



## **MY DAUGHTER**

This questionnaire asks about your baby. We are interested to know about her health and behaviour. We also ask about you and your baby and the reaction of any other children you might have to the baby. Your answers will help us to understand the developing child and identify problems that babies and their parents have.

The questionnaire is like other questionnaires you have received. To answer simply tick the box which best describes your baby or your baby's situation. Some questions will seem similar but they are not the same. Please answer all questions that you can. If you cannot answer any question or a question does 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**

05/03/92

Recycled Paper

## FILLING IN THIS BOOKLET

Most of the questions can be answered by ticking the box beside the right answer.

### For example

How many times have you been to the supermarket in the past week?

None <sub>1</sub>      1 <sub>2</sub>      2-6 <sub>3</sub>      7 or more <sub>4</sub>

↓

This means you went to the supermarket once in the past week

Sometimes there are questions with if in front of them.

### For example

a) Have you been to the supermarket today?

Yes <sub>1</sub>      No <sub>2</sub>

↓

This means you didn't go to the supermarket and you don't need to answer the next question

b) **If yes**, did you buy any carrots?

Yes <sub>1</sub>      No <sub>2</sub>

In general, though, each question needs an answer.

In some questions you may be asked to describe something. It would be helpful if you wrote as clearly as possible.

The small numbers in the squares are for only.

SECTION A:YOUR BABY

A1. How would you assess the health of your baby:

	(i) In the first few months	(ii) In the past month
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. How many of the following immunisations has the baby had?(If you are unsure put 9, if no immunisations put 0)

Number

- a) No. of BCGs (for tuberculosis)
- b) No. of DTP or Triple (includes whooping cough)
- c) No. of DT (without whooping cough)
- d) No. of Polio
- e) No. of Hib (for meningitis)
- f) No. of other immunisations (please describe)

.....

f) Did she have a temperature or was she unwell after any immunisation?

Yes 1                      No2 If no, go to A3

If yes, please describe:

i) which immunisation: .....

ii) how long after the immunisation did this start?

Under 3 1      3-24 2      1-2 3  
hours      hours      days  
  
3-6 4      1 week 5      don't 9  
days or      or more      know

A2. f) iii) what happened? .....

A3. Has she had fluoride treatment?

Yes 1                      No 2                      Don't know 9

A4. a) Has the doctor ever been called to the house because your baby was ill?

Yes 1                      No 2 If no, go to A5a

If yes,

b) how many times?

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

A5. a) Has your baby been taken to the doctor because she had a problem you were worried about?

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

If yes,

b) how many times

once <sub>1</sub> times      twice <sub>2</sub>      3-4 <sub>3</sub> times      5 or more <sub>4</sub>

A6. Has your baby had any of the following:

	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			
c) vomiting			
d) cough			
e) high temperature			
f) snuffles/cold			
g) ear ache			
h) ear discharge (pus not wax)			
i) convulsions/fits			
j) colic			
k) rash			
l) wheezing			
m) breathlessness			
n) episodes of stopping breathing			
o) an accident			
p) other (please describe)			

.....

A7. a) Has your baby ever been admitted to hospital?

Yes <sub>1</sub> No <sub>2</sub> If no, go to A8,

If yes,

b) how many times? .....

A7.c) please describe for each admission:

	Age of baby (months)	Reason for admission	No. of nights baby stayed
i) .....	.....	.....	.....
ii) .....	.....	.....	.....
iii) .....	.....	.....	.....
iv) .....	.....	.....	.....

d) How often did you see your baby while she was in hospital?

- not at all 1
- quite often 2
- every day 3
- all the time 4

e) Did you stay overnight in hospital with your baby?

- Yes 1
- No 2

A8. Has your child had the following?

	Yes	No
a) hernia repair	1	2
c) other operation (please describe)	1	2
.....		

A9. How often has your baby gone to the Child Health Clinic or Baby Clinic?

- not at all 1
- once 2
- 2-3 times 3
- 4-5 times 4
- 6 or more times 5
- don't know 9

A10. a) Has your baby ever had wheezing with whistling on her chest when she breathed ?

- Yes 1
- No 2 If no, go to A10h

If yes,

b) How many separate times has this happened

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

c) How many days altogether would you say she had wheezed?

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

d) Was she breathless during any of these times?

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

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

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

f) How old was she?

i) for the first occurrence: months

ii) for the most recent occurrence: months

g) What do you think brings them on?

Yes No Don't know

i) chest infection or bronchitis 1 2 9

ii) being in a smoky room

iii) cold weather

iv) other (please describe)

.....

A10. h) Have any of your other children had episodes of wheezing with whistling on the chest?

Yes 1 No 2 have no other children 7

A11. a) Has the baby had a rash in the joints and creases of her body (e.g. behind the knees, under the arms)?

Yes 1 No 2 If no, go to A12

If yes,

b) how bad was this?

very bad 1 quite bad 2 mild 3 no problem 4

c) does she have this sort of rash now?

Yes 1 No 2

A12. a) Has she had an itchy, dry, oozing or crusted rash on the face, forearms or shins?

Yes 1 No 2 If no, go to A13

If yes,

b) how bad was this?

very bad 1 quite bad 2 mild 3 no problem 4

c) does she have this sort of rash now?

Yes 1 No 2

A13. a) Has she had a nappy rash?

Yes 1 No 2 If no, go to A14

If yes,

b) how bad was this?

very bad 1 quite bad 2 mild 3 no problem 4

c) does she have this sort of rash now?

