

**THE ALSPAC STUDY**

**KS FILE**

**DATA COLLECTED FROM THE QUESTIONNAIRE**

***My Son's / Daughter's Health***

**At 103 Months**

**Prepared by**

**The ALSPAC Study Team**

**Documentation giving frequencies, background and instructions for use.**

**Last updated for version 1a of the release file.**

**March 2007**

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## **Introduction**

### **Contents**

This questionnaire is the first of a pair of questionnaires that was sent out to carers when their study child was 103 months old (the other forms the KT file). It is in 6 sections. Section A contains questions about a wide range of aspects of the child's health including hospital admissions, days off school, symptoms of asthma and eczema, medication and vomiting. Section B contains questions about the use of complementary medicine while section C look at allergies. Section D collects information specific physical or developmental problems and their investigation and section E asks about accidents and injuries. Finally, section F collects the usual "back page" information on who completed the questionnaire and when.

### **Questionnaire versions**

There was only one version of this questionnaire, although as with all child-based questionnaires there were separate copies for boys and girls. This documentation is based around the boys' copy.

### **Sample & response rates**

There are a total of 15,155 records on this built file. This number is made up of the 14,676 fetuses in the core ALSPAC sample (regardless of whether or not the 103-month questionnaires were sent out for them or whether they were returned) plus 479 eligible children not in the core sample for whom the questionnaires were sent out. Note that this questionnaire was completed for 343 of these 479 children.

Of the 14,676 fetuses in the core ALSPAC sample, 14,062 were live born. The 103-month questionnaires were sent out for 10,981 (78%) of these live born children. As of 31<sup>st</sup> July 2002 completed questionnaires had been returned for 7996 (73%) of these children, which is 57% of the 14,062 live born children. For further information on the ALSPAC sample, please see section 5 of the "Guide to ALSPAC data" which can be found in the "Collaborator Pack" on the ALSPAC documentation CD.

At the time of writing 17 further questionnaires had been returned after 31<sup>st</sup> July 2002, some or all of which may be blank. The data from these questionnaires are not yet available.

### **Format of this documentation**

The bulk of this documentation consists of the text of the questionnaire and frequency tables of the variables on the data file. These are inserted section by section after the relevant text. Where any editing has occurred a description has been embedded in the questionnaire text.

### **Release file version history**

#### Release version 1a – March 2007

The first version of the release file.

KS File – Introduction

## Administrative variables

### ks0001 Questionnaire sent

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	11460	75.6	75.6	75.6
2 No	3695	24.4	24.4	100.0
Total	15155	100.0	100.0	

### ks0002 Reminder 1 sent

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	5739	37.9	50.1	50.1
2 No	5720	37.7	49.9	100.0
Total	11459	75.6	100.0	
Missing -2 Questionnaire not sent	3696	24.4		
Total	15155	100.0		

### ks0003 Reminder 2 sent

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	3992	26.3	34.8	34.8
2 No	7467	49.3	65.2	100.0
Total	11459	75.6	100.0	
Missing -2 Questionnaire not sent	3696	24.4		
Total	15155	100.0		

### ks0004 Eligible for visit

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	2472	16.3	21.6	21.6
2 No	8987	59.3	78.4	100.0
Total	11459	75.6	100.0	
Missing -2 Questionnaire not sent	3696	24.4		
Total	15155	100.0		

## KS File – Introduction

### ks0005 Questionnaire return status (as of 31/07/02)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Not returned	2988	19.7	26.1	26.1
	2 Returned, completed	8339	55.0	72.8	98.8
	3 Returned, blank	132	.9	1.2	100.0
	Total	11459	75.6	100.0	
Missing	-2 Questionnaire not sent	3696	24.4		
Total		15155	100.0		

### ks0006 Questionnaire returned (as of 31/07/02)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	8471	55.9	73.9	73.9
	2 No	2988	19.7	26.1	100.0
	Total	11459	75.6	100.0	
Missing	-2 Questionnaire not sent	3696	24.4		
Total		15155	100.0		

### ks0007 Questionnaire completed (as of 31/07/02)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	8339	55.0	72.8	72.8
	2 No	3120	20.6	27.2	100.0
	Total	11459	75.6	100.0	
Missing	-2 Questionnaire not sent	3696	24.4		
Total		15155	100.0		

### ks0007a Data available (as of 31/07/02)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	8339	55.0	55.0	55.0
	2 No	6816	45.0	45.0	100.0
Total		15155	100.0	100.0	

### ks0008 Questionnaire version

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Version 1 - 15/04/00	8339	55.0	100.0	100.0
Missing	-10 Not completed	6816	45.0		
Total		15155	100.0		

Questionnaire No:

--	--	--	--	--	--	--	--	--

## MY SON'S HEALTH

This questionnaire should be completed by the chief carer of the study child

15/04/00

This questionnaire is all about your study son's health.

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

If you cannot answer certain questions leave them out and go on to the next one.

All answers are confidential.

THANK YOU FOR YOUR HELP

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**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 son 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 he had any of the following in the past 12 months?

In the past 12 months:	Yes and saw a doctor	Yes but did not see doctor	No did not have
a) diarrhoea	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3
b) blood in the stools	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3
c) vomiting	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3
d) cough	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3
e) high temperature	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3



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	<b>In the past 12 months:</b>	<b>Yes and saw a doctor</b>	<b>Yes but did not see doctor</b>	<b>No did not have</b>
A3. f)	snuffles/cold	<div>1</div>	<div>2</div>	<div>3</div>
g)	ear ache	<div>1</div>	<div>2</div>	<div>3</div>
h)	ear discharge (pus not wax)	<div>1</div>	<div>2</div>	<div>3</div>
i)	convulsions/fits	<div>1</div>	<div>2</div>	<div>3</div>
j)	stomach ache(s)	<div>1</div>	<div>2</div>	<div>3</div>
k)	rash	<div>1</div>	<div>2</div>	<div>3</div>
l)	wheezing	<div>1</div>	<div>2</div>	<div>3</div>
m)	breathlessness	<div>1</div>	<div>2</div>	<div>3</div>
n)	episodes of stopping breathing	<div>1</div>	<div>2</div>	<div>3</div>
o)	an accident	<div>1</div>	<div>2</div>	<div>3</div>
p)	urinary infection	<div>1</div>	<div>2</div>	<div>3</div>
q)	headache(s )	<div>1</div>	<div>2</div>	<div>3</div>
r)	constipation	<div>1</div>	<div>2</div>	<div>3</div>
s)	worm infections	<div>1</div>	<div>2</div>	<div>3</div>
t)	head lice	<div>1</div>	<div>2</div>	<div>3</div>
u)	scabies	<div>1</div>	<div>2</div>	<div>3</div>
v)	asthma	<div>1</div>	<div>2</div>	<div>3</div>
w)	eczema	<div>1</div>	<div>2</div>	<div>3</div>
x)	hay fever	<div>1</div>	<div>2</div>	<div>3</div>
y)	other (please tick and describe)	<div>1</div>	<div>2</div>	<div>3</div>

.....

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A4. In the past 12 months, has he had any of the following infections?

**In the past 12 months:**

	Yes	No
a) measles	<div>1</div>	<div>2</div>
b) chicken pox	<div>1</div>	<div>2</div>
c) mumps	<div>1</div>	<div>2</div>
d) meningitis	<div>1</div>	<div>2</div>
e) cold sores	<div>1</div>	<div>2</div>
f) whooping cough	<div>1</div>	<div>2</div>
g) urinary infection	<div>1</div>	<div>2</div>
h) eye infection	<div>1</div>	<div>2</div>
i) ear infection	<div>1</div>	<div>2</div>
j) chest infection	<div>1</div>	<div>2</div>
k) tonsillitis or laryngitis	<div>1</div>	<div>2</div>
l) german measles	<div>1</div>	<div>2</div>
m) scarlet fever	<div>1</div>	<div>2</div>
n) influenza (flu)	<div>1</div>	<div>2</div>
o) a cold	<div>1</div>	<div>2</div>
p) other infection (please tick & describe)	<div>1</div>	<div>2</div>

.....

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A5. a) Has your child been admitted to hospital **in the past 2 years?**

Yes  <sub>1</sub> No  <sub>2</sub> → **If no, go to A6 below**

**If yes,**

b) how many times?

c) please describe for each admission:

	<b>Age of child (years)</b>	<b>Reason for admission</b>	<b>No. of nights child stayed in hospital</b>
1.	<input type="text"/>	.....	<input type="text"/> <input type="text"/>
2.	<input type="text"/>	.....	<input type="text"/> <input type="text"/>
3.	<input type="text"/>	.....	<input type="text"/> <input type="text"/>



**Write 00 if child did not stay overnight**

If more than 3 admissions please describe on separate sheet

d) How often did you see him while he was in hospital?

	<b>1st admission</b>	<b>2nd admission</b>	<b>3rd admission</b>
Not at all	<input type="text"/> <sub>1</sub>	<input type="text"/> <sub>1</sub>	<input type="text"/> <sub>1</sub>
Quite often	<input type="text"/> <sub>2</sub>	<input type="text"/> <sub>2</sub>	<input type="text"/> <sub>2</sub>
Every day	<input type="text"/> <sub>3</sub>	<input type="text"/> <sub>3</sub>	<input type="text"/> <sub>3</sub>
Stayed in the hospital with him	<input type="text"/> <sub>4</sub>	<input type="text"/> <sub>4</sub>	<input type="text"/> <sub>4</sub>

A6. Has he **ever** had any of the following operations?  
(Please tick all that apply)

**Yes**

a) hernia repair	<input type="text"/> <sub>1</sub>	→ <b>If <u>yes</u>, please give type .....</b>
b) tonsils out	<input type="text"/> <sub>1</sub>	
c) adenoids out	<input type="text"/> <sub>1</sub>	
d) appendicectomy (appendix out)	<input type="text"/> <sub>1</sub>	

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		Yes
A6.	e) tubes (grommets) put in his ears	<input type="text" value="1"/>
	f) squint repair (to put eyes straight)	<input type="text" value="1"/>
	g) teeth pulled out	<input type="text" value="1"/>
	h) other operations (please describe)	<input type="text" value="1"/>

.....

A7. How many days has he had to take off school for health reasons?  
[If you can't remember, make a guess and write G in column (ii)]

In the past 12 months:	(i) No. of days off school	(ii) Guess?
a) For one or more infections (including colds, cough, flu)	<input type="text"/> <input type="text"/>	<input type="text"/>
(i) please describe .....		
.....		
b) For hospital investigation including admission	<input type="text"/> <input type="text"/>	<input type="text"/>
(i) please describe .....		
.....		
c) For other investigation(s)	<input type="text"/> <input type="text"/>	<input type="text"/>
(i) please describe .....		
.....		
d) For asthma, eczema or hayfever	<input type="text"/> <input type="text"/>	<input type="text"/>
e) For other reasons		
please describe: (i) .....	<input type="text"/> <input type="text"/>	<input type="text"/>
(ii) .....	<input type="text"/> <input type="text"/>	<input type="text"/>
(iii) .....	<input type="text"/> <input type="text"/>	<input type="text"/>

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A8. Children often have accidents or illnesses that need treatment. Please indicate which of the following have been given to your child **in the last 12 months**.

In the last 12 months:		Never ↓	Yes for 1-2 episodes only	Yes for 3 or more episodes	If yes, please give full names of substances if you can
a)	cough medicine	<div>1</div>	<div>2</div>	<div>3</div>	.....
b)	antibiotics/penicillin	<div>1</div>	<div>2</div>	<div>3</div>	.....
c)	throat medicine	<div>1</div>	<div>2</div>	<div>3</div>	.....
d)	vitamins	<div>1</div>	<div>2</div>	<div>3</div>	.....
e)	paracetamol/calpol	<div>1</div>	<div>2</div>	<div>3</div>	.....
f)	ointment for skin	<div>1</div>	<div>2</div>	<div>3</div>	.....
g)	eye ointment	<div>1</div>	<div>2</div>	<div>3</div>	.....
h)	diarrhoea mixture or pills	<div>1</div>	<div>2</div>	<div>3</div>	.....
i)	dimotapp/decongestant	<div>1</div>	<div>2</div>	<div>3</div>	.....
j)	ear drops	<div>1</div>	<div>2</div>	<div>3</div>	.....
k)	eye drops	<div>1</div>	<div>2</div>	<div>3</div>	.....
l)	iron	<div>1</div>	<div>2</div>	<div>3</div>	.....
m)	laxative	<div>1</div>	<div>2</div>	<div>3</div>	.....
n)	homeopathic medicine	<div>1</div>	<div>2</div>	<div>3</div>	.....
o)	herbal medicine	<div>1</div>	<div>2</div>	<div>3</div>	.....
p)	asthma medication	<div>1</div>	<div>2</div>	<div>3</div>	.....
q)	vaporiser	<div>1</div>	<div>2</div>	<div>3</div>	.....
r)	other (please tick and describe)		<div>2</div>	<div>3</div>	.....

.....

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- A9. 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, inhaler, laxatives as well as antibiotics, homeopathic and herbal remedies etc.)

Yes  No  → **If no, go to A10a below**

**If yes,**

- b) please describe:

.....  
 .....

- A10. a) **In the past year** has he had any periods when there was wheezing with whistling on his chest when he breathed?

Yes  No  → **If no, go to A10k on page 10**

**If yes,**

- b) How many separate times has this happened in the past 12 months?

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

- c) How many days altogether would you say he has wheezed in the past 12 months?

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

- d) Was he breathless during any of these times?

Yes for all  Yes for some  No not at all

- e) Did he have a fever during any of these times?

Yes for all  Yes for some  No not at all

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A10. f) How often, on average, has your child's sleep been disturbed due to wheezing in the past 12 months?

Never woken  
with wheezing

Less than one  
night per week

One or more  
nights per week

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

Yes

No

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

yes, worse in spring and/or summer

yes, worse in autumn and/or winter

not particularly

other (please tick & describe)

.....

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

**Yes**

**No**

(i) chest infection or bronchitis



(ii) being in a smoky room



(iii) cold weather



(iv) I don't know

(v) other (please tick & describe)



.....

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

Yes

No

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A10. 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

A11. a) Has your child had any itchy, dry skin rash in the joints and creases of his body (e.g. behind the knees, elbows, under the arms) in the past year?

Yes 1 No 2 → **If no, go to A12a below**

**If yes,**

b) How bad was this?

very bad 1 quite bad 2 mild 3 no problem 4

c) Does he have this sort of rash now?

Yes 1 No 2

	Yes	No
d) Did the rash ever become sore and oozy?	<input type="text"/> 1 <input type="text"/>	<input type="text"/> 2 <input type="text"/>

e) Was it made worse by irritants such as bubble bath, soap, wool or nylon clothing?	<input type="text"/> 1 <input type="text"/>	<input type="text"/> 2 <input type="text"/>
--	---	---

A12. a) Has he had an itchy, dry, rash on his hands in the past year?

Yes 1 No 2

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

Yes 1 No 2 → **If no, go to A12c on page 12**

**If yes,** please describe which parts of his feet .....

.....



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A12. 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

Less than one night per week

One or more nights per week

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

Yes

No

A13. Has he had a skin reaction in the past year (e.g. redness or itching) which you thought was due to some food that he had eaten?

Yes

No

→ If **no**, go to A14 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

other part

(please describe) .....

A14. 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 he did not have a cold or the flu?

Yes

No

→ If **no**, go to A14c below

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

Yes

No

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

Yes

No

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A14. 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 A15a below

(ii)

January	<input type="checkbox"/> 1	May	<input type="checkbox"/> 1	September	<input type="checkbox"/> 1
February	<input type="checkbox"/> 1	June	<input type="checkbox"/> 1	October	<input type="checkbox"/> 1
March	<input type="checkbox"/> 1	July	<input type="checkbox"/> 1	November	<input type="checkbox"/> 1
April	<input type="checkbox"/> 1	August	<input type="checkbox"/> 1	December	<input type="checkbox"/> 1

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

Not at all	<input type="checkbox"/> 1	A little	<input type="checkbox"/> 2
A moderate amount	<input type="checkbox"/> 3	A lot	<input type="checkbox"/> 4

A15. a) Has he had vomiting spells in the past year?

Yes ☐ 1 No ☐ 2 → If **no**, go to A16a on page 14

If **yes**,

b) How many times?

once	<input type="checkbox"/> 1	twice	<input type="checkbox"/> 2	3-9 times	<input type="checkbox"/> 3	10 or more times	<input type="checkbox"/> 4
------	----------------------------	-------	----------------------------	-----------	----------------------------	------------------	----------------------------

c) How often have these been associated with:

	Always	Frequently	Sometimes	Rarely	Never
(i) diarrhoea	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(ii) chestiness (wheezing or coughing or grunting)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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A16. a) In the past year has he had diarrhoea or gastro-enteritis?

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

If **yes**,

b) how many times in the past 12 months?

c) how many days did the worst attack last?

A17. a) In the past year has your child ever had a time when he has coughed off and on for at least 2 days?

Yes  No  → If **no**, go to A18 below

If **yes**,

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

once  twice  3-9 times  10 or more times

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

Yes for all  Yes for some  No, not at all

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

Yes for all  Yes for some  No, not at all

A18. Has pus or sticky mucus (not ear wax) leaked out of his ear in the past year?

never	<input type="text" value="1"/>
once	<input type="text" value="2"/>
more than once	<input type="text" value="3"/>
don't know	<input type="text" value="9"/>

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A19. Does he breathe through his mouth rather than through his 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

A20. Does he 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

A21. a) Have there been times in the past year when he has had a pain in his stomach?

Yes 1 No 2 → If **no**, go to A22a on page 16

If **yes**,

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

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A21. c) Did he have vomiting or diarrhoea at the same time as the pain?

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

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

- (i) something he ate
- (ii) an infection
- (iii) constipation
- (iv) other (please describe)  .....
- (v) don't know

A22. a) Does he often have aches and pains in his arms or legs?

yes arm(s)  yes leg(s)  yes both  no, not often

↓  
**If no,  
go to A23a  
on page 17**

**If yes,**

(i) does this happen especially when he is tired? Yes  No

(ii) what do you think is the cause ?

.....

(iii) do you find any particular treatment helps ?

Yes  No

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

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- A23. a) Since his 7<sup>th</sup> birthday has he 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 no, or not known,  
go to B1 on page 19**

**If yes,**

- b) Please describe the first attack since his 7th birthday:

.....  
.....

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

Yes  1      No  2      Not known  9

- d) How old was he at the time?

7 years  1      8 years  2      9 years  3

- e) How many attacks has he had since his 7th birthday?

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

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

	<b>Yes</b>
(i) general practitioner at home	<input type="text"/> 1
(ii) general practitioner at surgery	<input type="text"/> 1
(iii) hospital outpatient department	<input type="text"/> 1
(iv) admitted to hospital	<input type="text"/> 1

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A23. g) What investigations, if any, have been carried out?

.....

h) Did later attacks differ from the first one?

yes ☐ 1      no ☐ 2      Has only had one attack since 7<sup>th</sup> birthday ☐ 7

↓  
**go to (j) below**

**If yes, please describe**

.....

.....

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

(i)	febrile convulsions	<input type="checkbox"/>	1
(ii)	fainting and blackouts	<input type="checkbox"/>	1
(iii)	epilepsy	<input type="checkbox"/>	1
(iv)	breath holding	<input type="checkbox"/>	1
(v)	reaction to immunisation	<input type="checkbox"/>	1
(vi)	other (please describe)	<input type="checkbox"/>	1 .....
(vii)	don't know	<input type="checkbox"/>	1

Chloe

## KS File – Section A

### ks1000 A1i: Assessment of child's health in past month

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Very healthy, no problems	6189	74.2	76.3	76.3
	2 Healthy sometimes, a few minor problems	1839	22.1	22.7	99.0
	3 Sometimes quite ill	68	.8	.8	99.8
	4 Almost always unwell	15	.2	.2	100.0
	Total	8111	97.3	100.0	
Missing	-1 No response	228	2.7		
Total		8339	100.0		

### ks1001 A1ii: Assessment of child's health in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Very healthy, no problems	5250	63.0	65.2	65.2
	2 Healthy sometimes, a few minor problems	2673	32.1	33.2	98.4
	3 Sometimes quite ill	105	1.3	1.3	99.7
	4 Almost always unwell	25	.3	.3	100.0
	Total	8053	96.6	100.0	
Missing	-1 No response	286	3.4		
Total		8339	100.0		

### ks1010 A2a: Doctor called to house for child in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	224	2.7	2.7	2.7
	2 No	8088	97.0	97.3	100.0
	Total	8312	99.7	100.0	
Missing	-1 No response	27	.3		
Total		8339	100.0		

### ks1011 A2b: Number of times doctor called to house in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1	164	2.0	75.2	75.2
	2 2	39	.5	17.9	93.1
	3 3-4	13	.2	6.0	99.1
	4 5+	2	.0	.9	100.0
	Total	218	2.6	100.0	
Missing	-1 No response	8121	97.4		
Total		8339	100.0		



## KS File – Section A

### ks1020 A3a: Child had diarrhoea in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, saw doctor	144	1.7	1.8	1.8
	2 Yes, did not see doctor	2456	29.5	30.4	32.2
	3 No, did not have	5474	65.6	67.8	100.0
	Total	8074	96.8	100.0	
Missing	-1 No response	265	3.2		
Total		8339	100.0		

### ks1021 A3b: Child had blood in stools in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, saw doctor	21	.3	.3	.3
	2 Yes, did not see doctor	34	.4	.4	.7
	3 No, did not have	7945	95.3	99.3	100.0
	Total	8000	95.9	100.0	
Missing	-1 No response	339	4.1		
Total		8339	100.0		

### ks1022 A3c: Child vomited in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, saw doctor	244	2.9	3.0	3.0
	2 Yes, did not see doctor	2966	35.6	36.8	39.8
	3 No, did not have	4857	58.2	60.2	100.0
	Total	8067	96.7	100.0	
Missing	-8 Text response	1	.0		
	-1 No response	271	3.2		
	Total	272	3.3		
Total		8339	100.0		

### ks1023 A3d: Child had cough in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, saw doctor	669	8.0	8.2	8.2
	2 Yes, did not see doctor	5299	63.5	65.1	73.3
	3 No, did not have	2171	26.0	26.7	100.0
	Total	8139	97.6	100.0	
Missing	-1 No response	200	2.4		
Total		8339	100.0		

### ks1024 A3e: Child had high temperature in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, saw doctor	621	7.4	7.7	7.7
	2 Yes, did not see doctor	3304	39.6	40.7	48.4
	3 No, did not have	4186	50.2	51.6	100.0
	Total	8111	97.3	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	227	2.7		
	Total	228	2.7		
Total		8339	100.0		

## KS File – Section A

### ks1025 A3f: Child had snuffles or cold in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, saw doctor	222	2.7	2.7	2.7
	2 Yes, did not see doctor	7256	87.0	87.6	90.3
	3 No, did not have	802	9.6	9.7	100.0
	Total	8280	99.3	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	58	.7		
	Total	59	.7		
Total		8339	100.0		

### ks1026 A3g: Child had ear ache in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, saw doctor	852	10.2	10.3	10.3
	2 Yes, did not see doctor	1041	12.5	12.6	23.0
	3 No, did not have	6352	76.2	77.0	100.0
	Total	8245	98.9	100.0	
Missing	-1 No response	94	1.1		
Total		8339	100.0		

### ks1027 A3h: Child had ear discharge (pus not wax) in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, saw doctor	190	2.3	2.3	2.3
	2 Yes, did not see doctor	68	.8	.8	3.1
	3 No, did not have	7988	95.8	96.9	100.0
	Total	8246	98.9	100.0	
Missing	-1 No response	93	1.1		
Total		8339	100.0		

### ks1028 A3i: Child had convulsions/fits in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, saw doctor	32	.4	.4	.4
	2 Yes, did not see doctor	12	.1	.1	.5
	3 No, did not have	8211	98.5	99.5	100.0
	Total	8255	99.0	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	83	1.0		
	Total	84	1.0		
Total		8339	100.0		

### ks1029 A3j: Child had stomach ache(s) in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, saw doctor	339	4.1	4.1	4.1
	2 Yes, did not see doctor	4501	54.0	54.5	58.6
	3 No, did not have	3424	41.1	41.4	100.0
	Total	8264	99.1	100.0	
Missing	-1 No response	75	.9		
Total		8339	100.0		

## KS File – Section A

### ks1030 A3k: Child had a rash in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, saw doctor	443	5.3	5.4	5.4
	2 Yes, did not see doctor	1013	12.1	12.3	17.6
	3 No, did not have	6800	81.5	82.4	100.0
	Total	8256	99.0	100.0	
Missing	-1 No response	83	1.0		
Total		8339	100.0		

