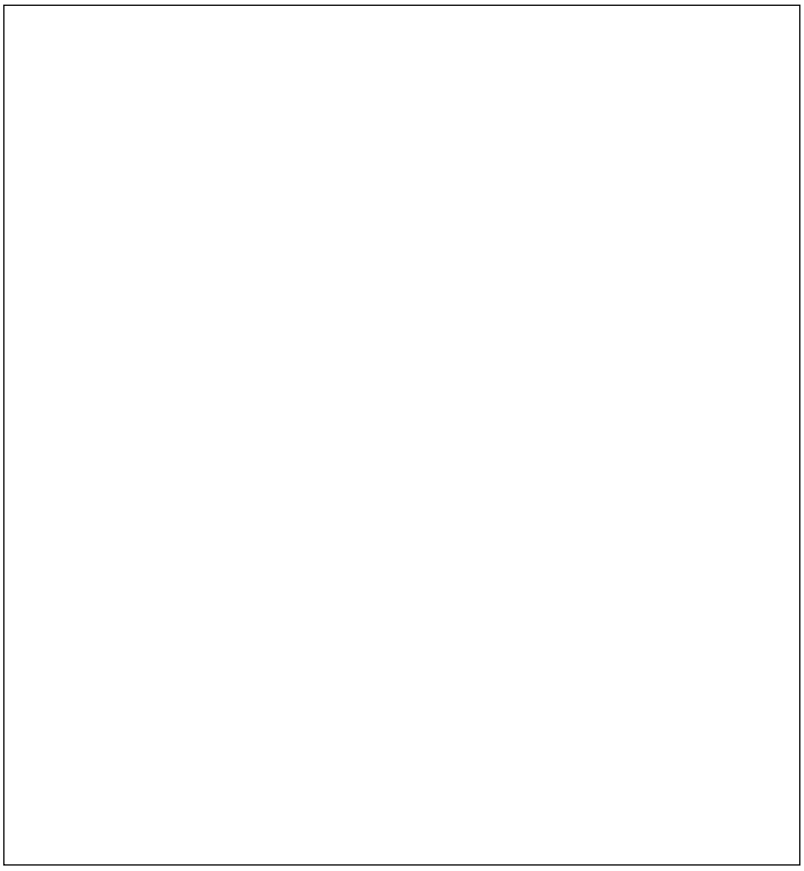
Questionnaire No:

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

# BEING A GIRL



Hayley

This questionnaire is for the study child's mother or the person taking the role of the mother.

**All answers are confidential**

12.11.02

This questionnaire is for the study child's mother or person taking the role of mother.

To answer simply tick the box which is most accurate in your opinion.

If you do not want to answer a question or if it does not apply to you, put a line through it. There are no good or bad answers. Just tell us what is true for you.

THANK YOU FOR YOUR HELP

## SECTION A: YOUR CHILD'S HEALTH

The health of your study child is still of great importance to us. We would like to know about any recent illnesses or medical treatments.

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

| | **(i) in the past month** | **(ii) in the past year** |
|---|---|---|
| very healthy, no problems | 1 | 1 |
| healthy, but a few minor problems | 2 | 2 |
| sometimes quite ill | 3 | 3 |
| almost always unwell | 4 | 4 |

A2. a) **In the past 12 months** has the doctor been called to your home because your daughter was unwell?

Yes 1 No 2 → **If no, go to A3 below**

**If yes,**

b) how many times?

once 1 2 times 2 3-4 times 3 5 or more times 4

A3. Has she **ever** had any of the following operations?
(Please tick all that apply)

| | | **Yes** | |
|---|---|---|---|
| a) | hernia repair | 1 | → **If yes**, please give type ……... |
| b) | tonsils out | 1 | |
| c) | adenoids out | 1 | |
| d) | appendicectomy (appendix out) | 1 | |
| e) | tubes (grommets) put in her ears | 1 | |

| | | | Yes |
|---|---|---|---|
| A3. | f) | squint repair (to put eyes straight) | 1 |
| | g) | teeth pulled out | 1 |
| | h) | other operations (please tick and describe) | 1 |

.....……..

A4. How many days has she had to take off school for health reasons?
[If you can't remember, make a guess and tick the guess box as well]

| **In the past 12 months:** | **(i) No. of days off school** | **(ii) Guess?** |
|---|---|---|
| a) For one or more infections (including colds, cough, flu) | | 1 |
| (i) please describe …… | | |
| …… | | |
| b) For hospital investigation including admission | | 1 |
| (i) please describe …… | | |
| …… | | |
| c) For other investigation(s) | | 1 |
| (i) please describe …… | | |
| …… | | |
| d) For asthma | | 1 |
| e) For eczema or itchy rash | | 1 |
| f) For hayfever or allergic rhinitis | | 1 |

| | In the past 12 months: | (i) No. of days off school | (ii) Guess? |
|---|---|---|---|
| A4. | g) For other reasons: please describe: (i) …….. | | 1 |
| | (ii) ……... | | 1 |
| | (iii) …… | | 1 |

A5. Has she had a skin reaction in the past year (e.g. redness or itching) which you thought was due to some food that she had eaten?

Yes 1 No 2 → **If no, go to A6 below**

**If yes,**

a) please describe the food(s) .....

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

c) where was the reaction? mouth 1

other part 2

(please describe) .....……..

A6. a) Has she had vomiting spells in the past year?

Yes 1 No 2 → **If no, go to A7a on page 6**

**If yes,**

b) How many times?

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

c) How often have these been associated with:

| | | Always | Frequently | Sometimes | Rarely | Never |
|---|---|---|---|---|---|---|
| (i) | diarrhoea | 1 | 2 | 3 | 4 | 5 |
| (ii) | chestiness (wheezing or coughing or grunting) | 1 | 2 | 3 | 4 | 5 |

A7. a) In the past year has she had diarrhoea or gastro-enteritis?

Yes [1] No [2] → **If no, go to A8a below**

**If yes,**

b) how many times in the past 12 months? [ ][ ]

c) how many days did the worst attack last? [ ][ ]

A8. a) In the past year has your child ever had a time when she has coughed off and on for at least 2 days?

Yes [1] No [2] → **If no, go to A9 below**

**If yes,**

b) How many times has this happened in the past year?

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

c) Did she have a fever at any of these times?

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

d) Did she have a runny nose during any of these spells?

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

A9. Has pus or sticky mucus (not ear wax) leaked out of her ear in the past year?

never [1]

once [2]

more than once [3]

don't know [9]

A10. Does she breathe through her mouth rather than through her nose?

| | **(i) when asleep** | **(ii) when awake** |
|---|---|---|
| all the time | 1 | 1 |
| much of the time | 2 | 2 |
| sometimes | 3 | 3 |
| rarely | 4 | 4 |
| never | 5 | 5 |
| don't know | 9 | 9 |

A11. Does she snore for more than a few minutes at a time?

| | |
|---|---|
| most nights | 1 |
| quite often | 2 |
| sometimes | 3 |
| only rarely | 4 |
| never | 5 |
| don't know | 9 |

A12. a) Have there been times in the past year when she has had a pain in her stomach?

Yes 1 No 2 → **If <u>no</u>, go to A13a on page 8**

**If <u>yes</u>,**

. b) How many separate times has this happened in the past year?

once 1 twice 2 3-4 times 3 5 or more times 4 don't know 9

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

yes every time 1 yes, for some of the times 2 no, not at all 3

A12. d) What do you think were the causes of her stomach pains? (Tick all that apply)

(i) something she ate [1]

(ii) an infection [1]

(iii) constipation [1]

(iv) other (please describe) [1] .....