Yes 1 No 2

A14. a) Has she had cradle cap (scaly or crusty scalp)?

Yes <sub>1</sub>                      No <sub>2</sub>    **If no, go to A15**

**If yes,**

b)      how bad was this?

very bad <sub>1</sub>              quite bad <sub>2</sub>              mild <sub>3</sub>              no problem <sub>4</sub>

c)      was there redness with it?

Yes <sub>1</sub>                      No <sub>2</sub>

d)      was there itching with it?

Yes <sub>1</sub>                      No <sub>2</sub>

e)      is there any cradle cap now?

Yes <sub>1</sub>                      No <sub>2</sub>

A15.      Does she ever posset (bring up small vomits)?

yes often <sub>1</sub>              yes sometimes <sub>2</sub>              no <sub>3</sub>

A16.      Has she ever vomited (brought up most or all of her meal)?

yes often <sub>1</sub>              yes sometimes <sub>2</sub>

yes once <sub>3</sub>              no not at all <sub>4</sub>

A17.      How many times a day (24 hours) does she usually dirty her nappy nowadays?

4 or more <sub>1</sub>              2 - 3 <sub>2</sub>              once <sub>3</sub>  
times              times              a day

once in <sub>4</sub>              once a week <sub>5</sub>              can't <sub>9</sub>  
2-4 days              say

A18      How often are her stools:

**Usually                      Sometimes                      Never**

a)      hard                      1                      2                      3

b)      soft

c)      curdy

d)      liquid

e)      green

f)      brown

g)      black

h)      yellow

A19. a)      Has she ever had diarrhoea or gastro-enteritis?

Yes <sub>1</sub>                      No <sub>2</sub>              **If no, go to A20a**

**If yes,**

b)      how many times?

c)      how many days did  
the worst bout last?

- d) Did you:
- |   | Yes | No |
|---|-----|----|
| i) call the doctor to come to your home | 1   | 2  |
| ii) go to your doctor                   |     |    |
| iii) treat it yourself                  |     |    |
| iv) other (please describe)             |     |    |
| .....                                   |     |    |

e) Did you continue feeding as usual?

Yes 1      **If yes, go to A19f**

No 2

**If no,** i) how long was normal feeding disturbed?

less than 1      1 day 2      2 days 3  
1 day

3-4 days 4      5 or more 5  
days

f) Was the baby treated with an oral rehydration solution?

Yes 1      No 2      Don't know 9

**If no, go to A19g**

**If yes,** i) give type if known: .....

A19. f) ii) how long was the solution given?

less than 1      1 day 2      2 days 3  
1 day

3-4 days 4      5 or more 5  
days

g) What other treatment was given? For

.....

A20. a) Has your child ever had a time when she has coughed for at least 2 days?

Yes 1      No 2      **If no go to A21**

**If yes,**

b) how old was she when this first happened?  
(Put 0 if less than 1 month) months

c) how many times has this happened?

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

d) did she have a fever at any of these times?



e)                    Yes for <sub>1</sub>                    Yes for <sub>2</sub>                    No not <sub>3</sub>  
                         all                    some                    at all  
did she have a runny nose during any of these spells?

Yes for <sub>1</sub>                    Yes for <sub>2</sub>                    No not <sub>3</sub>  
all                    some                    at all

A21.                    Your baby's hearing

The following questions are about your baby's ears or hearing.

a)    Generally, does your baby listen to people or to things that happen nearby:

Yes usually <sub>1</sub>                    Yes often                    <sub>2</sub>  
  
Sometimes <sub>3</sub>                    Usually not                    <sub>4</sub>                    Don't know <sub>9</sub>

b)    Does she turn her head towards sounds?

only to very loud sounds                    <sub>1</sub>  
yes usually                    <sub>2</sub>  
yes sometimes                    <sub>3</sub>  
never turns towards sounds                    <sub>4</sub>  
don't know                    <sub>5</sub>

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

yes much worse <sub>1</sub>                    no, about the same                    <sub>3</sub>  
  
yes a little worse                    <sub>2</sub>                    don't know                    <sub>9</sub>  
  
has never had a cold                    <sub>7</sub>

d)    During a cold, is the dripping (discharge) from your baby's nose:

	Yes	No	
i)    clear	<sub>1</sub>	<sub>2</sub>	
ii)   slightly white in colour			<b>Hasn't had a cold</b> <sub>7</sub>
iii)  thick heavy yellow and/or green in colour (catarrh)			
iv)   very little discharge occurs at all			
v)    don't know			

A21. e)    Does she pull, scratch or poke at her ears?

quite often                    <sub>1</sub>  
  
only at times when poorly, fretful, or in pain                    <sub>2</sub>  
  
hardly ever                    <sub>3</sub>  
  
don't know                    <sub>9</sub>

- f) Do her ears go red and sore looking 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 her ear?

Never 1

once 2

more than once 3

don't know 9

- h) Does she breathe through her mouth rather than through her nose?

all the time 1

much of the time 2

rarely 3

never 4

don't know 9

- A21. i) Does she 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 she is asleep, does she seem to stop breathing or hold her breath for several seconds at a time?

yes, often 1

yes, sometimes 2

no 3

don't know 9

**SECTION B: ACCIDENTS AND INJURIES**

However careful a parent is, most children have accidents at some time or other. Please list on the next pages the times your child has had an accident whether or not she was injured as a result.

