

Section 1

CODING VERSION

Here are some questions for you that are similar to some of the questions asked when you first joined the Raine Study. We are keen to know if any of these things have changed since you were last asked.

HOUSING - STRICTLY CONFIDENTIAL

Do not write in this column

Please circle answer where applicable.

Q1. Have you moved house or changed your house in any way in the past 12 months? G202_HOME

N No Go to Q21
Y Yes
↓

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1

Q2. How many times have you moved house in the past 12 months? G202_HOMN

9 Not applicable - haven't moved.

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2

Q3. How old is your house/flat (approximately)? _____ years G202_HOMY

4

Q4. How many bedrooms are there? _____ G202_BEDS

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Q5. How many bathrooms are there? _____ G202_BEDS

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Q6. How many toilets are there? _____ G202_LOOS

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Q7. How many adults live in the house/flat (please include any children over 14 years of age)? _____ G202_RES1

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Q8. How many children at school but under 14 years live in the house/flat? _____ G202_RES2

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Q9. How many children who have not started school yet live in the house/flat (please include any preschool children and your 2 year old child)? _____ G202_RES3

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Q10. What do you think of the air quality where you live? G202_AIR4

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- 0 Very good
1 OK
2 Poor
3 Very poor

Please comment

Q11. Is your house/flat airconditioned? G202_AIR1

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N No
Y Yes

Q12. How is your home heated? (*Circle all appropriate answers.*)

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- 0 Not heated at all
- 1 Electric bar radiator, blow heater or column heater (eg Dimplex)
- 2 Kerosene heater(s)
- 3 Gas heater(s) (eg Vulcan, Rinnai, etc.)
- 4 Wood fire/slow combustion heater
- 5 Reverse cycle air conditioning
- 6 Fully ducted heating

G202_HEA
G202_HEA4
G202_HEA2A
G202_HEA3A
G202_HEA5
G202_HEA6
G202_HEA7

Q13. Do you have a swimming pool?

G202_POL1

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17

N No Go to Q17

Y Yes



Q14. What type of pool is it?

G202_POL2

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18

- 0 Below ground
- 1 Above ground
- 9 Not applicable - no pool

Q15. Does it have a perimeter fence?

G202_POL3

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- Y Yes
- N No
- 9 Not applicable - no pool

Q16. Does it have a locked gate?

G202_POL4

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20

- Y Yes
- N No
- 8 No fence
- 9 Not applicable - no pool

Q17. Do you have your own garden?

G202_GAR1

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N No Go to Q19

Y Yes



Q18. Does it have a lockable gate (i.e. can your child get out of the garden if unsupervised)?

G202_GAR2

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22

- N No
- Y Yes
- 9 Not applicable - no garden

Q19. Are there any parks or playgrounds near your house/flat (within comfortable walking distance)?

G202_PAR1

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23

N No Go to Q21

Y Yes



Q20. How often do you take your child there?

G202T_PAR2

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24

- 0 Never
- 1 Seldom - less than once a month
- 2 Occasionally - less than once a week
- 3 Often - more than once a week
- 4 Every day
- 9 Not applicable - no nearby parks

Q21. Do you have a car?

G202_CAR1

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25

N No Go to Q24

Y Yes



Q22. Does it have an approved child safety seat installed?

G202_CAR2

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26

Y Yes

N No

9 Not applicable - no car

Q23. How often do you use it when you take your child in the car?

G202_CAR3

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27

1 Every time without fail

2 Almost always

3 Usually

4 Occasionally (eg long trips only)

5 Never

9 Not applicable - no car

FAMILY - STRICTLY CONFIDENTIAL

Q24. Is the father of this child living with you?

G202_FHOM

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28

Y Yes Go to Q28

N No



Q25. Do you have any social contact with him?

G202_FSOC

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29

Y Yes

N No

9 Not applicable - he lives with us

Q26. Does he provide any financial support for the care of your child?

G202_FMON

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30

Y Yes

N No

9 Not applicable - he lives with us

Q27. Do you have another partner who lives with you?

G202_PTNR

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31

Y Yes

N No

Q28. Are you receiving a Supporting Mother's Pension or your partner Unemployment Benefits?

G202_BNF

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32

Y Yes

N No

Q29. Is your partner working at present?