(v) don't know [1]

A13. a) Does she often have aches and pains in her arms or legs?

yes arm(s) [1] yes leg(s) [2] yes both [3] no, not often [4]

↓

**If <u>no</u>, go to A14a below**

**If <u>yes</u>,**

(i) does this happen especially when she is tired? Yes [1] No [2]

(ii) what do you think is the cause ?

.....

(iii) do you find any particular treatment helps ?

Yes [1] No [2]

iv) **If <u>yes</u>,** please describe.....

A14. a) **Since her 9th birthday** has she had any form of convulsion, fit, seizure or other turn in which consciousness was lost or any part of the body made an abnormal movement?

Yes [1] No [2] Not known [9]

**If <u>no</u>, or <u>not known</u>, go to A15a on page 10**

**If yes,**

A14. b) Please describe the first attack **since her 9th birthday**:

.....

.....

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

Yes [1] No [2] Not known [9]

d) How old was she at the time?

9 years [1] 10 years [2] 11 years [3]

e) How many attacks has she had altogether **since her 9th birthday**?

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

. f) By whom was she seen for these attack(s)? (Tick all that apply)

| | | **Yes** |
|---|---|---|
| (i) | general practitioner at home | [1] |
| **(**ii) | general practitioner at surgery | [1] |
| (iii) | hospital outpatient department | [1] |
| **(**iv) | admitted to hospital | [1] |
| **(**v) | no-one | [1] |

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

.....

h) Did any later attacks differ from the first one **since her 9th birthday**?

yes [1] no [2] Has only had the one attack since 9th birthday [7]

**go to (j) on page 10**

A14. h) **If <u>yes</u>,** please describe

.....……..

.....……..

j) What was/were the attack(s) thought to be due to? (Tick all that apply)

| | | |
|---|---|---|
| (i) | febrile convulsions | 1 |
| (ii) | fainting and blackouts | 1 |
| (iii) | epilepsy | 1 |
| (iv) | breath holding | 1 |
| (v) | reaction to immunisation | 1 |
| (vi) | other (please tick and describe) | 1 …….. |
| (vii) | don't know | 1 |

A15. a) **In the past year** has she had any periods when there was wheezing with whistling on her chest when she breathed?

Yes 1 No 2 → **If <u>no</u>, go to A15k on page 11**

**If <u>yes</u>,**

b) How many separate times has this happened <u>in the past 12 months</u>?

once 1 twice 2 3-4 times 3 5 or more times 4 don't know 9

c) How many days altogether would you say she has wheezed <u>in the past 12 months</u>?

1 day 1 2-3 days 2 4-9 days 3 10-19 days 4 20 or more days 5 don't know 9

d) Was she breathless during any of these times?

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

A15. e) Did she have a cold during any of these times?

Yes for all [1] Yes for some [2] No not at all [3]

f) How often, on average, has your child's sleep been disturbed due to wheezing <u>in the past 12 months</u>?

Never woken with wheezing [1] Less than one night per week [2] One or more nights per week [3]

g) Has wheezing ever been severe enough to limit your child's speech to only one or two words at a time between breaths <u>in the past 12 months</u>?

Yes [1] No [2]

h) Do you think the wheezing attacks are worse during any particular time of year?

yes, worse in spring and/or summer [1]

yes, worse in autumn and/or winter [2]

not particularly [3]

other (please tick & describe) [4]

…….

j) What do you think brings on the wheezing attacks ?

| | | **Yes** | **No** |
|---|---|---|---|
| (i) | chest infection or bronchitis | [1] | [2] |
| (ii) | being in a smoky room | [1] | [2] |
| (iii) | cold weather | [1] | [2] |
| (iv) | I don't know | [1] | |
| (v) | other (please tick & describe) | [1] | [2] |

.....……

. k) <u>In the past 12 months</u> has your child's chest sounded wheezy during or after exercise?

Yes [1] No [2]

A15. l) In the past 12 months has your child had a dry cough at night, apart from a cough associated with a cold or chest infection?

Yes 1 No 2

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

Yes 1 No 2 have no other children 7

A16. a) Has your child had any itchy, dry skin rash in the joints and creases of her body (e.g. behind the knees, elbows, under the arms) in the past year?

Yes 1 No 2 → **If no, go to A17a below**

**If yes,**

b) How bad was this?

very bad 1 quite bad 2 mild 3 no problem 4

| | | **Yes** | **No** |
|---|---|---|---|
| c) | Does she have this sort of rash now? | 1 | 2 |
| d) | Did the rash ever become sore and oozy? | 1 | 2 |
| e) | Was it made worse by irritants such as bubble bath, soap, wool or nylon clothing? | 1 | 2 |
| f) | Did the rash clear up completely at any time in the past 12 months? | 1 | 2 |

A17. a) Has she had an itchy, dry, rash on her hands in the past year?

Yes 1 No 2

b) Has she had an itchy, dry rash on her feet in the past year?

Yes 1 No 2 → **If no, go to A17c on page 13**

**If yes,** please describe which parts of her feet ……..

……

A17. c) In the past 12 months how often, on average, has your child been kept awake at night by an itchy rash?

Never in the past 12 months 1 | Less than one night per week 2 | One or more nights per week 3

d) Does her skin get itchy when she gets sweaty? (e.g. in a hot room or when she has been playing?)

Yes 1 | No 2

A18. This question is about problems which occur when your child **does not** have a cold or the flu.

a) Has your child ever had sneezing episodes, or a runny or blocked nose, when she did not have a cold or the flu?

Yes 1 | No 2 → **If no, go to A18c below**

b) In the past 12 months, has your child had sneezing episodes, or a runny or blocked nose, when she did not have a cold or the flu?

Yes 1 | No 2

c) In the past 12 months, has she had itchy-watery eyes?

Yes 1 | No 2

d) In which of the past 12 months did these nose and/or eye problems occur? (Please tick all that apply)

(i) Hasn't had a nose or eye problem 7 → **go to Section B on page 15**

(ii)

| | | | | | |
|---|---|---|---|---|---|
| January | 1 | May | 1 | September | 1 |
| February | 1 | June | 1 | October | 1 |
| March | 1 | July | 1 | November | 1 |
| April | 1 | August | 1 | December | 1 |

A18. e) In the past 12 months, how much did these nose and eye problems interfere with your child's activities?

| | | | |
|---|---|---|---|
| Not at all | 1 | A little | 2 |
| A moderate amount | 3 | A lot | 4 |

## SECTION B: PROBLEMS AND INVESTIGATIONS

B1. a) **Since her 9th birthday** has anyone thought there might be a new problem with her hearing?

Yes [1] No [2]

b) Has your child been seen by a hearing specialist **since she was 9**?

Yes [1] No [2] → **If no, go to B2a below**

**If yes,**

c) At what age?

9 years old [1] 10 years old [2] 11 years old [3]

d) What was decided? .....

.....

B2. a) Has your child been seen by an eye specialist for a new problem **since her 9th birthday**?

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

**If yes,**

b) at what age?

9 years old [1] 10 years old [2] 11 years old [3]

c) What was decided? .....

.....

d) What treatment was given? .....

.....

B3. a) Has anyone **ever** thought that there might be a problem with her talking?

Yes [1] No [2] → **If no, go to B4a on page 16**

**If <u>yes</u>,**

B3. b) Has she ever been seen by a speech therapist?