B1. a) Has your child ever been burnt or scalded?

Yes <sub>1</sub> No <sub>2</sub> If no, go to B2a

If yes, b) how many times?

For each burn or scald please describe below what happened:

	1st accident	2nd accident	3rd accident
c) Place accident happened (e.g. kitchen, garden, creche)	.....	.....	.....
d) What was she burnt with? (e.g. tea, iron, electric fire)	.....	.....	.....
e) Date of accident (month, year)	.....	.....	.....
f) Injuries caused (if no injury write none)	.....	.....	.....
g) Who was with the baby?	.....	.....	.....
h) What did the person with the baby do?			
Nothing	1	1	1
Treated her themselves	2	2	2
Took to doctor	3	3	3
Took to hospital	4	4	4
Other (please describe)	5	5	5
i) What treatment did the person with the baby give?	.....	.....	.....
j) What other treatment did she have?	.....	.....	.....
k) Please describe how each accident happened:			

Burn 1 .....

Burn 2 .....

Burn 3 .....

B2. a) Has your child ever been dropped or had a fall?

Yes <sub>1</sub> No <sub>2</sub> If no, go to B3a

If yes, b) how many times?

For each fall please describe below what happened.

	1st accident	2nd accident	3rd accident
c) Place accident happened (e.g. kitchen, garden, creche)	.....	.....	.....
d) What did she fall or drop from (e.g. table, baby walker, pram, bed, your arms)	.....	.....	.....

	1st accident	2nd accident	3rd accident
e) Date of fall (month, year)	.....	.....	.....
f) Injuries caused (if no injury write none)	.....	.....	.....
	.....	.....	.....
g) Who was with the baby?	.....	.....	.....
h) What did the person with the baby do?			
Nothing	1	1	1
Treated her themselves	2	2	2
Took to doctor	3	3	3
Took to hospital	4	4	4
Other (please describe)	5	5	5
	.....	.....	.....
i) What treatment did the person with the baby give?	.....	.....	.....
j) What other treatment did she have?	.....	.....	.....
k) Please describe how each accident happened:			
Fall 1	.....		
Fall 2	.....		
Fall 3	.....		
B3. a) Has the child had any other accidents or injuries?			
Yes 1	No 2	If <u>no</u> , go to Section C	

If yes, b) how many other accidents?

For each accident or injury please describe below what happened.

	1st accident	2nd accident	3rd accident
c) Place accident happened (e.g. kitchen, garden, creche)	.....	.....	.....
d) What happened?	.....	.....	.....
e) Date of accident (month, year)	.....	.....	.....
f) Injuries caused (if no injury write none)	.....	.....	.....
g) Who was with the baby?	.....	.....	.....
h) What did the person with the baby do?			
Nothing	1	1	1
Treated her themselves	2	2	2
Took to doctor	3	3	3
Took to hospital	4	4	4
Other (please describe)	5	5	5

- .....
- i)    What treatment did the .....  
      person with the baby give?
  - j)    What other treatment did .....  
      she have?
  - k)    Please describe how each accident happened:
- Accident 1** .....
- Accident 2** .....
- Accident 3** .....

# **SECTION C:FEEDING**

C1. Has your baby ever had the following:

				Age started (Put 0 if less than 1 month)	How often nowadays (Put 66 if she has this milk all the time now)
		No	Yes		
a)	bottle of ordinary baby milk (formula)	1	2	months	times a week
b)	powdered follow-on milk	1	2	months	times a week
c)	soya milk	1	2	months	times a week
d)	goat's milk	1	2	months	times a week
e)	hypo-allergenic formula	1	2	months	times a week
f)	ordinary cow's milk	1	2	months	times a week

C2. Did you breast feed?

Yes, I am still breast feeding	1	How many times a day?			
Yes, I breast fed but have now stopped	2	How old was the baby when you stopped?		months	weeks
I never breast fed	3				

C3.a) In how many meals a day does she eat solids now?

- b) Do you ever add cereal to your baby's bottle?
- yes always <sub>1</sub>      yes often <sub>2</sub>      yes sometimes <sub>3</sub>      no never <sub>4</sub>
- c) Do you add sugar to your baby's food or bottle?
- yes always <sub>1</sub>      yes often <sub>2</sub>      yes sometimes <sub>3</sub>      no never <sub>4</sub>

C4. Has your baby ever had:

		No	Yes	Age started (Put 0 if less than 1 month)	How often nowadays
a)	plain baby rice	1	2	months	times a week
b)	flavoured baby rice	1	2	months	times a week
c)	other cereal	1	2	months	times a week
d)	sweetened rusks	1	2	months	times a week
e)	plain rusks	1	2	months	times a week
f)	bread or toast	1	2	months	times a week
g)	biscuits	1	2	months	times a week

C5. Has your baby ever had any of the following prepared baby foods (from jar, tin or packet)?

		No	Yes	Age started (Put 0 if less than 1 month)	How often nowadays
Jar, tin or packet of:					
a)	savoury - meat	1	2	months	times a week
b)	savoury - fish	1	2	months	times a week
c)	savoury - vegetable	1	2	months	times a week
d)	baby fruit pudding	1	2	months	times a week
e)	baby milk pudding	1	2	months	times a week

C6. Has your baby ever had any of the following foods cooked by you at home?

