

Questionnaire No.

|  |  |  |  |  |  |  |  |  |
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## **Mother/Daughter Questionnaire**

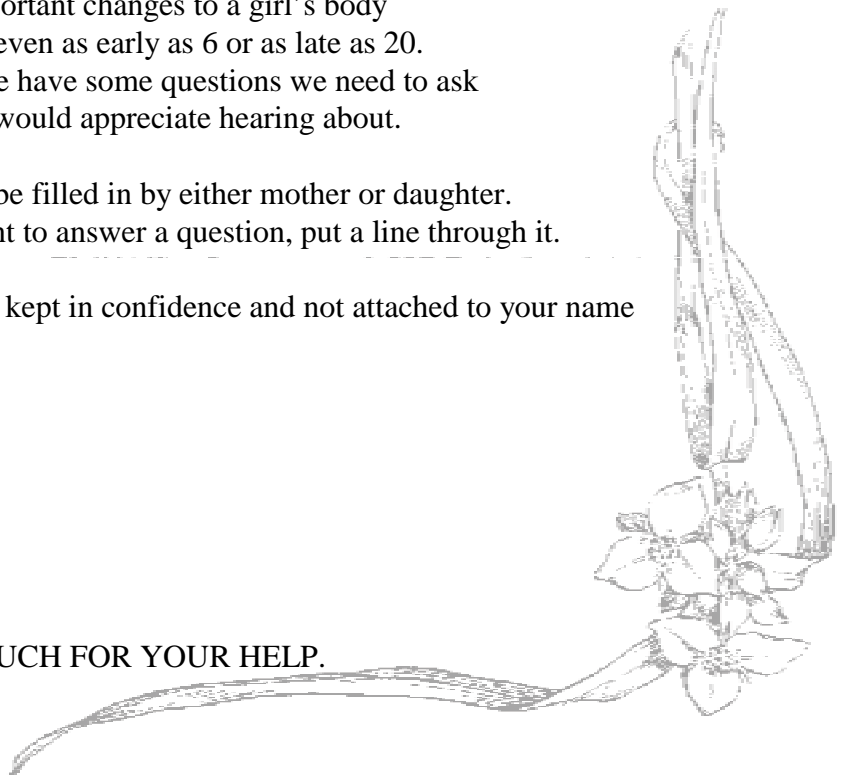
### **GROWING AND CHANGING (2)**

There are important changes to a girl's body  
that can happen even as early as 6 or as late as 20.  
At this time in life we have some questions we need to ask  
and which we would appreciate hearing about.

This questionnaire can be filled in by either mother or daughter.  
As always, if you don't want to answer a question, put a line through it.

Your answers will of course be kept in confidence and not attached to your name

THANK YOU VERY MUCH FOR YOUR HELP.



31/01/01

## **SECTION A: PERIODS AND PROBLEMS**

A1. What is your daughter's height (without shoes)?

The best way to measure **height** is to ask your daughter 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                               |
| <input type="text"/> | <input type="text"/> <input type="text"/> |    | <input type="text"/> | <input type="text"/> <input type="text"/> |

A2. What is your daughter's weight (without shoes)?

Please fill in using kilos or stones.

|                      |   |    |   |
|----------------------|---|----|---|
| stones               | pounds                                    | OR | kilos                                     |
| <input type="text"/> | <input type="text"/> <input type="text"/> |    | <input type="text"/> <input type="text"/> |

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                  | <input type="text"/> |
|                       | 1                    |
|                       | <input type="text"/> |
| less than once a week | 2                    |
|                       | <input type="text"/> |
|                       | 3                    |
| 1-3 times a week      | <input type="text"/> |
|                       | 3                    |
|                       | <input type="text"/> |
| 4-6 times a week      | 4                    |
|                       | <input type="text"/> |
| daily                 |                      |

A4. Has your daughter started her menstrual periods yet?

|     |                      |    |                      |  |
|-----|----------------------|----|----------------------|--|
| Yes | <input type="text"/> | No | <input type="text"/> | → If <b><u>no</u></b> , please go to A10 on page 4 |
|     | 1                    |    | 2                    |  |

If **yes**,

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

|                      |           |
|----------------------|-----------|
| <input type="text"/> | years old |
|----------------------|-----------|



A5. When was her first period ?

| month                |                      | year                 |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

|                      |                      |      |            |                      |
|----------------------|----------------------|------|------------|----------------------|
| <input type="text"/> | <input type="text"/> | days | don't know | <input type="text"/> |
|----------------------|----------------------|------|------------|----------------------|