Yes [1] No [2] → **If <u>no</u>, go to B3c below**

**If <u>yes</u>,**

(i) how old was she? [ ][ ] years

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

.....

c) Are there still any worries about her talking?

Yes [1] No [2]

**If <u>yes</u>,** please describe .....

.....

B4. a) Has anyone **<u>ever</u>** thought she might have a problem with clumsiness, movement or coordination?

Yes [1] No [2] → **If <u>no</u>, go to B5a on page 17**

**If <u>yes</u>,**

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

Yes [1] No [2] → **If <u>no</u>, go to B4e below**

**If <u>yes</u>,**

c) how old was she? [ ][ ] years (If less than 12 months put 00)

d) what was decided?.....

.....

e) Are there still worries about this?

Yes [1] No [2]

**If <u>yes</u>,** please describe.....

.....

B5. a) Has anyone **ever** thought there might be a problem with other aspects of her development?

Yes [1] No [2] → **If <u>no</u>, go to B6a below**

**If <u>yes</u>,**

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

Yes [1] No [2] → **If <u>no</u>, go to B5e below**

**If <u>yes</u>,**

c) how old was she? [ ][ ] years (If less than 12 months put 00)

d) what was decided?.....

.....

e) Are there still worries about this?

Yes [1] No [2]

**If <u>yes</u>,** please describe.....

.....

B6. a) Has anyone **ever** thought there might be a problem with her behaviour or personality?

Yes [1] No [2] → **If <u>no</u>, go to B7a on page 18**

**If <u>yes</u>,**

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

Yes [1] No [2] → **If <u>no</u>, go to B6e on page 18**

**If <u>yes</u>,**

c) how old was she? [ ][ ] years (If less than 12 months put 00)

d) what was decided?.....

.....

B6. e) Are there still worries about this?

Yes [1] No [2]

**If <u>yes</u>,** please describe.....

.....

B7. a) Has anyone **<u>ever</u>** thought there might be a problem with aches and pains, including headache?

Yes [1] No [2] → **If <u>no</u>, go to B8a on page 19**

**If <u>yes</u>,**

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

Yes [1] No [2] → **If <u>no</u>, go to B7e below**

**If <u>yes</u>,**

c) how old was she? [ ][ ] years (If less than 12 months put 00)

d) what was decided?.....

.....

e) Are there still worries about this?

Yes [1] No [2]

**If <u>yes</u>,** please describe.....

.....

B8. a) Have there been any **other** problems for which your child saw (or is going to see) a specialist **since her 9th birthday**?

Yes [1] No [2] → **If no, go to section C on page 20**

**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) | Has she seen a specialist? | Yes [1] No [2] Not yet [3] | Yes [1] No [2] Not yet [3] | Yes [1] No [2] Not yet [3] |
| e) | What age was she the first time she was seen for this problem ? (put 00 if less than 12 months) | [ ][ ] years | [ ][ ] years | [ ][ ] years |
| f) | What was decided? | ..... ..... | ..... ..... | ..... ..... |
| g) | What treatment was given? | ..... ..... | ..... ..... | ..... ..... |

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

## SECTION C: 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.

C1. a) Has she been burnt or scalded **since her 9th birthday**?

Yes [1] No [2] → **If no, go to C2a on page 21**

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

For each accident please describe below what happened:

| | | 1st accident | 2nd accident | 3rd accident |
|---|---|---|---|---|
| c) | Place accident happened (e.g.kitchen, park, school) | ..... | ..... | ..... |
| d) | What was she burnt with? (e.g. tea, iron, electric fire, bonfire, fireworks) | ..... | ..... | ..... |
| 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**.....

C2. a) Has she had an accident while playing sports or games **since her 9th birthday**?

Yes [1] No [2] → **If no, go to C3a on page 22**

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

For each accident please describe below what happened:

| | | 1st accident | 2nd accident | 3rd accident |
|---|---|---|---|---|
| c) | Place it happened (e.g. playground, street,) school) | ..... | ..... | ..... |
| d) | What happened (e.g. hit by ball, fell off trampoline)? | ..... | ..... | ..... |
| 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** .....

C3. a) Has she swallowed anything she shouldn't have (such as pills, buttons, disinfectant) **since her 9th birthday**?

Yes [1] No [2] → **If <u>no</u>, go to C4a on page 23**

**If <u>yes</u>,** 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.g. bleach, apirin, marble) | ..... | ..... | ..... |
| 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** .....

C4. a) Has she had any injuries involving traffic **since her 9th birthday**?

Yes [1] No [2] → **If no, go to C5a on page 24**

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

For each accident or injury please describe below what happened:

| | | **1st accident** | **2nd accident** | **3rd accident** |
|---|---|---|---|---|
| c) | Where was she and what was she doing (e.g. sitting in car, riding a bicycle)? | ..... | ..... | ..... |
| d) | What happened (e.g. car hit tree, fell off bike) | ..... | ..... | ..... |
| 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** .....

C5. a) Has she been injured by the action of another person, whether intentionally or not **since her 9th birthday**? (Don't include sports injuries here but include them in C2).

Yes [1] No [2] → **If no, go to C6a on page 25**

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

For each accident please describe below what happened:

| | | **1st injury** | **2nd injury** | **3rd inury** |
|---|---|---|---|---|
| c) | Person involved (e.g. stranger, sister, child's father) | ..... | ..... | ..... |
| d) | What happened? | ..... | ..... | ..... |
| e) | Date of injury (month, year)..... | | ..... | ..... |
| f) | Who else 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:

**Injury 1** .....

**Injury 2** .....

**Injury 3** .....

C6. a) Has she had any other accidents or injuries **since her 9th birthday**?

Yes [1] No [2] → **If no, go to C7 on page 26**

**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. kitchen, garden, street, school) | ..... | ..... | ..... |
| d) | What happened? | ..... | ..... | ..... |
| e) | Date of injury (month, year)..... | | ..... | ..... |
| f) | Injuries caused (if no injury write none) | ..... | ..... | ..... |
| 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** .....

C7. Has she had any of the following happen **since she was born**? (tick all questions and all time periods that apply)

| | | **(i) Yes, aged 0 - 4 years** | **(ii) Yes, aged 5-8 years** | **(iii) Yes, since her 9th birthday** |
|---|---|---|---|---|
| a) | Broken arm/hand | 1 | 1 | 1 |
| b) | Broken leg/foot | 1 | 1 | 1 |
| c) | Broken/cracked skull | 1 | 1 | 1 |
| d) | Other broken bone (please describe).....…… | 1 | 1 | 1 |
| e) | Unconscious because of a head injury | 1 | 1 | 1 |
| f) | Cut(s) requiring stitches | 1 | 1 | 1 |
| g) | Burn or scald needing a skin graft | 1 | 1 | 1 |
| h) | A road traffic accident | 1 | 1 | 1 |
| i) | An accident in a playground | 1 | 1 | 1 |
| j) | An accident at school, nursery, crèche | 1 | 1 | 1 |
| k) | Stung by wasp or bee | 1 | 1 | 1 |
| l) | Bitten by animal or human (please tick and describe) ..... | 1 | 1 | 1 |
| m) | Badly sunburnt | 1 | 1 | 1 |
| n) | Nearly drowned | 1 | 1 | 1 |
| o) | Front tooth (teeth) knocked out | 1 | 1 | 1 |
| p) | Front tooth (teeth) chipped or injured | 1 | 1 | 1 |
| q) | Other tooth/teeth knocked out or chipped | 1 | 1 | 1 |

C8. Has the study child ever had an accident that has had effects that are still present? (Please tick all that apply)

a) yes, a scar 1

b) yes, a behaviour difference 1

c) yes, other 1

For any of the above, please describe

.....