### ks1031 A3l: Child had wheezing in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, saw doctor	386	4.6	4.7	4.7
	2 Yes, did not see doctor	528	6.3	6.4	11.1
	3 No, did not have	7342	88.0	88.9	100.0
	Total	8256	99.0	100.0	
Missing	-1 No response	83	1.0		
Total		8339	100.0		

### ks1032 A3m: Child had breathlessness in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, saw doctor	281	3.4	3.4	3.4
	2 Yes, did not see doctor	309	3.7	3.7	7.2
	3 No, did not have	7656	91.8	92.8	100.0
	Total	8246	98.9	100.0	
Missing	-1 No response	93	1.1		
Total		8339	100.0		

### ks1033 A3n: Child had episodes of stopping breathing in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, saw doctor	10	.1	.1	.1
	2 Yes, did not see doctor	5	.1	.1	.2
	3 No, did not have	8238	98.8	99.8	100.0
	Total	8253	99.0	100.0	
Missing	-1 No response	86	1.0		
Total		8339	100.0		

### ks1034 A3o: Child had an accident in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, saw doctor	524	6.3	6.4	6.4
	2 Yes, did not see doctor	302	3.6	3.7	10.0
	3 No, did not have	7419	89.0	90.0	100.0
	Total	8245	98.9	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	93	1.1		
	Total	94	1.1		
Total		8339	100.0		

## KS File – Section A

### ks1035 A3p: Child had urinary infection in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, saw doctor	189	2.3	2.3	2.3
	2 Yes, did not see doctor	55	.7	.7	3.0
	3 No, did not have	8010	96.1	97.0	100.0
	Total	8254	99.0	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	84	1.0		
	Total	85	1.0		
Total		8339	100.0		

### ks1036 A3q: Child had headache(s) in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, saw doctor	265	3.2	3.2	3.2
	2 Yes, did not see doctor	4051	48.6	49.0	52.2
	3 No, did not have	3946	47.3	47.8	100.0
	Total	8262	99.1	100.0	
Missing	-1 No response	77	.9		
Total		8339	100.0		

### ks1037 A3r: Child had constipation in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, saw doctor	109	1.3	1.3	1.3
	2 Yes, did not see doctor	715	8.6	8.7	10.0
	3 No, did not have	7431	89.1	90.0	100.0
	Total	8255	99.0	100.0	
Missing	-1 No response	84	1.0		
Total		8339	100.0		

### ks1038 A3s: Child had worm infections in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, saw doctor	153	1.8	1.9	1.9
	2 Yes, did not see doctor	504	6.0	6.1	8.0
	3 No, did not have	7597	91.1	92.0	100.0
	Total	8254	99.0	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	84	1.0		
	Total	85	1.0		
Total		8339	100.0		

### ks1039 A3t: Child had head lice in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, saw doctor	73	.9	.9	.9
	2 Yes, did not see doctor	3767	45.2	45.6	46.4
	3 No, did not have	4429	53.1	53.6	100.0
	Total	8269	99.2	100.0	
Missing	-1 No response	70	.8		
Total		8339	100.0		

## KS File – Section A

### ks1040 A3u: Child had scabies in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, saw doctor	18	.2	.2	.2
	2 Yes, did not see doctor	4	.0	.0	.3
	3 No, did not have	8220	98.6	99.7	100.0
	Total	8242	98.8	100.0	
Missing	-1 No response	97	1.2		
Total		8339	100.0		

### ks1041 A3v: Child had asthma in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, saw doctor	499	6.0	6.1	6.1
	2 Yes, did not see doctor	475	5.7	5.8	11.8
	3 No, did not have	7261	87.1	88.2	100.0
	Total	8235	98.8	100.0	
Missing	-8 Text response	1	.0		
	-1 No response	103	1.2		
	Total	104	1.2		
Total		8339	100.0		

### ks1042 A3w: Child had eczema in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, saw doctor	371	4.4	4.5	4.5
	2 Yes, did not see doctor	911	10.9	11.1	15.6
	3 No, did not have	6951	83.4	84.4	100.0
	Total	8233	98.7	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	105	1.3		
	Total	106	1.3		
Total		8339	100.0		

### ks1043 A3x: Child had hay fever in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, saw doctor	391	4.7	4.8	4.8
	2 Yes, did not see doctor	655	7.9	8.0	12.7
	3 No, did not have	7159	85.8	87.3	100.0
	Total	8205	98.4	100.0	
Missing	-9 Don't know	4	.0		
	-8 Text response	2	.0		
	-1 No response	128	1.5		
	Total	134	1.6		
Total		8339	100.0		

## KS File – Section A

### ks1044 A3y: Child had other aliment in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Relevant text but no box ticked	46	.6	.9	.9
	1 Yes, saw doctor	400	4.8	8.1	9.0
	2 Yes, did not see doctor	97	1.2	2.0	11.0
	3 No, did not have	4389	52.6	89.0	100.0
	Total	4932	59.1	100.0	
Missing	-1 No response	3407	40.9		
Total		8339	100.0		

## KS File – Section A

### ks1050 A4a: Child had measles in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	2	.0	.0	.0
	2 No	8274	99.2	100.0	100.0
	Total	8276	99.2	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	62	.7		
	Total	63	.8		
Total		8339	100.0		

### ks1051 A4b: Child had chicken pox in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	136	1.6	1.6	1.6
	2 No	8139	97.6	98.4	100.0
	Total	8275	99.2	100.0	
Missing	-1 No response	64	.8		
Total		8339	100.0		

### ks1052 A4c: Child had mumps in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	4	.0	.0	.0
	2 No	8270	99.2	100.0	100.0
	Total	8274	99.2	100.0	
Missing	-1 No response	65	.8		
Total		8339	100.0		

### ks1053 A4d: Child had meningitis in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	6	.1	.1	.1
	2 No	8269	99.2	99.9	100.0
	Total	8275	99.2	100.0	
Missing	-1 No response	64	.8		
Total		8339	100.0		

### ks1054 A4e: Child had cold sores in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	509	6.1	6.2	6.2
	2 No	7764	93.1	93.8	100.0
	Total	8273	99.2	100.0	
Missing	-1 No response	66	.8		
Total		8339	100.0		

## KS File – Section A

### ks1055 A4f: Child had whooping cough in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	12	.1	.1	.1
	2 No	8262	99.1	99.9	100.0
	Total	8274	99.2	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	64	.8		
	Total	65	.8		
Total		8339	100.0		

### ks1056 A4g: Child had urinary infection in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	231	2.8	2.8	2.8
	2 No	8040	96.4	97.2	100.0
	Total	8271	99.2	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	67	.8		
	Total	68	.8		
Total		8339	100.0		

### ks1057 A4h: Child had eye infection in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	261	3.1	3.2	3.2
	2 No	8013	96.1	96.8	100.0
	Total	8274	99.2	100.0	
Missing	-1 No response	65	.8		
Total		8339	100.0		

### ks1058 A4i: Child had ear infection in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	845	10.1	10.2	10.2
	2 No	7420	89.0	89.8	100.0
	Total	8265	99.1	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	73	.9		
	Total	74	.9		
Total		8339	100.0		

### ks1059 A4j: Child had chest infection in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	439	5.3	5.3	5.3
	2 No	7820	93.8	94.7	100.0
	Total	8259	99.0	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	79	.9		
	Total	80	1.0		
Total		8339	100.0		



## KS File – Section A

### ks1060 A4k: Child had tonsillitis/laryngitis in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	514	6.2	6.2	6.2
	2 No	7758	93.0	93.8	100.0
	Total	8272	99.2	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	66	.8		
	Total	67	.8		
Total		8339	100.0		

### ks1061 A4l: Child had German measles in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	5	.1	.1	.1
	2 No	8267	99.1	99.9	100.0
	Total	8272	99.2	100.0	
Missing	-9 Don't know	2	.0		
	-1 No response	65	.8		
	Total	67	.8		
Total		8339	100.0		

### ks1062 A4m: Child had scarlet fever in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	12	.1	.1	.1
	2 No	8261	99.1	99.9	100.0
	Total	8273	99.2	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	65	.8		
	Total	66	.8		
Total		8339	100.0		

### ks1063 A4n: Child had influenza in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	340	4.1	4.1	4.1
	2 No	7900	94.7	95.9	100.0
	Total	8240	98.8	100.0	
Missing	-1 No response	99	1.2		
Total		8339	100.0		

### ks1064 A4o: Child had a cold in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	6973	83.6	84.3	84.3
	2 No	1300	15.6	15.7	100.0
	Total	8273	99.2	100.0	
Missing	-9 Don't know	3	.0		
	-1 No response	63	.8		
	Total	66	.8		
Total		8339	100.0		

## KS File – Section A

### ks1065 A4p: Child had other infection in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	393	4.7	7.7	7.7
	2 No	4722	56.6	92.3	100.0
	Total	5115	61.3	100.0	
Missing	-1 No response	3224	38.7		
Total		8339	100.0		

## KS File – Section A

### ks1070 A5a: Child admitted to hospital in past 2 years

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	657	7.9	7.9	7.9
	2 No	7651	91.7	92.1	100.0
	Total	8308	99.6	100.0	
Missing	-1 No response	31	.4		
Total		8339	100.0		

### ks1071 A5b: Number of times child admitted to hospital in past 2 years

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	2	.0	.3	.3
	1	559	6.7	85.6	85.9
	2	76	.9	11.6	97.5
	3	13	.2	2.0	99.5
	4	1	.0	.2	99.7
	5	1	.0	.2	99.8
	97 Several	1	.0	.2	100.0
	Total	653	7.8	100.0	
Missing	-1 No response	7686	92.2		
Total		8339	100.0		

## KS File – Section A

### ks1080 A5c1: Age of child - 1st hospital admission

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	1	.0	.2	.2
	1	1	.0	.2	.3
	4	1	.0	.2	.5
	5	1	.0	.2	.6
	6	88	1.1	13.6	14.3
	7	270	3.2	41.9	56.1
	8	266	3.2	41.2	97.4
	9	17	.2	2.6	100.0
	Total	645	7.7	100.0	
Missing	-1 No response	7694	92.3		
Total		8339	100.0		

### ks1082 A5c1: Number of nights stayed in hospital - 1st admission

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	283	3.4	43.4	43.4
	1	210	2.5	32.2	75.6
	2	58	.7	8.9	84.5
	3	32	.4	4.9	89.4
	4	27	.3	4.1	93.6
	5	13	.2	2.0	95.6
	6	10	.1	1.5	97.1
	7	6	.1	.9	98.0
	8	2	.0	.3	98.3
	9	2	.0	.3	98.6
	10	1	.0	.2	98.8
	11	1	.0	.2	98.9
	12	2	.0	.3	99.2
	14	2	.0	.3	99.5
	21	1	.0	.2	99.7
	23	1	.0	.2	99.8
	28	1	.0	.2	100.0
	Total	652	7.8	100.0	
Missing	-1 No response	7687	92.2		
Total		8339	100.0		

## KS File – Section A

### ks1090 A5c2: Age of child - 2nd hospital admission

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	4	1	.0	1.0	1.0
	5	1	.0	1.0	2.0
	6	7	.1	7.1	9.2
	7	38	.5	38.8	48.0
	8	49	.6	50.0	98.0
	9	2	.0	2.0	100.0
	Total	98	1.2	100.0	
Missing	-1 No response	8241	98.8		
Total		8339	100.0		

### ks1092 A5c2: Number of nights stayed in hospital - 2nd admission

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	44	.5	44.9	44.9
	1	28	.3	28.6	73.5
	2	10	.1	10.2	83.7
	3	6	.1	6.1	89.8
	4	2	.0	2.0	91.8
	5	2	.0	2.0	93.9
	6	2	.0	2.0	95.9
	7	1	.0	1.0	96.9
	8	1	.0	1.0	98.0
	14	2	.0	2.0	100.0
	Total	98	1.2	100.0	
Missing	-1 No response	8241	98.8		
Total		8339	100.0		

## KS File – Section A

### ks1100 A5c3: Age of child - 3rd hospital admission

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	6	1	.0	6.7	6.7
	7	3	.0	20.0	26.7
	8	10	.1	66.7	93.3
	9	1	.0	6.7	100.0
	Total	15	.2	100.0	
Missing	-1 No response	8324	99.8		
Total		8339	100.0		

### ks1102 A5c3: Number of nights stayed in hospital - 3rd admission

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	5	.1	27.8	27.8
	1	5	.1	27.8	55.6
	2	1	.0	5.6	61.1
	3	1	.0	5.6	66.7
	4	2	.0	11.1	77.8
	5	1	.0	5.6	83.3
	6	1	.0	5.6	88.9
	7	1	.0	5.6	94.4
	14	1	.0	5.6	100.0
	Total	18	.2	100.0	
Missing	-1 No response	8321	99.8		
Total		8339	100.0		

## KS File – Section A

### ks1110 A5d1: Frequency mum saw child in hospital - 1st admission

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Not at all	13	.2	2.2	2.2
	2 Quite often	5	.1	.9	3.1
	3 Every day	68	.8	11.6	14.7
	4 Stayed in hospital with child	501	6.0	85.3	100.0
	Total	587	7.0	100.0	
Missing	-1 No response	7752	93.0		
Total		8339	100.0		

### ks1111 A5d2: Frequency mum saw child in hospital - 2nd admission

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Not at all	2	.0	2.2	2.2
	2 Quite often	1	.0	1.1	3.3
	3 Every day	15	.2	16.7	20.0
	4 Stayed in hospital with child	72	.9	80.0	100.0
	Total	90	1.1	100.0	
Missing	-1 No response	8249	98.9		
Total		8339	100.0		

### ks1112 A5d3: Frequency mum saw child in hospital - 3rd admission

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Not at all	1	.0	5.3	5.3
	3 Every day	4	.0	21.1	26.3
	4 Stayed in hospital with child	14	.2	73.7	100.0
	Total	19	.2	100.0	
Missing	-1 No response	8320	99.8		
Total		8339	100.0		

## KS File – Section A

### ks1120 A6a: Child had a hernia repair

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	256	3.1	100.0	100.0
Missing -1 No response	8083	96.9		
Total	8339	100.0		

### ks1122 A6b: Child had tonsils out

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	347	4.2	100.0	100.0
Missing -1 No response	7992	95.8		
Total	8339	100.0		

### ks1123 A6c: Child had adenoids out

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	493	5.9	100.0	100.0
Missing -9 Don't know	1	.0		
-1 No response	7845	94.1		
Total	7846	94.1		
Total	8339	100.0		

### ks1124 A6d: Child had an appendectomy

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	95	1.1	100.0	100.0
Missing -1 No response	8244	98.9		
Total	8339	100.0		

### ks1125 A6e: Child had tubes/grommets put in ears

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	526	6.3	100.0	100.0
Missing -1 No response	7813	93.7		
Total	8339	100.0		

### ks1126 A6f: Child had squint repaired

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	114	1.4	100.0	100.0
Missing -1 No response	8225	98.6		
Total	8339	100.0		

### ks1127 A6g: Child had teeth pulled out

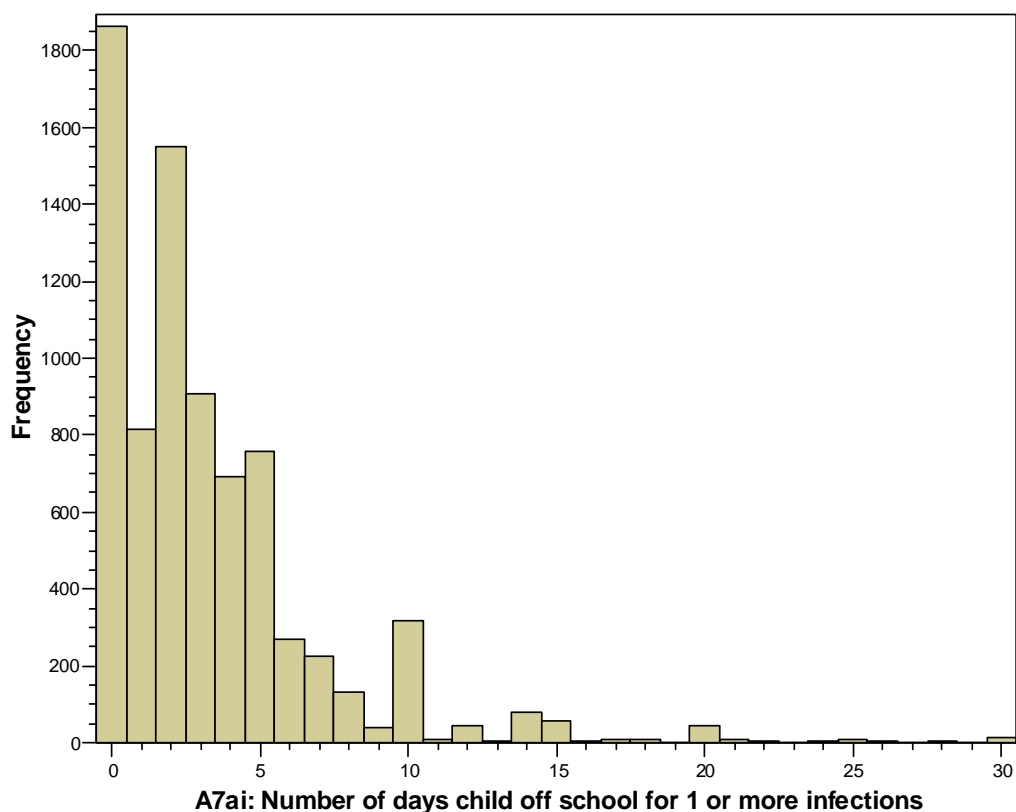
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	1191	14.3	100.0	100.0
Missing -1 No response	7148	85.7		
Total	8339	100.0		



## KS File – Section A

### ks1128 A6h: Child had other operation

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	527	6.3	100.0	100.0
Missing -1 No response	7812	93.7		
Total	8339	100.0		

**ks1140 A7ai: Number of days child off school for 1 or more infections**

plus the following outliers, special code and missing values:

**ks1140 A7ai: Number of days child off school for 1 or more infections**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	32	1	.2	5.9	5.9
	35	3	.6	17.6	23.5
	36	1	.2	5.9	29.4
	38	1	.2	5.9	35.3
	40	3	.6	17.6	52.9
	42	2	.4	11.8	64.7
	55	1	.2	5.9	70.6
	60	1	.2	5.9	76.5
	72	1	.2	5.9	82.4
	76	1	.2	5.9	88.2
	80	1	.2	5.9	94.1
	98 Lots	1	.2	5.9	100.0
	Total	17	3.6	100.0	
Missing	-9 Don't know	30	6.4		
	-1 No response	423	90.0		
	Total	453	96.4		
Total		470	100.0		

**ks1141 A7aii: Guess made for number of days child off school, 1 or more infections**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	3366	40.4	100.0	100.0
Missing	-1 No response	4973	59.6		
Total		8339	100.0		

## KS File – Section A

### ks1150 A7bi: Number of days child off school for hospital investigation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	5032	60.3	87.5	87.5
	1	297	3.6	5.2	92.7
	2	138	1.7	2.4	95.1
	3	75	.9	1.3	96.4
	4	30	.4	.5	96.9
	5	59	.7	1.0	97.9
	6	15	.2	.3	98.2
	7	21	.3	.4	98.6
	8	12	.1	.2	98.8
	9	2	.0	.0	98.8
	10	25	.3	.4	99.3
	11	2	.0	.0	99.3
	12	4	.0	.1	99.4
	13	2	.0	.0	99.4
	14	10	.1	.2	99.6
	15	9	.1	.2	99.7
	17	4	.0	.1	99.8
	20	2	.0	.0	99.8
	21	1	.0	.0	99.8
	23	1	.0	.0	99.9
	25	1	.0	.0	99.9
	35	1	.0	.0	99.9
	40	2	.0	.0	99.9
	42	1	.0	.0	99.9
	54	1	.0	.0	100.0
	70	1	.0	.0	100.0
	73	1	.0	.0	100.0
	Total	5749	68.9	100.0	
Missing	-9 Don't know	6	.1		
	-1 No response	2584	31.0		
	Total	2590	31.1		
Total		8339	100.0		

### ks1151 A7bii: Guess made for number of days child off school for hospital investigation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	228	2.7	100.0	100.0
Missing	-1 No response	8111	97.3		
Total		8339	100.0		

## KS File – Section A

### ks1160 A7ci: Number of days child off school for other investigation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	5125	61.5	95.2	95.2
	1	140	1.7	2.6	97.8
	2	59	.7	1.1	98.9
	3	18	.2	.3	99.3
	4	8	.1	.1	99.4
	5	7	.1	.1	99.6
	6	6	.1	.1	99.7
	7	6	.1	.1	99.8
	8	2	.0	.0	99.8
	9	1	.0	.0	99.8
	10	4	.0	.1	99.9
	11	1	.0	.0	99.9
	14	3	.0	.1	100.0
	19	1	.0	.0	100.0
	Total	5381	64.5	100.0	
Missing	-9 Don't know	4	.0		
	-1 No response	2954	35.4		
	Total	2958	35.5		
Total		8339	100.0		

### ks1161 A7cii: Guess made for number of days child off school for other investigation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	141	1.7	100.0	100.0
Missing	-1 No response	8198	98.3		
Total		8339	100.0		

## KS File – Section A

### ks1170 A7di: Number of days child off school for asthma/eczema/hayfever

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	5136	61.6	92.1	92.1
	1	91	1.1	1.6	93.7
	2	119	1.4	2.1	95.9
	3	67	.8	1.2	97.1
	4	37	.4	.7	97.7
	5	39	.5	.7	98.4
	6	18	.2	.3	98.8
	7	19	.2	.3	99.1
	8	2	.0	.0	99.1
	9	1	.0	.0	99.2
	10	31	.4	.6	99.7
	12	2	.0	.0	99.7
	13	1	.0	.0	99.8
	14	3	.0	.1	99.8
	15	3	.0	.1	99.9
	20	3	.0	.1	99.9
	21	2	.0	.0	100.0
	30	1	.0	.0	100.0
	58	1	.0	.0	100.0
	Total	5576	66.9	100.0	
Missing	-9 Don't know	2	.0		
	-1 No response	2761	33.1		
	Total	2763	33.1		
Total		8339	100.0		

### ks1171 A7dii: Guess made for number of days child off school for asthma/eczema/hayfever

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	324	3.9	100.0	100.0
Missing	-1 No response	8015	96.1		
Total		8339	100.0		

## KS File – Section A

### ks1180 A7e1i: Number of days child off school for other reasons 1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	1608	19.3	79.1	79.1
	1	169	2.0	8.3	87.4
	2	104	1.2	5.1	92.5
	3	44	.5	2.2	94.6
	4	35	.4	1.7	96.4
	5	31	.4	1.5	97.9
	6	2	.0	.1	98.0
	7	6	.1	.3	98.3
	8	8	.1	.4	98.7
	10	14	.2	.7	99.4
	11	1	.0	.0	99.4
	12	1	.0	.0	99.5
	14	3	.0	.1	99.6
	15	2	.0	.1	99.7
	16	1	.0	.0	99.8
	17	1	.0	.0	99.8
	20	2	.0	.1	99.9
	30	1	.0	.0	100.0
	40	1	.0	.0	100.0
	Total	2034	24.4	100.0	
Missing	-9 Don't know	5	.1		
	-1 No response	6300	75.5		
	Total	6305	75.6		
Total		8339	100.0		

### ks1181 A7e1ii: Guess made for number of days child off school for other reasons 1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	161	1.9	100.0	100.0
Missing	-1 No response	8178	98.1		
Total		8339	100.0		

## KS File – Section A

### ks1190 A7e2i: Number of days child off school for other reasons 2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	609	7.3	93.5	93.5
	1	10	.1	1.5	95.1
	2	11	.1	1.7	96.8
	3	4	.0	.6	97.4
	4	4	.0	.6	98.0
	5	5	.1	.8	98.8
	6	1	.0	.2	98.9
	7	3	.0	.5	99.4
	10	1	.0	.2	99.5
	12	1	.0	.2	99.7
	20	1	.0	.2	99.8
	30	1	.0	.2	100.0
	Total	651	7.8	100.0	
Missing	-1 No response	7688	92.2		
Total		8339	100.0		

### ks1191 A7e2ii: Guess made for number of days child off school for other reasons 2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	32	.4	100.0	100.0
Missing	-1 No response	8307	99.6		
Total		8339	100.0		

### ks1200 A7e3i: Number of days child off school for other reasons 3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	606	7.3	98.9	98.9
	1	3	.0	.5	99.3
	4	2	.0	.3	99.7
	5	1	.0	.2	99.8
	10	1	.0	.2	100.0
	Total	613	7.4	100.0	
Missing	-1 No response	7726	92.6		
Total		8339	100.0		

