The Puberty Questionnaire (9yr)

aka ‘Growing and Changing’

Version 2c

(11/10/2004)

Last updated

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By

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The ALSPAC Study

This survey is an ongoing longitudinal study of a population of children born to mothers resident in a geographic area.

Study Eligibility Criteria

To be eligible for the study, mothers had to be resident in Avon while pregnant. In addition, their expected date of delivery had to lie between 1st April 1991 and 31st December 1992 inclusive. Mothers who were resident in the area but left shortly after enrolment were omitted from further follow-up. However, those who had completed the questionnaire scheduled for the third trimester of pregnancy before leaving the study area, have been kept in the study, even if they had not delivered at the time of moving.

The study area is well-defined, consisting of that part of the county of Avon that was also within the South West Regional Health Authority. It therefore excludes Bath and district.

Enrolment

Work prior to the start of enrolment in September 1990 had involved meetings with midwives and discussion with groups representing general practitioners as well as detailed discussion with obstetricians in the area.

Posters were printed for display in a variety of different places - including chemist shops, libraries, mother and toddler groups, and pre-school playgroups, general practitioner waiting-rooms, antenatal clinics and any other area where a mother in early pregnancy was likely to be. In addition, there was considerable local and national coverage in the press, radio and television.

The poster displayed the logo of the study 'Children of the Nineties' and asked interested pregnant mothers to get in touch with the study team. In addition, the local community midwives when interviewing the mother for the first time discussed the study with her, and gave her a card with which to send for further details.

The card that the mother completed and sent to the study office contained her full name and date of birth, her address, her last menstrual period, and expected date of delivery.

Once the card had been received at the study office, a brochure was sent to the mother. This outlined the reason for carrying out the study and explained that the mothers themselves would not benefit tangibly, but that the major benefits were likely to be for the next generation. It informed the mother that there was no compulsion for her to take part, and that even if she started within the study she was free to opt out at any point. Thirdly it emphasised the confidential nature of the information that would be collected, and promised that at no time would the names of the mother and/or child be linked to the confidential information collected. Fourthly, it explained that biological samples would be taken, but that these would not be analysed without the signed permission of the mother, and finally it stated that the information given would also be linked to information from the medical records unless the mother let us know that she did not want us to do this. The mother was told in this brochure that we would assume that she wanted to take part in the study unless she informed us otherwise.

A telephone number (the Children of the Nineties hotline) was given for parents to ring. This hotline is manned by volunteers who have been instructed in the confidential nature of the study. They are advised not to do any counselling or persuading, but rather to take messages which are then acted upon by appropriate members of the study team. In instances where parents ring to request help, they are given, if possible, the appropriate telephone number of an organisation set up to perform this type of service.

For a full description of the study design and the questionnaires used, see the ALSPAC web site (www.alspac.bris.ac.uk).

Aims of the puberty questionnaire

An important facet in the study of children as they go through late childhood into adolescence concerns the timing of the onset of puberty. This is likely to effect both their emotional state as well as various aspects of health and development. One of the measures used to assess the stage of puberty in the ALSPAC study is concerned with a self rating of puberty. Others include the use of sebutape to identify sebum secretion (carried out in Focus clinics), monitoring of the growth spurt, and measuring hormone levels in urine.

The questionnaire was developed in association with Dr Carol Rubin of the Centers for Disease Control (CDC), Atlanta, USA. CDC funded the printing and coding of these questionnaires.

The Questionnaire

The questions asked were obviously different for boys and girls. Each questionnaire included a set of pictures, based on those developed by Tanner adapted from those used in studies in the USA. However, the boys pictures used in the USA were shown with circumcised penises – which was inappropriate for a British population. These were therefore changed and are shown in this documentation.

Timing of the questionnaire was to coincide with the questionnaire 'Your Son/Daughter at 9' which was administered at 116 months. This was also accompanied by the questionnaire 'My Hands, my Feet and Me' which was aimed at the child.

Response rate

In all, 11,000 questionnaires were sent, and 7020 were returned, (1,600 are still being keyed). This compares with 8155 (out of 11,000) questionnaires returned for 'Your Son/Daughter at 9' and 8027 (out of 11,379) questionnaires for ''My Hands, my Feet and Me'.

Coding

Most of the self-completion responses are self-coding - the ticked reply box contains a printed number then can be directly keyed. A few questions invite a textual reply, and some participants also amplify a tick response with comments.

Returned questionnaires are coded by our staff. They have to check that each question has no more than one ticked response, and that any comments do not materially affect the sense of the response. On a few occasions they also need to convert dates and similar variables to a standard format. There are rules for each variable, for how to interpret problems such as multiple ticking, or rounding of ages, where months are given and years were requested. All coding is cross-checked by a second person and then keyed and verified.

