



MY SON'S HEALTH AND BEHAVIOUR

This questionnaire asks about your child now that he is three and a half. It is like the other questionnaires you have received. Your answers will help us to understand how your child has changed in the past year. To answer simply tick the box which best describes your child or your child's situation. Please answer all questions that you can. If you cannot answer any question or if they do not apply to you please put a line through them. There are no right or wrong answers. Please just describe what happens in your situation. You may make additional comments at the end. All answers are confidential.

THANK YOU FOR YOUR HELP

21/10/94

Recycled Paper

SECTION A: YOUR CHILD'S HEALTH

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

	(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. Has he had any of the following in the past 12 months?

	Yes and saw a doctor	Yes but did not see doctor	No did not have
a) diarrhoea	1	2	3
b) blood in the stools	1	2	3
c) vomiting	1	2	3
d) cough	1	2	3
e) high temperature	1	2	3
f) snuffles/cold	1	2	3
g) ear ache	1	2	3
h) ear discharge (pus not wax)	1	2	3
i) convulsions/fits	1	2	3
j) stomach ache(s)	1	2	3
k) rash	1	2	3
l) wheezing	1	2	3
m) breathlessness	1	2	3
n) episodes of stopping breathing	1	2	3
o) an accident	1	2	3
p) headache(s)	1	2	3
q) other (please tick and describe)	1	2	3

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- A3. a) Has your child been admitted to hospital in the past 12 months?
 Yes ₁ No ₂ If no, go to A4

If yes,

- b) how many times?

- c) please describe for each admission:

	Age of child (months)	Reason for admission	No. of nights child stayed
(1)
(2)
(3)

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

	1st admission	2nd admission	3rd admission
Not at all	1	1	1
Quite often	2	2	2
Every day	3	3	3
Stayed in the hospital with the child	4	4	4

- A4. Has he ever had any of the following?

	Yes	No
a) hernia repair	1	2
b) operation for squint	1	2
c) tubes (grommets) put in his ears	1	2
d) other operation (please tick and describe)	1	2

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- A5. a) In the past 12 months has he had any periods when there was wheezing with whistling on his chest when he breathed?
 Yes ₁ No ₂ If no, go to A6

If yes,

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

once₁ twice₂ 3-4₃ 5 or more₄ don't₅
 times times know

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

one day₁ 2-3₂ 4-9₃ 10-19₄ 20 or
 days days days days more₅ don't₆
 days know

- d) Was he breathless (struggling for breath) during any of these times?

Yes for ₁ Yes for₂ No not₃
 all some at all

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

Yes for ₁ Yes for₂ No not₃
 all some at all

f) What do you think brings them on?

	Yes	No
i) chest infection or bronchitis	1	2
ii) being in a smoky room	1	2
iii) cold weather	1	2
iv) no idea	1	2
v) other (please tick and describe)	1	2

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A6. a) Has your child had an itchy, dry skin rash in the joints and creases of his body (e.g. behind the knees, elbows, under the arms) in the past 12 months?

Yes₁ No₂ If no, go to A7a below

If yes,

b) how bad was this?

very bad₁ quite bad₂ mild₃ no problem₄

c) does he have this sort of rash now?

Yes₁ No₂

	Yes	No
d) did the rash ever become sore and oozy?	1	2
e) was it made worse by irritants such as bubble bath, soap, wool or nylon clothing?	1	2

In the past 12 months:

A7. a) Has he had an itchy, dry rash on his hands? Yes₁ No₂

b) Has he had an itchy, dry rash on his feet? Yes₁ No₂

If yes, please describe which parts of his feet

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

Yes₁ No₂

d) has he ever had a reaction (e.g. redness or itching) which you thought was due to some food that he had eaten?

Yes₁ No₂ If no, go to A8a

If yes, please describe the most recent occasion:

A7d. i) what was the food?

ii) how long after the food was eaten did the reaction appear?

iii) where was the reaction? mouth₁

other part₂ (say where)

A8. a) Has he had vomiting spells in the past 12 months?