### ks1201 A7e3ii: Guess made for number of days child off school for other reasons 3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	21	.3	100.0	100.0
Missing	-1 No response	8318	99.7		
Total		8339	100.0		

## KS File – Section A

### ks1210 A8a: Child given cough medicine in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Relevant text but no box ticked	6	.1	.1	.1
	1 No	3872	46.4	47.6	47.7
	2 Yes, 1-2 times	3763	45.1	46.3	94.0
	3 Yes, 3+ times	489	5.9	6.0	100.0
	Total	8130	97.5	100.0	
Missing	-1 No response	209	2.5		
Total		8339	100.0		

### ks1212 A8b: Child given antibiotics/penicillin in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Relevant text but no box ticked	5	.1	.1	.1
	1 No	6065	72.7	75.5	75.6
	2 Yes, 1-2 times	1750	21.0	21.8	97.3
	3 Yes, 3+ times	214	2.6	2.7	100.0
	Total	8034	96.3	100.0	
Missing	-9 Don't know	2	.0		
	-1 No response	303	3.6		
	Total	305	3.7		
Total		8339	100.0		

### ks1214 A8c: Child given throat medicine in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Relevant text but no box ticked	5	.1	.1	.1
	1 No	7088	85.0	88.5	88.6
	2 Yes, 1-2 times	789	9.5	9.9	98.4
	3 Yes, 3+ times	127	1.5	1.6	100.0
	Total	8009	96.0	100.0	
Missing	-1 No response	330	4.0		
Total		8339	100.0		

### ks1216 A8d: Child given vitamins in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Relevant text but no box ticked	13	.2	.2	.2
	1 No	5545	66.5	69.0	69.2
	2 Yes, 1-2 times	627	7.5	7.8	77.0
	3 Yes, 3+ times	1848	22.2	23.0	100.0
	Total	8033	96.3	100.0	
Missing	-1 No response	306	3.7		
Total		8339	100.0		



## KS File – Section A

### ks1218 A8e: Child given paracetamol/Calpol in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Relevant text but no box ticked	13	.2	.2	.2
	1 No	897	10.8	10.9	11.1
	2 Yes, 1-2 times	4353	52.2	52.9	64.0
	3 Yes, 3+ times	2961	35.5	36.0	100.0
	Total	8224	98.6	100.0	
Missing	-1 No response	115	1.4		
Total		8339	100.0		

### ks1220 A8f: Child given ointment for skin in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Relevant text but no box ticked	6	.1	.1	.1
	1 No	5598	67.1	69.6	69.6
	2 Yes, 1-2 times	1371	16.4	17.0	86.7
	3 Yes, 3+ times	1073	12.9	13.3	100.0
	Total	8048	96.5	100.0	
Missing	-1 No response	291	3.5		
Total		8339	100.0		

### ks1222 A8g: Child given eye ointment in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Relevant text but no box ticked	2	.0	.0	.0
	1 No	7780	93.3	96.5	96.6
	2 Yes, 1-2 times	217	2.6	2.7	99.3
	3 Yes, 3+ times	60	.7	.7	100.0
	Total	8059	96.6	100.0	
Missing	-1 No response	280	3.4		
Total		8339	100.0		

### ks1224 A8h: Child given diarrhoea mixture/pills in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Relevant text but no box ticked	1	.0	.0	.0
	1 No	7876	94.4	97.3	97.3
	2 Yes, 1-2 times	173	2.1	2.1	99.4
	3 Yes, 3+ times	45	.5	.6	100.0
	Total	8095	97.1	100.0	
Missing	-1 No response	244	2.9		
Total		8339	100.0		

## KS File – Section A

### ks1226 A8i: Child given Dimotapp/decongestant in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 No	7740	92.8	95.8	95.8
	2 Yes, 1-2 times	254	3.0	3.1	98.9
	3 Yes, 3+ times	87	1.0	1.1	100.0
	Total	8081	96.9	100.0	
Missing	-9 Don't know	2	.0		
	-1 No response	256	3.1		
	Total	258	3.1		
Total		8339	100.0		

### ks1228 A8j: Child given ear drops in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 No	7752	93.0	95.8	95.8
	2 Yes, 1-2 times	249	3.0	3.1	98.9
	3 Yes, 3+ times	91	1.1	1.1	100.0
	Total	8092	97.0	100.0	
Missing	-1 No response	247	3.0		
Total		8339	100.0		

### ks1230 A8k: Child given eye drops in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Relevant text but no box ticked	3	.0	.0	.0
	1 No	7669	92.0	94.8	94.8
	2 Yes, 1-2 times	265	3.2	3.3	98.1
	3 Yes, 3+ times	153	1.8	1.9	100.0
	Total	8090	97.0	100.0	
Missing	-1 No response	249	3.0		
Total		8339	100.0		

### ks1232 A8l: Child given iron in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Relevant text but no box ticked	2	.0	.0	.0
	1 No	7944	95.3	98.2	98.2
	2 Yes, 1-2 times	35	.4	.4	98.7
	3 Yes, 3+ times	107	1.3	1.3	100.0
	Total	8088	97.0	100.0	
Missing	-1 No response	251	3.0		
Total		8339	100.0		

### ks1234 A8m: Child given laxative in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Relevant text but no box ticked	2	.0	.0	.0
	1 No	7852	94.2	97.0	97.0
	2 Yes, 1-2 times	142	1.7	1.8	98.8
	3 Yes, 3+ times	100	1.2	1.2	100.0
	Total	8096	97.1	100.0	
Missing	-1 No response	243	2.9		
Total		8339	100.0		

## KS File – Section A

### ks1236 A8n: Child given homeopathic medicine in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Relevant text but no box ticked	7	.1	.1	.1
	1 No	7589	91.0	94.1	94.2
	2 Yes, 1-2 times	229	2.7	2.8	97.1
	3 Yes, 3+ times	236	2.8	2.9	100.0
	Total	8061	96.7	100.0	
Missing	-1 No response	278	3.3		
Total		8339	100.0		

### ks1238 A8o: Child given herbal medicine in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Relevant text but no box ticked	1	.0	.0	.0
	1 No	7878	94.5	97.8	97.8
	2 Yes, 1-2 times	81	1.0	1.0	98.8
	3 Yes, 3+ times	95	1.1	1.2	100.0
	Total	8055	96.6	100.0	
Missing	-1 No response	284	3.4		
Total		8339	100.0		

### ks1240 A8p: Child given asthma medication in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Relevant text but no box ticked	5	.1	.1	.1
	1 No	7007	84.0	86.5	86.5
	2 Yes, 1-2 times	274	3.3	3.4	89.9
	3 Yes, 3+ times	816	9.8	10.1	100.0
	Total	8102	97.2	100.0	
Missing	-1 No response	237	2.8		
Total		8339	100.0		

### ks1242 A8q: Child given vaporiser in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Relevant text but no box ticked	1	.0	.0	.0
	1 No	7582	90.9	95.9	95.9
	2 Yes, 1-2 times	175	2.1	2.2	98.2
	3 Yes, 3+ times	146	1.8	1.8	100.0
	Total	7904	94.8	100.0	
Missing	-1 No response	435	5.2		
Total		8339	100.0		

### ks1244 A8r: Child given other medicine in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Relevant text but no box ticked	75	.9	12.5	12.5
	1 No	1	.0	.2	12.6
	2 Yes, 1-2 times	244	2.9	40.5	53.2
	3 Yes, 3+ times	282	3.4	46.8	100.0
	Total	602	7.2	100.0	
Missing	-1 No response	7737	92.8		
Total		8339	100.0		

## KS File – Section A

### ks1250 A9a: Child taken pills/medication daily for the past 3 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	1697	20.4	20.7	20.7
	2 No	6506	78.0	79.3	100.0
	Total	8203	98.4	100.0	
Missing	-1 No response	136	1.6		
Total		8339	100.0		

## KS File – Section A

### ks1260 A10a: Child suffered wheezing with whistling on chest in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	822	9.9	9.9	9.9
	2 No	7459	89.4	90.1	100.0
	Total	8281	99.3	100.0	
Missing	-1 No response	58	.7		
Total		8339	100.0		

### ks1261 A10b: Number of separate times wheezing with whistling happened in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1	142	1.7	17.7	17.7
	2 2	183	2.2	22.8	40.4
	3 3-4	266	3.2	33.1	73.5
	4 5+	187	2.2	23.3	96.8
	9 Don't know	26	.3	3.2	100.0
	Total	804	9.6	100.0	
Missing	-1 No response	7535	90.4		
Total		8339	100.0		

### ks1262 A10c: Total number of days child has wheezed in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1	28	.3	3.5	3.5
	2 2-3	197	2.4	24.5	28.0
	3 4-9	274	3.3	34.1	62.1
	4 10-19	144	1.7	17.9	80.0
	5 20+	115	1.4	14.3	94.3
	9 Don't know	46	.6	5.7	100.0
	Total	804	9.6	100.0	
Missing	-1 No response	7535	90.4		
Total		8339	100.0		

### ks1263 A10d: Child was breathless during any of these times

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, for all	56	.7	7.0	7.0
	2 Yes, for some	468	5.6	58.1	65.1
	3 No, not at all	281	3.4	34.9	100.0
	Total	805	9.7	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	7533	90.3		
	Total	7534	90.3		
Total		8339	100.0		

## KS File – Section A

### ks1264 A10e: Child had fever during any of these times

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, for all	37	.4	4.6	4.6
	2 Yes, for some	288	3.5	35.7	40.3
	3 No, not at all	482	5.8	59.7	100.0
	Total	807	9.7	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	7531	90.3		
	Total	7532	90.3		
Total		8339	100.0		

### ks1265 A10f: Childs sleep disturbed due to wheezing in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Never woken with wheezing	1637	19.6	78.3	78.3
	2 <1 night per week	336	4.0	16.1	94.3
	3 1+ nights per week	119	1.4	5.7	100.0
	Total	2092	25.1	100.0	
Missing	-1 No response	6247	74.9		
Total		8339	100.0		

### ks1266 A10g: Wheezing severe enough to limit child's speech in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	103	1.2	5.8	5.8
	2 No	1675	20.1	94.2	100.0
	Total	1778	21.3	100.0	
Missing	-1 No response	6561	78.7		
Total		8339	100.0		

### ks1267 A10h: Wheezing attacks worse during a particular time of year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, worse Spring/Summer	158	1.9	17.1	17.1
	2 Yes, worse Autumn/Winter	330	4.0	35.7	52.8
	3 No	348	4.2	37.6	90.4
	4 Other	89	1.1	9.6	100.0
	Total	925	11.1	100.0	
Missing	-9 Don't know	2	.0		
	-1 No response	7412	88.9		
	Total	7414	88.9		
Total		8339	100.0		

## KS File – Section A

### ks1270 A10j1: Wheezing attacks brought on by chest infection/bronchitis

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	406	4.9	79.6	79.6
	2 No	104	1.2	20.4	100.0
	Total	510	6.1	100.0	
Missing	-1 No response	7829	93.9		
Total		8339	100.0		

### ks1271 A10j2: Wheezing attacks brought on by being in a smoky room

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	133	1.6	41.3	41.3
	2 No	189	2.3	58.7	100.0
	Total	322	3.9	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	8016	96.1		
	Total	8017	96.1		
Total		8339	100.0		

### ks1272 A10j3: Wheezing attacks brought on by cold weather

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	301	3.6	67.3	67.3
	2 No	146	1.8	32.7	100.0
	Total	447	5.4	100.0	
Missing	-1 No response	7892	94.6		
Total		8339	100.0		

### ks1273 A10j4: Wheezing attacks brought on by unknown cause

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	136	1.6	100.0	100.0
Missing	-1 No response	8203	98.4		
Total		8339	100.0		

### ks1274 A10j5: Wheezing attacks brought on by other cause

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	362	4.3	89.4	89.4
	2 No	43	.5	10.6	100.0
	Total	405	4.9	100.0	
Missing	-1 No response	7934	95.1		
Total		8339	100.0		

## KS File – Section A

### ks1276 A10k: Childs chest sounded wheezy during/after exercise in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	548	6.6	7.0	7.0
	2 No	7292	87.4	93.0	100.0
	Total	7840	94.0	100.0	
Missing	-9 Don't know	2	.0		
	-1 No response	497	6.0		
	Total	499	6.0		
Total		8339	100.0		

### ks1277 A10l: Child had a dry cough at night in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	1168	14.0	14.2	14.2
	2 No	7080	84.9	85.8	100.0
	Total	8248	98.9	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	90	1.1		
	Total	91	1.1		
Total		8339	100.0		

### ks1278 A10m: Other children had spells of wheezing with whistling on chest

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	1405	16.8	17.5	17.5
	2 No	6050	72.6	75.3	92.8
	7 No other children	579	6.9	7.2	100.0
	Total	8034	96.3	100.0	
Missing	-1 No response	305	3.7		
Total		8339	100.0		



## KS File – Section A

### ks1280 A11a: Child had itchy, dry skin rash in the joints/creases of body

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	1746	20.9	21.2	21.2
	2 No	6502	78.0	78.8	100.0
	Total	8248	98.9	100.0	
Missing	-1 No response	91	1.1		
Total		8339	100.0		

### ks1281 A11b: Extent of itchy dry skin rash

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Very bad	83	1.0	4.7	4.7
	2 Quite bad	349	4.2	19.8	24.5
	3 Mild	1101	13.2	62.4	86.9
	4 No Problem	232	2.8	13.1	100.0
	Total	1765	21.2	100.0	
Missing	-1 No response	6574	78.8		
Total		8339	100.0		

### ks1282 A11c: Child has itchy dry skin rash now

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	641	7.7	35.8	35.8
	2 No	1151	13.8	64.2	100.0
	Total	1792	21.5	100.0	
Missing	-1 No response	6547	78.5		
Total		8339	100.0		

### ks1283 A11d: Itchy dry skin rash became sore/oozy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	354	4.2	20.0	20.0
	2 No	1412	16.9	80.0	100.0
	Total	1766	21.2	100.0	
Missing	-1 No response	6573	78.8		
Total		8339	100.0		

### ks1284 A11e: Itchy dry skin rash made worse by irritants, bubble bath/soap/wool/nylon clothing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	881	10.6	53.6	53.6
	2 No	763	9.1	46.4	100.0
	Total	1644	19.7	100.0	
Missing	-9 Don't know	34	.4		
	-8 Text response	1	.0		
	-1 No response	6660	79.9		
	Total	6695	80.3		
Total		8339	100.0		

## KS File – Section A

### ks1290 A12a: Child had itchy, dry skin rash on hands in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	307	3.7	3.7	3.7
	2 No	7882	94.5	96.3	100.0
	Total	8189	98.2	100.0	
Missing	-1 No response	150	1.8		
Total		8339	100.0		

### ks1291 A12b: Child had itchy, dry skin rash on feet in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	354	4.2	4.4	4.4
	2 No	7641	91.6	95.6	100.0
	Total	7995	95.9	100.0	
Missing	-1 No response	344	4.1		
Total		8339	100.0		

### ks1293 A12c: Child kept awake by an itchy rash in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Never in past 12 months	7425	89.0	93.3	93.3
	2 <1 night per week	413	5.0	5.2	98.5
	3 1+ nights per week	120	1.4	1.5	100.0
	Total	7958	95.4	100.0	
Missing	-1 No response	381	4.6		
Total		8339	100.0		

### ks1294 A12d: Skin gets itchy when child gets sweaty

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	1587	19.0	20.3	20.3
	2 No	6250	74.9	79.7	100.0
	Total	7837	94.0	100.0	
Missing	-9 Don't know	10	.1		
	-8 Text response	1	.0		
	-1 No response	491	5.9		
	Total	502	6.0		
Total		8339	100.0		

## KS File – Section A

### ks1300 A13: Child had skin reaction thought to be food related in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	234	2.8	2.9	2.9
	2 No	7941	95.2	97.1	100.0
	Total	8175	98.0	100.0	
Missing	-9 Don't know	3	.0		
	-1 No response	161	1.9		
	Total	164	2.0		
Total		8339	100.0		

### ks1303 A13c: Position of skin reaction to food on child's body

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Mouth	31	.4	14.2	14.2
	2 Other body part	173	2.1	79.0	93.2
	3 Mouth + other body part	15	.2	6.8	100.0
	Total	219	2.6	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	8119	97.4		
	Total	8120	97.4		
Total		8339	100.0		

## KS File – Section A

### ks1310 A14a: Child ever had sneezing episodes/runny/blocked nose that was not cold/flu

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	1760	21.1	21.4	21.4
	2 No	6474	77.6	78.6	100.0
	Total	8234	98.7	100.0	
Missing	-1 No response	105	1.3		
Total		8339	100.0		

### ks1311 A14b: Child had sneezing episodes/runny/blocked nose that was not cold/flu in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	1660	19.9	65.7	65.7
	2 No	867	10.4	34.3	100.0
	Total	2527	30.3	100.0	
Missing	-1 No response	5812	69.7		
Total		8339	100.0		

### ks1312 A14c: Child had itchy-watery eyes in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	1343	16.1	16.9	16.9
	2 No	6626	79.5	83.1	100.0
	Total	7969	95.6	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	369	4.4		
	Total	370	4.4		
Total		8339	100.0		

### ks1313 A14d1: Child had a nose/eye problem in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	7 Hasn't had nose/eye problem	5785	69.4	100.0	100.0
Missing	-1 No response	2554	30.6		
Total		8339	100.0		

## KS File – Section A

### ks1314 A14d2: Nose/eye problem occurred in January

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	331	4.0	81.9	81.9
	9 Don't know	73	.9	18.1	100.0
	Total	404	4.8	100.0	
Missing	-1 No response	7935	95.2		
Total		8339	100.0		

### ks1315 A14d2: Nose/eye problem occurred in February

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	335	4.0	81.7	81.7
	9 Don't know	75	.9	18.3	100.0
	Total	410	4.9	100.0	
Missing	-1 No response	7929	95.1		
Total		8339	100.0		

### ks1316 A14d2: Nose/eye problem occurred in March

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	371	4.4	83.2	83.2
	9 Don't know	75	.9	16.8	100.0
	Total	446	5.3	100.0	
Missing	-1 No response	7893	94.7		
Total		8339	100.0		

### ks1317 A14d2: Nose/eye problem occurred in April

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	536	6.4	87.6	87.6
	9 Don't know	76	.9	12.4	100.0
	Total	612	7.3	100.0	
Missing	-1 No response	7727	92.7		
Total		8339	100.0		

### ks1318 A14d2: Nose/eye problem occurred in May

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	1016	12.2	93.2	93.2
	9 Don't know	74	.9	6.8	100.0
	Total	1090	13.1	100.0	
Missing	-1 No response	7249	86.9		
Total		8339	100.0		

### ks1319 A14d2: Nose/eye problem occurred in June

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	1207	14.5	94.2	94.2
	9 Don't know	74	.9	5.8	100.0
	Total	1281	15.4	100.0	
Missing	-1 No response	7058	84.6		
Total		8339	100.0		

## KS File – Section A

### ks1320 A14d2: Nose/eye problem occurred in July

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	964	11.6	92.7	92.7
	9 Don't know	76	.9	7.3	100.0
	Total	1040	12.5	100.0	
Missing	-1 No response	7299	87.5		
Total		8339	100.0		

### ks1321 A14d2: Nose/eye problem occurred in August

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	626	7.5	89.6	89.6
	9 Don't know	73	.9	10.4	100.0
	Total	699	8.4	100.0	
Missing	-1 No response	7640	91.6		
Total		8339	100.0		

### ks1322 A14d2: Nose/eye problem occurred in September

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	355	4.3	82.2	82.2
	9 Don't know	77	.9	17.8	100.0
	Total	432	5.2	100.0	
Missing	-1 No response	7907	94.8		
Total		8339	100.0		

### ks1323 A14d2: Nose/eye problem occurred in October

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	293	3.5	79.2	79.2
	9 Don't know	77	.9	20.8	100.0
	Total	370	4.4	100.0	
Missing	-1 No response	7969	95.6		
Total		8339	100.0		

### ks1324 A14d2: Nose/eye problem occurred in November

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	295	3.5	79.9	79.9
	9 Don't know	74	.9	20.1	100.0
	Total	369	4.4	100.0	
Missing	-1 No response	7970	95.6		
Total		8339	100.0		

### ks1325 A14d2: Nose/eye problem occurred in December

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	304	3.6	80.9	80.9
	9 Don't know	72	.9	19.1	100.0
	Total	376	4.5	100.0	
Missing	-1 No response	7963	95.5		
Total		8339	100.0		

## KS File – Section A

### ks1326 A14e: Nose/eye problem interfered with childs activities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 No, not at all	1171	14.0	55.2	55.2
	2 Yes, a little	695	8.3	32.8	88.0
	3 Yes, moderate amount	214	2.6	10.1	98.1
	4 Yes, a lot	40	.5	1.9	100.0
	Total	2120	25.4	100.0	
Missing	-1 No response	6219	74.6		
Total		8339	100.0		

## KS File – Section A

### ks1330 A15a: Child had vomiting spells in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	2676	32.1	32.4	32.4
	2 No	5586	67.0	67.6	100.0
	Total	8262	99.1	100.0	
Missing	-1 No response	77	.9		
Total		8339	100.0		

### ks1331 A15b: Frequency child had vomiting spells in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Once	1486	17.8	55.3	55.3
	2 Twice	887	10.6	33.0	88.2
	3 3-9 times	287	3.4	10.7	98.9
	4 10+ times	29	.3	1.1	100.0
	Total	2689	32.2	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	5649	67.7		
	Total	5650	67.8		
Total		8339	100.0		

### ks1332 A15c1: Frequency vomiting spell associated with diarrhoea

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Always	366	4.4	13.5	13.5
	2 Frequently	102	1.2	3.8	17.3
	3 Sometimes	585	7.0	21.6	38.9
	4 Rarely	330	4.0	12.2	51.1
	5 Never	1322	15.9	48.9	100.0
	Total	2705	32.4	100.0	
Missing	-1 No response	5634	67.6		
Total		8339	100.0		

### ks1333 A15c2: Frequency vomiting spell associated with chestiness

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Always	67	.8	2.6	2.6
	2 Frequently	41	.5	1.6	4.2
	3 Sometimes	173	2.1	6.7	11.0
	4 Rarely	117	1.4	4.6	15.5
	5 Never	2167	26.0	84.5	100.0
	Total	2565	30.8	100.0	
Missing	-1 No response	5774	69.2		
Total		8339	100.0		



## KS File – Section A

### ks1340 A16a: Child had diarrhoea/gastro-enteritis in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	2100	25.2	25.6	25.6
	2 No	6118	73.4	74.4	100.0
	Total	8218	98.5	100.0	
Missing	-8 Text response	1	.0		
	-1 No response	120	1.4		
	Total	121	1.5		
Total		8339	100.0		

### ks1341 A16b: Frequency child had diarrhoea/gastro-enteritis in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	1	.0	.0	.0
	1	1304	15.6	63.0	63.0
	2	555	6.7	26.8	89.8
	3	124	1.5	6.0	95.8
	4	33	.4	1.6	97.4
	5	14	.2	.7	98.1
	6	21	.3	1.0	99.1
	7	1	.0	.0	99.1
	8	2	.0	.1	99.2
	9	2	.0	.1	99.3
	10	2	.0	.1	99.4
	12	4	.0	.2	99.6
	14	1	.0	.0	99.7
	15	3	.0	.1	99.8
	20	1	.0	.0	99.9
	25	1	.0	.0	99.9
	30	2	.0	.1	100.0
	Total	2071	24.8	100.0	
Missing	-9 Don't know	18	.2		
	-1 No response	6250	74.9		
	Total	6268	75.2		
Total		8339	100.0		

# KS File – Section A

**ks1342 A16c: Number of days worst attack of diarrhoea/gastro-enteritis lasted**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	10	.1	.5	.5
	1	978	11.7	48.7	49.2
	2	707	8.5	35.2	84.5
	3	172	2.1	8.6	93.0
	4	59	.7	2.9	96.0
	5	40	.5	2.0	98.0
	6	6	.1	.3	98.3
	7	12	.1	.6	98.9
	8	4	.0	.2	99.1
	9	2	.0	.1	99.2
	10	7	.1	.3	99.5
	11	1	.0	.0	99.6
	12	1	.0	.0	99.6
	14	5	.1	.2	99.9
	16	1	.0	.0	99.9
	21	1	.0	.0	100.0
	22	1	.0	.0	100.0
	Total	2007	24.1	100.0	
Missing	-9 Don't know	9	.1		
	-1 No response	6323	75.8		
	Total	6332	75.9		
Total		8339	100.0		

## KS File – Section A

### ks1350 A17a: Child coughed on/off at least 2 days in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	3642	43.7	44.4	44.4
	2 No	4558	54.7	55.6	100.0
	Total	8200	98.3	100.0	
Missing	-9 Don't know	2	.0		
	-1 No response	137	1.6		
	Total	139	1.7		
Total		8339	100.0		