In general, where more than one box was ticked there was a rule that the 'worst' code would be used. This was indicated by a coding rule such that L indicated that the lower code be used, H the higher. Where no such rules could be made the coding supervisor made a decision.

Textual replies to questions are dealt with separately. The range of responses to a given question is enormous, the variety of questions asked is also large, and this gives problems of maintaining coding consistency across a range of specialist areas, e.g. drugs, accidents, occupations, and environmental exposures. The problem is resolved by keying all written responses into a word processor, splitting the responses by question type, so that finally all the replies to one question are available together in one file. This can then be coded semi-automatically by a specialist in that field. Accuracy and consistency are thus ensured without the expense of training the basic coders in all the different disciplines required.

Release file version history (introduced version 2c)

Release version 2c – May 2019
Four variables (pub230, pub235, pub250 and pub255) had data linked to a missing value of '6' (with the value label 'not sure'). For consistency with other ALSPAC data, these cases have been recoded as '-2' and the '6' missing value dropped from the dataset.

Format of the variable descriptors

In all that follows:

i) Each question will be quoted verbatim in italics (with differences between the questionnaire versions, where they exist);
ii) The coding rule(s) used by the ALSPAC coders will be indicated in square brackets;
iii) The editing assumptions made preparing this computer file in round brackets;
iv) The variable no. on file, with the rubric used;
v) A table of frequencies.

This documentation is for the single file created from the two questionnaires 'Mother/daughter' and 'Parent/Son'.

The variable *pub201* shows that there is currently little difference in response for the boys' and girls' questionnaires.

pub201 Sex

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00 Male	3360	47.9	47.9	47.9
	2.00 Female	3657	52.1	52.1	100.0
	Total	7017	100.0	100.0	

Measurement data

The following two pages describe the measurement data collected. A two-pronged strategy was adopted to error-check these data and these checks are still ongoing.

Checks carried out on measurement data

1) In some cases, both metric and imperial measurements were given. If the difference between these two figures was greater than 2cm, the values were error checked. If this could not be resolved an additional source of data was consulted to see which was more reasonable. With discrepancies still outstanding, the metric measurement was taken.

For those child who did not have data from the 9-year clinic

2a) Values outside of the range (100,160) cm for height, (20,60) kg for weight and (10,30) for BMI were flagged for error checking and in most cases a keying error was not found to have been the cause. Variables names *chek_ht, chek_wt* and *chek_bmi* denote cases that have been and those that are still waiting checking.

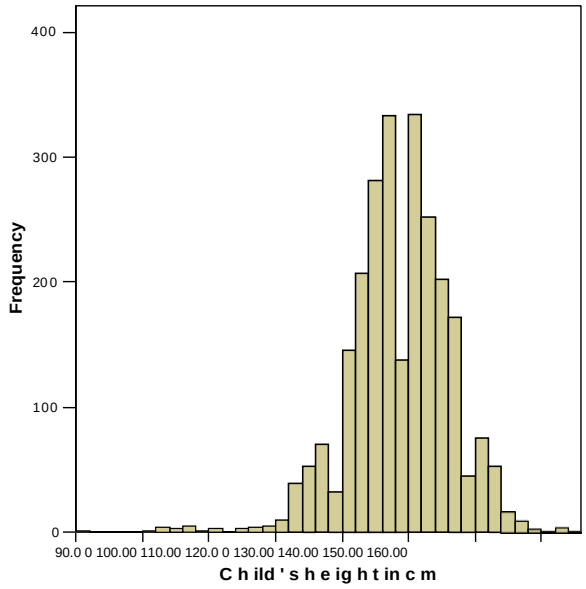
For those with clinic measurements (taken from DXA sessions)

2b) Since we had two sources of data taken at around the same time, a simple analyses was carried out to highlight disagreements. The difference in age between the questionnaire and the clinic test was calculated, as were the changes in weight and height between the two time points. These changes in height and weight were regressed on the age variable and these analyses yielded estimates of 0.11cm and 0.08kg growth per week. The residuals from these two models were outputted and will be used to select cases for error-checking. For the moment, truncated versions of these two variables (named as *res_ht* and *res_wt*) will be present on the file.