Yes₁ No₂ If no, go to A9 below

If **yes**,

b) How many times?

once₁ twice₂ 3-9₃ 10 or more₄
times times

c) Have these been associated with:

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

A9. **Nowadays** how many motions (stools) does he usually have?

4 or more₁ 2-3 times/₂ once₃ once in₄ once a week₅ can't₉
times/day day a day 2-4 days say

A10. **Nowadays** how often are his stools:

	Usually	Sometimes	Never
a) hard	1	2	3
b) soft	1	2	3
c) curdy (i.e solid & liquid)	1	2	3
d) liquid	1	2	3
e) green	1	2	3
f) brown	1	2	3
g) black	1	2	3
h) yellow	1	2	3

A11. a) In the past 12 months months has he had diarrhoea or gastro-enteritis?

Yes₁ No₂ If **no**, go to A12a

If **yes**,

b) how many times?

c) how many days
did the worst
attack last?

d) Did you:

		Yes	No
i)	call the doctor to come to your home	1	2
ii)	go to your doctor	1	2
iii)	treat it yourself	1	2
iv)	other (please tick and describe)	1	2
		

e) Did you continue feeding as usual?

Yes ₁ **If yes, go to A11f**No ₂**If no,** i) how long was normal feeding disturbed?

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

A11. f) Was the child treated with an oral rehydration solution?

Yes ₁ No ₂ Don't know ₃**If no or don't know go to A11g below****If yes,** i) give type if known:

ii) how long was the solution given?

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

g) What other treatment was given?

.....

A12. a) In the past 12 months has your child ever had a time when he has coughed off and on for at least 2 days?

Yes ₁ No ₂ **If no, go to A13a below****If yes,**

b) how many times has this happened in the past 12 months?

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

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

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

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

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

A13. a) The following questions are about your child's ears or hearing.

Nowadays, does your child listen to people or to things that happen nearby:

Yes usually₁ Yes often₂ Sometimes₃ Usually not₄ Don't know₉

A13. b) Does he turn his head towards sounds?

only to very loud sounds₁

yes usually ₂

yes sometimes ₃

never turns towards sounds₄

don't know₉

c) During or after a cold, is his hearing worse than usual?

yes much worse ₁

yes a₂
little worse

no, about the₃
same

don't know ₉

has never had₇
a cold
Go to A13e below

d) During a cold, is the dripping (discharge) from his nose:

	Yes	No	Don't know
i) clear	1	2	9
ii) slightly white in colour	1	2	9
iii) thick heavy yellow and/or green in colour (catarrh)	1	2	9
iv) very little discharge occurs at all	1	2	9

e) Does he pull, scratch or poke at his ears?

quite often 1

only at times when poorly, fretful, or in pain 2

hardly ever 3

don't know 9

A13. f) Do his ears go red and look sore for a long time?(Remember - an ear that has just been slept on may look red for a short time.)

quite often 1

only at times when poorly, fretful, or in pain 2

hardly ever 3

don't know 9

g) Has pus or a sticky mucus (not ear wax) ever leaked out of his ear?

never 1

once 2

more than once 3

don't know 9

h) Does he breathe through his mouth rather than through his nose?
all the time 1

much of the time 2

rarely 3

never 4

don't know 9

i) Does he snore for more than a few minutes at a time?

most nights 1

quite often 2

only rarely 3

don't know 9

j) When he is asleep, does he seem to stop breathing or hold his breath for several seconds at a time?

yes, often 1

yes, sometimes 2

no 3

don't know 9

A14. a) Have there been times when he seems to have had a pain in his stomach in the past 12 months?

Yes 1 No 2 If no, go to A15a below

If yes,

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

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

A15. a) **Since he was 2 years old** 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 A16

If yes,

b) Please describe the first attack since his 2nd 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?