.....

## SECTION D: DISCIPLINE & LIFESTYLE

D1. a) Are there rules in your home about what your study child can and cannot do?

No, not at all [1] Yes for some things [2] Yes, for many things [3]

b) Does she refuse to do what she does not want to do?

Yes usually [1] Yes sometimes [2] No, not at all [3]

| | | (i) I do | (ii) My husband/ partner does | (iii) Her teacher does | (iv) Someone else ? please describe |
|---|---|---|---|---|---|
| c) | Who has most control over your study child? | 1 | 1 | 1 | 1 …….. |
| d) | Who usually tells her off? | 1 | 1 | 1 | 1 ……... |
| e) | Who usually punishes her? | 1 | 1 | 1 | 1 …… |

f) How often is she punished?

every day [1] several times a week [2] once or twice a week [3]

once or twice a month [4] rarely [5] never [6]

g) How often do you slap or hit her?

every day [1] several times a week [2] once or twice a week [3]

once or twice a month [4] rarely [5] never [6]

D2. Has she ever run away from home?

Yes [1] No, but has tried to [2] No, but has thought of doing so [3]

No, never [4] Don't know [9]

D3. a) On normal school days what time in the morning does your child usually wake up?

hours minutes

☐☐ ☐☐ a.m.

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

hours minutes

☐☐ ☐☐ p.m.

c) On weekends what time in the morning does your child usually wake up?

hours minutes

☐☐ ☐☐ a.m.

d) On weekends what time in the evening does your child usually go to sleep?

hours minutes

☐☐ ☐☐ p.m.

D4. a) Does she understand the concept of right and wrong?

Yes ☐ 1 No ☐ 2

b) Can she determine herself what is proper behaviour?

Yes usually ☐ 1 Yes sometimes ☐ 2 No ☐ 3 Don't know ☐ 9

D5. What does she consider important in her life? (tick all that apply)

| | | **Yes** |
|---|---|---|
| a) | school results | ☐ 1 |
| b) | relationship between herself and her teachers | ☐ 1 |
| c) | relationship between herself and her friends | ☐ 1 |

| | | | Yes |
|---|---|---|---|
| D5. | d) | family relationships | 1 |
| | e) | hobbies, interests | 1 |
| | f) | friends | 1 |
| | g) | clothes | 1 |
| | h) | money | 1 |
| | i) | material possessions | 1 |
| | j) | holidays, trips | 1 |

D6. What does she really like to do best? (tick all that apply)

| | | Yes |
|---|---|---|
| a) | sports | 1 |
| b) | playing a musical instrument | 1 |
| c) | singing | 1 |
| d) | dancing | 1 |
| e) | reading | 1 |
| f) | drawing | 1 |
| g) | making things | 1 |
| h) | other | 1 |

(please tick and describe) ……

D7. Does she understand the concept of death as an irreversible event with all its emotional consequences?

| | | | |
|---|---|---|---|
| Yes, understands | 1 | Yes, more or less understands | 2 |
| Not really | 3 | Not at all | 4 |

D8. Does she take an interest?

| | | Yes, very interested | Yes, somewhat interested | No, not interested | Not sure |
|---|---|---|---|---|---|
| a) | in nationalism | 1 | 2 | 3 | 4 |
| b) | in politics | 1 | 2 | 3 | 4 |
| c) | in the meaning of life | 1 | 2 | 3 | 4 |
| d) | in law and order | 1 | 2 | 3 | 4 |
| e) | in religion | 1 | 2 | 3 | 4 |

f) Does she attend a place of worship (church, mosque, etc)?

Yes often 1 Yes sometimes 2 No, not at all 3

g) Does she pray?

Yes often 1 Yes sometimes 2 No, not at all 3

Don't know 9

D9. a) What friends does she prefer?

boys 1

girls 2

she doesn't mind 3

she doesn't have friends 4

b) Does she have a favourite friend of the other sex?

Yes 1 No 2

D10. Is she at ease with children of her own age?

| | **Yes** |
|---|---|
| yes, fully | 1 |
| prefers younger children | 2 |
| prefers older children | 3 |

D11. How much is she influenced by her friends/mates?

| | |
|---|---|
| very strongly | 1 |
| fairly strongly | 2 |
| sometimes | 3 |
| rarely | 4 |
| never | 5 |

D12. Has she ever been offered:

| | **Yes and I know about it** | **Probably** | **Possibly** | **I do not think so** |
|---|---|---|---|---|
| a) alcohol | 1 | 2 | 3 | 4 |
| b) cigarettes | 1 | 2 | 3 | 4 |
| c) drugs | 1 | 2 | 3 | 4 |

D13. (i) Has she ever tried:

| | **Yes and I know about it** | **Probably** | **Possibly** | **I do not think so** |
|---|---|---|---|---|
| a) alcohol | 1 | 2 | 3 | 4 |
| b) cigarettes | 1 | 2 | 3 | 4 |
| c) drugs | 1 | 2 | 3 | 4 |

**If <u>yes</u> to any of the above,**

(ii) At what age was she when she tried them? (put 99 if you don't know)

| | | | |
|---|---|---|---|
| a) | alcohol | | years |
| b) | cigarettes | | years |
| c) | drugs | | years |

## SECTION E: PILLS AND POTIONS

E1. Please indicate below any **medicines** (pills, syrups, inhalers, drops, sprays, suppositories, ointments etc including homeopathic and herbal remedies) that your study child has used **in the last 12 months**.

Include medicines prescribed by your doctor and those you may have bought over the counter. If you need more lines for a particular category please include the additional medicines under the 'Other conditions' section at the end of the question on Page 36.

Try to give the full name of the medicine and say how often it was used.

> **Regularly:** most days for at least 3 months, or several times every month
> **Few days:** for a few days at a time for one or more episodes
> **Odd occasions:** on a few odd occasions
> **Once or twice:** on one or two isolated occasions only

| **In the past 12 months medicine, pills drops or ointment for:** | **Yes** ↓ | **Name of medicine etc.** | **How often?** **Regularly** ↓ | **Few days** | **Odd occasions** | **Once or twice** |
|---|---|---|---|---|---|---|
| a) Headache | 1 | ..…….. | 1 | 2 | 3 | 4 |
| b) Stomach ache | 1 | ……. | 1 | 2 | 3 | 4 |
| c) Earache | 1 | ……. | 1 | 2 | 3 | 4 |
| d) Other ache or pain | 1 | ……. | 1 | 2 | 3 | 4 |
| e) Vomiting | 1 | ……. | 1 | 2 | 3 | 4 |
| f) Diarrhoea | 1 | ……. | 1 | 2 | 3 | 4 |
| g) Constipation | 1 | ……. | 1 | 2 | 3 | 4 |
| h) Travel sickness | 1 | ……. | 1 | 2 | 3 | 4 |
| i) Insect bites | 1 | ……. | 1 | 2 | 3 | 4 |

E1.