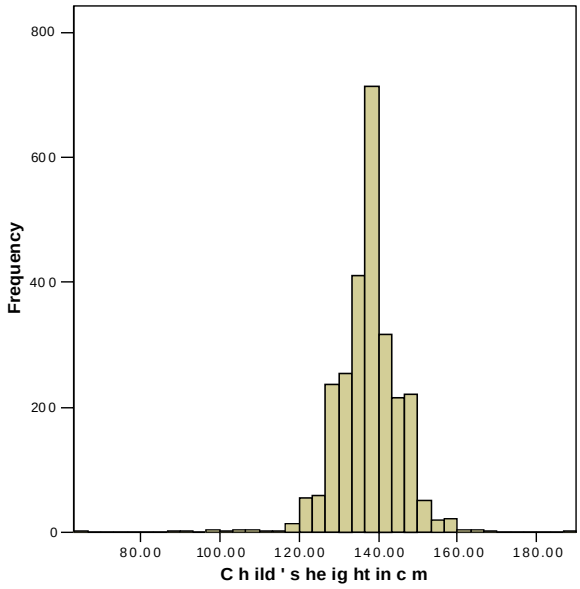
A1. *What is your daughter's/son's height (without shoes)?*
*The best way to measure **height** is to ask your daughter/son to stand barefoot as straight as possible against a wall, to make a mark on the wall at the highest point on the child's head and to measure the distance from the mark on the floor.*

feet ☐ inches ☐☐ **OR** metres ☐ centimetres ☐☐

PUB203 Child's height in cm



Boys

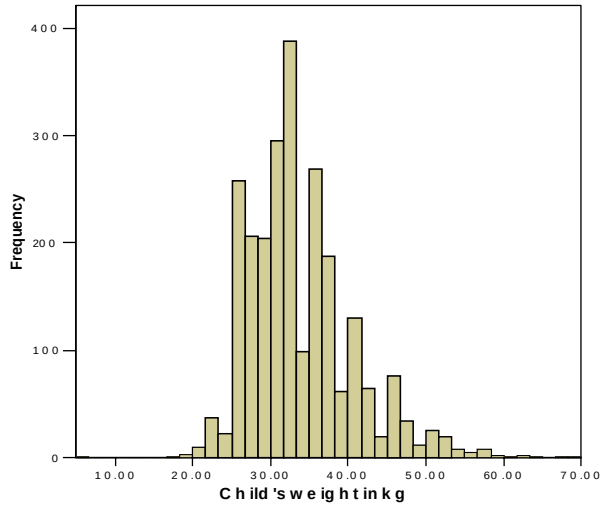


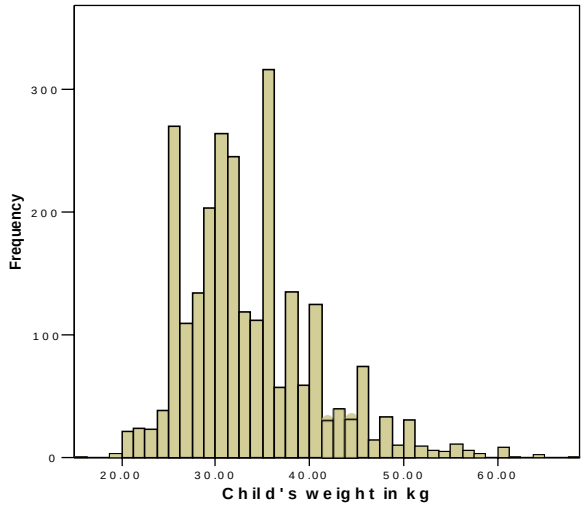
Girls

A2. *What is your daughter's/son's weight (without shoes)?*
Please fill in using kilos or stones.

stones ☐ pounds ☐☐ **OR** kilos ☐☐

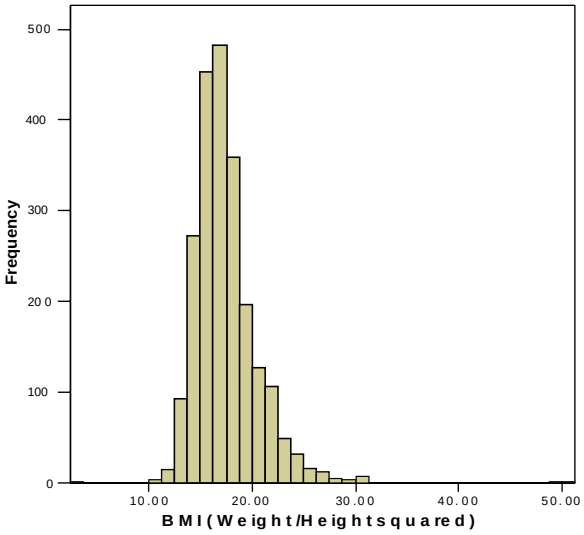
PUB204 Child's weight in kg



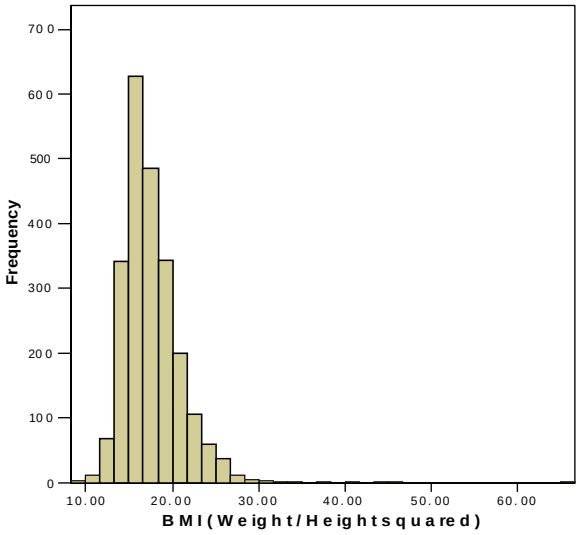


Height and weight were then used to create BMI (body mass index: i.e. weight ÷ ht^2