				Age started (Put 0 if less than 1 month)	How often nowadays (Put 66 if she has this milk all the time now)
		No	Yes		
a)	egg	1	2	months	times a week
b)	meat	1	2	months	times a week
c)	fish	1	2	months	times a week
d)	potatoes	1	2	months	times a week
e)	other vegetables	1	2	months	times a week
f)	fruit puddings	1	2	months	times a week
g)	milk puddings	1	2	months	times a week

C7. Has your baby ever had:

				Age started (Put 0 if less than 1 month)	How often nowadays (Put 66 if she has this milk all the time now)
		No	Yes		
a)	coca cola or pepsi	1	2	months	times a week
b)	other fizzy drink	1	2	months	times a week
c)	apple juice	1	2	months	times a week
d)	a little alcohol	1	2	months	times a week
e)	blackcurrant juice or rosehip syrup	1	2	months	times a week
f)	other fruit drink	1	2	months	times a week
g)	herbal drink (please describe)	1	2	months	times a week
.....					
h)	gripe water	1	2	months	times a week
i)	tea	1	2	months	times a week
j)	coffee	1	2	months	times a week
k)	raw fruit (eg. apple)	1	2	months	times a week
l)	crisps	1	2	months	times a week
m)	chocolates	1	2	months	times a week
n)	sweets	1	2	months	times a week
o)	raw vegetable (eg. carrot)	1	2	months	times a week

C8. Please indicate if your baby had any of the following feeding behaviours and when they occurred:  
(tick all that apply).

	Yes 0 - 3 months	Yes 4 - 6 months	No not at all
a) slow feeding	1	2	4
b) taking only small quantities at each feed			
c) choking			
d) hungry/not satisfied			
e) allergy to milk			
f) refused to take breast milk			Never fed this 7
g) refused to take other milk			
h) refused to take solids			
i) no feeding routine could be established			

C9. Do you feel you have ever had difficulties feeding your baby?

yes, great difficulty 1  
yes, some difficulties 2  
no, no difficulties 3

C10. How often is your baby fed in the following ways:

	Always	Often	Sometimes	Never
a) lying with bottle propped up or held by baby	1	2	3	4
b) lying with bottle held by you or other carer				
c) baby sitting with bottle held by herself				
d) baby sitting with bottle held by you or other carer				
e) baby fed while held in someone's arms				

C11. Is the baby fed 'on demand', i.e. whenever she is hungry?

Yes always 1      Yes some 2      No not 3  
of the time      of the time      at all

C12. a) Who most often feeds the baby during the day (answer one only)?

you 1      partner 2      paid 3      other 4  
helper      (describe)  
.....

C12. b) Who usually feeds the baby at night (answer one only)?

you 1      partner 2      paid 3      don't 4      other 5  
helper      feed at      person  
night      (describe)



C13. ....  
Is the baby given a dummy?  
yes, night time only 1  
yes, most of the time 2  
yes, sometimes 3  
no, never 4

C14. Does she drink out of a cup at all?  
yes, usually 1  
yes, sometimes 2  
no, not at all 3

**SECTION D: SLEEPING AND CRYING**

D1. a) Does your baby have a regular sleeping routine now?

Yes    1                      No    2

b) Approximately how many hours sleep does your baby have during each:

i) morning            .....

ii) afternoon       .....

iii) night            .....

c) On a normal day what time in the evening does your baby go to sleep?

.....

d) On a normal day what time does she wake up in the morning?

.....

D2. Is your baby ever difficult when she is put to bed?

most of the time    1

often                      2

at times                      3

rarely                      4

never                      5

D3. How often does your baby wake at night?

Never                      1

occasionally              2

most nights              3

every night              4

more than once per night    5                      How many times? .....

D4. When your baby wakes at night what do you do?

	<b>Always</b>	<b>Usually</b>	<b>Some- times</b>	<b>Never</b>
a) feed her milk	1	2	3	4
b) give other drink (including water)				
c) rock or cuddle her				
d) give her a dummy				
e) bring her into your bed				
f) change her nappy				
g) other (please describe)				
.....				

D5. Do you ever wake your baby for a feed during the night?

Yes    1                      Yes                      No not    3  
usually                      sometimes                      at all

D6. a) In which room does the baby sleep?

	(i) When you put her down at night	(ii) When she wakes in the morning from her night sleep
in her own room on her own	1	1
in a room with other children	2	2
in your bedroom	3	3
other place (please describe)	4	4
.....		

D6. b) Does the baby sleep on her own most nights or does she share a bed or cot?

	(i) When you put her down at night	(ii) When she wakes in the morning from her night sleep
on her own	1	1
in bed/cot with other children	2	2
in your bed	3	3
other place (please describe)	4	4
.....		

c) In the room where the baby 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?			
iii) does she sleep with a duvet?			
iv) does she have an electric blanket			
v) does she sleep with a pillow?			

D7. We are interested in the pattern of your baby's crying during a day.  
Does your baby cry at the following times:

	Yes always	Yes often	Yes sometimes	Hardly ever	Don't know
a) mornings	1	2	3	4	9
b) afternoon (before 5pm)					
c) in the late afternoon/ evenings (5 pm onwards)					
d) during the night					
e) other (please describe)					
.....					

D8. a) Has your baby ever had times when she appears to be in agony, screams, draws her legs up to her body and can't be calmed?

yes often <sub>1</sub>            yes sometimes <sub>2</sub>            yes once only <sub>3</sub>            no <sub>4</sub>

don't know <sub>9</sub>

If no or don't know go to D9.