### ks1351 A17b: Frequency of child coughing on/off at least 2 days in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Once	1391	16.7	38.3	38.3
	2 Twice	1510	18.1	41.5	79.8
	3 3-9 times	643	7.7	17.7	97.5
	4 10+ times	92	1.1	2.5	100.0
	Total	3636	43.6	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	4702	56.4		
	Total	4703	56.4		
Total		8339	100.0		

### ks1352 A17c: Child had fever with coughing at any of those times

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, for all	240	2.9	6.6	6.6
	2 Yes, for some	1410	16.9	38.7	45.3
	3 No, not at all	1992	23.9	54.7	100.0
	Total	3642	43.7	100.0	
Missing	-9 Don't know	2	.0		
	-1 No response	4695	56.3		
	Total	4697	56.3		
Total		8339	100.0		

### ks1353 A17d: Child had runny nose with coughing at any of those times

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, for all	622	7.5	17.1	17.1
	2 Yes, for some	2164	26.0	59.6	76.7
	3 No, not at all	844	10.1	23.3	100.0
	Total	3630	43.5	100.0	
Missing	-9 Don't know	6	.1		
	-1 No response	4703	56.4		
	Total	4709	56.5		
Total		8339	100.0		

## KS File – Section A

### ks1360 A18: Pus/sticky mucus leaked out of child's ears in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 No	7869	94.4	95.4	95.4
	2 Yes, once	205	2.5	2.5	97.9
	3 Yes, more than once	106	1.3	1.3	99.2
	9 Don't know	67	.8	.8	100.0
	Total	8247	98.9	100.0	
Missing	-1 No response	92	1.1		
Total		8339	100.0		

### ks1370 A19i: Child breathes through mouth not nose when asleep

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 All the time	478	5.7	5.9	5.9
	2 Much of the time	1028	12.3	12.6	18.5
	3 Sometimes	2550	30.6	31.3	49.9
	4 Rarely	1707	20.5	21.0	70.8
	5 Never	1326	15.9	16.3	87.1
	9 Don't know	1046	12.5	12.9	100.0
	Total	8135	97.6	100.0	
Missing	-1 No response	204	2.4		
Total		8339	100.0		

### ks1371 A19ii: Child breathes through mouth not nose when awake

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 All the time	289	3.5	3.6	3.6
	2 Much of the time	597	7.2	7.4	11.0
	3 Sometimes	1806	21.7	22.5	33.5
	4 Rarely	2135	25.6	26.5	60.0
	5 Never	2349	28.2	29.2	89.2
	9 Don't know	866	10.4	10.8	100.0
	Total	8042	96.4	100.0	
Missing	-1 No response	297	3.6		
Total		8339	100.0		

### ks1380 A20: Child snores for more than a few minutes at a time

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Most nights	382	4.6	4.6	4.6
	2 Quite often	473	5.7	5.7	10.3
	3 Sometimes	1421	17.0	17.2	27.5
	4 Only rarely	2661	31.9	32.2	59.7
	5 Never	2654	31.8	32.1	91.7
	9 Don't know	685	8.2	8.3	100.0
	Total	8276	99.2	100.0	
Missing	-1 No response	63	.8		
Total		8339	100.0		

## KS File – Section A

### ks1390 A21a: Child had pain in stomach in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	4738	56.8	57.4	57.4
	2 No	3523	42.2	42.6	100.0
	Total	8261	99.1	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	77	.9		
	Total	78	.9		
Total		8339	100.0		

### ks1391 A21b: Number of separate times child had pain in stomach

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1	685	8.2	14.4	14.4
	2 2	1351	16.2	28.4	42.8
	3 3-4	1516	18.2	31.9	74.7
	4 5+	1032	12.4	21.7	96.4
	9 Don't know	172	2.1	3.6	100.0
	Total	4756	57.0	100.0	
Missing	-1 No response	3583	43.0		
Total		8339	100.0		

### ks1392 A21c: Child had vomiting/diarrhoea at the same time as stomach pain

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, every time	429	5.1	8.6	8.6
	2 Yes, some of the times	1401	16.8	28.0	36.6
	3 No, not at all	3169	38.0	63.4	100.0
	Total	4999	59.9	100.0	
Missing	-8 Text response	1	.0		
	-1 No response	3339	40.0		
	Total	3340	40.1		
Total		8339	100.0		

## KS File – Section A

### ks1393 A21d1: Believe stomach pain caused by something eaten

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	954	11.4	100.0	100.0
Missing -1 No response	7385	88.6		
Total	8339	100.0		

### ks1394 A21d2: Believe stomach pain caused by an infection

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	1047	12.6	100.0	100.0
Missing -1 No response	7292	87.4		
Total	8339	100.0		

### ks1395 A21d3: Believe stomach pain caused by constipation

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	917	11.0	100.0	100.0
Missing -9 Don't know	1	.0		
-1 No response	7421	89.0		
Total	7422	89.0		
Total	8339	100.0		

### ks1396 A21d4: Believe stomach pain caused by something else

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	1419	17.0	100.0	100.0
Missing -9 Don't know	1	.0		
-1 No response	6919	83.0		
Total	6920	83.0		
Total	8339	100.0		

### ks1398 A21d5: Believe stomach pain caused by unknown

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	1287	15.4	100.0	100.0
Missing -1 No response	7052	84.6		
Total	8339	100.0		

## KS File – Section A

### ks1400 A22a: Child often has aches/pains in arms/legs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, arm(s)	13	.2	.2	.2
	2 Yes, leg(s)	1251	15.0	15.2	15.4
	3 Yes, both	505	6.1	6.2	21.5
	4 No, not often	6441	77.2	78.5	100.0
	Total	8210	98.5	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	128	1.5		
	Total	129	1.5		
Total		8339	100.0		

### ks1401 A22a1: Child especially has aches/pains in arms/legs when tired

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	1306	15.7	73.0	73.0
	2 No	482	5.8	27.0	100.0
	Total	1788	21.4	100.0	
Missing	-9 Don't know	9	.1		
	-1 No response	6542	78.5		
	Total	6551	78.6		
Total		8339	100.0		

### ks1403 A22a3: A particular treatment helps child with aches/pains in arms/legs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	907	10.9	52.7	52.7
	2 No	813	9.7	47.3	100.0
	Total	1720	20.6	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	6618	79.4		
	Total	6619	79.4		
Total		8339	100.0		

## KS File – Section A

### ks1410 A23a: Child had convulsion/fit/seizure since 7th birthday

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	98	1.2	1.2	1.2
	2 No	8106	97.2	97.7	98.9
	9 Not known	91	1.1	1.1	100.0
	Total	8295	99.5	100.0	
Missing	-1 No response	44	.5		
Total		8339	100.0		

### ks1412 A23c: Child had high temperature at time of convulsion/fit/seizure

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	29	.3	25.0	25.0
	2 No	80	1.0	69.0	94.0
	9 Not known	7	.1	6.0	100.0
	Total	116	1.4	100.0	
Missing	-1 No response	8223	98.6		
Total		8339	100.0		

### ks1413 A23d: Age in years of child when convulsion/fit/seizure occurred

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 7	52	.6	54.2	54.2
	2 8	42	.5	43.8	97.9
	3 9	2	.0	2.1	100.0
	Total	96	1.2	100.0	
Missing	-1 No response	8243	98.8		
Total		8339	100.0		

### ks1414 A23e: Number of convulsion/fit/seizure attacks since 7th birthday

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1	40	.5	42.1	42.1
	2 2	19	.2	20.0	62.1
	3 3-4	12	.1	12.6	74.7
	4 5+	24	.3	25.3	100.0
	Total	95	1.1	100.0	
Missing	-1 No response	8244	98.9		
Total		8339	100.0		



## KS File – Section A

### ks1415 A23f1: GP saw child at home for convulsion/fit/seizure

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	8	.1	100.0	100.0
Missing -1 No response	8331	99.9		
Total	8339	100.0		

### ks1416 A23f2: GP saw child at surgery for convulsion/fit/seizure

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	39	.5	100.0	100.0
Missing -1 No response	8300	99.5		
Total	8339	100.0		

### ks1417 A23f3: Child went to hospital outpatient department for convulsion/fit/seizure

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	35	.4	100.0	100.0
Missing -1 No response	8304	99.6		
Total	8339	100.0		

### ks1418 A23f4: Child admitted to hospital for convulsion/fit/seizure attack

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	20	.2	100.0	100.0
Missing -8 Text response	1	.0		
-1 No response	8318	99.7		
Total	8319	99.8		
Total	8339	100.0		

### ks1421 A23h: Later convulsion/fit/seizure attacks differed from first attack

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	17	.2	18.3	18.3
2 No	49	.6	52.7	71.0
7 Only had 1 attack	27	.3	29.0	100.0
Total	93	1.1	100.0	
Missing -1 No response	8246	98.9		
Total	8339	100.0		

### ks1423 A23j1: Convulsion/fit/seizure attacks thought to be due to febrile convulsions

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	8	.1	100.0	100.0
Missing -1 No response	8331	99.9		
Total	8339	100.0		

## KS File – Section A

### **ks1424 A23j2: Convulsion/fit/seizure attacks thought to be due to fainting/blackouts**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	20	.2	100.0	100.0
Missing -1 No response	8319	99.8		
Total	8339	100.0		

### **ks1425 A23j3: Convulsion/fit/seizure attacks thought to be due to epilepsy**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	28	.3	100.0	100.0
Missing -9 Don't know	1	.0		
-1 No response	8310	99.7		
Total	8311	99.7		
Total	8339	100.0		

### **ks1426 A23j4: Convulsion/fit/seizure attacks thought to be due to breath holding**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	4	.0	100.0	100.0
Missing -1 No response	8335	100.0		
Total	8339	100.0		

### **ks1427 A23j5: Convulsion/fit/seizure attacks thought to be due to reaction to immunisation**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	1	.0	100.0	100.0
Missing -1 No response	8338	100.0		
Total	8339	100.0		

### **ks1428 A23j6: Convulsion/fit/seizure attacks thought to be due to other reason**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	32	.4	100.0	100.0
Missing -1 No response	8307	99.6		
Total	8339	100.0		

### **ks1430 A23j7: Cause of convulsion/fit/seizure not known**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	22	.3	100.0	100.0
Missing -1 No response	8317	99.7		
Total	8339	100.0		

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**SECTION B: COMPLEMENTARY/ALTERNATIVE MEDICINE**

We are interested to know if you have ever used complementary/alternative medicine for your child and how helpful you found it.

B1. Has your child **ever** received any of the following:

	<b>Yes</b>	<b>No</b>	
a) Acupuncture	1 <input style="width: 40px; height: 25px; border: 1px solid red;" type="text"/>	2 <input style="width: 40px; height: 25px; border: 1px solid red;" type="text"/>	
b) Aromatherapy	1 <input style="width: 40px; height: 25px; border: 1px solid red;" type="text"/>	2 <input style="width: 40px; height: 25px; border: 1px solid red;" type="text"/>	
c) Bach/Flower essences	1 <input style="width: 40px; height: 25px; border: 1px solid red;" type="text"/>	2 <input style="width: 40px; height: 25px; border: 1px solid red;" type="text"/>	
d) Cranial osteopathy	1 <input style="width: 40px; height: 25px; border: 1px solid red;" type="text"/>	2 <input style="width: 40px; height: 25px; border: 1px solid red;" type="text"/>	
e) Herbal medicine	1 <input style="width: 40px; height: 25px; border: 1px solid red;" type="text"/>	2 <input style="width: 40px; height: 25px; border: 1px solid red;" type="text"/>	
f) Homeopathy	1 <input style="width: 40px; height: 25px; border: 1px solid red;" type="text"/>	2 <input style="width: 40px; height: 25px; border: 1px solid red;" type="text"/>	
g) Hypnosis	1 <input style="width: 40px; height: 25px; border: 1px solid red;" type="text"/>	2 <input style="width: 40px; height: 25px; border: 1px solid red;" type="text"/>	
h) Osteopathy	1 <input style="width: 40px; height: 25px; border: 1px solid red;" type="text"/>	2 <input style="width: 40px; height: 25px; border: 1px solid red;" type="text"/>	
i) Reflexology	1 <input style="width: 40px; height: 25px; border: 1px solid red;" type="text"/>	2 <input style="width: 40px; height: 25px; border: 1px solid red;" type="text"/>	
j) Other (please tick and describe)	1 <input style="width: 40px; height: 25px; border: 1px solid red;" type="text"/>	2 <input style="width: 40px; height: 25px; border: 1px solid red;" type="text"/>	.....

**If none of these go to Section C**

B2. Describe each treatment separately:

a) (i) **Name of 1<sup>st</sup> treatment** (e.g. acupuncture, reflexology etc.):  
 .....

(ii) If medicine or preparation was given, please state the name(s):  
 .....

(iii) Child's condition / illness: .....

(iv) Age of child when this treatment started:  years  
 (put 0 for less than 1 year)

(v) If less than 1 year please state in months (put 00 for less than 1 month)  
 months

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B2.

a) (vi) How helpful did you find this treatment?

very helpful  1      somewhat helpful  2      not at all helpful  3      unsure  4

b) (i) **Name of 2nd treatment** (e.g. acupuncture, reflexology etc.):

.....

(ii) If medicine or preparation was given, please state the name(s):

.....

(iii) Child's condition / illness: .....

(iv) Age of child when this treatment started:  years  
(put 0 for less than 1 year)

(v) If less than 1 year please state in months (put 00 for less than 1 month)

months

(vi) How helpful did you find this treatment?

very helpful  1      somewhat helpful  2      not at all helpful  3      unsure  4

c) (i) **Name of 3rd treatment** (e.g. acupuncture, reflexology etc.):

.....

(ii) If medicine or preparation was given, please state the name(s):

.....

(iii) Child's condition / illness: .....

(iv) Age of child when this treatment started:  years  
(put 0 for less than 1 year)

(v) If less than 1 year please state in months (put 00 for less than 1 month)

months

(vi) How helpful did you find this treatment?

very helpful  1      somewhat helpful  2      not at all helpful  3      unsure  4

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B2.

d) i) **Name of 4th treatment** (e.g. acupuncture, reflexology etc.):

.....

(ii) If medicine or preparation was given, please state the name(s):

.....

(iii) Child's condition / illness: .....

(iv) Age of child when this treatment started:  years  
(put 0 for less than 1 year)

(v) If less than 1 year please state in months (put 00 for less than 1 month)

months

(vi) How helpful did you find this treatment?

very helpful  1      somewhat helpful  2      not at all helpful  3      unsure  4

e) i) **Name of 5th treatment** (e.g. acupuncture, reflexology etc.):

.....

(ii) If medicine or preparation was given, please state the name(s):

.....

(iii) Child's condition / illness: .....

(iv) Age of child when this treatment started:  years  
(put 0 for less than 1 year)

(v) If less than 1 year please state in months (put 00 for less than 1 month)

months

(vi) How helpful did you find this treatment?

very helpful  1      somewhat helpful  2      not at all helpful  3      unsure  4

*If there were more than 5 different types of treatment please list on a separate page describing them as above.*

## KS File – Section B

### ks2000 B1a: Child ever received acupuncture

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	14	.2	.2	.2
	2 No	8153	97.8	99.8	100.0
	Total	8167	97.9	100.0	
Missing	-8 Text response	1	.0		
	-1 No response	171	2.1		
	Total	172	2.1		
Total		8339	100.0		

### ks2001 B1b: Child ever received aromatherapy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	460	5.5	5.6	5.6
	2 No	7729	92.7	94.4	100.0
	Total	8189	98.2	100.0	
Missing	-8 Text response	1	.0		
	-1 No response	149	1.8		
	Total	150	1.8		
Total		8339	100.0		

### ks2002 B1c: Child ever received Bach/flower essences

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	258	3.1	3.2	3.2
	2 No	7914	94.9	96.8	100.0
	Total	8172	98.0	100.0	
Missing	-8 Text response	1	.0		
	-1 No response	166	2.0		
	Total	167	2.0		
Total		8339	100.0		

### ks2003 B1d: Child ever received cranial osteopathy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	152	1.8	1.9	1.9
	2 No	8025	96.2	98.1	100.0
	Total	8177	98.1	100.0	
Missing	-8 Text response	1	.0		
	-1 No response	161	1.9		
	Total	162	1.9		
Total		8339	100.0		

### ks2004 B1e: Child ever received herbal medicine

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	330	4.0	4.0	4.0
	2 No	7845	94.1	96.0	100.0
	Total	8175	98.0	100.0	
Missing	-8 Text response	1	.0		
	-1 No response	163	2.0		
	Total	164	2.0		
Total		8339	100.0		

## KS File – Section B

### ks2005 B1f: Child ever received homeopathy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	712	8.5	8.7	8.7
	2 No	7503	90.0	91.3	100.0
	Total	8215	98.5	100.0	
Missing	-8 Text response	1	.0		
	-1 No response	123	1.5		
	Total	124	1.5		
Total		8339	100.0		

### ks2006 B1g: Child ever received hypnosis

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	8	.1	.1	.1
	2 No	8149	97.7	99.9	100.0
	Total	8157	97.8	100.0	
Missing	-8 Text response	1	.0		
	-1 No response	181	2.2		
	Total	182	2.2		
Total		8339	100.0		

### ks2007 B1h: Child ever received osteopathy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	50	.6	.6	.6
	2 No	8114	97.3	99.4	100.0
	Total	8164	97.9	100.0	
Missing	-8 Text response	1	.0		
	-1 No response	174	2.1		
	Total	175	2.1		
Total		8339	100.0		

### ks2008 B1i: Child ever received reflexology

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	107	1.3	1.3	1.3
	2 No	8048	96.5	98.7	100.0
	Total	8155	97.8	100.0	
Missing	-8 Text response	1	.0		
	-1 No response	183	2.2		
	Total	184	2.2		
Total		8339	100.0		

### ks2009 B1j: Child ever received other treatment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	147	1.8	2.6	2.6
	2 No	5431	65.1	97.4	100.0
	Total	5578	66.9	100.0	
Missing	-1 No response	2761	33.1		
Total		8339	100.0		

## KS File – Section B

### ks2023 B2a4: Age in years of child - 1st treatment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 <1 year	220	2.6	18.0	18.0
	1	90	1.1	7.3	25.3
	2	87	1.0	7.1	32.4
	3	104	1.2	8.5	40.9
	4	72	.9	5.9	46.8
	5	102	1.2	8.3	55.1
	6	142	1.7	11.6	66.7
	7	192	2.3	15.7	82.4
	8	197	2.4	16.1	98.4
	9	19	.2	1.6	100.0
	Total	1225	14.7	100.0	
Missing	-9 Don't know	3	.0		
	-1 No response	7111	85.3		
	Total	7114	85.3		
Total		8339	100.0		

### ks2024 B2a5: Age in months - 1st treatment (child <1 year)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 <1 month	68	.8	26.6	26.6
	1	20	.2	7.8	34.4
	2	24	.3	9.4	43.8
	3	32	.4	12.5	56.3
	4	12	.1	4.7	60.9
	5	9	.1	3.5	64.5
	6	46	.6	18.0	82.4
	7	6	.1	2.3	84.8
	8	11	.1	4.3	89.1
	9	14	.2	5.5	94.5
	10	11	.1	4.3	98.8
	11	3	.0	1.2	100.0
	Total	256	3.1	100.0	
Missing	-9 Don't know	4	.0		
	-1 No response	8079	96.9		
	Total	8083	96.9		
Total		8339	100.0		

### ks2025 B2a6: Usefulness of 1st treatment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Very helpful	576	6.9	44.2	44.2
	2 Somewhat helpful	497	6.0	38.2	82.4
	3 Not at all helpful	108	1.3	8.3	90.7
	4 Unsure	121	1.5	9.3	100.0
	Total	1302	15.6	100.0	
Missing	-1 No response	7037	84.4		
Total		8339	100.0		



## KS File – Section B

### ks2033 B2b4: Age in years of child - 2nd treatment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 <1 year	55	.7	13.0	13.0
	1	35	.4	8.3	21.2
	2	44	.5	10.4	31.6
	3	35	.4	8.3	39.9
	4	28	.3	6.6	46.5
	5	42	.5	9.9	56.4
	6	49	.6	11.6	67.9
	7	68	.8	16.0	84.0
	8	59	.7	13.9	97.9
	9	9	.1	2.1	100.0
	Total	424	5.1	100.0	
Missing	-8 Text response	1	.0		
	-1 No response	7914	94.9		
	Total	7915	94.9		
Total		8339	100.0		

### ks2034 B2b5: Age in months - 2nd treatment (child <1 year)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 <1 month	9	.1	13.6	13.6
	1	5	.1	7.6	21.2
	2	8	.1	12.1	33.3
	3	5	.1	7.6	40.9
	4	4	.0	6.1	47.0
	5	2	.0	3.0	50.0
	6	17	.2	25.8	75.8
	7	2	.0	3.0	78.8
	8	4	.0	6.1	84.8
	9	3	.0	4.5	89.4
	10	5	.1	7.6	97.0
	11	1	.0	1.5	98.5
	12	1	.0	1.5	100.0
	Total	66	.8	100.0	
Missing	-1 No response	8273	99.2		
Total		8339	100.0		

### ks2035 B2b6: Usefulness of 2nd treatment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Very helpful	216	2.6	49.7	49.7
	2 Somewhat helpful	163	2.0	37.5	87.1
	3 Not at all helpful	29	.3	6.7	93.8
	4 Unsure	27	.3	6.2	100.0
	Total	435	5.2	100.0	
Missing	-1 No response	7904	94.8		
Total		8339	100.0		

## KS File – Section B

### ks2043 B2c4: Age in years of child - 3rd treatment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 <1 year	26	.3	14.3	14.3
	1	12	.1	6.6	20.9
	2	9	.1	4.9	25.8
	3	20	.2	11.0	36.8
	4	16	.2	8.8	45.6
	5	16	.2	8.8	54.4
	6	18	.2	9.9	64.3
	7	30	.4	16.5	80.8
	8	31	.4	17.0	97.8
	9	4	.0	2.2	100.0
	Total	182	2.2	100.0	
Missing	-1 No response	8157	97.8		
Total		8339	100.0		

### ks2044 B2c5: Age in months - 3rd treatment (child <1 year)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 <1 month	6	.1	20.0	20.0
	2	2	.0	6.7	26.7
	3	2	.0	6.7	33.3
	4	2	.0	6.7	40.0
	5	1	.0	3.3	43.3
	6	10	.1	33.3	76.7
	7	1	.0	3.3	80.0
	8	2	.0	6.7	86.7
	9	1	.0	3.3	90.0
	10	1	.0	3.3	93.3
	12	1	.0	3.3	96.7
	18	1	.0	3.3	100.0
	Total	30	.4	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	8308	99.6		
	Total	8309	99.6		
Total		8339	100.0		

### ks2045 B2c6: Usefulness of 3rd treatment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Very helpful	118	1.4	62.8	62.8
	2 Somewhat helpful	48	.6	25.5	88.3
	3 Not at all helpful	11	.1	5.9	94.1
	4 Unsure	11	.1	5.9	100.0
	Total	188	2.3	100.0	
Missing	-1 No response	8151	97.7		
Total		8339	100.0		

## KS File – Section B

### ks2053 B2d4: Age in years of child - 4th treatment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 <1 year	11	.1	16.7	16.7
	1	8	.1	12.1	28.8
	2	6	.1	9.1	37.9
	3	3	.0	4.5	42.4
	4	4	.0	6.1	48.5
	5	7	.1	10.6	59.1
	6	5	.1	7.6	66.7
	7	11	.1	16.7	83.3
	8	11	.1	16.7	100.0
	Total	66	.8	100.0	
Missing	-1 No response	8273	99.2		
Total		8339	100.0		

### ks2054 B2d5: Age in months - 4th treatment (child <1 year)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 <1 month	3	.0	33.3	33.3
	4	1	.0	11.1	44.4
	5	1	.0	11.1	55.6
	6	2	.0	22.2	77.8
	7	1	.0	11.1	88.9
	9	1	.0	11.1	100.0
	Total	9	.1	100.0	
Missing	-1 No response	8330	99.9		
Total		8339	100.0		

### ks2055 B2d6: Usefulness of 4th treatment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Very helpful	42	.5	61.8	61.8
	2 Somewhat helpful	18	.2	26.5	88.2
	3 Not at all helpful	2	.0	2.9	91.2
	4 Unsure	6	.1	8.8	100.0
	Total	68	.8	100.0	
Missing	-1 No response	8271	99.2		
Total		8339	100.0		

## KS File – Section B

### ks2063 B2e4: Age in years of child - 5th treatment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 <1 year	3	.0	11.5	11.5
	1	2	.0	7.7	19.2
	2	1	.0	3.8	23.1
	3	3	.0	11.5	34.6
	4	2	.0	7.7	42.3
	5	2	.0	7.7	50.0
	6	1	.0	3.8	53.8
	7	6	.1	23.1	76.9
	8	6	.1	23.1	100.0
	Total	26	.3	100.0	
Missing	-1 No response	8313	99.7		
Total		8339	100.0		

### ks2064 B2e5: Age in months - 5th treatment (child <1 year)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	1	.0	50.0	50.0
	3	1	.0	50.0	100.0
	Total	2	.0	100.0	
Missing	-1 No response	8337	100.0		
Total		8339	100.0		

### ks2065 B2e6: Usefulness of 5th treatment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Very helpful	19	.2	67.9	67.9
	2 Somewhat helpful	5	.1	17.9	85.7
	3 Not at all helpful	2	.0	7.1	92.9
	4 Unsure	2	.0	7.1	100.0
	Total	28	.3	100.0	
Missing	-1 No response	8311	99.7		
Total		8339	100.0		

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**SECTION C: ALLERGIES**

C1. Are there any foods or drinks that your child has had an allergic reaction to since his 7<sup>th</sup> birthday?