G202_PWRK

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33

Y Yes

N No

9 Don't know

Q30. What is his occupation? (*Please describe the work he does in detail eg "glueing soles to shoes" not "works in shoe factory".*) G202_PJOB

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35

.....

.....

.....

Q31. Are you (the mother) currently in paid employment?

G202_YWK_YN

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36

Y Yes
N No

Q32. Describe your current occupation(s) (*Please include housework but indicate whether it was paid outside the home or at your home only. Please describe the work that you do in detail eg "glueing soles to shoes" not "working in shoe factory".*)

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38

JobHours/WeekG202_YJOB_CODE

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40

1.

Description:

.....

2.

Description:

.....

Any comments?

Q33. Who looks after your child/children while you are working?

G202_CC1

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41

- 0 Friend/relative
- 1 Paid baby sitter
- 2 Child care centre (either near home or at work) - see Q34.
- 3 Take child to work
- 9 Not applicable - not working

Q34. How often does your child attend child care or day care?

G202_MON1

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42

- 0 Doesn't attend child care or day care
- 1 Less than once weekly
- 2 Once per week
- 3 Twice per week
- 4 More than twice per week

STRICTLY CONFIDENTIALQ35. What is your total family income (before tax) per year now?

G202_MON1

43

- 0 less than \$8,000
- 1 \$8,000-13,999
- 2 \$14,000-26,999
- 3 \$27,000-40,999
- 4 more than \$41,000
- 5 Unknown

Number of people this income supports: Adults (over 14 yrs): _____
 Children: _____

G202_MON2

G202_MON3

45

If you don't know the total income, what is the family take home pay
 per week? \$ _____

Q36. How many cigarettes do you smoke a day now?

G202_SM2

G202_SM4

46

- 0 None
- 1 1-5 daily
- 2 6-10 daily
- 3 11-15 daily
- 4 16-20 daily
- 5 More than 20 daily

Q37. Does anyone else living in your house smoke cigarettes?

G202_SM16

47

N No Go to Q39
 Y Yes
 ↓

Q38. How much do they smoke? (If more than one other person at home
 smokes, please circle the total number of cigarettes smoked.)

G202_SM17

- 0 None
- 1 1-5 daily
- 2 6-10 daily
- 3 11-15 daily
- 4 16-20 daily
- 5 More than 20 daily

48

Q39. Does anyone at your home smoke any other substances? (Please
 include pipe or cigars, marijuana, etc.)

G202_SM20

G202_SM21A

G202_SM21B

49

- 0 No
- 1 Yes but less than once a week
- 2 More than once weekly but not every day
- 3 Every day

What do they smoke?

51

Q40. Do you have gas cooking in your home?

G202_GAS

52

- 1 -1 Yes
- 0 -2 No
- 9 Don't know

Q41. Are there any pets at home?

G202_PT1

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53

N No Go to Q43

Y Yes



Q42. Please indicate whether these animals come into the house (inside) or are kept outside all the time.

How many: cats - inside? G202_PT4 Outside G202_PT2

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55

dogs - inside? G202_PT7 Outside G202_PT5

☐

57

birds - inside? G202_PT10 outside G202_PT8

☐

59

other pets G202_PT15 - inside? What type? G202_T11B, G202_T11C, G202_T11D

☐

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G202_PT16 - outside? What type? G202_T12A, G202_T12B
G202_T12C, G202_T12D

☐

61

Q43. Does your child have regular contact with any neighbours' or friends' pets?

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63

Y Yes What type? G202_T13X, G202_T13A, G202_T13B, G202_T13C, G202_T13D
N No G202_T13E, G202_T13F

Q44. Have any of the following happened to you in the past year? (Circle Y (Yes) or N (No) as appropriate)

N Y Pregnancy problems

G202_ST1

☐

64

N Y Death of a close relative
- which relative? _____

G202_ST2

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65

N Y Death of a close friend

G202_ST3

☐

66

N Y Separation or divorce

G202_ST4

☐

67

N Y Marital problems

G202_ST5

☐

68

N Y Problems with your children

G202_ST6

☐

69

N Y Your own job loss (not voluntary)

G202_ST7

☐

70

N Y Your partner's job loss (not voluntary)

G202_ST8

☐

71

N Y Money problems

G202_ST9

☐

72

N Y Residential move

G202_ST10

☐

73

N Y Other (please describe) G202_ST11

☐

74

Section 2

These are questions about your child after 12 months of age. If you are not sure of the answer, observe your child for a couple of days or try out the activity.