PUB205 Child's BMI



Boys



Girls

The very high values correspond to a handful of children who are around 1m tall but with a body-weight in the normal range as well as the girl who is reportedly 66cm tall and 29kg in weight.

Residual variables

res_ht Residual obtained from comparison of height with DXA height measure

		Frequency	Valid Percent
Valid	-6.00 -10 or less	115	2.8
	-5.00 -9 to -5	126	3.0
	-4.00 >-5	49	1.2
	-3.00 >-4	75	1.8
	-2.00 >-3	138	3.3
	-1.00 >-2	290	7.0
	.00 -1<x<1	1797	43.3
	1.00 <2	713	17.2
	2.00 <3	380	9.1
	3.00 <4	167	4.0
	4.00 <5	107	2.6
	5.00 5 to 9	134	3.2
	6.00 10+	63	1.5
	Total	4154	100.0
Missing	-99.00 No puberty height measure	1427	
	-98.00 No DXA height measure	1436	
	Total	2863	
Total		7017	

res_wt Residual obtained from comparison of weight with DXA weight measure

		Frequency	Valid Percent
Valid	-6.00 -10 or less	23	.6
	-5.00 -9 to -5	134	3.3
	-4.00 >-5	66	1.6
	-3.00 >-4	108	2.7
	-2.00 >-3	183	4.5
	-1.00 >-2	315	7.8
	.00 -1<x<1	1957	48.5
	1.00 <2	724	17.9
	2.00 <3	299	7.4
	3.00 <4	131	3.2
	4.00 <5	45	1.1
	5.00 5 to 9	42	1.0
	6.00 10+	10	.2
	Total	4037	100.0
Missing	-99.00 No weight measure	1544	
	-98.00 No DXA weight measure	1436	
	Total	2980	
Total		7017	

A3. *In the past month, what was the average number of times that your daughter*

*participated in **vigorous** physical activity (such as running, dance, gymnastics, netball, swimming, or aerobics)?*

- *none*
- *less than once a week*
- *1-3 times a week*
- *4-6 times a week*
- *daily*

PUB209 a3 - frequency of child's participation in vigorous physical activity during past month

		pub201 Sex		
		1.00 Male	2.00 Female	Total
pub209 a3 - frequency of childs participation in vigorous physical activity during past month	1 none	34	50	84
		1.0%	1.4%	1.2%
	2 less than once a week	134	172	306
		4.1%	4.8%	4.4%
	3 1-3 times a week	1350	2085	3435
		40.9%	58.0%	49.8%
	4 4-6 times a week	992	950	1942
		30.1%	26.4%	28.2%
	5 daily	789	337	1126
		23.9%	9.4%	16.3%
Total		3299	3594	6893
		100.0%	100.0%	100.0%

Female questions

A4. *Has your daughter started her menstrual periods yet?*

Yes [1] No [2] → **If <u>no</u>, please go to A10**

pub210 a4 - has child had menstrual periods yet

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	17	.5	.5	.5
	2 No	3607	98.6	99.5	100.0
	Total	3624	99.1	100.0	
Missing	-6 Missed whole mentruation section	33	.9		
Total		3657	100.0		

If <u>yes</u>,

*a) How **old** was your daughter when she had her first period?*

[ ] *years old*

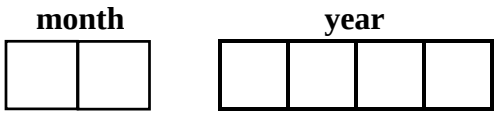
pub211 a4a - how old was child when she had her first period

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	8	4	.1	26.7	26.7
	9	11	.3	73.3	100.0
	Total	15	.4	100.0	
Missing	-6 Missed whole mentruation section	33	.9		
	-2 Not started periods	3607	98.6		
	-1 Missing	2	.1		
	Total	3642	99.6		
Total		3657	100.0		

There appear to be two girls who have started their period but given no other information. These have now been error checked and it seems that in both cases they ticked YES and then went on to A10.

These two cases have been cross-referenced with the 8yr data. 1 case answered NO for A4 at that time, and the other missed the questionnaire.