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

**If no, or don't know  
go to C2a on page 23**

**If yes,**

a) please describe which foods or drinks .....

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

eating/drinking  <sub>1</sub>      touching  <sub>2</sub>      both  <sub>3</sub>

c) what happens when he does have the reaction? (Tick all that apply)

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

.....

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

.....

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

(iv) vomiting  <sub>1</sub>

(v) diarrhoea  <sub>1</sub>

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

(vii) stop breathing  <sub>1</sub>

(viii) headache  <sub>1</sub>

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

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

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C1. d) How long after eating or drinking or touching does this usually happen?

less than 1 hr  1      1-2 hrs  2      3-5 hrs  3  
6 hrs or more  4      don't know  9

e) How many times has a reaction happened **in the past year**?

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

f) What have you done about these reactions? (Tick all that apply)

(i) Avoided the foods that caused them  1  
(ii) Took to GP to investigate  1  
(iii) Investigated in hospital  1  
(iv) Other (please describe)  1 .....

g) What treatment has your child been given for the problem?

None  1      Yes, some treatment  2 → Please describe .....  
.....

C2. a) Apart from food and drink are there any other things to which he is allergic?

Yes  1      No  2 → **If no, go to C3 on page 24**

**If yes,**

b) What is he allergic to? (Tick all that apply)

(i) pollen  1  
(ii) cat  1  
(iii) dog  1  
(iv) bee sting or wasp sting  1

PAGE 24 OF THE QUESTIONNAIRE

- C2. b) (v) house dust ☐
- (vi) medicine ☐ → If **yes**, please describe type of medicine  
.....
- (vii) other ☐  
(please tick and describe) .....

c) How does he react to these? (Tick all that apply)

- (i) wheezing ☐
- (ii) breathlessness ☐
- (iii) sneezing ☐
- (iv) rash ☐
- (v) other (please tick and describe) ☐

.....

C3. Spring and Summer problems:

a) Does your child suffer from any of the following symptoms **during Spring or Summer**? (Please tick all that apply)

**Yes**

- (i) runny, red or itchy eyes ☐
- (ii) frequent sneezing bouts ☐
- (iii) constantly blocked, runny or itchy nose ☐
- (iv) nettle-like rash without obvious cause ☐
- (v) constant cold ☐
- (vi) none of the above ☐

## PAGE 25 OF THE QUESTIONNAIRE

C3. b) Does your child take any of the following medication regularly at any time of year?

		<b>Yes, in spring/ summer</b>	<b>Yes, in autumn/ winter</b>	<b>Yes, all year</b>	<b>No, not at all</b>
(i)	Piriton	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
(ii)	Loratadine/Clarityn	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
(iii)	Flixonase	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
(iv)	Nasonex	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
(v)	Antihistamine eye drops	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
(vi)	Triludan	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
(vii)	Cetirizine/Zirtek	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
(viii)	Beconase	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
(ix)	Opticrom eye drops	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
(x)	Other antihistamine (please tick & describe	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>

.....



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This page only contained photographs.

## KS File – Section C

### ks3000 C1: Child had an allergic reaction to food/drink since 7th birthday

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, definitely	221	2.7	2.7	2.7
	2 Yes, possibly	276	3.3	3.3	6.0
	3 No, not at all	7418	89.0	89.7	95.7
	9 Don't know	357	4.3	4.3	100.0
	Total	8272	99.2	100.0	
Missing	-8 Text response	2	.0		
	-1 No response	65	.8		
	Total	67	.8		
Total		8339	100.0		

### ks3002 C1b: Allergic reaction caused by eating/touching/drinking

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Eating/drinking	405	4.9	88.8	88.8
	2 Touching	20	.2	4.4	93.2
	3 Both	31	.4	6.8	100.0
	Total	456	5.5	100.0	
Missing	-9 Don't know	5	.1		
	-8 Text response	1	.0		
	-1 No response	7877	94.5		
	Total	7883	94.5		
Total		8339	100.0		

### ks3003 C1c1: Food/drink reaction causes bright red rash

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	160	1.9	100.0	100.0
Missing	-1 No response	8179	98.1		
Total		8339	100.0		

### ks3005 C1c2: Food/drink reaction causes hives

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	104	1.2	100.0	100.0
Missing	-1 No response	8235	98.8		
Total		8339	100.0		

### ks3007 C1c3: Food/drink reaction causes wheezing/whistling

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	50	.6	100.0	100.0
Missing	-1 No response	8289	99.4		
Total		8339	100.0		

### ks3008 C1c4: Food/drink reaction causes vomiting

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	80	1.0	100.0	100.0
Missing	-1 No response	8259	99.0		
Total		8339	100.0		

## KS File – Section C

### ks3009 C1c5: Food/drink reaction causes diarrhoea

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	36	.4	100.0	100.0
Missing -1 No response	8303	99.6		
Total	8339	100.0		

### ks3010 C1c6: Food/drink reaction causes breathing difficulties

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	22	.3	100.0	100.0
Missing -1 No response	8317	99.7		
Total	8339	100.0		

### ks3011 C1c7: Food/drink reaction causes child to stop breathing

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	2	.0	100.0	100.0
Missing -1 No response	8337	100.0		
Total	8339	100.0		

### ks3012 C1c8: Food/drink reaction causes headache

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	49	.6	100.0	100.0
Missing -1 No response	8290	99.4		
Total	8339	100.0		

### ks3013 C1c9: Food/drink reaction causes swelling

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	60	.7	100.0	100.0
Missing -1 No response	8279	99.3		
Total	8339	100.0		

### ks3015 C1c10: Food/drink reaction causes other

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	177	2.1	100.0	100.0
Missing -1 No response	8162	97.9		
Total	8339	100.0		

## KS File – Section C

### ks3017 C1d: Length of time after eating/touching/drinking reaction occurs in hours

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 <1	235	2.8	49.0	49.0
	2 1-2	91	1.1	19.0	67.9
	3 3-5	48	.6	10.0	77.9
	4 6+	48	.6	10.0	87.9
	9 Don't know	58	.7	12.1	100.0
	Total	480	5.8	100.0	
Missing	-8 Text response	2	.0		
	-1 No response	7857	94.2		
	Total	7859	94.2		
Total		8339	100.0		

### ks3019 C1e: Number of times food/drink reaction has occurred in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1	158	1.9	34.2	34.2
	2 2-3	189	2.3	40.9	75.1
	3 4-9	56	.7	12.1	87.2
	4 10+	36	.4	7.8	95.0
	9 Don't know	23	.3	5.0	100.0
	Total	462	5.5	100.0	
Missing	-8 Text response	2	.0		
	-1 No response	7875	94.4		
	Total	7877	94.5		
Total		8339	100.0		

## KS File – Section C

### ks3021 C1f1: Avoided foods that cause reaction

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	411	4.9	100.0	100.0
Missing -1 No response	7928	95.1		
Total	8339	100.0		

### ks3022 C1f2: GP investigated cause of food/drink reaction

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	100	1.2	100.0	100.0
Missing -1 No response	8239	98.8		
Total	8339	100.0		

### ks3023 C1f3: Hospital investigated cause of food/drink reaction

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	39	.5	100.0	100.0
Missing -1 No response	8300	99.5		
Total	8339	100.0		

### ks3024 C1f4: Something else done about food/drink reaction

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	63	.8	100.0	100.0
Missing -1 No response	8276	99.2		
Total	8339	100.0		

### ks3026 C1g: Child given treatment for allergic reaction

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 No	321	3.8	70.2	70.2
2 Yes, some treatment	136	1.6	29.8	100.0
Total	457	5.5	100.0	
Missing -1 No response	7882	94.5		
Total	8339	100.0		

## KS File – Section C

### ks3030 C2a: Child has other non food/drink allergies

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	1829	21.9	22.5	22.5
	2 No	6303	75.6	77.5	100.0
	Total	8132	97.5	100.0	
Missing	-9 Don't know	7	.1		
	-8 Text response	1	.0		
	-1 No response	199	2.4		
	Total	207	2.5		
Total		8339	100.0		

### ks3031 C2b1: Child allergic to pollen

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	884	10.6	100.0	100.0
Missing	-9 Don't know	5	.1		
	-1 No response	7450	89.3		
	Total	7455	89.4		
Total		8339	100.0		

### ks3032 C2b2: Child allergic to cats

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	443	5.3	100.0	100.0
Missing	-9 Don't know	2	.0		
	-8 Text response	1	.0		
	-1 No response	7893	94.7		
	Total	7896	94.7		
Total		8339	100.0		

### ks3033 C2b3: Child allergic to dogs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	189	2.3	100.0	100.0
Missing	-9 Don't know	3	.0		
	-8 Text response	1	.0		
	-1 No response	8146	97.7		
	Total	8150	97.7		
Total		8339	100.0		

### ks3034 C2b4: Child allergic to bee/wasp stings

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	62	.7	100.0	100.0
Missing	-9 Don't know	13	.2		
	-8 Text response	3	.0		
	-1 No response	8261	99.1		
	Total	8277	99.3		
Total		8339	100.0		

## KS File – Section C

### ks3035 C2b5: Child allergic to house dust

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	567	6.8	100.0	100.0
Missing -9 Don't know	1	.0		
-1 No response	7771	93.2		
Total	7772	93.2		
Total	8339	100.0		

### ks3036 C2b6: Child allergic to medicine

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	274	3.3	100.0	100.0
Missing -1 No response	8065	96.7		
Total	8339	100.0		

### ks3038 C2b7: Child allergic to other

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	641	7.7	100.0	100.0
Missing -1 No response	7698	92.3		
Total	8339	100.0		

## KS File – Section C

### ks3040 C2c1: Non-food reaction causes wheezing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	379	4.5	100.0	100.0
Missing	-9 Don't know	1	.0		
	-1 No response	7959	95.4		
	Total	7960	95.5		
Total		8339	100.0		

### ks3041 C2c2: Non-food reaction causes breathlessness

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	193	2.3	100.0	100.0
Missing	-9 Don't know	1	.0		
	-1 No response	8145	97.7		
	Total	8146	97.7		
Total		8339	100.0		

### ks3042 C2c3: Non-food reaction causes sneezing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	865	10.4	100.0	100.0
Missing	-9 Don't know	1	.0		
	-1 No response	7473	89.6		
	Total	7474	89.6		
Total		8339	100.0		

### ks3043 C2c4: Non-food reaction causes rash

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	859	10.3	100.0	100.0
Missing	-9 Don't know	1	.0		
	-1 No response	7479	89.7		
	Total	7480	89.7		
Total		8339	100.0		

### ks3044 C2c5: Non-food reaction causes other

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	613	7.4	100.0	100.0
Missing	-9 Don't know	1	.0		
	-1 No response	7725	92.6		
	Total	7726	92.6		
Total		8339	100.0		



## KS File – Section C

### ks3050 C3a1: Child suffers with runny/red/itchy eyes in Spring/Summer

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	1224	14.7	100.0	100.0
Missing	-9 Don't know	2	.0		
	-8 Text response	1	.0		
	-1 No response	7112	85.3		
	Total	7115	85.3		
Total		8339	100.0		

### ks3051 C3a2: Child suffers with frequent sneezing bouts in Spring/Summer

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	1160	13.9	100.0	100.0
Missing	-9 Don't know	2	.0		
	-8 Text response	1	.0		
	-1 No response	7176	86.1		
	Total	7179	86.1		
Total		8339	100.0		

### ks3052 C3a3: Child suffers with constantly blocked/runny/itchy nose in Spring/Summer

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	1022	12.3	100.0	100.0
Missing	-9 Don't know	2	.0		
	-8 Text response	2	.0		
	-1 No response	7313	87.7		
	Total	7317	87.7		
Total		8339	100.0		

### ks3053 C3a4: Child suffers with nettle-like rash in Spring/Summer

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	322	3.9	100.0	100.0
Missing	-9 Don't know	3	.0		
	-8 Text response	1	.0		
	-1 No response	8013	96.1		
	Total	8017	96.1		
Total		8339	100.0		

### ks3054 C3a5: Child suffers with constant cold in Spring/Summer

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	193	2.3	100.0	100.0
Missing	-9 Don't know	2	.0		
	-8 Text response	1	.0		
	-1 No response	8143	97.6		
	Total	8146	97.7		
Total		8339	100.0		

## KS File – Section C

### ks3055 C3a6: Child suffers with none of the preceding symptoms in Spring/Summer

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	4658	55.9	100.0	100.0
Missing -9 Don't know	2	.0		
-8 Text response	2	.0		
-1 No response	3677	44.1		
Total	3681	44.1		
Total	8339	100.0		

### ks3060 C3b1: Child takes Piriton regularly some time in the year

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0 Other response	22	.3	.3	.3
1 Yes, Spring/Summer	438	5.3	5.5	5.7
2 Yes, Autumn/Winter	4	.0	.0	5.8
3 Yes, all year	72	.9	.9	6.7
4 No, not at all	7489	89.8	93.3	100.0
Total	8025	96.2	100.0	
Missing -9 Don't know	1	.0		
-1 No response	313	3.8		
Total	314	3.8		
Total	8339	100.0		

### ks3061 C3b2: Child takes Loratadine/Clarityn regularly some time in the year

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0 Other response	5	.1	.1	.1
1 Yes, Spring/Summer	255	3.1	3.2	3.2
2 Yes, Autumn/Winter	2	.0	.0	3.3
3 Yes, all year	12	.1	.1	3.4
4 No, not at all	7735	92.8	96.6	100.0
Total	8009	96.0	100.0	
Missing -9 Don't know	1	.0		
-1 No response	329	3.9		
Total	330	4.0		
Total	8339	100.0		

### ks3062 C3b3: Child takes Fluxonase regularly some time in the year

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0 Other response	2	.0	.0	.0
1 Yes, Spring/Summer	27	.3	.3	.4
2 Yes, Autumn/Winter	7	.1	.1	.5
3 Yes, all year	18	.2	.2	.7
4 No, not at all	7879	94.5	99.3	100.0
Total	7933	95.1	100.0	
Missing -9 Don't know	1	.0		
-1 No response	405	4.9		
Total	406	4.9		
Total	8339	100.0		

## KS File – Section C

### ks3063 C3b4: Child takes Nasonex regularly some time in the year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, Spring/Summer	3	.0	.0	.0
	2 Yes, Autumn/Winter	1	.0	.0	.1
	3 Yes, all year	2	.0	.0	.1
	4 No, not at all	7911	94.9	99.9	100.0
	Total	7917	94.9	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	421	5.0		
	Total	422	5.1		
Total		8339	100.0		

### ks3064 C3b5: Child takes antihistamine eye drops regularly some time in the year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Other response	3	.0	.0	.0
	1 Yes, Spring/Summer	168	2.0	2.1	2.2
	2 Yes, Autumn/Winter	3	.0	.0	2.2
	3 Yes, all year	6	.1	.1	2.3
	4 No, not at all	7767	93.1	97.7	100.0
	Total	7947	95.3	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	391	4.7		
	Total	392	4.7		
Total		8339	100.0		

### ks3065 C3b6: Child takes Triludan regularly some time in the year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, Spring/Summer	22	.3	.3	.3
	3 Yes, all year	1	.0	.0	.3
	4 No, not at all	7902	94.8	99.7	100.0
	Total	7925	95.0	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	413	5.0		
	Total	414	5.0		
Total		8339	100.0		

### ks3066 C3b7: Child takes Cetirizine/Zirtex regularly some time in the year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Other response	5	.1	.1	.1
	1 Yes, Spring/Summer	100	1.2	1.3	1.3
	3 Yes, all year	15	.2	.2	1.5
	4 No, not at all	7828	93.9	98.5	100.0
	Total	7948	95.3	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	390	4.7		
	Total	391	4.7		
Total		8339	100.0		

## KS File – Section C

### ks3067 C3b8: Child takes Beconase regularly some time in the year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Other response	4	.0	.1	.1
	1 Yes, Spring/Summer	104	1.2	1.3	1.4
	2 Yes, Autumn/Winter	25	.3	.3	1.7
	3 Yes, all year	55	.7	.7	2.4
	4 No, not at all	7762	93.1	97.6	100.0
	Total	7950	95.3	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	388	4.7		
	Total	389	4.7		
Total		8339	100.0		

### ks3068 C3b9: Child takes Opticrom eye drops regularly some time in the year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Other response	4	.0	.1	.1
	1 Yes, Spring/Summer	159	1.9	2.0	2.1
	2 Yes, Autumn/Winter	5	.1	.1	2.1
	3 Yes, all year	2	.0	.0	2.1
	4 No, not at all	7775	93.2	97.9	100.0
	Total	7945	95.3	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	393	4.7		
	Total	394	4.7		
Total		8339	100.0		

### ks3069 C3b10: Child takes other antihistamine regularly some time in the year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Relevant text but no box ticked	17	.2	.2	.2
	1 Yes, Spring/Summer	62	.7	.9	1.1
	2 Yes, Autumn/Winter	2	.0	.0	1.1
	3 Yes, all year	18	.2	.2	1.4
	4 No, not at all	7109	85.3	98.6	100.0
	Total	7208	86.4	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	1130	13.6		
	Total	1131	13.6		
Total		8339	100.0		

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**SECTION D: PROBLEMS AND INVESTIGATIONS**

D1. a) Since his 7<sup>th</sup> birthday has anyone thought there might be a problem with his hearing?

Yes  No

b) Has your child been seen by a hearing specialist since he was 7?

Yes  No  → If **no**, go to D2a below

**If yes,**

c) At what age?

7 years old  8 years old  9 years old

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

D2. a) Has your child been referred to an eye specialist since his 7<sup>th</sup> birthday?

Yes  No  → If **no**, go to D3a on page 28

**If yes,**

b) at what age?

7 years old  8 years old  9 years old

c) What was decided? .....  
.....

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

PAGE 28 OF THE QUESTIONNAIRE

D3. a) Has anyone **ever** thought that there might be a problem with his talking?

Yes  1 No  2 → If **no**, go to D4a below

If **yes**,

b) Has he ever been seen by a speech therapist?

Yes  1 No  2 → If **no**, go to D3c below

If **yes**,

(i) how old was he?  years

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

.....

c) Are there still any worries about his talking?

Yes  1 No  2

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

.....

D4. a) Has anyone **ever** thought he might have a problem with clumsiness, movement or coordination?

Yes  1 No  2 → If **no**, go to D5a on page 29

If **yes**,

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

Yes  1 No  2 → If **no**, go to D4e on page 29

If **yes**,

c) how old was he?  years (If less than 12 months put 0)

d) what was decided?.....

.....

PAGE 29 OF THE QUESTIONNAIRE

D4. e) Are there still worries about this?

Yes  1 No  2

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

.....

D5. a) Has anyone **ever** thought there might be a problem with other aspects of his development?

Yes  1 No  2 → If **no**, go to D6a below

If **yes**,

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

Yes  1 No  2 → If **no**, go to D5e below

If **yes**,

c) how old was he?  years (If less than 12 months put 0)

d) what was decided?.....

.....

e) Are there still worries about this?

Yes  1 No  2

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

.....

D6. a) Has anyone **ever** thought there might be a problem with his behaviour or personality?

Yes  1 No  2 → If **no**, go to D7a on page 30

If **yes**,

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

Yes  1 No  2 → If **no**, go to D6e on page 30

## PAGE 30 OF THE QUESTIONNAIRE

**If yes,**D6. c) how old was he?  years (If less than 12 months put 0)

d) what was decided?.....

.....

e) Are there still worries about this?

Yes  No **If yes,** please describe.....

.....

D7. a) Has anyone **ever** thought there might be a problem with aches and pains, including headache?Yes  No  → **If no, go to D8a on page 31****If yes,**

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

Yes  No  → **If no, go to D7e below****If yes,**c) how old was he?  years (If less than 12 months put 0)

d) what was decided?.....

.....

e) Are there still worries about this?

Yes  No **If yes,** please describe.....

.....



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- D8. a) Have there been any **other** problems for which your child saw (or is going to see) a specialist since his 7<sup>th</sup> birthday?

Yes  1 No  2 → If **no**, go to section E on page 32

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 he seen a specialist?	Yes <input type="text"/> 1 No <input type="text"/> 2 Not yet <input type="text"/> 3	Yes <input type="text"/> 1 No <input type="text"/> 2 Not yet <input type="text"/> 3	Yes <input type="text"/> 1 No <input type="text"/> 2 Not yet <input type="text"/> 3
e) What age was he the first time he was seen for this problem ? (put 0 if less than 12 months)	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years
f) What was decided?	..... .....	..... .....	..... .....
g) What treatment was given?	..... .....	..... .....	..... .....