REMEMBER: ALL ANSWERS ARE STRICTLY CONFIDENTIAL

Q45. Did you breast feed your child after 12 months of age?

G202_BF1

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1

N No Go to Q49

Y Yes



Q46. Are you still breast feeding?

G202_BF2

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2

0 Yes, regularly

1 Yes, on occasions

2 No

Q47. At what age did you stop breast feeding? months

G202_BF3

4

88 Haven't stopped

Q48. At what age did you first give your child any milk other than breast milk? months

G202_MLK1

6

88 Haven't yet

Q49. What milks does your child drink now? (*Please circle any appropriate answers.*)

8

0 Breast

G202_MLK4A

1 Formula. Which one?

G202_MLK4B

2 Cow's milk

G202_MLK4C

3 Soy milk

G202_MLK4D

4 Goat's milk

G202_MLK4E

5 Other. Describe:

G202_MLK4F

6 None

Q50. Have you noticed any chewing or swallowing difficulties with your child?

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9

N No

G202_FD4

Y Yes. Describe:

.....

Q51. Do you restrict your child's diet in any way?

G202_RD5

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10

N No

Y Yes. Describe:

G202_RD5A, G202_RD5B, G202_RD5C, G202_RD5D, G202_RD5E, G202_RD5F

.....

G202_RD5G, G202_RD5H, G202_RD5I, G202_RD5J

.....

Q52. Does your child have any unusual reactions to certain foods? G202_RD6

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11

N No

Y Yes. Describe: G202_RD6A, G202_RD6B, G202_RD6C, G202_RD6D

G202_RD6E, G202_RD6F

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Q53. Please describe what food and drink your child has eaten in the past 24 hours. (Please specify type of food/drink and quantity.)

Breakfast

Morning snack

Lunch

Afternoon snack

Dinner

Evening Snack

Q54. How often does your child soil his/her nappy (have a bowel action)? G202_BWL1

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12

- 0 Less than once a week
- 1 Less than twice a week
- 2 Every couple of days
- 3 Once daily
- 4 Twice daily
- 5 Three times a day
- 6 More than 3 times daily
- 7 Don't know

Q55. Can you describe what your child's bowel actions (pooh) are usually like now? (Please circle the single best response.) G202_BWL2

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13

- 0 Very small and hard, passed with difficulty
- 1 Soft and brown
- 2 Soft, with undigested food
- 3 Loose (sloppy) with undigested food
- 4 Watery
- 5 Very pale (almost white) and oily
- 6 Don't know

Q56. Is your child still in nappies by day? G202_NAP1

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14

N No

Y Yes

Q57. Have you had to give your child any special diet or treatment for constipation?

G202_BWL3

15

- 0 No
- 1 Yes, once or twice
- 2 Yes, more than twice
- 3 Yes, at least every month
- 4 Don't know

Q58. Where does your child usually sleep?

G202_SLP1

16

- 1 In his/her own room
- 2 With other children
- 3 With parents

Q59. When did your child start sleeping through the night?

G202_SLP2

18

- 1 Before 1 year
- 2 After 1 year
- 3 Hasn't yet

Q60. How often does your child wake at night now?

G202_SLP3

19

- 0 Almost never
- 1 Occasionally (less than once a week)
- 2 Once or twice a week
- 3 More than twice a week
- 4 At least once a night

Q61. At what age did your child first

- walk without help? months.

88 Hasn't yet

G202_DV7

21

- say his/her first word (do not include mama or dada)? months.

G202_DV8

23

88 Hasn't yet

- show that he/she was going to be left or right handed? months.

G202_DV9

25

88 Hasn't yet

Q62. Is your child's speech clear (that is, can you and your family understand what your child says)?

G202_SP1

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26

- 1 None of the time
- 2 Less than 50% of the time
- 3 Between 50-75% of the time
- 4 Between 75-100% of the time
- 5 All of the time

Q63. Does your child

- repeat or lengthen sounds, words, parts of words
in every day speech or have difficulty getting the
words out? Yes No

G202_SP2

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- stutter/stammer? Yes No

G202_SP3

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Q64. Has your child had any unusual voice problems lasting for more than a couple of days over the last year (such as a hoarse, husky, breathy or strained voice, or loss of voice)?