If yes,

b) does this tend to happen at a particular time of day?

yes <sub>1</sub>            no <sub>2</sub>            can't say <sub>3</sub>

If yes, (i) at which time of day? .....

c) Have you noticed whether anything brings these attacks on?

yes <sub>1</sub>            no <sub>2</sub>            can't say <sub>3</sub>

If yes, (i) please describe: .....

d) How long do these attacks usually last?

few minutes <sub>1</sub>            less than 1 <sub>2</sub>  
hour

1 - 2 hours <sub>3</sub>            more than <sub>4</sub>  
2 hours

D9. How much do you feel that your baby cries in comparison with other babies of her age?

she cries more than other babies <sub>1</sub>

she is the same as other babies <sub>2</sub>

she cries less than other babies <sub>3</sub>

don't know <sub>9</sub>

D10. a) Do you feel that your child's crying is a problem?

Yes <sub>1</sub>            No <sub>2</sub>

b) If she cries do you:

pick her up immediately <sub>1</sub>

let her cry for a while,  
then, if she doesn't stop, <sub>2</sub>  
pick her up

never pick her up until you <sub>3</sub>  
are ready to do so

D11. Can you usually calm your child when she cries?

No <sub>1</sub>

yes, usually fairly easily <sub>2</sub>

yes, but it takes a while <sub>3</sub>

yes, after much effort <sub>4</sub>

D12. a) Does the baby have a special object that she uses for comfort?

Yes 1                      No 2

b) **If yes**, what is this?

```
blanket 1  cuddly toy 2  other 3
              (describe)
```

.....

D13. How often does the baby usually have a bath:

more than 1      once every 2      once every 3      once a 4      hardly 5  
once a day      day      other day      week      ever

# **SECTION E: YOU AND YOUR BABY**

E1. About how often do you take your child to:

		More than once a week	About once a week	About once a month	Less than once a month	Never
a)	local shops	1	2	3	4	5
b)	department store					
c)	supermarket					
d)	park					
e)	visits to friends or family					

E2. Does your child have: **Yes** **No**

- |    |   |   |   |
|----|---|---|---|
| a) | cuddly toys   | 1 | 2 |
| b) | push or pull toys   |   |   |
| c) | co-ordination toys (eg.<br>set of blocks, shape<br>posting box, stacking<br>cups) |   |   |
| d) | walker  |   |   |
| e) | baby bouncer  |   |   |

E3. About how many books does your child have of her own?

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

E4. Do you try to teach your child?

- |                        |   |
|------------------------|---|
| no, she is too young   | 1 |
| no, I do not have time | 2 |
| yes, occasionally      | 3 |
| yes, often             | 4 |

If **yes**, which things do you try to teach?

.....

E5. Do you talk to your baby while you work? (eg. while you do housework).

- |       |   |        |   |           |   |
|-------|---|--------|---|-----------|---|
| Never | 1 | rarely | 2 | sometimes | 3 |
| often | 4 | always | 5 |           |   |

E6. a) At what age would you expect a youngster to be dry? For

- |     |                 |       |
|-----|-----------------|-------|
| i)  | during the day: | ..... |
| ii) | at night:       | ..... |

b) Are you potty training your baby?

Yes 1

No 2

My child already  
uses the potty and  
is dry in the day 7

E7. Please indicate how often during the day the baby is in a room or enclosed place where people are smoking:

	(i) Weekdays	(ii) Weekends
all the time	1	1
more than 5 hours	2	2
3-5 hours	3	3
1-2 hours	4	4
less than 1 hour	5	5
not at all	6	6

E8. Does your baby see children (other than brothers or sisters)?

yes everyday 1

yes 2-6 times a week 2

once a week 3

less than once a week 4

never 5

E9. a) How often do you play with your baby?

everyday 1

most days 2

rarely, I don't have time 3

rarely, I don't enjoy it 4

b) How often do you do these activities with your baby?

	Often	Occasionally	Hardly ever
i) sing to her	1	2	3
ii) show her pictures in books			
iii) play with toys			
iv) cuddle her			
v) physical play(e.g. clapping, rolling over)			
vi) take her for walks			
vii) other (please describe)			

.....

E10. Does your partner play with your baby?

no, never 1

less than once per week 2

about once a week 3

2-6 times per week 4

every day 5

I don't have a partner 7

If you don't have a partner,

go to Section F

E11.        What sort of activities does your partner do with your baby?

	Yes often	Yes occasionally	Hardly ever
a)    baths her	1	2	3
b)    feeds her			
c)    sings to her			
d)    shows her pictures in books			
e)    plays with toys			
f)    cuddles her			
g)    physical play (eg. clapping, rolling over)			
h)    takes her for walks			
i)    other (please describe)			
.....			



**SECTION F: BROTHERS AND SISTERS**

We are interested in the other children who live with your baby. Please include half-brothers and half-sisters, step-brothers and step-sisters, fostered or adopted children.

F1. a) Do any other children live with you?

Yes 1                      No 2                      If no, go to F2

If yes,

b) How many?

boys:                      girls:

c) Please give each child's name, age and sex: (oldest child first please)

Child 1	Child 2	Child 3	Child 4	Child 5
Name	.....	.....	.....	.....
Age	.....	.....	.....	.....
Sex	.....	.....	.....	.....

d) When your baby was born what was the reaction of these other children?