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

## KS File – Section D

### ks4000 D1a: Child has been thought to have hearing problems since 7th birthday

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	721	8.6	8.7	8.7
	2 No	7548	90.5	91.3	100.0
	Total	8269	99.2	100.0	
Missing	-1 No response	70	.8		
Total		8339	100.0		

### ks4001 D1b: Child seen by hearing specialist since 7th birthday

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	598	7.2	7.8	7.8
	2 No	7098	85.1	92.2	100.0
	Total	7696	92.3	100.0	
Missing	-1 No response	643	7.7		
Total		8339	100.0		

### ks4002 D1c: Age in years child saw hearing specialist

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 7	441	5.3	73.4	73.4
	2 8	149	1.8	24.8	98.2
	3 9	11	.1	1.8	100.0
	Total	601	7.2	100.0	
Missing	-9 Don't know	1	.0		
	-8 Text response	2	.0		
	-1 No response	7735	92.8		
	Total	7738	92.8		
Total		8339	100.0		

### ks4010 D2a: Child referred to eye specialist since 7th birthday

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	578	6.9	7.1	7.1
	2 No	7545	90.5	92.9	100.0
	Total	8123	97.4	100.0	
Missing	-1 No response	216	2.6		
Total		8339	100.0		

### ks4011 D2b: Age in years child saw eye specialist

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 7	349	4.2	61.6	61.6
	2 8	197	2.4	34.7	96.3
	3 9	21	.3	3.7	100.0
	Total	567	6.8	100.0	
Missing	-8 Text response	1	.0		
	-1 No response	7771	93.2		
	Total	7772	93.2		
Total		8339	100.0		

## KS File – Section D

### ks4020 D3a: Child has been thought to have a speech problem at some time

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	1022	12.3	12.4	12.4
	2 No	7218	86.6	87.6	100.0
	Total	8240	98.8	100.0	
Missing	-1 No response	99	1.2		
Total		8339	100.0		

### ks4021 D3b: Child has been seen by a speech therapist

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	886	10.6	57.5	57.5
	2 No	654	7.8	42.5	100.0
	Total	1540	18.5	100.0	
Missing	-8 Text response	1	.0		
	-1 No response	6798	81.5		
	Total	6799	81.5		
Total		8339	100.0		

### ks4022 D3b1: Age in years child saw speech specialist

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	1	.0	.1	.1
	1	26	.3	2.9	3.0
	2	183	2.2	20.6	23.6
	3	316	3.8	35.5	59.2
	4	179	2.1	20.1	79.3
	5	83	1.0	9.3	88.6
	6	45	.5	5.1	93.7
	7	36	.4	4.0	97.8
	8	19	.2	2.1	99.9
	9	1	.0	.1	100.0
	Total	889	10.7	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	7449	89.3		
	Total	7450	89.3		
Total		8339	100.0		

### ks4024 D3c: Still worried about child's speech

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	263	3.2	19.3	19.3
	2 No	1101	13.2	80.7	100.0
	Total	1364	16.4	100.0	
Missing	-1 No response	6975	83.6		
Total		8339	100.0		

## KS File – Section D

### ks4030 D4a: Child ever thought to have problem with clumsiness/coordination

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	483	5.8	5.8	5.8
	2 No	7788	93.4	94.2	100.0
	Total	8271	99.2	100.0	
Missing	-1 No response	68	.8		
Total		8339	100.0		

### ks4031 D4b: Child seen by specialist for clumsiness/coordination

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	247	3.0	38.8	38.8
	2 No	390	4.7	61.2	100.0
	Total	637	7.6	100.0	
Missing	-1 No response	7702	92.4		
Total		8339	100.0		

### ks4032 D4c: Age in years child saw specialist for clumsiness/coordination

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	28	.3	10.6	10.6
	1	19	.2	7.2	17.7
	2	26	.3	9.8	27.5
	3	27	.3	10.2	37.7
	4	18	.2	6.8	44.5
	5	38	.5	14.3	58.9
	6	40	.5	15.1	74.0
	7	39	.5	14.7	88.7
	8	26	.3	9.8	98.5
	9	4	.0	1.5	100.0
	Total	265	3.2	100.0	
Missing	-1 No response	8074	96.8		
Total		8339	100.0		

### ks4034 D4e: Still worried about clumsiness/coordination

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	247	3.0	39.8	39.8
	2 No	374	4.5	60.2	100.0
	Total	621	7.4	100.0	
Missing	-1 No response	7718	92.6		
Total		8339	100.0		

## KS File – Section D

### ks4040 D5a: Child ever thought to have a problem with other aspects of development

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	589	7.1	7.2	7.2
	2 No	7609	91.2	92.8	100.0
	Total	8198	98.3	100.0	
Missing	-1 No response	141	1.7		
Total		8339	100.0		

### ks4041 D5b: Child seen by specialist for other aspect of development

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	428	5.1	59.5	59.5
	2 No	291	3.5	40.5	100.0
	Total	719	8.6	100.0	
Missing	-8 Text response	1	.0		
	-1 No response	7619	91.4		
	Total	7620	91.4		
Total		8339	100.0		

### ks4042 D5c: Age in years child saw specialist for other aspect of development

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	42	.5	9.4	9.4
	1	18	.2	4.0	13.4
	2	32	.4	7.1	20.5
	3	43	.5	9.6	30.1
	4	31	.4	6.9	37.0
	5	34	.4	7.6	44.5
	6	62	.7	13.8	58.4
	7	97	1.2	21.6	80.0
	8	83	1.0	18.5	98.4
	9	7	.1	1.6	100.0
	Total	449	5.4	100.0	
Missing	-1 No response	7890	94.6		
Total		8339	100.0		

### ks4044 D5e: Still worried about other aspect of development

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	404	4.8	63.0	63.0
	2 No	237	2.8	37.0	100.0
	Total	641	7.7	100.0	
Missing	-1 No response	7698	92.3		
Total		8339	100.0		

## KS File – Section D

### ks4050 D6a: Child ever thought to have behaviour/personality problem

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	547	6.6	6.7	6.7
	2 No	7670	92.0	93.3	100.0
	Total	8217	98.5	100.0	
Missing	-1 No response	122	1.5		
Total		8339	100.0		

### ks4051 D6b: Child seen by specialist for behaviour/personality problem

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	289	3.5	42.6	42.6
	2 No	389	4.7	57.4	100.0
	Total	678	8.1	100.0	
Missing	-1 No response	7661	91.9		
Total		8339	100.0		

### ks4052 D6c: Age in years child saw specialist for behaviour/personality problem

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	14	.2	4.1	4.1
	1	5	.1	1.5	5.5
	2	30	.4	8.7	14.2
	3	35	.4	10.2	24.4
	4	25	.3	7.3	31.7
	5	53	.6	15.4	47.1
	6	54	.6	15.7	62.8
	7	71	.9	20.6	83.4
	8	53	.6	15.4	98.8
	9	4	.0	1.2	100.0
	Total	344	4.1	100.0	
Missing	-1 No response	7995	95.9		
Total		8339	100.0		

### ks4054 D6e: Still worried about behaviour/personality problem

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	319	3.8	56.3	56.3
	2 No	248	3.0	43.7	100.0
	Total	567	6.8	100.0	
Missing	-1 No response	7772	93.2		
Total		8339	100.0		

## KS File – Section D

### ks4060 D7a: Child ever thought to have a problem with aches/pains/headaches

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	402	4.8	4.9	4.9
	2 No	7786	93.4	95.1	100.0
	Total	8188	98.2	100.0	
Missing	-1 No response	151	1.8		
Total		8339	100.0		

### ks4061 D7b: Child seen by specialist for aches/pains/headaches

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	187	2.2	37.3	37.3
	2 No	314	3.8	62.7	100.0
	Total	501	6.0	100.0	
Missing	-1 No response	7838	94.0		
Total		8339	100.0		

### ks4062 D7c: Age in years child saw specialist for aches/pains/headaches

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	6	.1	2.8	2.8
	1	2	.0	.9	3.7
	2	10	.1	4.6	8.3
	3	9	.1	4.1	12.4
	4	10	.1	4.6	17.1
	5	14	.2	6.5	23.5
	6	34	.4	15.7	39.2
	7	62	.7	28.6	67.7
	8	62	.7	28.6	96.3
	9	8	.1	3.7	100.0
	Total	217	2.6	100.0	
Missing	-1 No response	8122	97.4		
Total		8339	100.0		

### ks4064 D7e: Still worried about aches and pains

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	181	2.2	42.1	42.1
	2 No	249	3.0	57.9	100.0
	Total	430	5.2	100.0	
Missing	-1 No response	7909	94.8		
Total		8339	100.0		

## KS File – Section D

### ks4070 D8a: Child seen/to be seen by specialist for other problems since 7th birthday

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	585	7.0	7.2	7.2
	2 No	7532	90.3	92.8	100.0
	Total	8117	97.3	100.0	
Missing	-1 No response	222	2.7		
Total		8339	100.0		

### ks4071 D8b: Number of different problems

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	1	.0	.2	.2
	1	508	6.1	90.4	90.6
	2	42	.5	7.5	98.0
	3	10	.1	1.8	99.8
	10	1	.0	.2	100.0
	Total	562	6.7	100.0	
Missing	-1 No response	7777	93.3		
Total		8339	100.0		

### ks4081 D8d1: Child has seen specialist for problem 1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	512	6.1	86.8	86.8
	2 No	12	.1	2.0	88.8
	3 Not yet	66	.8	11.2	100.0
	Total	590	7.1	100.0	
Missing	-1 No response	7749	92.9		
Total		8339	100.0		

### ks4082 D8e1: Age in years child first seen by specialist for problem 1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	62	.7	11.2	11.2
	1	15	.2	2.7	13.9
	2	17	.2	3.1	17.0
	3	22	.3	4.0	20.9
	4	13	.2	2.3	23.3
	5	30	.4	5.4	28.7
	6	58	.7	10.5	39.2
	7	158	1.9	28.5	67.7
	8	163	2.0	29.4	97.1
	9	16	.2	2.9	100.0
	Total	554	6.6	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	7784	93.3		
	Total	7785	93.4		
Total		8339	100.0		



## KS File – Section D

### ks4091 D8d2: Child has seen specialist for problem 2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	47	.6	78.3	78.3
	2 No	4	.0	6.7	85.0
	3 Not yet	9	.1	15.0	100.0
	Total	60	.7	100.0	
Missing	-8 Text response	1	.0		
	-1 No response	8278	99.3		
	Total	8279	99.3		
Total		8339	100.0		

### ks4092 D8e2: Age in years child first seen by specialist for problem 2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	3	.0	5.5	5.5
	2	4	.0	7.3	12.7
	3	3	.0	5.5	18.2
	4	2	.0	3.6	21.8
	5	2	.0	3.6	25.5
	6	7	.1	12.7	38.2
	7	12	.1	21.8	60.0
	8	19	.2	34.5	94.5
	9	3	.0	5.5	100.0
	Total	55	.7	100.0	
Missing	-1 No response	8284	99.3		
Total		8339	100.0		

### ks4101 D8d3: Child has seen specialist for problem 3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	11	.1	78.6	78.6
	2 No	1	.0	7.1	85.7
	3 Not yet	2	.0	14.3	100.0
	Total	14	.2	100.0	
Missing	-1 No response	8325	99.8		
Total		8339	100.0		

### ks4102 D8e3: Age in years child first seen by specialist for problem 3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	2	.0	14.3	14.3
	2	1	.0	7.1	21.4
	5	1	.0	7.1	28.6
	6	3	.0	21.4	50.0
	7	2	.0	14.3	64.3
	8	5	.1	35.7	100.0
	Total	14	.2	100.0	
Missing	-1 No response	8325	99.8		
Total		8339	100.0		

**SECTION E: 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 he was injured as a result.

E1. a) Has he been burnt or scalded in the past 12 months?

Yes  1 No  2 → If **no**, go to E2a on page 33

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

k) Please describe how each accident happened:

**Burn 1**.....

**Burn 2**.....

**Burn 3**.....

## PAGE 33 OF THE QUESTIONNAIRE

E2. a) Has he had an accident while playing sports or games in the past 12 months?

Yes

No

→ If **no**, go to E3a on page 34

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

k) Please describe how each accident happened:

**Accident 1** .....

**Accident 2** .....

**Accident 3** .....

## PAGE 34 OF THE QUESTIONNAIRE

E3. a) Has he swallowed anything he shouldn't have (such as pills, buttons, disinfectant) in the past 12 months?

Yes  No  → If **no**, go to E4a on page 35

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

For each time please describe below what happened:

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

j) Please describe how each accident happened:

**Accident 1** .....

**Accident 2** .....

**Accident 3** .....

## PAGE 35 OF THE QUESTIONNAIRE

E4. a) Has he had any injuries involving traffic in the past 12 months?

Yes  No  → If **no**, go to E5a on page 36

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

k) Please describe how each accident happened:

**Accident 1** .....

**Accident 2** .....

**Accident 3** .....

## PAGE 36 OF THE QUESTIONNAIRE

E5. a) Has he **ever** been injured by the action of another person (whether intentionally or not)?

Yes  1 No  2 → If **no**, go to E6a on page 37

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

For each time please describe below what happened:

	1st injury	2nd injury	3rd injury
c) Person involved (e.g. stranger, sister, child's father)	.....	.....	.....
d) What happened ?	.....	.....	.....
e) Date of injury (month, year)	.....	.....	.....
f) Who else was with him?	.....	.....	.....
g) What did the person with him do?			
Nothing	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1
Treated him themselves	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2
Took to doctor	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3
Took to hospital	<input type="text"/> 4	<input type="text"/> 4	<input type="text"/> 4
Other (please describe)	<input type="text"/> 5	<input type="text"/> 5	<input type="text"/> 5
	.....	.....	.....
h) What treatment did the person with him give?	.....	.....	.....
i) What other treatment did he have?	.....	.....	.....

j) Please describe how each accident happened:

**Injury 1** .....

**Injury 2** .....

**Injury 3** .....

## PAGE 37 OF THE QUESTIONNAIRE

E6. a) Has he had any other accidents or injuries in the past 12 months?

Yes  1 No  2 → If **no**, go to E7 on page 38If **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 accident (month, year)	.....	.....	.....
f) Injuries caused (if no injury write none)	.....	.....	.....
g) What did the person with him do?			
Nothing	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1
Treated him themselves	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2
Took to doctor	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3
Took to hospital	<input type="text"/> 4	<input type="text"/> 4	<input type="text"/> 4
Other (please describe)	<input type="text"/> 5	<input type="text"/> 5	<input type="text"/> 5
	.....	.....	.....
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 .....

## PAGE 38 OF THE QUESTIONNAIRE

E7. Has he had any of the following happen **since he was born?** (tick all questions and all time periods that apply)

	(i) Yes, aged 0 - 2 years	(ii) Yes, aged 3-4 years	(iii) Yes, aged 5-6 years	(iv) Yes, since 7 <sup>th</sup> birthday
a) Broken arm/hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Broken leg/foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Broken/cracked skull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Other broken bone (please describe).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Unconscious because of a head injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Cut(s) requiring stitches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Burn or scald needing a skin graft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) A road traffic accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) An accident in a playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) An accident at school, nursery, crèche	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Stung by wasp or bee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Bitten by animal or human (please tick and describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....				
m) Badly sunburnt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Nearly drowned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Front tooth (teeth) knocked out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Front tooth (teeth) chipped or injured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Other tooth/teeth knocked out or chipped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



PAGE 39 OF THE QUESTIONNAIRE

E8. 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                 | <input type="checkbox"/> |
| b) yes, a behaviour difference | <input type="checkbox"/> |
| c) yes, other                  | <input type="checkbox"/> |

For any of the above, please describe

.....

Louisa & Nicholas

Ellie

Donna

## KS File – Section E

### ks5000 E1a: Child burnt or scalded in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	191	2.3	2.3	2.3
	2 No	8087	97.0	97.7	100.0
	Total	8278	99.3	100.0	
Missing	-1 No response	61	.7		
Total		8339	100.0		

### ks5001 E1b: Number of times child has been burnt/scalded in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	169	2.0	91.4	91.4
	2	16	.2	8.6	100.0
	Total	185	2.2	100.0	
Missing	-1 No response	8154	97.8		
Total		8339	100.0		

### ks5015 E1h1: Action taken by person with child after burn/scald accident 1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 None	10	.1	5.3	5.3
	2 Treated child themselves	151	1.8	79.5	84.7
	3 Took to doctor	6	.1	3.2	87.9
	4 Took to hospital	6	.1	3.2	91.1
	5 Other	17	.2	8.9	100.0
	Total	190	2.3	100.0	
Missing	-1 No response	8149	97.7		
Total		8339	100.0		

### ks5025 E1h2: Action taken by person with child after burn/scald accident 2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 None	1	.0	5.6	5.6
	2 Treated child themselves	16	.2	88.9	94.4
	5 Other	1	.0	5.6	100.0
	Total	18	.2	100.0	
Missing	-1 No response	8321	99.8		
Total		8339	100.0		

### ks5035 E1h3: Action taken by person with child after burn/scald accident 3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2 Treated child themselves	2	.0	100.0	100.0
Missing	-1 No response	8337	100.0		
Total		8339	100.0		

# KS File – Section E

## ks5100 E2a: Child had accident while playing sports in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	1414	17.0	17.3	17.3
	2 No	6764	81.1	82.7	100.0
	Total	8178	98.1	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	160	1.9		
	Total	161	1.9		
Total		8339	100.0		

## ks5101 E2b: Number of times child had an accident while playing sports in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	811	9.7	65.4	65.4
	2	258	3.1	20.8	86.2
	3	99	1.2	8.0	94.2
	4	31	.4	2.5	96.7
	5	12	.1	1.0	97.7
	6	10	.1	.8	98.5
	7	2	.0	.2	98.6
	8	3	.0	.2	98.9
	9	1	.0	.1	99.0
	10	7	.1	.6	99.5
	20	1	.0	.1	99.6
	24	1	.0	.1	99.7
	25	1	.0	.1	99.8
	98 Lots	3	.0	.2	100.0
	Total	1240	14.9	100.0	
Missing	-9 Don't know	56	.7		
	-1 No response	7043	84.5		
	Total	7099	85.1		
Total		8339	100.0		

## KS File – Section E

### ks5115 E2h1: Action taken by person with child after sports accident 1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 None	274	3.3	20.1	20.1
	2 Treated child themselves	561	6.7	41.1	61.2
	3 Took to doctor	31	.4	2.3	63.4
	4 Took to hospital	195	2.3	14.3	77.7
	5 Other	304	3.6	22.3	100.0
	Total	1365	16.4	100.0	
Missing	-1 No response	6974	83.6		
Total		8339	100.0		

### ks5125 E2h2: Action taken by person with child after sports accident 2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 None	106	1.3	22.9	22.9
	2 Treated child themselves	245	2.9	52.9	75.8
	3 Took to doctor	13	.2	2.8	78.6
	4 Took to hospital	26	.3	5.6	84.2
	5 Other	73	.9	15.8	100.0
	Total	463	5.6	100.0	
Missing	-1 No response	7876	94.4		
Total		8339	100.0		

### ks5135 E2h3: Action taken by person with child after sports accident 3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 None	34	.4	18.6	18.6
	2 Treated child themselves	112	1.3	61.2	79.8
	3 Took to doctor	2	.0	1.1	80.9
	4 Took to hospital	14	.2	7.7	88.5
	5 Other	21	.3	11.5	100.0
	Total	183	2.2	100.0	
Missing	-1 No response	8156	97.8		
Total		8339	100.0		

## KS File – Section E

### ks5200 E3a: Child swallowed something they shouldn't have in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	53	.6	.6	.6
	2 No	8185	98.2	99.4	100.0
	Total	8238	98.8	100.0	
Missing	-9 Don't know	1	.0		
	-1 No response	100	1.2		
	Total	101	1.2		
Total		8339	100.0		

### ks5201 E3b: Number of times child swallowed something they shouldn't have in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	44	.5	95.7	95.7
	10	1	.0	2.2	97.8
	98 Lots	1	.0	2.2	100.0
	Total	46	.6	100.0	
Missing	-9 Don't know	3	.0		
	-1 No response	8290	99.4		
	Total	8293	99.4		
Total		8339	100.0		

### ks5215 E3g1: Action taken by person with child after swallowing accident 1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 None	6	.1	12.2	12.2
	2 Treated child themselves	8	.1	16.3	28.6
	3 Took to doctor	2	.0	4.1	32.7
	4 Took to hospital	19	.2	38.8	71.4
	5 Other	14	.2	28.6	100.0
	Total	49	.6	100.0	
Missing	-1 No response	8290	99.4		
Total		8339	100.0		

### ks5225 E3g2: Action taken by person with child after swallowing accident 2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 None	2	.0	66.7	66.7
	2 Treated child themselves	1	.0	33.3	100.0
	Total	3	.0	100.0	
Missing	-1 No response	8336	100.0		
Total		8339	100.0		

### ks5235 E3g3: Action taken by person with child after swallowing accident 3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 None	2	.0	66.7	66.7
	5 Other	1	.0	33.3	100.0
	Total	3	.0	100.0	
Missing	-1 No response	8336	100.0		
Total		8339	100.0		

## KS File – Section E

### ks5300 E4a: Child had an accident involving traffic in past year

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	96	1.2	1.2	1.2
2 No	8138	97.6	98.8	100.0
Total	8234	98.7	100.0	
Missing -1 No response	105	1.3		
Total	8339	100.0		

### ks5301 E4b: Number of times child had an accident involving traffic in past year

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	78	.9	86.7	86.7
2	9	.1	10.0	96.7
4	1	.0	1.1	97.8
5	1	.0	1.1	98.9
97 Several	1	.0	1.1	100.0
Total	90	1.1	100.0	
Missing -1 No response	8249	98.9		
Total	8339	100.0		

### ks5315 E4h1: Action taken by person with child after traffic accident 1

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 None	13	.2	14.3	14.3
2 Treated child themselves	22	.3	24.2	38.5
3 Took to doctor	3	.0	3.3	41.8
4 Took to hospital	25	.3	27.5	69.2
5 Other	28	.3	30.8	100.0
Total	91	1.1	100.0	
Missing -1 No response	8248	98.9		
Total	8339	100.0		

### ks5325 E4h2: Action taken by person with child after traffic accident 2

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 None	2	.0	20.0	20.0
2 Treated child themselves	5	.1	50.0	70.0
5 Other	3	.0	30.0	100.0
Total	10	.1	100.0	
Missing -1 No response	8329	99.9		
Total	8339	100.0		

### ks5335 E4h3: Action taken by person with child after traffic accident 3

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 None	1	.0	50.0	50.0
5 Other	1	.0	50.0	100.0
Total	2	.0	100.0	
Missing -1 No response	8337	100.0		
Total	8339	100.0		

## KS File – Section E

### ks5400 E5a: Child has been injured by the actions of another person

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	769	9.2	9.4	9.4
	2 No	7416	88.9	90.6	100.0
	Total	8185	98.2	100.0	
Missing	-9 Don't know	1	.0		
	-8 Text response	1	.0		
	-1 No response	152	1.8		
	Total	154	1.8		
Total		8339	100.0		

### ks5401 E5b: Number of times child has been injured by the actions of another person

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	539	6.5	78.5	78.5
	2	101	1.2	14.7	93.2
	3	25	.3	3.6	96.8
	4	9	.1	1.3	98.1
	5	4	.0	.6	98.7
	6	1	.0	.1	98.8
	10	1	.0	.1	99.0
	12	1	.0	.1	99.1
	30	1	.0	.1	99.3
	97 Several	1	.0	.1	99.4
	98 Lots	4	.0	.6	100.0
	Total	687	8.2	100.0	
Missing	-9 Don't know	30	.4		
	-1 No response	7622	91.4		
	Total	7652	91.8		
Total		8339	100.0		

## KS File – Section E

### ks5415 E5g1: Action taken by person with child after injury 1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 None	123	1.5	17.8	17.8
	2 Treated child themselves	182	2.2	26.3	44.1
	3 Took to doctor	31	.4	4.5	48.6
	4 Took to hospital	190	2.3	27.5	76.1
	5 Other	165	2.0	23.9	100.0
	Total	691	8.3	100.0	
Missing	-1 No response	7648	91.7		
Total		8339	100.0		

### ks5425 E5g2: Action taken by person with child after injury 2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 None	27	.3	21.1	21.1
	2 Treated child themselves	45	.5	35.2	56.3
	3 Took to doctor	4	.0	3.1	59.4
	4 Took to hospital	25	.3	19.5	78.9
	5 Other	27	.3	21.1	100.0
	Total	128	1.5	100.0	
Missing	-1 No response	8211	98.5		
Total		8339	100.0		

### ks5435 E5g3: Action taken by person with child after injury 3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 None	10	.1	27.8	27.8
	2 Treated child themselves	17	.2	47.2	75.0
	3 Took to doctor	1	.0	2.8	77.8
	4 Took to hospital	4	.0	11.1	88.9
	5 Other	4	.0	11.1	100.0
	Total	36	.4	100.0	
Missing	-1 No response	8303	99.6		
Total		8339	100.0		



## KS File – Section E

### ks5500 E6a: Child has had other accidents or injuries in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	695	8.3	8.5	8.5
	2 No	7471	89.6	91.5	100.0
	Total	8166	97.9	100.0	
Missing	-1 No response	173	2.1		
Total		8339	100.0		

### ks5501 E6b: Number of times child has had other accidents or injuries in past year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	516	6.2	83.6	83.6
	2	67	.8	10.9	94.5
	3	19	.2	3.1	97.6
	4	10	.1	1.6	99.2
	5	1	.0	.2	99.4
	10	2	.0	.3	99.7
	98 Lots	2	.0	.3	100.0
	Total	617	7.4	100.0	
Missing	-9 Don't know	22	.3		
	-1 No response	7700	92.3		
	Total	7722	92.6		
Total		8339	100.0		

## KS File – Section E

### ks5515 E6g1: Action taken by person with child after other accident/injury 1

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 None	40	.5	6.0	6.0
2 Treated child themselves	257	3.1	38.6	44.7
3 Took to doctor	39	.5	5.9	50.5
4 Took to hospital	232	2.8	34.9	85.4
5 Other	97	1.2	14.6	100.0
Total	665	8.0	100.0	
Missing -1 No response	7674	92.0		
Total	8339	100.0		

### ks5525 E6g2: Action taken by person with child after other accident/injury 2

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 None	7	.1	6.6	6.6
2 Treated child themselves	67	.8	63.2	69.8
3 Took to doctor	2	.0	1.9	71.7
4 Took to hospital	16	.2	15.1	86.8
5 Other	14	.2	13.2	100.0
Total	106	1.3	100.0	
Missing -1 No response	8233	98.7		
Total	8339	100.0		

### ks5535 E6g3: Action taken by person with child after other accident/injury 3

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 None	8	.1	24.2	24.2
2 Treated child themselves	19	.2	57.6	81.8
3 Took to doctor	1	.0	3.0	84.8
4 Took to hospital	2	.0	6.1	90.9
5 Other	3	.0	9.1	100.0
Total	33	.4	100.0	
Missing -1 No response	8306	99.6		
Total	8339	100.0		

## KS File – Section E

### ks5600 E7a1: Child broke arm/hand whilst 0 - 2 years old

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	94	1.1	100.0	100.0
Missing -1 No response	8245	98.9		
Total	8339	100.0		

### ks5601 E7a2: Child broke arm/hand whilst 3 - 4 years old

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	151	1.8	100.0	100.0
Missing -1 No response	8188	98.2		
Total	8339	100.0		

### ks5602 E7a3: Child broke arm/hand whilst 5 - 6 years old

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	236	2.8	100.0	100.0
Missing -1 No response	8103	97.2		
Total	8339	100.0		

### ks5603 E7a4: Child broke arm/hand since 7th birthday

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	235	2.8	100.0	100.0
Missing -1 No response	8104	97.2		
Total	8339	100.0		