2 years old ₁ 3 years old ₂ unsure ₉

e) How many attacks has he ever had?

one ₁ two ₂ 3-4 ₃ 5 or more ₄

A15. f) By whom was the child seen for the attack(s) since his 2nd birthday
(tick all that apply)

	Yes	No	Don't know
i) G.P. at home	1	2	9
ii) G.P. at surgery	1	2	9
iii) hospital outpatients/casualty	1	2	9
iv) admitted to hospital	1	2	9

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

.....

.....

h) How did later attacks differ from the first one?

.....

.....

i) What were these thought to be due to?(Tick all that apply)

	Yes	No	Don't know
i) febrile convulsions	1	2	9
ii) fainting and blackouts	1	2	9
iii) epilepsy	1	2	9
iv) breath holding	1	2	9
v) reaction to immunisation	1	2	9
vi) other (please specify)	1	2	9

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A16. Has he **ever** had any of the following infections?

	Yes	No
a) measles	1	2
b) chicken pox	1	2
c) mumps	1	2
d) meningitis	1	2
e) cold sores	1	2
f) german measles	1	2
g) other infection (please tick and describe)	1	2
.....		

A17. About how many times in the last 12 months has:

- a) the family doctor come to your home(put 00 if not at all) because he was ill?
- b) the family doctor seen him in the(put 00 if not at all) surgery because he was unwell?
- c) a doctor seen him for a routine(put 00 if not at all)check?

SECTION B:SLEEPING AND CRYING

B1. Does your child have a regular sleeping routine?

Yes 1 No 2

B2. a) How many hours sleep does he usually have during the day time?

none 1 less than 2 1-2 3 more than 4 don't9
1 hour hrs 2 hours know

b) Normally what time in the evening does your child go to sleep?

.....

B3. a) What time does he normally wake up in the morning?

.....

b) How often during the night does he usually wake? times:

c) How often during the day does he usually sleep? times:

B4. a) In which room does he usually sleep?

	(i) When you put him down at night	(ii) When he wakes in the morning from his night sleep
in his own room on his own	1	1
in a room with other children	2	2
in your bedroom	3	3
in a room with other adults	4	4
other place (please tick and describe)	5	5
.....		

B4. b) Does he sleep on his own most nights or does he share a bed or cot?

	(i) When you put him down	(ii) When he wakes in the morning from his night sleep
in his own bed/cot	1	1
in bed/cot with other children	2	2
in your bed with you	3	3
in bed with other adult	4	4
other place (please tick and describe)	5	5
.....		

c) How does he usually sleep?

on his back ₁ on his side ₂ on his front ₃ varies ₄

d) In the room where the child sleeps most of the night:

	Yes always	Yes sometimes	No not at all
i) is the heating on at night?	1	2	3
ii) is there a window open at night?	1	2	3
iii) does he sleep with a duvet?	1	2	3
iv) does he have an electric blanket?	1	2	3
v) does he sleep with a pillow?	1	2	3

B5. Do you feel his sleep pattern is:

better than other children of the same age ₁
 same as other children of the same age ₂
 worse than other children of the same age ₃
 don't know ₉

B6. In the past year has your child regularly:

Yes, but did not	Yes, worried	Yes, worried	No, did not
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		worry me	me a a bit	me greatly	happen
a)	refused to go to bed	1	2	3	4
b)	woken very early	1	2	3	4
c)	had difficulty going to sleep	1	2	3	4
d)	had nightmares	1	2	3	4
e)	continued to get up after being put to bed	1	2	3	4
f)	woken in the night	1	2	3	4
g)	got up after only a few hours sleep	1	2	3	4

B7. Compared with other children would you describe the amount of time your child cries as:

more than other children	1
the same as other children	2
less than other children	3
don't know	9

B8. All children cry. Some children also fuss and whine. How often does your child whine?

for long periods each day	1
for a short while each day	2
a number of times during the week	3
sometimes	4
never or hardly ever	5

B9. How often does your child cry for no particular reason:

very often	1
quite often	2
sometimes	3
never or hardly ever	4

B10. Can you usually calm your child when he cries?

no	1
yes, usually fairly easily	2
yes, but it takes a while	3
yes, after much effort	4
child never cries	5

B11. Do you feel that your child's crying is a problem?