G202_SP4

N No

Y Yes Describe

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29

Q65. Does your child dribble/drool when doing any of the following?
(Please circle any appropriate answers).

G202_SP5

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30

- 1 Sitting
- 2 Concentrating
- 3 Playing
- 4 Undressing
- 5 Feeding
- 6 Speaking

Q66. Does food regularly fall from your child's mouth while he/she is eating?

G202_SP6

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31

N No

Y Yes

Q67. How often do you read a story to your child?

G202_READ

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32

- 1 Never
- 2 Once a month
- 3 2/3 times a month
- 4 Once a week
- 5 2/3 times a week
- 6 Once a day
- 7 More than once a day

Comments:

33

7

34

1

35

7

36

7

37

7

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7

41

11

- 2 Mobile immunisation clinic

G202 IL

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Q71. Has your child had any accidents or injuries in the past 12 months which required you to take him/her to a hospital, doctor or clinic?
(Please list each and every accident/injury separately. Check diary to jog your memory.)

G202_INJ

N No

Y Yes. Describe:

G202_INF1
G202_INF2
G202_INF3G202_INC1
G202_INC2
G202_INC3

						83
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						89
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						95
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Q72. Has your child needed to be admitted to any hospital in the past 12 months? (Please list each and every admission separately. Check diary to jog your memory.)

N No

Y Yes which hospital(s)?

G202_HOH1
G202_HOH2
G202_HOH3
G202_HOH4
G202_HOH5G202_HOF1
G202_HOF2
G202_HOF3
G202_HOF4
G202_HOF5G202_HOC1
G202_HOC2
G202_HOC3
G202_HOC4
G202_HOC5

what for

						10
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which hospital(s)?

						14
--	--	--	--	--	--	----

what for

						19
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which hospital(s)?

						23
--	--	--	--	--	--	----

what for

						28
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which hospital(s)?

						32
--	--	--	--	--	--	----

what for

						37
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Q73. Is your child taking any prescription (including creams and lotions) medicine now, either regularly or on occasions?

G202_PMED

N No

Y Yes which medicine(s)

						38
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						39
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PM1 - antihistamines

PM2- antibiotics

PM3- anticonvulsants

PM4- oral steroids

PM5- cytotoxic/immuno therapy

PM6- topical corticosteroids

PM7- amphetamines

PM8- antifungal medication

PM9- intestinal mobility

PM10- acne cream

PM11- other medications

PM12- enzymes

PM13- hormones

PM14- nonsteroidal anti inflam

PM15- cardiac medication

PM16- vitamins/minerals

PM17- broncodilators

PM18- cromogluclate

PM19- inhaled steroids

Q74. Is your child taking any non-prescription (over the counter) medicines now (including vitamins, pain killers, tonics, health food products, creams and lotions) either regularly or on occasions? G202_CMED ☐ 40

N No

Y Yes which medicine(s)

CM1- vitamins

CM2- analgesics/antipyretics

CM3-decongestants

CM4-antihistamines

CM5-naturopathic products

CM6-skin lotions/ creams

CM7-laxatives

CM8-flouride tablets

CM9-colic syrup

CM10-topical antifungal cream

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42

Q75. Has your child had any skin rashes, dermatitis or eczema during the past year which lasted more than a couple of days? G202_RH1 ☐ 43

N No

Y Yes Describe:

Q76. Does your child usually cough when he/she gets a cold? G202_RE1 ☐ 44

Y Yes

N No

Q77. Does he/she cough frequently even without colds? G202_RE2 ☐ 45

N No

Y Yes

Q78. Does he/she cough most days or nights, either all year round or at least part of the year (eg winter)? G202_RE21 ☐ 46

N No

Y Yes

Q79. Does your child seem congested or bring up phlegm (spit) from his/her chest with colds? G202_RE3 ☐ 47

N No

Y Yes

Q80. Has he/she had an attack of coughing, congestion or bringing up phlegm lasting for more than 1 week in the past 12 months? G202_RE4A ☐ 48

N No

Y Yes How many times? ____

G202_RE4b

Q81. Has your child's chest ever sounded wheezy or whistling in the past 12 months?

- when he/she has a cold?

Yes No

G202_RE5A

G202_RE5b

☐

49

How many times? ____

- occasionally even without a cold?