### ks5610 E7b1: Child broke leg/foot whilst 0 - 2 years old

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	78	.9	100.0	100.0
Missing -1 No response	8261	99.1		
Total	8339	100.0		

### ks5611 E7b2: Child broke leg/foot whilst 3 - 4 years old

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	36	.4	100.0	100.0
Missing -1 No response	8303	99.6		
Total	8339	100.0		

### ks5612 E7b3: Child broke leg/foot whilst 5 - 6 years old

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	31	.4	100.0	100.0
Missing -1 No response	8308	99.6		
Total	8339	100.0		

### ks5613 E7b4: Child broke leg/foot since 7th birthday

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	46	.6	100.0	100.0
Missing -1 No response	8293	99.4		
Total	8339	100.0		

## KS File – Section E

### ks5620 E7c1: Child broke/cracked skull whilst 0 - 2 years old

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	34	.4	100.0	100.0
Missing -1 No response	8305	99.6		
Total	8339	100.0		

### ks5621 E7c2: Child broke/cracked skull whilst 3 - 4 years old

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	9	.1	100.0	100.0
Missing -1 No response	8330	99.9		
Total	8339	100.0		

### ks5622 E7c3: Child broke/cracked skull whilst 5 - 6 years old

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	8	.1	100.0	100.0
Missing -1 No response	8331	99.9		
Total	8339	100.0		

### ks5623 E7c4: Child broke/cracked skull since 7th birthday

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	12	.1	100.0	100.0
Missing -1 No response	8327	99.9		
Total	8339	100.0		

### ks5630 E7d1: Child broke other bone whilst 0 - 2 years old

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	43	.5	100.0	100.0
Missing -1 No response	8296	99.5		
Total	8339	100.0		

### ks5631 E7d2: Child broke other bone whilst 3 - 4 years old

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	51	.6	100.0	100.0
Missing -1 No response	8288	99.4		
Total	8339	100.0		

### ks5632 E7d3: Child broke other bone whilst 5 - 6 years old

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	80	1.0	100.0	100.0
Missing -1 No response	8259	99.0		
Total	8339	100.0		

### ks5633 E7d4: Child broke other bone since 7th birthday

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	94	1.1	100.0	100.0
Missing -1 No response	8245	98.9		
Total	8339	100.0		

## KS File – Section E

### ks5640 E7e1: Child unconscious due to head injury whilst 0 - 2 years old

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	36	.4	100.0	100.0
Missing -1 No response	8303	99.6		
Total	8339	100.0		

### ks5641 E7e2: Child unconscious due to head injury whilst 3 - 4 years old

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	22	.3	100.0	100.0
Missing -1 No response	8317	99.7		
Total	8339	100.0		

### ks5642 E7e3: Child unconscious due to head injury whilst 5 - 6 years old

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	35	.4	100.0	100.0
Missing -1 No response	8304	99.6		
Total	8339	100.0		

### ks5643 E7e4: Child unconscious due to head injury since 7th birthday

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	25	.3	100.0	100.0
Missing -1 No response	8314	99.7		
Total	8339	100.0		

### ks5650 E7f1: Child had cut(s) requiring stitches whilst 0 - 2 years old

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	495	5.9	100.0	100.0
Missing -1 No response	7844	94.1		
Total	8339	100.0		

### ks5651 E7f2: Child had cut(s) requiring stitches whilst 3 - 4 years old

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	548	6.6	100.0	100.0
Missing -1 No response	7791	93.4		
Total	8339	100.0		

### ks5652 E7f3: Child had cut(s) requiring stitches whilst 5 - 6 years old

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	442	5.3	100.0	100.0
Missing -1 No response	7897	94.7		
Total	8339	100.0		

### ks5653 E7f4: Child had cut(s) requiring stitches since 7th birthday

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	309	3.7	100.0	100.0
Missing -1 No response	8030	96.3		
Total	8339	100.0		

## KS File – Section E

### ks5660 E7g1: Child burnt/scalded needing skin graft whilst 0 - 2 years old

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	25	.3	100.0	100.0
Missing -1 No response	8314	99.7		
Total	8339	100.0		

### ks5661 E7g2: Child burnt/scalded needing skin graft whilst 3 - 4 years old

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	7	.1	100.0	100.0
Missing -1 No response	8332	99.9		
Total	8339	100.0		

### ks5662 E7g3: Child burnt/scalded needing skin graft whilst 5 - 6 years old

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	8	.1	100.0	100.0
Missing -1 No response	8331	99.9		
Total	8339	100.0		

### ks5663 E7g4: Child burnt/scalded needing skin graft since 7th birthday

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	8	.1	100.0	100.0
Missing -1 No response	8331	99.9		
Total	8339	100.0		

### ks5670 E7h1: Child had a road traffic accident whilst 0 - 2 years old

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	29	.3	100.0	100.0
Missing -1 No response	8310	99.7		
Total	8339	100.0		

### ks5671 E7h2: Child had a road traffic accident whilst 3 - 4 years old

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	37	.4	100.0	100.0
Missing -1 No response	8302	99.6		
Total	8339	100.0		

### ks5672 E7h3: Child had a road traffic accident whilst 5 - 6 years old

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	68	.8	100.0	100.0
Missing -1 No response	8271	99.2		
Total	8339	100.0		

### ks5673 E7h4: Child had a road traffic accident since 7th birthday

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	80	1.0	100.0	100.0
Missing -1 No response	8259	99.0		
Total	8339	100.0		

## KS File – Section E

### **ks5680 E7i1: Child had accident in playground whilst 0 - 2 years old**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	57	.7	100.0	100.0
Missing -1 No response	8282	99.3		
Total	8339	100.0		

### **ks5681 E7i2: Child had accident in playground whilst 3 - 4 years old**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	212	2.5	100.0	100.0
Missing -1 No response	8127	97.5		
Total	8339	100.0		

### **ks5682 E7i3: Child had accident in playground whilst 5 - 6 years old**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	627	7.5	100.0	100.0
Missing -1 No response	7712	92.5		
Total	8339	100.0		

### **ks5683 E7i4: Child had accident in playground since 7th birthday**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	768	9.2	100.0	100.0
Missing -1 No response	7571	90.8		
Total	8339	100.0		

## KS File – Section E

### **ks5690 E7j1: Child had accident at school/nursery/crèche whilst 0 - 2 years old**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	51	.6	100.0	100.0
Missing -1 No response	8288	99.4		
Total	8339	100.0		

### **ks5691 E7j2: Child had accident at school/nursery/crèche whilst 3 - 4 years old**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	247	3.0	100.0	100.0
Missing -1 No response	8092	97.0		
Total	8339	100.0		

### **ks5692 E7j3: Child had accident at school/nursery/crèche whilst 5 - 6 years old**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	442	5.3	100.0	100.0
Missing -1 No response	7897	94.7		
Total	8339	100.0		

### **ks5693 E7j4: Child had accident at school/nursery/crèche since 7th birthday**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	486	5.8	100.0	100.0
Missing -1 No response	7853	94.2		
Total	8339	100.0		



## KS File – Section E

### ks5700 E7k1: Child stung by bee/wasp whilst 0 - 2 years old

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	527	6.3	100.0	100.0
Missing	-8 Text response	3	.0		
	-1 No response	7809	93.6		
	Total	7812	93.7		
Total		8339	100.0		

### ks5701 E7k2: Child stung by bee/wasp whilst 3 - 4 years old

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	1093	13.1	100.0	100.0
Missing	-8 Text response	3	.0		
	-1 No response	7243	86.9		
	Total	7246	86.9		
Total		8339	100.0		

### ks5702 E7k3: Child stung by bee/wasp whilst 5 - 6 years old

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	790	9.5	100.0	100.0
Missing	-8 Text response	3	.0		
	-1 No response	7546	90.5		
	Total	7549	90.5		
Total		8339	100.0		

### ks5703 E7k4: Child stung by bee/wasp since 7th birthday

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	485	5.8	100.0	100.0
Missing	-8 Text response	3	.0		
	-1 No response	7851	94.1		
	Total	7854	94.2		
Total		8339	100.0		

## KS File – Section E

### ks5710 E7I1: Child bitten by animal/human whilst 0 - 2 years old

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Relevant text but no box ticked	1	.0	.7	.7
	1 Yes	149	1.8	99.3	100.0
	Total	150	1.8	100.0	
Missing	-1 No response	8189	98.2		
Total		8339	100.0		

### ks5711 E7I2: Child bitten by animal/human whilst 3 - 4 years old

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Relevant text but no box ticked	1	.0	.5	.5
	1 Yes	183	2.2	99.5	100.0
	Total	184	2.2	100.0	
Missing	-1 No response	8155	97.8		
Total		8339	100.0		

### ks5712 E7I3: Child bitten by animal/human whilst 5 - 6 years old

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Relevant text but no box ticked	1	.0	.5	.5
	1 Yes	199	2.4	99.5	100.0
	Total	200	2.4	100.0	
Missing	-1 No response	8139	97.6		
Total		8339	100.0		

### ks5713 E7I4: Child bitten by animal/human since 7th birthday

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Relevant text but no box ticked	1	.0	.4	.4
	1 Yes	277	3.3	99.6	100.0
	Total	278	3.3	100.0	
Missing	-1 No response	8061	96.7		
Total		8339	100.0		

## KS File – Section E

### ks5720 E7m1: Child badly sunburnt whilst 0 - 2 years old

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	91	1.1	100.0	100.0
Missing	-8 Text response	1	.0		
	-1 No response	8247	98.9		
	Total	8248	98.9		
Total		8339	100.0		

### ks5721 E7m2: Child badly sunburnt whilst 3 - 4 years old

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	70	.8	100.0	100.0
Missing	-8 Text response	1	.0		
	-1 No response	8268	99.1		
	Total	8269	99.2		
Total		8339	100.0		

### ks5722 E7m3: Child badly sunburnt whilst 5 - 6 years old

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	90	1.1	100.0	100.0
Missing	-8 Text response	1	.0		
	-1 No response	8248	98.9		
	Total	8249	98.9		
Total		8339	100.0		

### ks5723 E7m4: Child badly sunburnt since 7th birthday

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	179	2.1	100.0	100.0
Missing	-8 Text response	1	.0		
	-1 No response	8159	97.8		
	Total	8160	97.9		
Total		8339	100.0		

## KS File – Section E

### ks5730 E7n1: Child nearly drowned whilst 0 - 2 years old

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	44	.5	100.0	100.0
Missing -1 No response	8295	99.5		
Total	8339	100.0		

### ks5731 E7n2: Child nearly drowned whilst 3 - 4 years old

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	40	.5	100.0	100.0
Missing -1 No response	8299	99.5		
Total	8339	100.0		

### ks5732 E7n3: Child nearly drowned whilst 5 - 6 years old

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	35	.4	100.0	100.0
Missing -1 No response	8304	99.6		
Total	8339	100.0		

### ks5733 E7n4: Child nearly drowned since 7th birthday

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	25	.3	100.0	100.0
Missing -1 No response	8314	99.7		
Total	8339	100.0		

## KS File – Section E

### ks5740 E7o1: Child had front tooth/teeth knocked out whilst 0 - 2 years old

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	65	.8	100.0	100.0
Missing -1 No response	8274	99.2		
Total	8339	100.0		

### ks5741 E7o2: Child had front tooth/teeth knocked out whilst 3 - 4 years old

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	83	1.0	100.0	100.0
Missing -1 No response	8256	99.0		
Total	8339	100.0		

### ks5742 E7o3: Child had front tooth/teeth knocked out whilst 5 - 6 years old

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0 Other text answer	1	.0	.7	.7
1 Yes	137	1.6	99.3	100.0
Total	138	1.7	100.0	
Missing -1 No response	8201	98.3		
Total	8339	100.0		

### ks5743 E7o4: Child had front tooth/teeth knocked out since 7th birthday

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0 Other text answer	1	.0	1.3	1.3
1 Yes	78	.9	98.7	100.0
Total	79	.9	100.0	
Missing -1 No response	8260	99.1		
Total	8339	100.0		

## KS File – Section E

### ks5750 E7p1: Child had front tooth/teeth chipped/injured whilst 0 - 2 years old

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	224	2.7	100.0	100.0
Missing	-8 Text response	1	.0		
	-1 No response	8114	97.3		
	Total	8115	97.3		
Total		8339	100.0		

### ks5751 E7p2: Child had front tooth/teeth chipped/injured whilst 3 - 4 years old

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	229	2.7	100.0	100.0
Missing	-8 Text response	1	.0		
	-1 No response	8109	97.2		
	Total	8110	97.3		
Total		8339	100.0		

### ks5752 E7p3: Child had front tooth/teeth chipped/injured whilst 5 - 6 years old

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	156	1.9	100.0	100.0
Missing	-8 Text response	1	.0		
	-1 No response	8182	98.1		
	Total	8183	98.1		
Total		8339	100.0		

### ks5753 E7p4: Child had front tooth/teeth chipped/injured since 7th birthday

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	217	2.6	100.0	100.0
Missing	-8 Text response	1	.0		
	-1 No response	8121	97.4		
	Total	8122	97.4		
Total		8339	100.0		

## KS File – Section E

### **ks5760 E7q1: Child other tooth/teeth knocked out/chipped whilst 0 - 2 years old**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	18	.2	100.0	100.0
Missing -1 No response	8321	99.8		
Total	8339	100.0		

### **ks5761 E7q2: Child other tooth/teeth knocked out/chipped whilst 3 - 4 years old**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	27	.3	100.0	100.0
Missing -1 No response	8312	99.7		
Total	8339	100.0		

### **ks5762 E7q3: Child other tooth/teeth knocked out/chipped whilst 5 - 6 years old**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	39	.5	100.0	100.0
Missing -1 No response	8300	99.5		
Total	8339	100.0		

### **ks5763 E7q4: Child other tooth/teeth knocked out/chipped since 7th birthday**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	63	.8	100.0	100.0
Missing -1 No response	8276	99.2		
Total	8339	100.0		

## KS File – Section E

### ks5770 E8a: Child has had accident that left scars which are still present

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	1778	21.3	100.0	100.0
Missing -1 No response	6561	78.7		
Total	8339	100.0		

### ks5771 E8b: Child has had accident that changed behaviour which is still present

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	51	.6	100.0	100.0
Missing -9 Don't know	1	.0		
-1 No response	8287	99.4		
Total	8288	99.4		
Total	8339	100.0		

### ks5772 E8c: Child has had accident that had other effects which are still present

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	134	1.6	100.0	100.0
Missing -1 No response	8205	98.4		
Total	8339	100.0		



## PAGE 40 OF THE QUESTIONNAIRE

F1. This questionnaire was completed by: (tick all that apply)

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

[Editing: If all 3 parts had value -1 then they were set to -5, otherwise values of -1 were recoded to 2 “no”.]

**ks9980 F1a: Questionnaire completed by mother**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	8011	96.1	97.2	97.2
2 No	232	2.8	2.8	100.0
Total	8243	98.8	100.0	
Missing -5 Question F1 omitted	96	1.2		
Total	8339	100.0		

**ks9981 F1b: Questionnaire completed by father**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	246	2.9	3.0	3.0
2 No	7997	95.9	97.0	100.0
Total	8243	98.8	100.0	
Missing -5 Question F1 omitted	96	1.2		
Total	8339	100.0		

**ks9982 F1c: Questionnaire completed by other**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	96	1.2	1.2	1.2
2 No	8147	97.7	98.8	100.0
Total	8243	98.8	100.0	
Missing -5 Question F1 omitted	96	1.2		
Total	8339	100.0		

**Derived Variables**Number of contributors

The number of contributors to the questionnaire is the number of boxes ticked in question F1. It was derived by recoding (1 = 1)(else = 0), summing and then copying across missing values from the components.

**ks9984 DV: Number of contributors to questionnaire**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	8138	97.6	98.7	98.7
	2	100	1.2	1.2	99.9
	3	5	.1	.1	100.0
	Total	8243	98.8	100.0	
Missing	-5 Question F1 omitted	96	1.2		
Total		8339	100.0		

Questionnaire completed by...

This variable details the combinations of respondents reported in question F1. It is calculated by recoding values of 1 to powers of 2 (1, 2, and 4 for parts a to c respectively) and all other values to 0 and summing. Missing values in the components are then copied across.

**ks9985 DV: Questionnaire completed by...**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Mother only	7910	94.9	96.0	96.0
	2 Father only	181	2.2	2.2	98.2
	3 Mother & father	56	.7	.7	98.8
	4 Other only	47	.6	.6	99.4
	5 Mother & other	40	.5	.5	99.9
	6 Father & other	4	.0	.0	99.9
	7 Mother, father & other	5	.1	.1	100.0
	Total	8243	98.8	100.0	
Missing	-5 Question F1 omitted	96	1.2		
Total		8339	100.0		

## KS File – Section F

F2. Please give the date on which you completed this questionnaire:

day	month	year
<div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px;"></div>

[Editing: The date of completion was substituted with the date of receipt of the questionnaire from ALSPAC's administrative database if any of the following occurred: The date of completion was not fully completed, the date of completion was not a valid date (e.g. 31<sup>st</sup> November), the date of completion was later than the date of receipt or the date of completion was earlier than the date on which the questionnaire was sent out by ALSPAC. This action was flagged in variable KS9090c. The month and year of completion were retained on the built file, but the day was dropped.]

### ks9990a F2: Date of completion of questionnaire - month

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 January	624	7.5	7.5	7.5
	2 February	455	5.5	5.5	12.9
	3 March	461	5.5	5.5	18.5
	4 April	414	5.0	5.0	23.4
	5 May	581	7.0	7.0	30.4
	6 June	1476	17.7	17.7	48.1
	7 July	1510	18.1	18.1	66.2
	8 August	907	10.9	10.9	77.1
	9 September	681	8.2	8.2	85.3
	10 October	517	6.2	6.2	91.4
	11 November	486	5.8	5.8	97.3
	12 December	227	2.7	2.7	100.0
	Total	8339	100.0	100.0	

### ks9990b F2: Date of completion of questionnaire - year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2000	4889	58.6	58.6	58.6
	2001	3426	41.1	41.1	99.7
	2002	24	.3	.3	100.0
	Total	8339	100.0	100.0	

### ks9990c DV: Date of completion replaced with date of receipt

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes, incomplete d.o.c.	130	1.6	1.6	1.6
	2 Yes, illegal d.o.c.	2	.0	.0	1.6
	3 Yes, d.o.c. < d.o.s.	83	1.0	1.0	2.6
	4 Yes, d.o.c. > d.o.r.	48	.6	.6	3.2
	5 No	8076	96.8	96.8	100.0
	Total	8339	100.0	100.0	

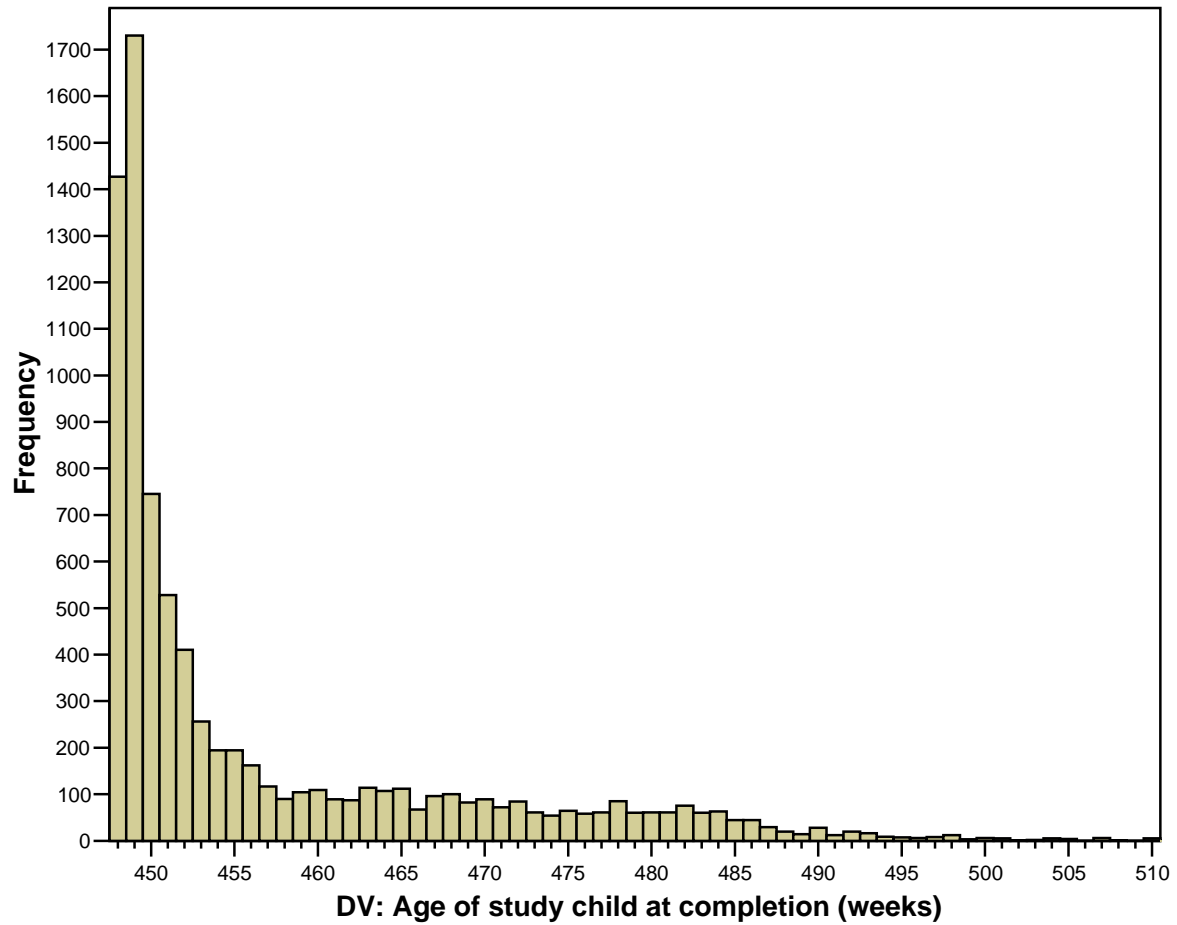
**Derived Variables - Age at Completion**

The date of completion and the children's dates of birth from ALSPAC's central database, were used to calculate the child's age at completion in completed weeks and completed months.

**ks9991a DV: Age of study child at completion (months)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	95	1	.0	.0	.0
	96	5	.1	.1	.1
	97	11	.1	.1	.2
	98	11	.1	.1	.3
	99	12	.1	.1	.5
	100	12	.1	.1	.6
	101	13	.2	.2	.8
	102	14	.2	.2	.9
	103	4547	54.5	54.5	55.5
	104	1037	12.4	12.4	67.9
	105	479	5.7	5.7	73.7
	106	435	5.2	5.2	78.9
	107	408	4.9	4.9	83.8
	108	321	3.8	3.8	87.6
	109	273	3.3	3.3	90.9
	110	287	3.4	3.4	94.3
	111	232	2.8	2.8	97.1
	112	97	1.2	1.2	98.3
	113	54	.6	.6	98.9
	114	34	.4	.4	99.3
	115	11	.1	.1	99.5
	116	15	.2	.2	99.6
	117	11	.1	.1	99.8
	118	3	.0	.0	99.8
	119	6	.1	.1	99.9
	120	2	.0	.0	99.9
	121	3	.0	.0	99.9
	122	1	.0	.0	100.0
	124	1	.0	.0	100.0
	129	1	.0	.0	100.0
	130	1	.0	.0	100.0
	133	1	.0	.0	100.0
Total		8339	100.0	100.0	

**ks9991b DV: Age of study child at completion (weeks)**



plus the following outliers <448 or >510:

# KS File – Section F

**ks9991b DV: Age of study child at completion (weeks)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	417	1	1.0	1.0	1.0
	418	2	1.9	1.9	2.9
	420	2	1.9	1.9	4.8
	421	1	1.0	1.0	5.8
	422	5	4.8	4.8	10.6
	424	3	2.9	2.9	13.5
	425	2	1.9	1.9	15.4
	426	4	3.8	3.8	19.2
	427	1	1.0	1.0	20.2
	428	4	3.8	3.8	24.0
	429	2	1.9	1.9	26.0
	430	5	4.8	4.8	30.8
	431	3	2.9	2.9	33.7
	432	2	1.9	1.9	35.6
	433	1	1.0	1.0	36.5
	434	3	2.9	2.9	39.4
	435	3	2.9	2.9	42.3
	436	1	1.0	1.0	43.3
	437	3	2.9	2.9	46.2
	438	4	3.8	3.8	50.0
	439	6	5.8	5.8	55.8
	440	2	1.9	1.9	57.7
	441	1	1.0	1.0	58.7
	442	3	2.9	2.9	61.5
	443	4	3.8	3.8	65.4
	444	2	1.9	1.9	67.3
	445	4	3.8	3.8	71.2
	446	1	1.0	1.0	72.1
	447	4	3.8	3.8	76.0
	511	4	3.8	3.8	79.8
	512	2	1.9	1.9	81.7
	515	2	1.9	1.9	83.7
	516	1	1.0	1.0	84.6
	518	3	2.9	2.9	87.5
	519	2	1.9	1.9	89.4
	520	1	1.0	1.0	90.4
	523	1	1.0	1.0	91.3
	524	1	1.0	1.0	92.3
	526	1	1.0	1.0	93.3
	529	2	1.9	1.9	95.2
	534	1	1.0	1.0	96.2
	540	1	1.0	1.0	97.1
	564	1	1.0	1.0	98.1
	568	1	1.0	1.0	99.0
	580	1	1.0	1.0	100.0
Total		104	100.0	100.0	

KS File – Section F

F3. Please give the date of birth of your child:

day		month		year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	199 <input type="text"/>

[Editing: Note that this reported date of birth is not used.]