| **In the past 12 months medicine, pills drops or ointment for:** | **Yes** ↓ | **Name of medicine etc.** | **Regularly** ↓ | **How often? Few days** | **Odd occasions** | **Once or twice** |
|---|---|---|---|---|---|---|
| j) Bruising | 1 | ……. | 1 | 2 | 3 | 4 |
| k) A ‘cold’ | 1 | ……. | 1 | 2 | 3 | 4 |
| l) Cough | 1 | ……. | 1 | 2 | 3 | 4 |
| m) Sore throat | 1 | ……. | 1 | 2 | 3 | 4 |
| n) ‘Flu’ | 1 | ……. | 1 | 2 | 3 | 4 |
| o) Infection requiring antibiotics | 1 | ……. | 1 | 2 | 3 | 4 |
| p) Athlete’s foot | 1 | ……. | 1 | 2 | 3 | 4 |
| q) Wart or verrucca | 1 | ……. | 1 | 2 | 3 | 4 |
| r) Head lice | 1 | ……. | 1 | 2 | 3 | 4 |
| s) Worms | 1 | ……. | 1 | 2 | 3 | 4 |
| t) Eye infection | 1 | ……. | 1 | 2 | 3 | 4 |
| u) Psoriasis | 1 | ……. | 1 | 2 | 3 | 4 |
| v) Eczema | 1 | ……. | 1 | 2 | 3 | 4 |
| w) Asthma | 1 | ……. | 1 | 2 | 3 | 4 |

E1.

| **In the past 12 months medicine, pills drops or ointment for:** | **Yes** ↓ | **Name of medicine etc.** | **Regularly** ↓ | **How often? Few days** | **Odd occasions** | **Once or twice** |
|---|---|---|---|---|---|---|
| x) Hay fever | 1 | ……. | 1 | 2 | 3 | 4 |
| y) Other allergies | 1 | ……. | 1 | 2 | 3 | 4 |
| z) Diabetes | 1 | ……. | 1 | 2 | 3 | 4 |
| za) Epilepsy | 1 | ……. | 1 | 2 | 3 | 4 |
| zb) Sleeping | 1 | ……. | 1 | 2 | 3 | 4 |
| zc) Fever, high temperature | 1 | …….. | 1 | 2 | 3 | 4 |
| Other conditions (Please tick and describe) | | | | | | |
| zd)……. | 1 | ……. | 1 | 2 | 3 | 4 |
| ze)…….. | 1 | ……. | 1 | 2 | 3 | 4 |
| zf)……. | 1 | ……. | 1 | 2 | 3 | 4 |
| zg) ……. | 1 | ……. | 1 | 2 | 3 | 4 |
| zh) ……. | 1 | ……. | 1 | 2 | 3 | 4 |
| zi) ……. | 1 | ……. | 1 | 2 | 3 | 4 |

zj) **No medicines, pills, drops or ointment used at all** 1

E2. Please describe below any vitamins, minerals such as iron, or other supplements given for your study child's health in the **past month** and indicate how often they were taken.

*To describe supplements containing a mixture of things e.g. calcium and vitamins, or vitamins and iron etc., please write them under "Other" in part d) below.*

| **(Please say which and give brand name)** | **Every day** | **Most days** ↓ | **About 1-2 times a week** | **Less than once a week** | **Not at all** ↓ |
|---|---|---|---|---|---|
| a) **Vitamins** | | | | | |
| i) …… | 1 | 2 | 3 | 4 | 5 |
| ii) …… | 1 | 2 | 3 | 4 | 5 |
| b) **Mineral supplements** (e.g. iron, calcium) | | | | | |
| i) …… | 1 | 2 | 3 | 4 | 5 |
| ii) …… | 1 | 2 | 3 | 4 | 5 |
| c) **Oil supplements (**e.g. cod liver oil, evening primrose oil) | | | | | |
| i) …… | 1 | 2 | 3 | 4 | 5 |
| ii) …… | 1 | 2 | 3 | 4 | 5 |
| d) **Other tonic or supplement** | | | | | |
| i) …… | 1 | 2 | 3 | 4 | 5 |
| ii) …… | 1 | 2 | 3 | 4 | 5 |

E3. Please describe below any treatment your child has taken for asthma or wheezing in the past month and indicate how often they were taken.

| **In the past month:** | **Every day** | **Most days** ↓ | **About 1-2 times a week** | **Less than once a week** | **Not at all** ↓ |
|---|---|---|---|---|---|
| a) "Reliever" inhaler | 1 | 2 | 3 | 4 | 5 |
| b) "Preventer" inhaler | 1 | 2 | 3 | 4 | 5 |
| c) Other inhaler or medicine for asthma | 1 | 2 | 3 | 4 | 5 |

## SECTION F: MOODS AND FEELINGS

These questions are about how your child may have been feeling or acting recently.
For each question, please say how much you think she has felt or acted this way in the past two weeks.

| **In the past 2 weeks:** | | **True** | **Sometimes true** | **Not true** |
|---|---|---|---|---|
| F1. | She felt miserable or unhappy | 1 | 2 | 3 |
| F2. | She didn't enjoy anything at all | 1 | 2 | 3 |
| F3. | She felt so tired that she just sat around and did nothing | 1 | 2 | 3 |
| F4. | She was very restless | 1 | 2 | 3 |
| F5. | She felt she was no good any more | 1 | 2 | 3 |
| F6. | She cried a lot | 1 | 2 | 3 |
| F7. | She found it hard to think properly or concentrate | 1 | 2 | 3 |
| F8. | She hated herself | 1 | 2 | 3 |
| F9. | She felt she was a bad person | 1 | 2 | 3 |
| F10. | She felt lonely | 1 | 2 | 3 |
| F11. | She thought nobody really loved her | 1 | 2 | 3 |
| F12. | She thought she could never be as good as other kids | 1 | 2 | 3 |
| F13. | She felt she did everything wrong | 1 | 2 | 3 |

## SECTION G: STRENGTHS AND DIFFICULTIES

Please think how your child has been in the past 6 months

| | In the last six months: | Not true | Somewhat true | Certainly true | Don't know |
|---|---|---|---|---|---|
| G1. | She has been considerate of other people's feelings | 1 | 2 | 3 | 9 |
| G2. | She has been restless, overactive, cannot stay still for long | 1 | 2 | 3 | 9 |
| G3. | She has often complained of headaches, stomach aches or sickness | 1 | 2 | 3 | 9 |
| G4. | She has shared readily with other children (treats, toys, pencils etc.) | 1 | 2 | 3 | 9 |
| G5. | She has often had temper trantrums or hot tempers | 1 | 2 | 3 | 9 |
| G6. | She is rather solitary, tends to play alone | 1 | 2 | 3 | 9 |
| G7. | She is generally obedient, usually does what adults request | 1 | 2 | 3 | 9 |
| G8. | She has many worries, often seems worried | 1 | 2 | 3 | 9 |
| G9. | She is helpful if someone is hurt, upset or feeling ill | 1 | 2 | 3 | 9 |
| G10. | She is constantly fidgeting or squirming | 1 | 2 | 3 | 9 |
| G11. | She has at least one good friend | 1 | 2 | 3 | 9 |
| G12. | She often fights with other children or bullies them | 1 | 2 | 3 | 9 |
| G13. | She is often unhappy, down-hearted or tearful | 1 | 2 | 3 | 9 |
| G14. | She is generally liked by other children | 1 | 2 | 3 | 9 |
| G15. | She is easily distracted, her concentration wanders | 1 | 2 | 3 | 9 |
| G16. | She is nervous or clingy in new situations, easily loses confidence | 1 | 2 | 3 | 9 |

| | In the last six months: | Not true | Somewhat true | Certainly true | Don't know |
|---|---|---|---|---|---|
| G17. | She is kind to younger children | 1 | 2 | 3 | 9 |
| G18. | She often lies or cheats | 1 | 2 | 3 | 9 |
| G19. | She is picked on or bullied by other children | 1 | 2 | 3 | 9 |
| G20. | She often volunteers to help others (parents, teachers, other children) | 1 | 2 | 3 | 9 |
| G21. | She thinks things out before acting | 1 | 2 | 3 | 9 |
| G22. | She steals from home, school or elsewhere | 1 | 2 | 3 | 9 |
| G23. | She gets on better with adults than with other children | 1 | 2 | 3 | 9 |
| G24. | She has many fears, is easily scared | 1 | 2 | 3 | 9 |
| G25. | She sees tasks through to the end, has good attention span | 1 | 2 | 3 | 9 |

***It's two years since we asked you about your daughter's school days, so now we need to update our information***

***Thank you so much for helping us with this questionnaire. We really do appreciate all the help you are giving to***

## SECTION H: SCHOOL

H1. a) Does she go to school?