Child 1	Child 2	Child 3	Child 4	Child 5
---------	---------	---------	---------	---------

pleased                      1

didn't mind                      2

unhappy                      3

e) Have any of these children been particularly jealous/unhappy about the baby?

Yes 1                      No 2

If yes, which children:

Child 1	Child 2	Child 3	Child 4	Child 5
---------	---------	---------	---------	---------

Yes 1                      No 2

F1. f) Are there any additional comments you would like to make about the way your other children have reacted?

Yes 1                      No 2

If yes, please describe:

.....

F2. a) Does your baby have a twin?

Yes 1                      No 2                      If no, go to Section G

If yes,

b) would you say they are alike:

	Yes	No
i) in looks	1	2
ii) in behaviour		
iii) personality/character		
iv) in health		

c) How do you dress them?

in similar clothes each day	1
in similar clothes sometimes	2
never in similar clothes	3

d) How does this twin react to the other?

	<b>Yes, most of the time</b>	<b>Yes, some of the time time</b>	<b>No, hardly ever</b>
i) she likes to be with her twin	1	2	3
ii) she doesn't seem to notice her twin			
iii) she is upset if she is parted from her twin			

**SECTION G: PROBLEMS AND TREATMENT**

G1. Children often have accidents or illnesses that need treatment. Please indicate which of the following have been given to your child in the past six months.

In the past 6 months:	Never	Yes for one episode only	Yes for 2 or more episodes	If yes, give names of substances if you can
a) cough medicine	1	2	3	.....
b) antibiotics/ penicillin				
c) throat medicine				
d) vitamins				
e) paracetamol/				
f) ointment for skin				
g) eye ointment				
h) diarrhoea mixture				
i) dimotapp/ decongestant				
j) ear drops				
k) eye drops				
l) teething gel				
m) laxative				
n) other (please describe)				
.....				

G2. Are there any pills, ointments or medicines that your child has taken every day for the last 3 months?(Include vitamins, fluoride, ointment to prevent nappy rash.)

Yes 1                      No 2

If **yes**, please describe:

.....

During the child's early months of life various problems are often identified - yet when investigated further they are found not to be problems at all. In this section we are asking about any problem that might have arisen.

G3. Your child's hips

a) Have your baby's hips been examined?

Yes 1                      No 2    If **no**, go to G4

If **yes**,

b) at what age was the earliest examination?

in first 1      age 1-2      older than      not      9  
month          months          2 months          known

c) was an ultrasound examination done on the hips?

Yes 1                      No 2                      Don't 9  
know

d) have the hips been X-rayed?

Yes 1                      No 2                      Don't 9  
know

e) were any problems found?  
 Yes 1 No 2 Don't 9  
 know

If yes, (i) please describe: .....

(ii) how old was she? months  
 (put 0 if less than 1 month)

G3.f) Did your child have any treatment for her hips?

Yes 1 No 2 If no, go to G4

If yes, please describe .....

#### Your child's hearing

G4. a) Has anyone thought there might be a problem with her hearing?

Yes 1 No 2 If no, go to G5

If yes,

b) Who first suspected a problem?

I did 1  
 my partner did 2  
 other relative or friend 3  
 health visitor 4  
 doctor 5  
 someone else  
 (please describe) 6  
 .....

c) Has your child been seen at the Hearing Assessment Centre?

Yes 1 No 2 If no, go to G5

If yes,

d) At what age? months

e) What was decided? .....

#### G5. Your child's sight

a) Have you ever thought your child had a squint?

yes, definitely 1  
 sometimes yes, sometimes no 2  
 no, not at all 3

G5. b) Have any health workers thought she had a squint?

Yes 1 No 2

c) Apart from a squint, have you felt there was anything else wrong her eyes?

Yes 1 No 2

If yes, please describe:  
.....

G5. d) Has your child ever been referred to an eye specialist?  
Yes 1 No 2 If no go to G6

If yes,  
e) What was decided? .....  
f) What treatment was given? .....

G6. Other problems  
a) Apart from hips, hearing and sight, have there been any other problems for w hich your child was referred to a specialist?  
Yes 1 No 2 If no, go to Section H

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) Have you seen the specialist?	.....	.....	.....
e) What was decided?	.....	.....	.....

**SECTION H: TEMPERAMENT**

These questions are about how your baby behaves. Although some of them seem similar to one another, please answer them all. How often has the baby's recent behaviour been like the following descriptions:

		<b>Almost never</b>	<b>Rarely</b>	<b>Usually does not</b>	<b>Usually does</b>	<b>Often</b>	<b>Almost always</b>
H1.	She eats about the same amount of solid food (within 2 spoonfuls) from day to day	1	2	3	4	5	6
H2.	She is fussy on waking up and going to sleep (frowns, cries)						
H3.	She plays with a toy for less than a minute and then looks for another toy or activity						
H4.	She sits still while watching TV or other nearby activity (such as children playing)						
H5.	She accepts straight away a change in place or position of feeding or person doing it						
H6.	She accepts nail cutting without protest						
H7.	Her hunger cry can be stopped for more than a minute by picking up, putting on a bib, or giving a dummy						
H8.	She plays continuously for more than 10 minutes with a favourite toy						
H9.	She accepts her bath any time of the day without resisting it						
H10.	She takes feeding quietly with mild expressions of likes and dislikes						
H11.	She indicates discomfort (fussy/squirms) when she has a dirty nappy						
H12.	She lies quietly in the bath						
H13.	She wants and takes milk feedings at about the same time (within one hour) from day to day						
H14.	She is shy (turns away or clings to you) on meeting another child for the first time						
H15.	She continues to fuss when her nappy is changed despite efforts to distract her with game, toy or singing etc.						
H16.	She amuses herself for half an hour or more in her cot or playpen (looking at mobile, playing with toy)						
H17.	She moves about a lot (kicks, grabs, squirms) during nappy change and dressing						
H18.	She vigorously resists additional food or milk when full (spits out, clamps mouth closed, pushes spoon away etc)						