Yes 1 No 2

B12. a) How often do you use sweets or other foods to stop his crying or fussing?

at least ₁ once a day	several times ₂ a week	infrequently ₃	never ₄ If <u>never</u>, go to Section C
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b) what food do you use to stop his crying or fussing?

	Yes	No
i) sweets	1	2
ii) chocolates	1	2
iii) crisps	1	2
iv) fruit	1	2
v) milk	1	2
vi) other drink	1	2
vii) other food (please tick and describe)	1	2
	

SECTION C: YOU AND YOUR CHILD

C1.a) Do you ever have a battle of wills with your child?

never	1	If <u>never</u>, go to C2 below
rarely (less than once a week)	2	
sometimes (at least once a week)	3	
frequently (almost every day)	4	

If yes,

b) What are they usually about:

.....
.....

c) Who most often wins?

me	1
he does	2
about even	3
neither of us	4

C2. How often does he refuse to go to bed?

most of the time	1
often	2
at times	3
rarely	4
never	5

C3.a) How often does he have temper tantrums?

more than once a day	1
most days	2
at least once a week	3
less than once a week	4
never	5 If <u>never</u> , go to C4

If he has temper tantrums:

C3. b) Do they occur because of:

	Yes	No
i) failure to get what he wants	1	2
ii) failure to make himself understood	1	2
iii) reaction to being corrected	1	2
iv) no particular reason	1	2
v) other (please tick and describe)	1	2

.....

c) When he has temper tantrums how often do you:

	Often	Sometimes	Never
i) ignore it, let him get it out of his system	1	2	3
ii) send him away for 'time out' eg. send him to his bedroom	1	2	3
iii) try to hold and cuddle him	1	2	3
iv) try to reason with him	1	2	3
v) leave it for someone else to cope with	1	2	3
vi) try to distract him	1	2	3
vii) other (please tick and describe)	1	2	3

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C4. How often does he do the following:

		Once a week or more	Less than once a week	Never
a)	repeatedly rocks head or body	1	2	3
b)	has a tic or twitch	1	2	3
c)	has other unusual behaviour (please tick and describe)	1	2	3
			

C5. About how often is he taken to:

		Nearly every day	Once a week	Once a month	A few times per year	Never
a)	local shops	1	2	3	4	5
b)	department store	1	2	3	4	5
c)	supermarket	1	2	3	4	5
d)	park or playground	1	2	3	4	5
e)	visits to friends or family	1	2	3	4	5
f)	library	1	2	3	4	5
g)	places of interest (e.g. Zoo)	1	2	3	4	5
h)	places of entertainment (e.g. funfair)	1	2	3	4	5

C6. Please tick which is appropriate for your child:

he wanders further than I like	1
he never leaves me	2
neither of above	3

C7. How much choice do you allow him in deciding what foods he eats at meals?

he can choose from any food available	1
he is given a choice from a few alternatives that I select	2
I decide what he will eat	3
I am never in charge of preparing his meals	7

C8. Do you allow him to choose what clothes he will wear?

he always takes part in choosing	1
he has some choice	2
I decide what he will wear	3
I am never responsible for dressing him	7

C9. Does your child have:

	Yes	No
a) cuddly toys	1	2
b) push or pull toys	1	2
c) co-ordination toys (eg. set of blocks, shape posting box, stacking cups)	1	2
d) jigsaw puzzle	1	2
e) computer games	1	2
f) lego or other construction toys	1	2

C10. About how many books does he have of his own?

none	1
1 - 2 books	2
3 - 9 books	3
10 or more	4

C11. a) Do you try to teach your child?

no, he is too young	1	If <u>no</u> , go to C12
no, I do not have time	2	
yes, sometimes	3	
yes, often	4	

C11. b) If yes, which things do you try to teach?