Yes [1] No [2] **→If no, go to H11a on page 46**

b) How many different schools has she gone to? (don't count nursery school or kindergarten)

[ ][ ] different schools

c) Please describe reasons for child being at current school (tick all that apply):

i) It was the only available choice [1]

ii) It was the best available [1]

iii) There were medical reasons [1] → please describe …….

iv) There were psychological reasons [1] → please describe ……..

v) Other (please tick and describe ) [1]

.....……

H2. How does she get to school?

| | | **(i) Going** | | **(ii) Coming back** | |
|---|---|---|---|---|---|
| | | **every or most days** | **some days** | **every or most days** | **some days** |
| a) | She walks | 1 | 2 | 1 | 2 |
| b) | She goes in a wheelchair | 1 | 2 | 1 | 2 |
| c) | By public transport | 1 | 2 | 1 | 2 |
| d) | School bus/ coach | 1 | 2 | 1 | 2 |
| e) | By car | 1 | 2 | 1 | 2 |
| f) | Rides bicycle | 1 | 2 | 1 | 2 |
| g) | Other (please tick & describe) | 1 | 2 | 1 | 2 |

.....…… .....

H3. 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

H4. We would like to know what happens after school.

a) Does she usually go straight home?

No [1] Yes most days [2] Yes always [3] → **If <u>yes</u> always, go to H4c below**

b) **If <u>no</u>, or <u>most days</u>**, where else 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) | school club | 1 | 2 | 3 |
| v) | plays outside | 1 | 2 | 3 |
| vi) | other (please tick and describe) | 1 | 2 | 3 |

.....

c) If she goes straight home is an adult always there?

yes, always [1] yes, usually [2] yes, sometimes [3]

no, hardly ever [4]

H5. How do you think she feels about school?

| | | Always | Usually | Sometimes | Not at all |
|---|---|---|---|---|---|
| a) | She looks forward to seeing her teachers | 1 | 2 | 3 | 4 |
| b) | She enjoys school | 1 | 2 | 3 | 4 |
| c) | She is stimulated by it | 1 | 2 | 3 | 4 |
| d) | She is frightened by the teachers | 1 | 2 | 3 | 4 |
| e) | She is frightened by her school mates | 1 | 2 | 3 | 4 |
| f) | She is afraid of failure | 1 | 2 | 3 | 4 |
| g) | She seems bored by school | 1 | 2 | 3 | 4 |
| h) | She likes her school mates | 1 | 2 | 3 | 4 |
| i) | She looks forward to lessons | 1 | 2 | 3 | 4 |

H6. At school how much do you think she likes:

| | | She likes it a lot | She quite likes it | She does not like it | Does not do this |
|---|---|---|---|---|---|
| a) | Science | 1 | 2 | 3 | 4 |
| b) | Maths | 1 | 2 | 3 | 4 |
| c) | English | 1 | 2 | 3 | 4 |
| d) | Games/PE | 1 | 2 | 3 | 4 |
| e) | Foreign language | 1 | 2 | 3 | 4 |
| f) | Art | 1 | 2 | 3 | 4 |
| g) | Music | 1 | 2 | 3 | 4 |
| h) | Geography | 1 | 2 | 3 | 4 |
| i) | History | 1 | 2 | 3 | 4 |

| | | | She likes it a lot | She quite likes it | She does not like it | Does not do this |
|---|---|---|---|---|---|---|
| H6. | j) | I.T. (Information technology) | 1 | 2 | 3 | 4 |
| | k) | D.T. (Design and technology) | 1 | 2 | 3 | 4 |
| | l) | Humanities | 1 | 2 | 3 | 4 |
| | m) | Citizenship/P.S.E./P.S.D. | 1 | 2 | 3 | 4 |
| | n) | Other topic (please tick & describe) | 1 | 2 | 3 | |

……..

H7. a) Are you interested in what your child does at school?

Yes very 1 Yes mostly 2 No, not really 3

b) Are you happy with the teaching your daughter is getting at school?

Yes very 1 Yes mostly 2 No, not really 3

c) Are you happy with the progress your daughter is making at school?

Yes very 1 Yes mostly 2 No, not really 3

d) Are you happy with her behaviour at school?

Yes very 1 Yes mostly 2 No, not really 3

H8. Has she been identified as having any particular problems at school?

Yes 1 No 2 → **If <u>no</u>, go to H11 on page 46**

**If <u>yes</u>,** which problems? (tick all that apply)

H8. a) disciplinary [1]

b) learning [1]

c) in relationships [1]

d) emotional [1]

e) other [1]

f) Please describe each type of school problem:

……

……

……

H9. Have you been invited to the school to talk about any of these problems?

Yes [1] No [2]

H10 a) Was the child investigated by a health specialist or educational psychologist for any of these problems?

Yes [1] No [2] → **If <u>no,</u> go to H11 on page 46**

**If <u>yes</u>**, what was the result?

……..

……...

……...

b) Did this investigation result in extra help for the child?

Yes [1] No [2] → **If <u>no,</u> go to H11 on page 46**

**If <u>yes</u>**, describe what:

……

……...

H11. a) Do you think that your study child has any particular talents?

Yes [1] No [2] → **If no, go to H12 below**

b) **If yes**, please describe ……

……..

H12. Does your child show any interest in taking up any particular occupation when she is an adult?

Yes [1] No [2] → **If no, go to H13 below**

**If yes**, please describe……..

H13. Is there an occupation you really hope your child will choose?

Yes [1] No [2] → **If no, go to H14 below**

**If yes**, please describe……

H14. What sort of education do you hope your child will have? (tick just one)

[1] the minimum – and leave school as soon as possible

[2] to get some good GCSE's and then leave

[3] to take at least one A level

[4] to go to University

[5] other (please tick and describe ……)

[6] don't really mind

## SECTION J: LISTENING SKILLS

J1. a) Does your child have difficulty listening on the telephone?

Yes [1] No [2] Never allowed to do this [3]

b) Does your child have difficulty knowing the direction a noise is coming from?

Yes [1] No [2]

c) Is it often necessary to repeat things to your child before she understands?

Yes [1] No [2]

d) Does your child say "huh" or "what" or something similar 5 times or more a day?