	Almost	Rarely	Usually	Usually	Often
	never	does not	does		always
H19. She resists changes in feeding schedule (1 hour or more) even after 2 tries	1	2	3	4	5
H20. Her bowel movements come at different times from day to day (over 1 hour difference)					6
H21. She stops play and watches if someone walks by					
H22. She ignores voices or other ordinary sounds when playing with a favourite toy					
H23. She makes happy sounds (coos, laughs) when having her nappy changed, or being dressed					
H24. She accepts new foods straight away, swallowing them promptly					
H25. She watches other children playing for less than a minute and then looks elsewhere					
H26. She reacts mildly (just blinks or is startled briefly) to a bright light such as flash bulb or sunlight let in by drawing back curtain					
H27. She is pleasant (smiles, laughs) when first arriving in unfamiliar places (friend's house, shop)					
H28. She gets sleepy at about the same time each evening (within half hour)					
H29. She accepts regular procedures (hair brushing, face washing, etc) at any time without protest					
H30. She perseveres for many minutes when working on a new skill (rolling over, picking up object, etc)					
H31. She moves a lot (squirms, bounces, kicks) while lying awake in her cot					
H32. She objects to being bathed in a different place or by a different person even after 2 or 3 tries					
H33. For the first few minutes in a new place or situation (new shop or home) she is fretful					
H34. She notices, looks carefully at changes in your appearance or dress (hairdo, unfamiliar clothing)					
H35. She reacts strongly to foods, whether positively (smacks lips, laughs, squeals) or negatively (cries)					
H36. She is pleasant (coos, smiles,					

etc) during procedures like  
hair brushing or face washing

		<b>Almost never</b>	<b>Rarely</b>	<b>Usually does not</b>	<b>Usually does</b>	<b>Often</b>	<b>Almost always</b>
H37.	She continues to cry in spite of several minutes of soothing	1	2	3	4	5	6
H38.	She keeps trying to get a desired toy, which is out of reach for 2 minutes or more						
H39.	She greets a new toy with a loud voice and much expression of feeling (whether positive or negative)						
H40.	She plays actively with her parents - much movement of arms, legs, body						
H41.	She watches another toy when offered even though already holding one						
H42.	At home her initial reaction to strangers is acceptance						
H43.	She wants daytime naps at differing times (over 1 hour difference) from day to day						
H44.	She continues eating solid foods without reacting to differences in taste or consistency						
H45.	She cries when left to play alone						
H46.	She adjusts within 10 mins to new surroundings (home, shop, play area)						
H47.	Her naps are about the same length from day to day						
H48.	She moves about much during feeding (squirms, kicks, grabs)						
H49.	She reacts (stares or is startled) to sudden changes in lighting (flash bulbs, turning on light)						
H50.	She can be soothed by talking or games when sleepy						
H51.	She displays much feeling (vigorous laughing or crying) during nappy change or dressing						
H52.	She lies still when asleep and wakes up in the same position						
H53.	She reacts to changes in her milk (type or temperature) or if given juice instead						
H54.	She can be calmed for a few minutes by being picked up and played with, if fussing about a dirty nappy						
H55.	She wants and takes solid food at about the same time (within 1 hour) from day to						



day

		<b>Almost never</b>	<b>Rarely</b>	<b>Usually does not</b>	<b>Usually does</b>	<b>Often</b>	<b>Almost always</b>
H56.	She is content (smiles, coos) during interruptions of milk or solid feeding	1	2	3	4	5	6
H57.	She accepts within a few minutes a change in place of bath or person giving it						
H58.	She cries for less than 1 minute when given an injection						
H59.	She shows much bodily movement (kicks, waves, arms) when given an injection						
H60.	She continues to react to a loud noise (hammering, barking dog, etc) heard several times in the same day						
H61.	Her initial reaction is withdrawal (turns head, spits out) when consistency, flavour or temperature of solid foods is changed						
H62.	Her time of waking in the morning varies greatly (by 1 hour or more from day to day)						
H63.	She continues to reject disliked food or medicine in spite of your efforts to distract with games or tricks						
H64.	She reacts even to a gentle touch (is startled, wriggles, laughs, cries)						
H65.	She reacts strongly to strangers: laughing or crying						
H66.	She actively grasps or touches objects within her reach (hair, spoon, glasses, etc)						
H67.	She will take any food offered without seeming to notice the difference						
H68.	Her period of greatest physical activity comes at the same time every day						
H69.	She appears bothered (cries, squirms) when first put down in a different sleeping place						
H70.	She reacts mildly to meeting familiar people (quiet smiles or no response)						
H71.	She wants an extra feed at a different time each day (over 1 hour difference)						
H72.	She is still wary or frightened of strangers after 15 mins						
H73.	She lies still and moves little while playing with toys						