	Yes	No
i) colours	1	2
ii) alphabet	1	2
iii) numbers	1	2
iv) nursery rhymes	1	2
v) songs	1	2
vi) shapes and sizes	1	2
vii) politeness (e.g. 'please', 'thank you')	1	2
viii) others (please tick and describe)	1	2

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C12. How often do you talk to him while you do housework or are occupied in some other way?

never ₁ rarely ₂ sometimes ₃ often ₄ always ₅

C13. a) When do you have the television on?

all day	evenings only	5		
most of the day		2	not at all	6
mornings only		3	do not have a TV	7
afternoons only		4		

b) Does your child watch television?

yes, but only while playing	1
yes, concentrates and tries to understand	2
no, he ignores it	3
no, he is never allowed to see it	4
do not have a TV	7

If he does watch TV,

C13. c)	what programmes does he see?	Yes	No
i)	children's programmes	1	2
ii)	other programmes	1	2
iii)	children's videos	1	2
iv)	other videos	1	2

d) When he watches television, how often does he watch it:

	Always	Mostly	Sometimes	Never
(i) with adults	1	2	3	4
(ii) with other children	1	2	3	4
(iii) on his own	1	2	3	4

C14. How often does he play with other children (other than brothers or sisters)?

every day	1
2-6 times a week	2
once a week	3
less than once a week	4
never	5

C15. When you and your child meet again after being apart for an hour or more, how often does he:

	always	sometimes	hardly ever	we are never apart
a) move away, avoid looking at you	1	2	3	7
b) push you away	1	2	3	7
c) run to you for a hug or cuddle	1	2	3	7

C16. Many children have particular types of activities that they prefer or toys they play with. How often has your son played with the following in the past month :

a) Plays with:	Never	Hardly ever	Some times	Often	Very often
i) Guns (or objects used as guns)	1	2	3	4	5
ii) Jewellery	1	2	3	4	5
iii) Tool set	1	2	3	4	5
iv) Dolls	1	2	3	4	5
v) Trains, cars or aeroplanes	1	2	3	4	5
vi) Swords (or objects used as swords)	1	2	3	4	5
vii) Teaset	1	2	3	4	5

C16. b) How often in the past month has he done the following:

	Never	Hardly ever	Some times	Often	Very often
i) Played house (e.g. cleaning, cooking)	1	2	3	4	5
ii) Played with girls	1	2	3	4	5
iii) Pretended to be a female person (e.g. a princess)	1	2	3	4	5
iv) Pretended to be a male character (e.g. a soldier)	1	2	3	4	5
v) Played at fighting	1	2	3	4	5
vi) Played at being a mother or father	1	2	3	4	5
vii) Played ball games	1	2	3	4	5
viii) Climbed (fence, tree, climbing frame)	1	2	3	4	5
ix) Played at looking after babies	1	2	3	4	5

		Never	Hardly ever	Some times	Often	Very often
C16.	b) In the past month:					
	x) Showed interest in real cars, trains and aeroplanes	1	2	3	4	5
	xi) Dressed up in girlish clothes	1	2	3	4	5
	xii) Played with boys	1	2	3	4	5

		Never	Hardly ever	Some times	Often	Very often
C16.	c) How often does he:					
	i) Like to explore new surroundings	1	2	3	4	5
	ii) Enjoy rough and tumble play	1	2	3	4	5
	iii) Show interest in spiders, insects or snakes	1	2	3	4	5
	iv) Avoid getting dirty	1	2	3	4	5
	v) Like pretty things	1	2	3	4	5
	vi) Avoid taking risks	1	2	3	4	5

C17. Do you feel that he dominates the household?

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

C18. Do you start by being firm but then give way?

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

C19. How often do you do the following when your study child is naughty?