Yes [1] No [2]

J2. If listening in a room where there is **background noise** (e.g. TV, music, others talking etc.) how much difficulty does your child have in hearing and understanding:

| **Difficulty hearing and: understanding** | **No difficulty** | **Slight difficulty** | **Moderate difficulty** | **Severe difficulty** | **Don't know** |
|---|---|---|---|---|---|
| a) When paying attention | 1 | 2 | 3 | 4 | 9 |
| b) When being asked a question | 1 | 2 | 3 | 4 | 9 |
| c) When being given simple instructions | 1 | 2 | 3 | 4 | 9 |
| d) When not paying attention | 1 | 2 | 3 | 4 | 9 |
| e) When involved in other activities (e.g. reading) | 1 | 2 | 3 | 4 | 9 |

J3. If listening in a **quiet room**, how much difficulty does your child have in hearing and understanding:

| | **No difficulty** | **Slight difficulty** | **Moderate difficulty** | **Severe difficulty** | **Don't know** |
|---|---|---|---|---|---|
| a) When paying attention | 1 | 2 | 3 | 4 | 9 |
| b) When being asked a question | 1 | 2 | 3 | 4 | 9 |
| c) When being given simple instructions | 1 | 2 | 3 | 4 | 9 |
| d) When not paying attention | 1 | 2 | 3 | 4 | 9 |
| e) When involved in other activities (e.g. reading) | 1 | 2 | 3 | 4 | 9 |

J4. When listening in a quiet room, no distractions, face-to-face, and with good eye contact, how much difficulty does your child have in hearing and understanding:

| | **No difficulty** | **Slight difficulty** | **Moderate difficulty** | **Severe difficulty** | **Don't know** |
|---|---|---|---|---|---|
| a) When being asked a question | 1 | 2 | 3 | 4 | 9 |
| b) When being given simple instructions | 1 | 2 | 3 | 4 | 9 |
| c) When being given complicated instructions | 1 | 2 | 3 | 4 | 9 |

J5. If asked to remember something she has heard, how much difficulty does your child have:

| **Immediately remembering:** | **No difficulty** | **Slight difficulty** | **Moderate difficulty** | **Severe difficulty** | **Don't know** |
|---|---|---|---|---|---|
| a) Something such as a word, spelling, numbers etc. | 1 | 2 | 3 | 4 | 9 |
| b) Simple instructions | 1 | 2 | 3 | 4 | 9 |
| c) Complex instructions | 1 | 2 | 3 | 4 | 9 |
| d) Remembering all the information and the order of the information | 1 | 2 | 3 | 4 | 9 |
| **Remembering after an hour or so:** | | | | | |
| e) Something such as a word, spelling, numbers etc | 1 | 2 | 3 | 4 | 9 |
| f) Simple instructions | 1 | 2 | 3 | 4 | 9 |
| g) Complex instructions | 1 | 2 | 3 | 4 | 9 |
| **Remembering after a day:** | | | | | |
| h) Any information | 1 | 2 | 3 | 4 | 9 |

J6. If there is something she should listen to, how much difficulty does your child have, in paying attention to what is said?

| **Difficulty listening:** | **No difficulty** | **Slight difficulty** | **Moderate difficulty** | **Severe difficulty** | **Don't know** |
|---|---|---|---|---|---|
| a) For less than 5 minutes | 1 | 2 | 3 | 4 | 9 |
| b) For 5-10 minutes | 1 | 2 | 3 | 4 | 9 |
| c) In a quiet room | 1 | 2 | 3 | 4 | 9 |
| d) In a noisy room | 1 | 2 | 3 | 4 | 9 |
| e) First thing in the morning | 1 | 2 | 3 | 4 | 9 |
| f) Near the end or before the evening meal | 1 | 2 | 3 | 4 | 9 |
| g) In a room where there are also visual distractions (e.g. TV on without the sound) | 1 | 2 | 3 | 4 | 9 |

## SECTION K: THE CHILD'S ACTIVITIES

K1. About how often does your child do the following:

| How often does she: | Nearly every day | 2-5 times a week | Once a week | 1-3 times a month | Less than once per month | Not at all |
|---|---|---|---|---|---|---|
| a) Go swimming | 1 | 2 | 3 | 4 | 5 | 6 |
| b) Play a musical instrument (e.g. piano, recorder) | 1 | 2 | 3 | 4 | 5 | 6 |
| c) Go to special groups (such as Scouts or Youth Clubs) | 1 | 2 | 3 | 4 | 5 | 6 |
| Please tick and describe..... | | | | | | |
| d) Go to Sunday School | 1 | 2 | 3 | 4 | 5 | 6 |
| e) Go to special classes or clubs for some activity (e.g. dancing, judo, football, other sports) | 1 | 2 | 3 | 4 | 5 | 6 |
| Please tick and describe..... | | | | | | |
| f) Go to special classes because of learning difficulty | 1 | 2 | 3 | 4 | 5 | 6 |
| Please tick and describe..... | | | | | | |
| g) Classes for foreign languages | 1 | 2 | 3 | 4 | 5 | 6 |
| Please tick and describe..... | | | | | | |
| h) Singing group | 1 | 2 | 3 | 4 | 5 | 6 |
| Please tick and describe..... | | | | | | |
| i) Other type of classes or group e.g. drama | 1 | 2 | 3 | 4 | 5 | 6 |
| Please tick and describe..... | | | | | | |

| K1. How often does she: | | Nearly every day | 2-5 times a week | Once a week | 1-3 times a month | Less than once per month | Not at all |
|---|---|---|---|---|---|---|---|
| j) | See her grandparents | 1 | 2 | 3 | 4 | 5 | 6 |
| k) | Play computer games | 1 | 2 | 3 | 4 | 5 | 6 |
| l) | Help in the house | 1 | 2 | 3 | 4 | 5 | 6 |

K2. How often does her mother or other adult female do these activities with her?

| | Adult female: | Nearly every day | 2-5 times a week | Once a week | Less than once a week | Never ↓ |
|---|---|---|---|---|---|---|
| a) | makes things with her | 1 | 2 | 3 | 4 | 5 |
| b) | sings with her | 1 | 2 | 3 | 4 | 5 |
| c) | reads to/with her | 1 | 2 | 3 | 4 | 4 |
| d) | plays with toys, board games, computer games | 1 | 2 | 3 | 4 | 5 |
| e) | cuddles her | 1 | 2 | 3 | 4 | 5 |
| f) | active play (e.g. ball games, wrestling, hide and seek) | 1 | 2 | 3 | 4 | 5 |
| g) | goes with her to the park or playground | 1 | 2 | 3 | 4 | 5 |
| h) | kisses her goodnight | 1 | 2 | 3 | 4 | 5 |
| i) | takes her swimming, fishing or other activity | 1 | 2 | 3 | 4 | 5 |
| j) | draws or paints with her | 1 | 2 | 3 | 4 | 5 |
| k) | prepares food with her | 1 | 2 | 3 | 4 | 5 |

| K2. | **Adult female:** | **Nearly every day** | **2-5 times a week** | **Once a week** | **Less than once a week** | **Never** ↓ |
|---|---|---|---|---|---|---|
| l) | takes her to classes | 1 | 2 | 3 | 4 | 5 |
| m) | takes her shopping | 1 | 2 | 3 | 4 | 5 |
| n) | takes her to watch sports/ football | 1 | 2 | 3 | 4 | 5 |
| o) | does homework with her | 1 | 2 | 3 | 4 | 5 |
| p) | has conversations with her | 1 | 2 | 3 | 4 | 5 |
| q) | helps her prepare things for school | 1 | 2 | 3 | 4 | 5 |
| r) | other (please tick & describe) | 1 | 2 | 3 | 4 | 5 |

.....

s) Who are the women involved in any of these activities with the study child? (tick all that apply)

| | | |
|---|---|---|
| i) | Her mother | 1 |
| ii) | Her stepmother/father's partner | 1 |
| iii) | Her grandmother | 1 |
| iv) | Her grown-up sister (16 years or older) | 1 |
| v) | Another relative | 1 |
| vi) | A family friend | 1 |
| vii) | A lodger | 1 |
| viii) | A baby sitter/nanny | 1 |
| ix) | Other (please tick and describe) | 1 |

.....