A5. *When was her first period ?*



This information was used to derive the following:-

pub212 DV: a5 - Child's age in months at time of first period

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	101.00	1	.0	7.1	7.1
	102.00	1	.0	7.1	14.3
	104.00	1	.0	7.1	21.4
	105.00	1	.0	7.1	28.6
	107.00	1	.0	7.1	35.7
	108.00	1	.0	7.1	42.9
	109.00	1	.0	7.1	50.0
	110.00	2	.1	14.3	64.3
	113.00	1	.0	7.1	71.4
	115.00	1	.0	7.1	78.6
	116.00	2	.1	14.3	92.9
	117.00	1	.0	7.1	100.0
	Total	14	.4	100.0	
Missing	-6.00 Missed whole mentruation section	33	.9		
	-2.00 Not started periods	3607	98.6		
	-1.00 Missing	3	.1		
	Total	3643	99.6		
Total		3657	100.0		

A6. a) *In the **past year**, how many **days of bleeding** has your daughter <u>usually</u> had during each of her periods?*

☐☐ *days* *don't know* ☐ 99

ub215 a6a - how many days of bleeding does child usually have during perioc

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	1	.0	7.1	7.1
	1	1	.0	7.1	14.3
	2	7	.2	50.0	64.3
	4	2	.1	14.3	78.6
	7	1	.0	7.1	85.7
	99 DK	2	.1	14.3	100.0
	Total	14	.4	100.0	
Missing	-9 Error check	1	.0		
	-6 Missed whole mentruation section	33	.9		
	-2 Not started periods	3607	98.6		
	-1 Missing	2	.1		
	Total	3643	99.6		
Total		3657	100.0		

*b) If you **don't know**, is it probably:*

3 days or less ☐ 1

4-6 days ☐ 2

7 days or more ☐ 3

pub216 a6b - if dont know exactly, approximately how many days bleeding does child usually have during period

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 3 days or less	1	.0	33.3	33.3
	2 4-6 days	1	.0	33.3	66.7
	3 7 days or more	1	.0	33.3	100.0
	Total	3	.1	100.0	
Missing	-6 Missed whole mentruation section	33	.9		
	-2 Not started periods	3607	98.6		
	-1 Missing	14	.4		
	Total	3654	99.9		
Total		3657	100.0		

A7. *In the past year, what was the **usual length** of your daughter's menstrual cycle? In other words, how many days were there from the **first day of one period to the first day of the next period?***

☐☐ *days* *don't know* ☐ 99

pub217 a7 - usual length of childs menstrual cycle

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	1	.0	7.7	7.7
	1	1	.0	7.7	15.4
	2	2	.1	15.4	30.8
	28	1	.0	7.7	38.5
	30	1	.0	7.7	46.2
	45	1	.0	7.7	53.8
	99 DK	6	.2	46.2	100.0
	Total	13	.4	100.0	
Missing	-6 Missed whole mentruation section	33	.9		
	-2 Not started periods	3607	98.6		
	-1 Missing	4	.1		
	Total	3644	99.6		
Total		3657	100.0		

A8. *Has your daughter **ever** had any of the following **symptoms** associated with **her period**?*

*a) Heavy or prolonged **bleeding***

Yes ☐ 1 *No* ☐ 2 → ***If <u>no</u>, go to A8b***

pub220 a8a - has child ever had heavy or prolonged bleeding with period

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	2	.1	13.3	13.3
	2 No	13	.4	86.7	100.0
	Total	15	.4	100.0	
Missing	-6 Missed whole mentruation section	33	.9		
	-2 Not started periods	3607	98.6		
	-1 Missing	2	.1		
	Total	3642	99.6		
Total		3657	100.0		

If <u>yes</u>,

(i) Did you contact her doctor for this?

Yes [1] *No* [2]

pub221 a8a1 - was doctor contacted about childs heavy or prolonged bleeding

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2 No	2	.1	100.0	100.0
Missing	-6 Missed whole mentruation section	33	.9		
	-3 No heavy/prolonged bleeding	13	.4		
	-2 Not started periods	3607	98.6		
	-1 Missing	2	.1		
	Total	3655	99.9		
Total		3657	100.0		

A8. *b) Severe **cramps** with her period?*

Yes [1] *No* [2]

pub222 a8b - has child ever had severe cramps with period

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	5	.1	33.3	33.3
	2 No	10	.3	66.7	100.0
	Total	15	.4	100.0	
Missing	-6 Missed whole mentruation section	33	.9		
	-2 Not started periods	3607	98.6		
	-1 Missing	2	.1		
	Total	3642	99.6		
Total		3657	100.0		

If <u>yes</u>,

i) Did you contact her doctor for this?