		Never	Rarely	Once/month	Once/week	Daily
a)	ignore him	1	2	3	4	5
b)	smack him	1	2	3	4	5
c)	shout at him	1	2	3	4	5
d)	send him to his bedroom/naughty chair, step etc.	1	2	3	4	5
e)	take away treats	1	2	3	4	5
f)	tell him off	1	2	3	4	5
g)	bribe him (e.g with sweets, or a treat)	1	2	3	4	5
h)	other (please tick and describe)	1	2	3	4	5

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C20. Is there any aspect of your child's behaviour that causes you concern?

Yes ₁ No ₂

If **yes**, please could you describe

.....

.....

C21. How often does your **partner** do these activities with your son?

Partner:		Nearly every day	3-5 times a weeka	1-2 times week	less than once a week	Never	Have no partner
a)	baths him	1	2	3	4	5	7 Go to C22
b)	feeds him	1	2	3	4	5	
c)	sings to him						
d)	reads stories or shows him pictures in books	1	2	3	4	5	
e)	plays with toys	1	2	3	4	5	
f)	cuddles him						
g)	imitation games (pat-a-cake, peek-a-boo)	1	2	3	4	5	
h)	physical play (eg. rolling over, bouncing)	1	2	3	4	5	
i)	takes him for walks	1	2	3	4	5	
j)	other (please tick and describe)	1	2	3	4	5	

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C22. How often do **you** do these activities with your son?

You:		Nearly every day	3-5 times a week	1-2 times a week	less than once a week	Never
a)	bath him	1	2	3	4	5
b)	feed him	1	2	3	4	5
c)	sing to him	1	2	3	4	5
d)	read stories or show him pictures in books	1	2	3	4	5
e)	play with toys	1	2	3	4	5
f)	cuddle him	1	2	3	4	5
g)	imitation games (pat-a-cake, peek-a-boo)	1	2	3	4	5
h)	physical play (eg. rolling over, bouncing)	1	2	3	4	5
i)	take him for walks	1	2	3	4	5
j)	other (please tick and describe)	1	2	3	4	5

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C23. Is there anyone else who regularly does these things with your son?

Yes ₁ No ₂ **Go to section D**

If **yes**, who

C23. (cont).

How often does this person do the following activities with your son:

		Nearly every day	3-5 times a week	1-2 times a week	less than once a week	Never
a)	baths him	1	2	3	4	5
b)	feeds him	1	2	3	4	5
c)	sings to him	1	2	3	4	5
d)	reads stories or shows him pictures in books	1	2	3	4	5
e)	plays with toys	1	2	3	4	5
f)	cuddles him	1	2	3	4	5
g)	imitation games (pat-a-cake, peek-a-boo)	1	2	3	4	5
h)	physical play (eg. rolling over, bouncing)	1	2	3	4	5
i)	takes him for walks	1	2	3	4	5
j)	other (please tick and describe)	1	2	3	4	5

.....

SECTION D: UPSETTING EVENTS

Below are listed some events that might upset some children. Please state whether any of these happened in the past 12 months?

		Yes and he was very upset	Yes and he was quite upset	Yes and he was a bit upset	Yes but he wasn't upset	No did not happen
D1.	He was taken * into care	1	2	3	4	5
D2.	A pet died	1	2	3	4	5
D3.	He moved home	1	2	3	4	5
D4.	He had a shock * or fright	1	2	3	4	5
D5.	He was physically hurt by someone	1	2	3	4	5
D6.	He was sexually * abused*	1	2	3	4	5
D7.	He was separated * from his mother for at least a week	1	2	3	4	5

		Yes and he was very upset	Yes and he was quite upset	Yes and he was a bit upset	Yes but he wasn't upset	No did not happen
D8.	He was separated * from his father for at least a week	1	2	3	4	5
D9.	He acquired a new * parent	1	2	3	4	5
D10.	He had a new brother or sister	1	2	3	4	5
D11.	He was admitted to hospital	1	2	3	4	5
D12.	He changed carer/ care giver	1	2	3	4	5
D13.	He was separated * from someone else	1	2	3	4	5
D14.	He started a <u>new</u> creche or nursery	1	2	3	4	5
D15.	Something else *	1	2	3	4	5

If yes, to any marked *, please give details below:

.....