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

|                |                      |
|----------------|----------------------|
| 3 days or less | <input type="text"/> |
| 4-6 days       | <input type="text"/> |
| 7 days or more | <input type="text"/> |

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**?

|                      |                      |      |            |                      |
|----------------------|----------------------|------|------------|----------------------|
| <input type="text"/> | <input type="text"/> | days | don't know | <input type="text"/> |
|----------------------|----------------------|------|------------|----------------------|

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

a) Heavy or prolonged **bleeding**

|     |                       |    |                      |                                      |
|-----|-----------------------|----|----------------------|--------------------------------------|
| Yes | <input type="text"/>  | No | <input type="text"/> | → If <b>no</b> , go to A8b on page 4 |
|     | 1                     |    | 2                    |                                      |
|     | ↓                     |    |                      |                                      |
|     | <b>If <u>yes</u>,</b> |    |                      |                                      |

(i) Did you contact her doctor for this?

|     |                      |    |                      |
|-----|----------------------|----|----------------------|
| Yes | <input type="text"/> | No | <input type="text"/> |
|     | 1                    |    | 2                    |

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

Yes ☐ 1 No ☐ 2

↓  
**If yes,**

i) Did you contact her doctor for this?

Yes ☐ 1 No ☐ 2

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

↓  
**If yes,**

i) Did you contact her doctor for this?

Yes ☐ 1 No ☐ 2

*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

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

**If yes,**

b) What kind of thyroid problem did the doctor say she had?

.....  
.....

## PHYSICAL DEVELOPMENT

We would like to assess the stage of your daughter's physical development using the drawings on the next pages. These indicate various stages of puberty commonly used by doctors to assess the growth and development of girls.

**We need to know which drawings most closely match  
your daughter's stage of development at the moment.**

Not all children follow the same pattern of development.

**Just pick the stage that is closest, based on both the picture and the description.**

If there are any additional comments about your daughter's physical growth and development that you would like to make, then please do so here:

.....

.....

.....

.....

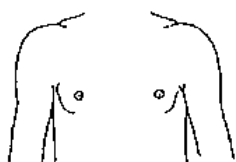
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.....

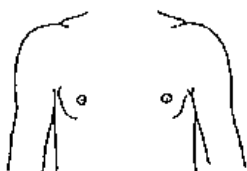
## SECTION B

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.

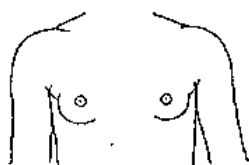
Put a tick in the box to the right of the drawing that is **closest** to your daughter's current breast stage.


☐

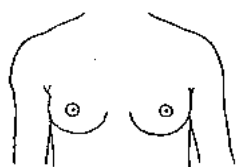
The nipple is raised a little in this stage. The rest of the breast is still flat.


☐

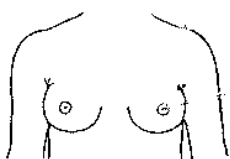
This is the breast bud stage. In this stage the nipple is raised more than in stage 1. The breast is a small mound. The dark area around the nipple (areola) is larger than in stage 1.


☐

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


☐

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.)


☐

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.

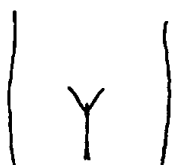
☐

Not sure

## **SECTION C**

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.

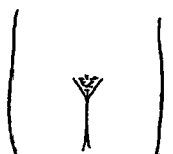
Put a tick in the box to the right of the drawing that is the closest to the amount of pubic hair your daughter has.

☐

There is no pubic hair

☐

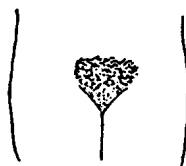
There is a little long, lightly coloured hair. This hair may be straight or a little curly.

☐

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

☐

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.

☐

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.

☐

Not sure

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



## **SECTION D**

D1. This questionnaire was completed by: (tick all that apply)

- a) mother ☐ 1
- b) daughter ☐ 1
- c) other (please tick and describe) ☐ 1 .....

D2. Please give the date on which you completed this questionnaire:

| day                  |                      | month                |                      | year                 |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

D3. Please give the date of birth of your daughter:

| day                  |                      | month                |                      | year |                      |
|----------------------|----------------------|----------------------|----------------------|------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 199  | <input type="text"/> |

**THANK YOU VERY MUCH FOR YOUR HELP**

Space for any additional comments you would like to make

**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 5096 or 928 5611  
(for this questionnaire only)**

Coder

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Int

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