Yes [1] *No* [2]

pub223 a8b1 - was doctor contacted about childs severe cramps during period

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	1	.0	20.0	20.0
	2 No	4	.1	80.0	100.0
	Total	5	.1	100.0	
Missing	-6 Missed whole mentruation section	33	.9		
	-3 No severe cramps	10	.3		
	-2 Not started periods	3607	98.6		
	-1 Missing	2	.1		
	Total	3652	99.9		
Total		3657	100.0		

*c) Period-type pains or pain in her **pelvic** area (lower part of her tummy) for most days of the month even when she is not bleeding?*

Yes [1] *No* [2]

pub224 a8c - has child had period type pains in pelvic area for most of month even when not bleeding

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	4	.1	28.6	28.6
	2 No	10	.3	71.4	100.0
	Total	14	.4	100.0	
Missing	-6 Missed whole mentruation section	33	.9		
	-2 Not started periods	3607	98.6		
	-1 Missing	3	.1		
	Total	3643	99.6		
Total		3657	100.0		

If yes,

i) Did you contact her doctor for this?

Yes [1] *No* [2]

(There is one case of both A8c and A8c(i) being answered 'YES' despite the child not having started her periods. Despite A4 instructing the parent to go straight to A10, this un-requested information will be kept on the file as it is potentially interesting).

pub225 a8c1 - was doctor contacted about childs pains in pelvic area when not bleeding

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2 No	4	.1	100.0	100.0
Missing	-6 Missed whole mentruation section	33	.9		
	-3 No period type pains	10	.3		
	-2 Not started periods	3607	98.6		
	-1 Missing	3	.1		
	Total	3653	99.9		
Total		3657	100.0		

Sometimes, if girls have problems with their periods e.g. heavy bleeding, irregular bleeding or cramps, their GP may prescribe the oral contraceptive pill (which can be called 'hormone' or 'oestrogen pills') to help.

A9. Has your daughter taken oral contraceptives or birth control pills, for any reason during the past 12 months?

Yes [1] No [2]

pub227 a9 - has child taken oral contraceptives for any reason in past 12 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2 No	15	.4	100.0	100.0
Missing	-2 Not started periods	3607	98.6		
	-1 Missing	35	1.0		
	Total	3642	99.6		
Total		3657	100.0		

A10. a) Has a doctor ever told your daughter that she had a **thyroid problem** or asked her to take thyroid medicine or treatment?

Yes [1] No [2]

pub228 a10a - has doctor ever told child she had a thyroid problem or asked her to take thyroid treatment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	3	.1	.1	.1
	2 No	3455	94.5	99.9	100.0
	Total	3458	94.6	100.0	
Missing	-1 Missing	199	5.4		
Total		3657	100.0		

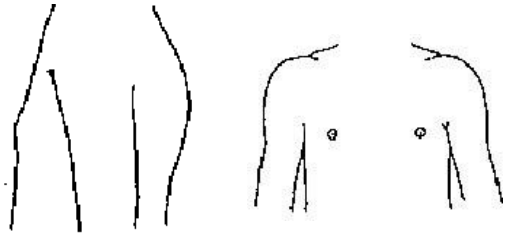
If <u>yes</u>,

b) What kind of thyroid problem did the doctor say she had? [Keyed as text]

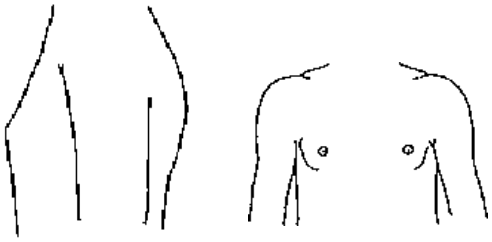
SECTION B (girls)

*The drawings below show stages of the way the **breasts** develop. A girl can go through each of the five stages shown, although some girls skip some stages. Please look at each of the drawings. It is also important to read the descriptions.*

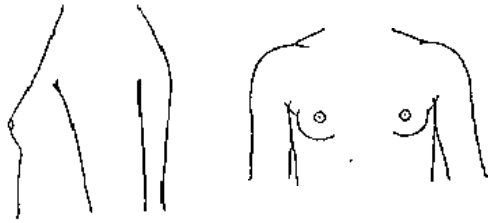
*Put a tick in the box to the right of the drawing that is **closest** to your daughter's current breast stage.*

(1) 

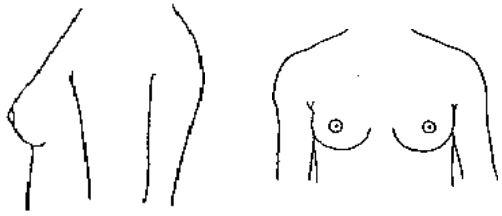
The nipple is raised a little in this stage.
The rest of the breast is still flat

(2) 

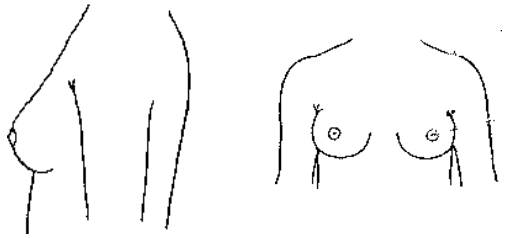
This is the breast bud stage.
In this stage the nipple is raised more than in stage 1. The breast is a small mound.
The dark area around the nipple (areola) is larger than in stage 1.