SECTION E: MILESTONES

Below is a list of things which children gradually learn to do as they get older. Some of them your child may be doing and others he won't have started yet. Please indicate which he is doing:

		Yes, can do well	Yes, does but not very well	Has not yet done
E1.	a) He is able to drink from a cup without spilling	1	2	3
	b) He asks for what he wants without crying for it	1	2	3
	c) He copies me doing the housework	1	2	3
	d) He can put on a T-shirt by himself	1	2	3
	e) He helps in the house with simple tasks	1	2	3
	f) He can take off his clothes with help	1	2	3
	g) He can put his shoes on (without fastening them)	1	2	3
	h) He can wash and dry his hands	1	2	3
	i) He can brush his teeth (with help)	1	2	3
	j) He can get dressed without any help	1	2	3
	k) He eats with a spoon and/or fork	1	2	3
	l) He plays card games or board games	1	2	3
		Yes, can do well	Yes, does but not very well	Has not yet done

	m)	He prepares breakfast cereal to eat	1	2	3
E2.	a)	He can hold a pencil and scribble	1	2	3
	b)	He can draw a circle	1	2	3
	c)	He can copy a vertical line with a pencil	1	2	3
	d)	He can wiggle his thumb	1	2	3
	e)	He can copy a plus sign and draw it more or less	1	2	3
	f)	He can copy a square and draw it more or less	1	2	3
	g)	He grabs objects using the whole hand	1	2	3
	h)	He can pick up a small object using finger and thumb only	1	2	3
	i)	He can undo big buttons	1	2	3
	j)	He can fasten big buttons	1	2	3
	k)	He will turn the pages of a book	1	2	3
	l)	He can build a tower putting one object on top of another	1	2	3
	m)	He can build a tower of 4 bricks	1	2	3
	n)	He can build a tower of 6 bricks	1	2	3
	o)	He can build a tower of 8 bricks	1	2	3
	p)	He can fit shapes in a board	1	2	3
	q)	He can thread beads on a string	1	2	3
	r)	He can use his right hand to draw	1	2	3
	s)	He can use his left hand to draw	1	2	3
E3.	a)	He can walk	1	2	3
	b)	He can walk backwards 5 steps	1	2	3
	c)	From a standing position he can bend down and return to standing	1	2	3
	d)	He runs	1	2	3
	e)	He can stop from a full run within 2 steps	1	2	3
	f)	He can walk up steps like an adult; one foot on each step	1	2	3

		Yes, can do well	Yes, does but not very well	Has not yet done
g)	He can walk down steps like an adult; one foot on each step	1	2	3
h)	He can kick a ball	1	2	3
i)	He can throw a ball	1	2	3
j)	He can jump up and down	1	2	3
k)	He can jump over an obstacle (e.g toys on floor)	1	2	3
l)	He can balance on one foot for at least four seconds	1	2	3
m)	He can hop at least twice on one foot	1	2	3
n)	He can hop for at least 5 feet	1	2	3
o)	He can walk on tiptoe for at least 9 feet	1	2	3

E4. Are you worried about any aspects of your child's growth and development?

		Yes I am worried	No not worried
a)	his speech	1	2
b)	his eyesight	1	2
c)	his weight	1	2
d)	his height	1	2
e)	his behaviour	1	2
f)	his general development	1	2
g)	something else	1	2

E4. (cont.) If yes, to any of these, please describe what worries you:

.....

.....

.....

This is confidential information, so we cannot make any response to what you put. If you are worried about your child's development we suggest you contact your family doctor or your health visitor.

SECTION F:

Here are some descriptions of children. Please tick the box that best describes your child nowadays.