**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 5007**

*For office use only*      *coder*       *int*

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## **Appendix A**

This appendix contains the general coding instructions that are referred to whenever any questionnaire is being coded. Note that this is the 2003 revision, which dates from after this questionnaire was coded. However, the revision did not alter the content but rather streamlined the text by simplifying sentences and introducing headings. This document provides a general overview to the coding process as well as defining abbreviations for standard methods that are used in the specific coding instructions for the questionnaire (see Appendix B).



## **General coding instructions for ALSPAC questionnaires – 3rd revision 12th December 2003**

These are to be used in conjunction with the specific instructions for each questionnaire.

### General Coding instructions for ALSPAC questionnaires – 3rd revision

#### *What is “coding”?*

The coder's main task is to ensure that each questionnaire is easily keyable. This means that the ticks that the respondent has written relate clearly to one box, and only one, that where numbers are required, words have not been written, and to check that the meaning of the question or the stated answer has not been adjusted by the respondent editing the question or qualifying the answer with words that make it not applicable.

Remember that a blank answer should always be left blank. It is not our task to infer what the respondent meant to say.

In cases where a box has been struck out, it should be considered as blank, meaning no answer given, except in rare instances where the specific coding sheet for the questionnaire indicates that a struck-out box should be considered as a zero.

#### *What data are keyed?*

The keying company will key either 1) the small code number in the box which has been ticked as the answer to a given question, or, 2) the numeric answer written by the respondent. All text is keyed whether freely written at the side of the answers or asked for by us on a “Please describe” dotted line.

#### *Clarity*

If you have to clarify a ticked response where the respondent has amended an answer, simply ring round the box containing the correct response and strike out with a single oblique line any answers that the respondent has crossed out. If you have to clarify numbers which the respondent has written, it is often necessary to strike out the given response, draw new box(es) close to the old one(s), and write the correction in them. On occasions it is necessary to put a response down which is not in the range of printed boxes. Instructions for this would be given in the coding sheet specific to the particular questionnaire.

Clear printing of numbers is most important. Use only the Arabic numerals 0,1,2,3,4,5,6,7,8,9. To avoid confusing 1 and 7, write the 7 with a line through it. Numbers should be right justified. If the number does not fill the available number of boxes, then the leftmost ones should be filled with zeros.

#### *Striving for accuracy*

It is better to work more slowly and check the questionnaires properly, rather than plough through mounds of work quickly but inaccurately. If there are any coding queries or the printed instructions do not deal adequately with the responses given, always check with the supervisor. If the matter cannot be resolved at the time, write the question number on a yellow “Post-It” sticky label and attach it to the top of the relevant page so that it is clearly visible in the batch. It is the individual coder’s responsibility to see that the query is resolved before the batch of questionnaires is packed away.

Do not attempt to cross check the response to one question with something the respondent has written elsewhere in the questionnaire (logical editing will be taken care of later by the data preparation team).

Make sure that “skips” (If no/yes, go to question X.....) are observed and that the appropriate Yes or No in the lead question has been answered.

#### *Final checks*

This is a most important stage. At the end of the coding of a run of questionnaires, the coders will go through the questionnaires a second time in order to check the first coder’s marking and find any omissions. No coder checks their own original coding. If serious or consistent coding errors are found in the checking procedure, it is the responsibility of the individual coder to bring it to the attention of the original coder who may have been misreading instructions. The supervisor will perform a validation check on each person’s work at regular intervals in order to strive for maximum accuracy.

## KS File – Appendix A

### *Practical details*

Make sure that all questionnaires in a batch are kept together.

Make corrections to the questionnaire in green, so that the coder's decisions can be seen distinctly. However, if the respondent has written in green, use red for the corrections, and write a note on the front cover saying that you have corrected in red.

When starting a new batch of questionnaires, first verify that all the booklets that are in the batch are the correct ones by comparing and ticking off the i.d. numbers on the printed computerised list that is wrapped round the batch. There should be 20 booklets in the batch (unless it is the very last batch in the run). If any on the list are missing, or if there are any extras, we need to sort out the muddle before the batch can be sent on for keying.

All questionnaires in the same batch should have the same version date printed on the front cover. If a questionnaire of a different version has been included in the batch, hand it to the supervisor to deal with separately, cross out the number on the list and write "Wrong version" alongside. At the top of the list write "19 questionnaires only" or whatever.

Similarly, if a questionnaire is found to be totally blank, hand it to the supervisor, then cross out the number on the list, write "Blank" alongside and "19 questionnaires only" or whatever, at the top.

When you have finished a questionnaire put your initials in the Coders Initials box at the bottom of the back page. When all queries from the batch have been resolved, and all the booklets have been coded, the batch can move on to the next stage.

If the respondent has written anything on the questionnaire which needed to be acted upon by our administration, e.g. Changes of address, corrections of names, changes of marital status or surname, a decision to opt out of the survey etc, it will be stamped "Copied", indicating that the post department have noted the information. If the given information is not stamped "Copied", copy both the i.d. number from the front cover of the questionnaire and also the details of the information on to a separate sheet and hand it to the supervisor.

### *Specific details*

#### Dates

- a) It is important that dates should always be coded in the order day/month/year.
- b) The rules of padding from the left with 0's apply to the days and to the months separately.
- c) If the year is stated but the day and/or month are left unfilled or are described as not known, then code the unknown element(s) as 99.
- d) In contrast, if the year is blank or stated as not known, but other elements of the date have been written, leave the unknown year blank so that there is no ambiguity with 1999.
- e) If the whole date is left totally blank, leave all blank.

#### Coding instructions

Each type of questionnaire has its own unique coding sheet. To carry out the instructions by a standardised method, the abbreviations that have been used are:

7 If more than one box is ticked, ring around the one with the lowest number in the specific range, and put a line through the other responses. If only one box is ticked, or no boxes are ticked, no action is required from the coder.

8 If more than one box is ticked, ring around the one with the highest number in the specific range and put a line through the other responses. If only one box is ticked, or no boxes are ticked, no action is required from the coder.

I If more than one box is ticked, and the muddle cannot be resolved by reference to any written comment on the form, refer the problem to the supervisor or put a yellow sticky label at the top of the page to show that the matter must be resolved before the batch of questionnaires is packed away. If only one box is ticked, or no boxes are ticked, no action is required from the coder.

II Code as a number.

## KS File – Appendix A

Make sure that the answer is in the required units, e.g. weeks rather than months, or pints rather than glasses, or whatever, and remember that fractions are not allowed. There will be rules in the coding instructions as to whether to round fractions up or down, for each question where it is likely to occur.

Other possible 'non-standard' indications by the respondent:

If answer stated as not known, code as 9, 99, 999 or 9999 - depending on field length (i.e. fill as many boxes as the field requires). For this occurrence with dates see above.

If "occasional" is stated where a number is required, this is usually coded as 97. There are occasionally other codes in the 90 range to be used as indicated in the coding instructions.

If "none" or "nil" is stated for a numeric response, code as zero.

If there is no response, or they reply "Not applicable", "N/A" or something equivalent, leave the boxes blank.

IV Code as ddmmyy for days, months, years. See instructions above about dates.

### "Other, please describe" questions

Where information is written on an "other, please describe" line, it is necessary to check various points. Firstly, the information given there should not fit into one of the other categories in the question. If it is the same, recode it as that category, but if there is doubt, or it is clearly different, leave it as "other". Secondly, if there is information written on the line, it should have the corresponding box ticked. If there is no box ticked, then draw an extra box at the side and enter the code "zero" - indicating a relevant comment has been given, but we don't know which "yes" category to put it into.

Answers written in "Other, please describe" sections will not be coded at this stage. These responses will be keyed verbatim, and coded at a later stage. This has the advantage of being able to decide how to group the responses when the complete range is known. However, such responses are not available for analysis until relatively late on in the survey, and some sections, notably those with a historical perspective, have structured textual replies e.g. occupation, childhood diary.

Sheila Preece 12/12/2003

[Version 3 of General Coding Instructions first written 3/6/92 (modified on 20 January 2000) by Hugh Simmons]

## **Appendix B**

This appendix contains the coding instructions specific to this questionnaire.

## KS File – Appendix B

### **Coding instructions for first version (15/4/2000) “My Son/Daughter’s Health”**

All questionnaires in the same batch should have the same 'Date of form' on their front cover. Keep all the questionnaires in a batch together.

### **Coding the “My Son/Daughter’s Health” replies**

Follow the general rules outlined in the "General coding instructions for ALSPAC questionnaires - 2nd revision " document.

#### **Front Cover**

Check that the questionnaire number is legible, and that the date of form is 15/4/2000.

\*\*\*\*\*If the questionnaire is all blank, e.g. the woman didn't want to fill in the form, write " BLANK" on the front cover and hand to the supervisor.

<b>Page 3</b>		
A1 i, ii	8	
A2a	I	
A2b	8	
A3a to e	7	
<b>Page 4</b>		
A3f to x	7	
A3y	7	If something relevant is written on the 'please describe' line, and there is no corresponding tick on A3y, please code A3y as zero to indicate a text response.
<b>Page 5</b>		
A4a to o	I	
A4p	I	If something relevant is written on the 'please describe' line, please ensure that there is a corresponding 'yes' tick on A4p. Note that the text response is not being coded here.
<b>Page 6</b>		
A5a	I	
A5b	II	If a range is given, take the higher number.
A5c 1 <sup>st</sup> admission -age	II	If part years given, round down to the next lower age.
A5c 1 <sup>st</sup> admission -reason		Not being coded here.
A5c 1 <sup>st</sup> admission -No of nights	II	This is the number of midnights spent in hospital. If the child was discharged without staying overnight, or if it was day care only, code as zero.
2 <sup>nd</sup> , 3 <sup>rd</sup> admissions		As 1 <sup>st</sup> admission.
A5d 1 <sup>st</sup> admission	7	
2 <sup>nd</sup> , 3 <sup>rd</sup> admissions	7	
A6a to d	I	If a hernia type is written in A6a, please ensure that the Yes box is ticked
<b>Page 7</b>		
A6e to g	I	
A6h	I	If something relevant is written on the 'please describe' line, please ensure that there is a corresponding 'yes' tick on A6h.
A7a(i)	II	If a range is given, take the higher number. Count part days as whole days. Note that this is days off school, so should exclude weekends etc. if possible. Code don't know as 99.
A7a(ii)		Either a blank or a G is expected here.
A7a "please describe"		If something relevant is written here, there should be a count in A7a(i). If not, set it to 99.
A7b, c, d, e		As A7a. For c & e, exclude visits to Children of the 90s clinics.

## KS File – Appendix B

<b>Page 8</b>		
A8a	8	Please ensure that any relevant writing on the "please describe" area is matched by a 'yes' tick on A8a. If it is not, please code a zero on A8a to indicate information in the 'please describe' section. Please note that the text response is not being coded here.
A8b-r	As A8a	
<b>Page 9</b>		
A9a	I	
A9b		Please ensure that any relevant writing on the "please describe" area is matched by a 'yes' tick on A9a. If it is not, please tick the "yes" box in A9a. Please note that the text response is not being coded here.
A10a	I	Code 'sometimes' as yes.
A10b	8	
A10c	8	
A10d	7	
A10e	7	
<b>Page 10</b>		
A10f	8	
A10g	I	
A10h	I	If more than one box is ticked, tick "other" instead, and list the numbers of boxes originally ticked on the dotted line.
A10j(i) to (iv)	I	
A10j(v)	I	If something relevant is written on the 'please describe' line, please ensure that there is a corresponding 'yes' tick on A10j(v)
A10k	I	Code 'sometimes' as yes.
<b>Page 11</b>		
A10l,m	I	Code 'sometimes' as yes.
A11a	I	Code 'sometimes' as yes.
A11b	7	
A11c,d,e	I	
A12a, b	I	Code 'sometimes' as yes.
If yes,...		If something relevant is written on the 'please describe' line, please ensure that there is a corresponding 'yes' tick on A12b. Note that the text response is not being coded here.
<b>Page 12</b>		
A12c	8	
A12 d	I	Code 'sometimes' as yes.
A13	I	Code 'sometimes' as yes.
A13a		If something relevant is written on the 'please describe' line, please ensure that there is a corresponding 'yes' tick on A13. Note that the text response is not being coded here.
A13b		If something relevant is written, please ensure that there is a corresponding 'yes' tick on A13. Note that the text response is not being coded here.
A13c	I	If something relevant is written on the 'please describe' line, and there is no corresponding tick on A13c, please code A13c as "mouth" or "other part", or else as zero, depending on the text

## KS File – Appendix B

		response. Note that the text response is not being coded here. If 1 and 2 are ticked, code as 3.
A14 a,b,c	I	Code 'sometimes' as yes.
<b>Page 13</b>		
A14d	I	Each of the boxes can be ticked. If they say "don't know/can't remember", whether alongside the whole question, or just individual months, code that month or months as 9.
A14e	8	
A15a	I	Code 'sometimes' as yes.
A15b	8	
A15ci	7	
A15cii	7	
<b>Page 14</b>		
A16a	I	Code 'sometimes' as yes.
A16b	II	If a range is given, take highest.
A16c	II	If a range is given, take the highest. If a fraction, round down.
A17a	I	Code 'sometimes' as yes.
A17b	8	
A17c	7	
A17d	7	
A18	8	
<b>Page 15</b>		
A19i,ii	7	
A20	7	
A21a	I	Code 'sometimes' as yes.
A21b	8	
<b>Page 16</b>		
A21c	7	
A21di to iii	I	'Don't Know' responses should be put in A21d(v) - leave the corresponding component of (i) to (iv) unticked.
A21div	I	If something relevant is written on the 'please describe' line, please ensure that there is a corresponding 'yes' tick on A21div.
A21dv	I	
A22a	I	If 1 and 2 are ticked, code as 3
A22ai	I	
A22aii		Note that the text response is not being coded here.
A22aiii	I	
If yes,...		If something relevant is written on the 'please describe' line, please ensure that there is a corresponding 'yes' tick on A22aiii. Note that the text response is not being coded here.
<b>Page 17</b>		
A23a	I	
A23b		If something relevant is written on the 'please describe' line, please ensure that there is a corresponding 'yes' tick on A23a. Note that the text response is not being coded here.
A23c	I	

## KS File – Appendix B

A23d	7	
A23e	8	
A23fi to iv	I	
<b>Page 18</b>		
A23g		Not being coded here.
A23h	I	
If yes,...		If something relevant is written on the 'please describe' line, please ensure that there is a corresponding 'yes' tick on A23h. Note that the text response is not being coded here.
A23ji to v	I	
A23jvi	I	If something relevant is written on the 'please describe' line, please ensure that there is a corresponding 'yes' tick on A23jvi. Note that the text response is not being coded here.
A23jvii	I	
<b>Page 19</b>		
B1a to i	I	
B1j	I	If something relevant is written on the 'please describe' line, please ensure that there is a corresponding 'yes' tick on B1j
B2a(i) to (iii)		Not being coded here.
B2a(iv)	II	For fractions, round down
B2a(v)	II	As B2a(iv)
<b>Pages 20 – 21</b>		
B2a(vi)	8	
B2b, c,d,e		As B2a
<b>Page 22</b>		
C1	7	
C1a		Please ensure that any relevant writing on the "please describe" area is matched by a 'yes' tick on C1. If it is not, please code a zero on C1 to indicate information in the 'please describe' section. Please note that the text response is not being coded here.
C1b	I	If there are multiple ticks, code as "3".
C1ci-cx	I	For ci, cii, cix, and cx if a description is given, ensure "1" is ticked.
<b>Page 23</b>		
C1d	7	
C1e	8	
C1fi-iii	I	
C1fiv	I	Please ensure that any relevant writing on the "please describe" area is matched by a 'yes' tick on C1fiv.
C1g	I	Please ensure that any relevant writing on the "please describe" area is matched by a 'yes' tick on C1g
C2a	I	
C2bi-iv	I	
<b>Page 24</b>		
C2bv	I	
C2bvi	I	Please ensure that any relevant writing on the "please describe" area is matched by a 'yes' tick on C2bvi.
C2bvii	I	As C2bvi.
C2ci-iv	I	



## KS File – Appendix B

C2cv	I	Please ensure that any relevant writing on the "please describe" area is matched by a 'yes' tick on C2cv.
C3a(i)-(vi)	I	Code "sometimes" as "yes"
<b>Page 25</b>		
C3b(i)-(ix)	I	The question is quite specific about timing. Any deviation from this, code a zero on the relevant box, to indicate another response given, which doesn't fit into the question exactly.
C3b(x)	I	Please ensure that any relevant writing on the "please describe" area is matched by a 'yes' tick on C3bx.
<b>Page 27</b>		
D1a	I	
D1b	I	
D1c	7	
D1d		Please ensure that any relevant writing on the "please describe" area is matched by a 'yes' tick on D1b. If it is not, please code D1c as zero (unless the age is specified in the text). Please note that the text response is not being coded here.
D2a	I	
D2b	7	
D2c,d		Please ensure that any relevant writing on the "please describe" area is matched by a tick on D2b. If it is not, please code D2b as zero (unless the age is specified in the text). Please note that the text response is not being coded here.
<b>Page 28</b>		
D3a	I	
D3b	I	
D3bi	II	Round down part years.
D3bii		Please ensure that any relevant writing on the "please describe" area is matched by a 'yes' tick on D3b. Please note that the text response is not being coded here.
D3c	I	Please ensure that any relevant writing on the "please describe" area is matched by a tick on D3c. Please note that the text response is not being coded here.
<b>Pages 29-30</b>		
D4-D7		As D3
<b>Page 31</b>		
D8a	I	
D8b	II	If a range is given, round up.
D8c (1 <sup>st</sup> problem)		Not being coded here.
D8d (1 <sup>st</sup> problem)	I	
D8e (1 <sup>st</sup> problem)	II	Round part years down. If less than 12 months is given, code as "0".
D8f, g (1 <sup>st</sup> problem)		Not being coded here.
2 <sup>nd</sup> , 3 <sup>rd</sup> problems		As 1 <sup>st</sup> problem
"more than 3 problems"		Any further problems listed here are not being coded.
<b>Page 32</b>		
E1-E5		Repeat the instructions for each of the three accident columns:
E1a	I	
E1b	II	Take upper level of any range given.
E1c to g		Not being coded here.

## KS File – Appendix B

E1h		If more than 1 box ticked, tick the 'other' box and list the numbers of the boxes originally ticked on the dotted line.
E1h "other (please describe)"		If a relevant description is given, please ensure that box 5 is ticked in E1h. Note that the text response is not being coded here.
E1i to k		Not being coded here
<b>Page 33</b>		
E2		as E1
<b>Page 34</b>		
E3a	I	
E3b	II	Take upper level of any range given.
E3c to f		Not being coded here.
E3g		If more than 1 box ticked, tick the 'other' box and list the numbers of the boxes originally ticked on the dotted line.
E3g "other (please describe)"		If a description is given, please ensure that box 5 is ticked in E3g. Note that the text response is not being coded here.
E3h to j		Not being coded here
<b>Page 35</b>		
E4		As E1
<b>Pages 36 - 37</b>		
E5,6		As E3
<b>Page 38</b>		
E7a-c	I	Please note that a tick in all four columns is possible
E7d	I	as E7a-c. If something written on the dotted line, but no tick given, please ensure that all four boxes are coded as zero.
E7e-k		as E7a-c. In E7f if glued cuts are mentioned, code as for stitched cuts.
E7l		as E7d.
E7m-q		as E7a-c.
<b>Page 39</b>		
E8a,b	I	
E8c	I	If a relevant description is given, please ensure that box 1 is ticked in E8c. Note that the text response is not being coded here.
<b>Page 40, Section F</b>		
F1a,b	I	
F1c	I	If something relevant is written on the 'please describe' line, please ensure that there is a corresponding 'yes' tick on F1c
F2	IV	If left blank, copy day, month and year that the form was returned from the front cover.
F3	IV	As F2, using child's date of birth from front cover.
<b>Bottom of Page 40, For Office Use Only</b>		
Coder		Insert your initials here.
Int.		If the questionnaire was completed with the aid of an interviewer, there will be initials here.

END OF QUESTIONNAIRE

Hugh Simmons 18/5/01 \nucoding\mysdhlth

## **Appendix C: Questionnaire Methodology**

### **Administration**

Questionnaires were identified by a check-summed identifier (QUESTIONNAIRE ID) that is unique to both the recipient and the particular questionnaire. If a response was not received after 3 weeks a reminder letter was sent. If there had still not been a response after a further 3 weeks then a second reminder was sent out. If there was still no response 3 weeks after the second reminder had been sent then the case was flagged as being eligible for personal contact by a member of the Family Liaison Team.

On receipt of returned questionnaires by ALSPAC the return was logged in the central database. If returned blank by the respondent (but not, for example, if returned as “not known at this address”) this was flagged. Any signed comments on the back page were dealt with as appropriate and the completed questionnaires batched together in batches of 20, separately for the male and female versions.

### **Data handling**

The expected responses to the questions fall into three categories: self-coding tick boxes, numeric and free text. However, respondents do not always answer the questions in the way expected. For example, they may tick more than one box in response to a question where only one response was expected or they may write a comment in place of ticking a box, perhaps if they feel that none of the options applies. For this reason students were employed to code the completed questionnaires under the supervision of a permanent member of ALSPAC staff who specialised in coding to prepare them for keying. Each questionnaire was first coded according to the rules set out in the ALSPAC general coding instructions (see Appendix A) and the specific coding instructions for this questionnaire (see Appendix B) and then checked by a different member of the team.

The coded questionnaires were then sent to an external keying bureau together with specifications of how the data should be keyed. All numeric and tick box data were double keyed and returned to ALSPAC in a number of SPSS data files. All text responses (both solicited and unsolicited) were keyed once only and returned in comma delimited text files.

On receipt the numeric data files were put together and labelled appropriately. The data were then range checked and any out of range values corrected by inspection of the completed questionnaire. The administrative identifier (QUESTIONNAIRE ID) was converted to the research identifiers ALN & QLET. At the end of this process the data were classified as clean; they are as close as will be got to what the respondent actually entered on the questionnaire, with the proviso that the free text is not included. The free text has been read into a database and is available on request under special confidentiality rules for projects that require it.

In order to prepare the data for general release the clean data were matched to the information about dispatch and return held in the ALSPAC administrative database. This enabled creation of variable for all members of the cohort indicating whether or not a questionnaire was sent out, whether it was returned etc. The variables were renamed according to a unique system to ensure there are no conflicts with variable on other data files. All variable names start with the letters “ks” which are followed by four digits and occasionally a further letter. Then the data from the back page (section G) were edited as

described in the relevant section of this documentation. For data in other sections the only edits applied were to recode values of 9 that indicated an unsolicited text response of “Don’t know” to –9. Note that where there was actually a tick box category for “Don’t know” that was coded as 9 that these values remain as 9. Also, values of 0 indicating some other unsolicited text response were recoded to –8. See Table 1 for an overview of the common missing values on this data file.

**Table 1: Common missing value categories on release files and their interpretation**

<b>Value</b>	<b>Label</b>	<b>Comment</b>
-1	No response	The respondent did not answer this particular question. This may be due to following a skip statement in the questionnaire text as well as simply not attempting to answer the question.
-8	Text response	The respondent wrote something next to a question expecting either a numeric response or a tick box response and the coders were unable to apply any of the available options
-9	Don’t know	The respondent wrote “Don’t know”, or something similar, next to a question expecting either a numeric response or a tick box response where there was no option for “Don’t know”.
-10	Not completed	No completed questionnaire is available for this case. Variable KS0007a = 2 for all such cases.

At some point in the future the data may be reissued as a “built” file with an edited version of the data adjusting for illogical responses, dealing with skip statements and adding useful derived variables.