(3) 

The areola and the breast are both larger than in stage 2. The areola does not stick out away from the breast.

(4) 

The areola and the nipple make up a mound that sticks up above the shape of the breast. (Note: This stage may not happen at all for some girls. Some girls develop from stage 3 to stage 5 with no stage 4.)

(5) 

This is the mature adult stage. The breasts are fully developed. Only the nipple sticks out in this stage. The areola has moved back in the general shape of the breast.

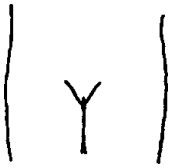
(6)

Not sure

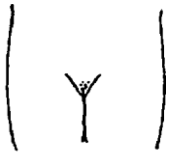
SECTION C (girls)

*The drawings below show different amounts of **female pubic hair**. A girl can go through each of the five stages shown. Please look at each of the drawings. It is also important to read the descriptions.*

Put a tick in the box to the right of the drawing that is the closest to the amount of pubic hair your daughter has.

(1) 

There is no pubic hair

(2) 

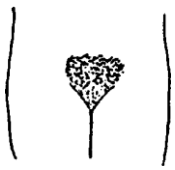
There is a little long, lightly coloured hair. This hair may be straight or a little curly.

(3) 

The hair is darker in this stage. It is coarser and more curled. It has spread out and thinly covers a bigger area.

(4) 

The hair is now as dark, curly, and coarse as that of an adult woman. However, the area that the hair covers is not as large as that of an adult woman. The hair has not spread out to the legs.

(5) 

The hair now is like that of an adult woman. It also covers the same area as that of an adult woman. The hair usually forms a triangular pattern as it spreads out to the legs.

(6) *Not sure*

NOTE: Your daughter's pubic hair stage may or may not be the same as her stage of breast development.

[If more than 1 box was ticked, the coders were instructed to take the higher value, unless this was 6]

pub230 b - development stage of childs breasts

		Frequency	Percent
Valid	1 nipple is raised a little, rest of breast still flat	2246	61.4
	2 breast bud stage - breast small mound - larger areola	1141	31.2
	3 larger areola and breast. Areola not sticking out	192	5.3
	4 areola and nipple form mound above breast	24	.7
	5 mature adult stage - only nipple sticks out	3	.1
	Total	3606	98.6
Missing	-1 Missing	37	1.0
	-2 not sure	14	.4
	Total	51	1.4
Total		3657	100.0

pub235 c - development stage of childs pubic hair

		Frequency	Percent
Valid	1 no hair	2944	80.5
	2 little soft, long, light coloured hair	554	15.1
	3 darker, curlier hair covering bigger area	103	2.8
	4 dark and curly as womans but none on legs	21	.6
	5 dark and curly as womans and spread out to legs	3	.1
	Total	3625	99.1
Missing	-1 Missing	20	.5
	-2 not sure	12	.3
	Total	32	.9
Total		3657	100.0

SECTION B (boys)

Boys go through the various stages of physical development at different ages. Some start as early as 6, others not until they are 16. We need your help in letting us know what stage your son is at. Please look at each of the drawings. It is also important to read the descriptions.

*Put a tick in the box that is **closest** to your son's current stage.*

(1) 

The size and shape of the testes, scrotum (the sac holding the testes) and penis are about the same as when he was younger.

(2) 

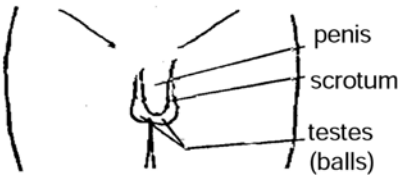
The penis is a little bit bigger. The scrotum has dropped and the skin of the scrotum has changed. The testes are bigger.

(3) 

The penis has grown longer, the testes have grown and dropped lower.

(4) 

The penis is longer and wider. the head of the penis is bigger, the scrotum is a darker colour and bigger. The testes are bigger.

(5) 

The penis, scrotum and testes are the size and shape of a man's.

(6) *Not sure*

Frequencies shown after section C question.