		Almost never	Rarely	Usually does not	Usually does	Often	Almost always
H74.	She can be distracted from fussing or squirming during a procedure (nail cutting, hair brushing, etc) by a game, singing, TV, etc	1	2	3	4	5	6
H75.	She remains pleasant or calm with minor injuries (bumps, pinches)						
H76.	Her initial reaction to seeing doctor is acceptance (smiles, coos)						
H77.	She reacts to a disliked food even if it is mixed with a preferred one						
H78.	She plays quietly and calmly with toys (little vocal or other noises)						
H79.	She lies still during procedures like hair brushing or nail cutting						
H80.	She stops sucking and looks when she hears an unusual noise (telephone, door bell) when drinking milk						
H81.	She pays attention to a game with a parent for only a minute or so						
H82.	She is calm in the bath. Like or dislike is mildly expressed (smiles or frowns)						
H83.	She requires introduction of a new food on 3 or more occasions before she will accept (swallow) it						
H84.	Her first reaction to any new procedure (first haircut, new medicine, etc) is objection						
H85.	She acts the same when the nappy is wet as when it is dry						
H86.	She is fussy or cries during a physical examination by a doctor						
H87.	She accepts changes in solid foods (type, amount, timing) within 1 or 2 tries						
H88.	She moves much and for several minutes or more when playing by herself (kicking, waving arms and bouncing)						

**SECTION I: MILESTONES**

Below are a list of things which babies learn to do as they get older. Some of them your baby will be doing and others she won't have started yet. Please indicate which she is doing:

			Yes does often	Has only done once or twice	Has not started yet
I1.	a)	Looks at older people's faces	1	2	3
	b)	She smiles when you smile at her			
	c)	She does not want to let go of a toy when it is being taken away			
	d)	She can feed herself a rusk or other similar food			
	e)	She tries to get a toy that is out of her reach			
	f)	She is shy when she first meets a stranger			
	g)	She plays peek-a-boo			
	h)	She plays pat-a-cake with you			
	i)	She is able to drink from a cup			
	j)	She indicates what she wants without crying for it			
I2.	a)	She puts her hands together			
	b)	She can hold a rattle			
	c)	She can focus her eyes on a small object such as a raisin			
	d)	She reaches for objects			
	e)	In a sitting position she looks about for a hidden object			
	f)	In a sitting position she can pick up 2 objects at once			
	g)	She can pick up a small object such as a raisin			
I2.	h)	She can pass an object from one hand to another			
	i)	She can bang together two similar objects that she is holding			
	j)	She grabs objects using the whole hand			
	k)	She can pick up a small object using forefinger & thumb only			
I3.	a)	When a bell rings, she moves or makes a noise			
	b)	She makes noises other than crying			
	c)	She laughs			

		Yes does often	Has only done once or twice	Has not started yet
	d) She squeals	1	2	3
	e) She turns towards someone when they are speaking			
	f) She tries to copy what you say			
	g) She says 'dada' and 'mama'			
	h) She says 'dada' and 'mama' and knows what they mean			
I4.	a) In a sitting position she can keep her head steady			
	b) Lying on her stomach she can lift her chest and shoulders while supporting them with her arms			
	c) She can roll over			
	d) She is able to bear some weight on her legs when held in a standing position			
I4.	e) She can sit up without being supported			
	f) She can stand up while holding onto something such as furniture			
	g) She can pull herself up to a standing position by holding onto a piece of furniture			
	h) She can get from a standing position to a sitting position			
	i) She can walk holding onto a piece of furniture			
	j) While lying on her stomach she can lift her head			
	k) She can stand up for a moment without any support			
	l) From a standing position she can stoop and return to standing			
	m) She can crawl on hands and knees			
I5.	a) How many teeth has your baby got now?  .....			
	b) How old was she when the first one appeared?  months			
I6.	Space for you to describe in your own words something your baby has done in the last few days			

**SECTION J:HER GROWTH**

J1. Do you have any records of your baby's growth? If so please list the dates on which your baby was weighed and how much she weighed each time. Also add lengths, head circumferences, and arm circumferences if they were measured.

	Date	Weight	Length	Head circumference	Arm circumference
1.	..../..../....	.....	.....	.....	.....
2.	..../..../....	.....	.....	.....	.....
3.	..../..../....	.....	.....	.....	.....
4.	..../..../....	.....	.....	.....	.....
5.	..../..../....	.....	.....	.....	.....
6.	..../..../....	.....	.....	.....	.....
7.	..../..../....	.....	.....	.....	.....
8.	..../..../....	.....	.....	.....	.....
9.	..../..../....	.....	.....	.....	.....
10.	..../..../....	.....	.....	.....	.....
11.	..../..../....	.....	.....	.....	.....
12.	..../..../....	.....	.....	.....	.....
13.	..../..../....	.....	.....	.....	.....
14.	..../..../....	.....	.....	.....	.....
15.	..../..../....	.....	.....	.....	.....

**THANK YOU VERY MUCH FOR YOUR HELP**

Please remember, because this is strictly confidential, the people who look at this booklet will not know your name. They will be unable to give you any help or contact anyone after reading what you have written. If you feel you need advice your General Practitioner or Health Visitor should be able to help you.

K1. This questionnaire was completed by:

		<b>Yes</b>	<b>No</b>
i) mother	1	2	
ii) partner			
iii) other (please describe).....			

K2. Please give the date on which you completed this questionnaire:

day	month	year
		199

K3. Please give the date of birth of your baby:

day	month	year
		199

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**