K3. How often does a male adult (e.g. her father/mother's husband or partner) do these activities with your child?

| **Adult male:** | | **Nearly every day** | **2-5 times a week** | **Once a week** | **Less than once a week** | **Never** ↓ |
|---|---|---|---|---|---|---|
| a) | makes things with her | 1 | 2 | 3 | 4 | 5 |
| b) | sings with her | 1 | 2 | 3 | 4 | 5 |
| c) | reads to/with her | 1 | 2 | 3 | 4 | 5 |
| d) | plays with toys, board games, computer games | 1 | 2 | 3 | 4 | 5 |
| e) | cuddles her | 1 | 2 | 3 | 4 | 5 |
| f) | active play (e.g. ball games, wrestling, hide and seek) | 1 | 2 | 3 | 4 | 5 |
| g) | goes with her to the park or playground | 1 | 2 | 3 | 4 | 5 |
| h) | kisses her goodnight | 1 | 2 | 3 | 4 | 5 |
| i) | takes her swimming, fishing or similar activity | 1 | 2 | 3 | 4 | 5 |
| j) | draws or paints with her | 1 | 2 | 3 | 4 | 5 |
| k) | prepares food with her | 1 | 2 | 3 | 4 | 5 |
| l) | takes her to classes | 1 | 2 | 3 | 4 | 5 |
| m) | takes her shopping | 1 | 2 | 3 | 4 | 5 |
| n) | take her to watch sports/ football | 1 | 2 | 3 | 4 | 5 |
| o) | does homework with her | 1 | 2 | 3 | 4 | 5 |
| p) | has conversations with her | 1 | 2 | 3 | 4 | 5 |
| q) | helps her prepare things for school | 1 | 2 | 3 | 4 | 5 |

| K3. | | Nearly every day | 2 - 5 times a week | Once a week | Less than once a week | Never ↓ |
|---|---|---|---|---|---|---|
| | **Adult male:** | | | | | |
| r) | other (please tick and describe) | 1 | 2 | 3 | 4 | 5 |

.....

s) Who are the men involved in any of these activities with the study child? (tick all that apply)

| | | |
|---|---|---|
| i) | Her father | 1 |
| ii) | Her stepfather/mother's partner | 1 |
| iii) | Her grandfather | 1 |
| iv) | Her grown-up brother (16 years or older) | 1 |
| v) | Another relative | 1 |
| vi) | A family friend | 1 |
| vii) | A lodger | 1 |
| viii) | A baby sitter/nanny | 1 |
| ix) | Other (please tick and describe) | 1 |

.....

K4. Help in the house:

a) Does your daughter help in the home (cleaning, washing dishes etc.)?

| | |
|---|---|
| Yes, but only if made to | 1 |
| Yes, sometimes offers to and sometimes is made to | 2 |
| Yes, always offers to | 3 |
| No, refuses to help | 4 |
| No, is not allowed to help | 5 |

K4. b) If **not allowed**, why is this?……

……..

K5. Does she have a space in which she can do things on her own?

| | |
|---|---|
| Yes, her own bedroom | 1 |
| A corner of a room | 2 |
| Her own table | 3 |
| No, there is no room for this | 4 |
| Something else (please tick and describe) | 5 |

……

K6. a) Does she have brothers and/or sisters living at home (include step and half-brothers and sisters)?

Yes 1 No 2 → **If no, go to K7 on page 57**

**If yes,**

b) How many?

i) older brothers → what age is the oldest? (or only older brother) years

ii) younger brothers → what age is the youngest? (or only younger brother) years

iii) twin brother

c) How many?

i) older sisters → what age is the oldest? (or only older sister) years

ii) younger sisters → what age is the youngest? (or only younger sister) years

iii) twin sister

K6. d) How often does the study child do the following with them?

| **With her brothers and sisters** | **Nearly every day** | **2-5 times a week** | **Once a week** | **Less than once a week** | **Never** ↓ |
|---|---|---|---|---|---|
| (i) Play indoor games together | 1 | 2 | 3 | 4 | 5 |
| (ii) Read together | 1 | 2 | 3 | 4 | 5 |
| (iii) Sing together | 1 | 2 | 3 | 4 | 5 |
| (iv) Make things, draw or paint | 1 | 2 | 3 | 4 | 5 |
| (v) Go out together | 1 | 2 | 3 | 4 | 5 |
| (vi) Talk together | 1 | 2 | 3 | 4 | 5 |
| (vii) Eat together | 1 | 2 | 3 | 4 | 5 |
| (viii) Argue with one another | 1 | 2 | 3 | 4 | 5 |
| (ix) Fight with one another | 1 | 2 | 3 | 4 | 5 |
| (x) Do sports e.g. football, gymnastics together | 1 | 2 | 3 | 4 | 5 |

K7. a) Does she wear clothes that have been handed down free from others? (tick all that apply)

i) yes, from older brothers & sisters 1

ii) yes, from other relatives 1

iii) yes, from friends 1

b) Does she ever have clothes bought second hand for her?

Yes 1 No 2

## SECTION L: CULTURAL BACKGROUND

In order to help us find out why some children are healthier than others we are looking at many aspects of their development. So far however, we have not looked at the way this may be affected by their cultural background. We'd be grateful if you could answer these questions as best you can.

What would you consider to be the cultural background of your study child?

Choose ONE main category on these 2 pages, then tick the appropriate box(es):

L1. **White** ☐ 1

**Mixed** ☐ 2 → Please specify:

**(i)**

- White and Black Caribbean ☐ 1
- White and Black African ☐ 2
- White and Asian ☐ 3
- Other Mixed background ☐ 4 →

(Please tick and describe) …….

**Asian** ☐ 3 → Please specify:

**(ii)**

- Indian ☐ 1
- Pakistani ☐ 2
- Bangladeshi ☐ 3
- Other Asian background ☐ 4 →

(Please tick and describe) …….

**(iii)**

**Black** 4 → Please specify:

Caribbean 1

African 2

Other Black background 3 ↓

(Please tick and describe) …….

**Other** 5 → Please tick and describe: ……..

…….

*Many thanks for the time you have taken to fill in this questionnaire*

*There is only the back page to complete now*

**SECTION M:**

M1. This questionnaire was completed by: (tick all that apply)

a) Child's biological mother [1]

b) Child's mother figure [1]

c) Child's biological father [1]

d) Study child [1]

e) Someone else (please tick and describe) [1] ……

M2. Please give the date on which you completed this questionnaire:

| day | | month | | year | | | |
|---|---|---|---|---|---|---|---|
| | | | | 2 | 0 | 0 | |

M3. Please give <u>your</u> date of birth:

| day | | month | | year | | | |
|---|---|---|---|---|---|---|---|
| | | | | 1 | 9 | | |

M4. Please give the date of birth of <u>your study child</u>:

| day | | month | | year | | | |
|---|---|---|---|---|---|---|---|
| | | | | 1 | 9 | 9 | |

**THANK YOU VERY MUCH FOR YOUR HELP**

Space for any additional comment you would like to make

**NB. 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 928 8793**

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