SECTION C (boys)

As part of development, at some stage hair will start to grow just above the penis. Please look at each of the drawings. It is also important to read the descriptions. Put a tick in the box that is ***closest*** *to the amount of pubic hair that your son has.*

(1)  *There is no hair at all.*

(2)  *There is a little soft, long, lightly coloured hair at the base of the penis. It may be straight or a little curly*

(3)  *The hair is darker and more curled. It has spread out and thinly covers a bigger area*

(4)  *The hair is as dark and curly as that of a man, but it hasn't spread out to the legs.*

(5)  *The hair is like that of a man. It has spread out to the legs.*

(6) Not sure

[If more than 1 box was ticked, the coders were instructed to take the higher value unless this was 6]

pub250 b - development stage of childs testes scrotum and penis

		Frequency	Percent
Valid	1 about the same as when younger	813	24.2
	2 penis + testes bit bigger, scrotum dropped + skin changed	1212	36.1
	3 penis longer, testes grown + dropped lower	875	26.0
	4 penis longer + wider + bigger head, scrotum darker + bigger	220	6.5
	5 size and shape of mans	8	.2
	Total	3128	93.1
Missing	-9 Error check	1	.0
	-1 Missing	94	2.8
	-2 not sure	137	4.1
	Total	232	6.9
Total		3360	100.0

pub255 c - development stage of childs pubic hair

		Frequency	Percent
Valid	1 no hair	2544	75.7
	2 little soft, long, light coloured hair at base of penis	492	14.6
	3 darker, curlier hair covering bigger area	14	.4
	4 dark and curly as mans but none on legs	3	.1
	Total	3053	90.9
Missing	-9 Error check	1	.0
	-1 Missing	263	7.8
	-2 not sure	43	1.3
	Total	307	9.1
Total		3360	100.0

SECTION D (boys)

Has your son's voice changed at all?

- *No it is the same*
- *Yes, occasionally it is a lot lower*
- *Yes, it has now changed totally*
- *Not sure*

pub260 d1 - change in childs voice

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 no change	3131	93.2	94.3	94.3
	2 occasionally a little lower	136	4.0	4.1	98.4
	3 changed totally	4	.1	.1	98.5
	4 not sure	50	1.5	1.5	100.0
	Total	3321	98.8	100.0	
Missing	-1 Missing	39	1.2		
Total		3360	100.0		

Final standard questions:-

These were questions D1 to D3 in the girls questionnaire and E1 to E3 in the boys.

D/E1. This questionnaire was completed by: (tick all that apply)

a)	*mother*	1
b)	*daughter*	1
c)	*other (please describe)*	1

pub290 Who completed questionnaire?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00 Parent only	5145	73.3	75.1	75.1
	2.00 Child only	196	2.8	2.9	77.9
	3.00 Parent and child	1453	20.7	21.2	99.1
	4.00 Other only	24	.3	.4	99.5
	5.00 Parent and other	14	.2	.2	99.7
	6.00 Child and other	9	.1	.1	99.8
	7.00 Parent, child and other	14	.2	.2	100.0
	Total	6855	97.7	100.0	
Missing	-1.00 Missing	162	2.3		
Total		7017	100.0		

D/E2. *Please give the date on which you completed this questionnaire:*

day *month* *year*

D/E3. *Please give the date of birth of your daughter/son:*

day *month* *year*

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These were used to derive:-

pub295 Age of child at completion (months)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	114.00	67	1.0	1.0	1.0
	115.00	4037	57.5	57.5	58.5
	116.00	1519	21.6	21.6	80.1
	117.00	496	7.1	7.1	87.2
	118.00	408	5.8	5.8	93.0
	119.00	270	3.8	3.8	96.9
	120.00	87	1.2	1.2	98.1
	121.00	27	.4	.4	98.5
	122.00	33	.5	.5	99.0
	123.00	19	.3	.3	99.2
	124.00	14	.2	.2	99.4
	125.00	9	.1	.1	99.6
	126.00	6	.1	.1	99.6
	127.00	5	.1	.1	99.7
	128.00	6	.1	.1	99.8
	129.00	5	.1	.1	99.9
	130.00	2	.0	.0	99.9
	131.00	3	.0	.0	99.9
	132.00	1	.0	.0	100.0
	133.00	2	.0	.0	100.0
	137.00	1	.0	.0	100.0
	Total	7017	100.0	100.0	

The age in weeks will also be present.

In the event of a missing or erroneous date of completion, the date of receipt of the questionnaire into our post-room was used. An indicator will be present on the file to show when this was done.

The following variables will also be present on the file:-

pub296 Month of completion

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	549	7.8	7.8	7.8
	2	750	10.7	10.7	18.5
	3	1111	15.8	15.8	34.3
	4	761	10.8	10.8	45.2
	5	677	9.6	9.6	54.8
	6	672	9.6	9.6	64.4
	7	677	9.6	9.6	74.1
	8	510	7.3	7.3	81.3
	9	391	5.6	5.6	86.9
	10	367	5.2	5.2	92.1
	11	378	5.4	5.4	97.5
	12	174	2.5	2.5	100.0
	Total	7017	100.0	100.0	

pub297 Year of completion

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2001	4205	59.9	59.9	59.9
	2002	2798	39.9	39.9	99.8
	2003	14	.2	.2	100.0
	Total	7017	100.0	100.0	