	Certainly true	Sometimes true	Not true
Nowadays my child:			
F1. Tries to be fair in games	1	2	3
F2. Is restless, runs about or jumps up & down. Doesn't keep still	1	2	3
F3. Is considerate of other people's feelings	1	2	3
F4. Is squirmy, fidgety	1	2	3
F5. Destroys own or others' belongings	1	2	3
F6. Is spontaneously affectionate to family members	1	2	3
F7. Fights with other children	1	2	3
F8. Is not much liked by other children	1	2	3
F9. Volunteers to help around the house or garden	1	2	3
F10. Is worried, worries about many things	1	2	3
F11. Tends to do things on his own, rather solitary	1	2	3
F12. Is irritable, quick to fly off the handle	1	2	3
F13. Will try to help someone who has been hurt	1	2	3
F14. Appears miserable, unhappy, tearful or distressed	1	2	3
F15. Has twitches, mannerisms or tics of the face & body	1	2	3
F16. Bites nails or fingers	1	2	3
F17. Is disobedient	1	2	3
F18. Is kind to younger children	1	2	3
F19. Has poor concentration, or short attention span	1	2	3
F20. Tends to be afraid of new things or new situations	1	2	3
F21. Helps other children who are feeling ill	1	2	3
F22. Is fussy, or over-particular	1	2	3
F23. Tells lies	1	2	3
F24. Has wet or soiled himself in the past 12 months	1	2	3
F25. Comforts a child who is upset	1	2	3
F26. Has a stutter or stammer	1	2	3
F27. Has other speech difficulty	1	2	3
F28. Plays imaginatively, enjoys 'pretend' games	1	2	3
F29. Bullies other children	1	2	3
F30. Is inattentive	1	2	3
F31. Gets on well with other children	1	2	3
F32. Doesn't share toys	1	2	3
F33. Cries easily	1	2	3
F34. Is a forceful, determined	1	2	3
F35. Blames others for things	1	2	3
F36. Shares out treats with friends	1	2	3

	Certainly true	Sometimes true	Not true
Nowadays my child:			
F37. Gives up easily	1	2	3
F38. Is inconsiderate of others	1	2	3
F39. Is an independent, confident child	1	2	3
F40. Kicks, bites other children	1	2	3
F41. Is kind to animals	1	2	3
F42. Stares into space (stares blankly)	1	2	3
F43. Tries to stop quarrels or fights	1	2	3

SECTION G:

Please read each of the questions below. Decide which hand, foot or eye your child uses for each activity and tick the appropriate box. If you are unsure of any answer try it with your child first to see which he uses.

Which hand:	Left	Right	Either	Doesn't do this at all
G1. With which hand does he draw?	1	2	3	7
G2. Which hand does he use to throw a ball?	1	2	3	7
G3. Which hand does he use to colour in?	1	2	3	7
G4. In which hand does he hold his toothbrush?	1	2	3	7
G5. Which hand holds a knife when he is cutting things?	1	2	3	7
G6. Which hand does he use to hit things with?	1	2	3	7

Which foot:	Left	Right	Either	Doesn't do this at all
G7. With which foot does he kick a ball?	1	2	3	7
G8. If he wanted to try to pick up a pebble with his toes, which foot would he use?	1	2	3	7
G9. Which foot would he use to stamp on something?	1	2	3	7
G10. Which foot would he use to climb up a step?	1	2	3	7

Which eye:	Left	Right	Either	Doesn't do this at all
G11. Which eye would he use to look through a tube? (e.g. empty toilet roll)	1	2	3	7
G12. If he had to look into a can or bottle to see how full it was, which eye would he use?	1	2	3	7

SECTION H:

H1. This questionnaire was completed by:

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

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

day month year

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

day month year

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THANK YOU VERY MUCH FOR YOUR HELP

Space for any additional comments you would like to make

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

When completed, please return the questionnaire to:

Dr. Jean Golding,
Children of the Nineties - ALSPAC,
Institute of Child Health,
24, Tyndall Avenue,
Bristol.
BS8 1BR. Tel: Bristol 256260