Yes No

G202_RE6A

G202_RE6b

☐

50

How many times? ____

- most days or nights?

Yes No

G202_RE7

☐

51

- after exercise/vigorous play?

Yes No

G202_RE8

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52

Q82. Has he/she ever been short of breath with this wheezing?

G202_RE9

☐

53

N No

Y Yes

9 Never wheezed

Q83. How many colds would you say your child has had in the past year?

G202_RE10

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54

.....

Q84. Has your child had a blocked or runny nose in the past year (more than a few days on at least 4 occasions)?

G202_RE11

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55

N No Go to Q81

Y Yes



Q85. Has this blocked nose been bad enough to frequently:

G202_RE13

- require medicine/drops?

N No Y Yes

☐

56

Q86. Is this blocked/runny nose

G202_RE22

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57

1 Only with colds

2 Frequently (at least once a month) with or without colds

3 Almost continuously (at least every week)

Q87. Does your child snore at night, even when he/she doesn't have a cold?

G202_RE17

☐

58

N No

Y Yes

Q88. Has anyone in the past year told you that your child has an allergy?

G202_RE18

☐

59

N No

G202_RE19

RE20A- cow's milk
RE20B- soy products
RE20C- eggs

Y Yes, Who? (eg doctor, child health nurse, naturopath, etc) . .

RE20D- peanut/peanut products
RE20E- other foods
RE20F- additives/preservatives
RE20G- multiple food allergies
RE20H- House dust mite
RE20I- pollens
RE20J- dogs/cats

To what?

RE20K- multiple resp allergies
RE20L- multiple drug allergies
RE20M- multiple allergies all sys
RE20N- soaps/detergents
RE20O- insect bites
RE20P- other contact allergies
RE20Q- antibiotics
RE20R- other drugs

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62

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Q89. Have you taken your child to a paediatrician in the past 12 months?
(Do not include the Raine Study)

G202_AT9

N No

Y Yes

Who?

Q90. Have you taken your child to your local doctor (GP) in the past 12 months?

G202_AT8

☐

64

N No

Y Yes

Who?

Q91. Have you ever taken your child to a Child Health Clinic in the past 12 months?

G202_AT10

☐

65

N No

Y Yes

Which one

Q92. Do you have any concerns or worries about your child?

G202_WOR

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66

N No

Y Yes

What are they?

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G202_WORA - health problem
G202_WORB - speech/language development
G202_WORC- physical devt/puberty
G202_WORD-emotional dev/behaviour
G202_WORE- nutrition
G202_WORF- intellectual devt/learning
G202_WORG- hearing problem
G202_WORH- vision problem
G202_WORI- worried about other
G202_WORJ- delayed fine motor
G202_WORK- gross motor delay
G202_WORL- sleep problems
G202_WORM- abuse(sexual or otherwise)

Q93.

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67

How would you rate the overall health of your child?

G202_OALL

- 1 Excellent (nearly always well)
- 2 OK, could be better (mostly well)
- 3 So-so (he/she is ill as often as he/she is well)
- 4 Poor (seldom well)

Section 3

This is called the Maternal Social Support Index; it was developed in the United States to give some idea how much help mothers receive in the care of their children. Please circle the most correct answer.

Item 1	No-one	Mother only	Mother and/or someone else			
At home,						
a. Who fixes the meals?	0	1	2	G202_SU1	<input type="checkbox"/>	1
b. Who does the grocery shopping? Anyone else?	0	1	2	G202_SU2	<input type="checkbox"/>	2
c. Who disciplines the children?	0	1	2	G202_SU3	<input type="checkbox"/>	3
d. Who fixes things around the house?	0	1	2	G202_SU4	<input type="checkbox"/>	4
e. Who does the inside cleaning?	0	1	2	G202_SU5	<input type="checkbox"/>	5
f. Who works outside around the house?	0	1	2	G202_SU6	<input type="checkbox"/>	6
g. Who pays the bills?	0	1	2	G202_SU7	<input type="checkbox"/>	7
h. Who takes care of car problems?	0	1	2	G202_SU8	<input type="checkbox"/>	8
i. Who takes your child to the doctor when he/she is sick	0	1	2	G202_SU9	<input type="checkbox"/>	9
j. Who sees to it that the children go to bed?	0	1	2	G202_SU10	<input type="checkbox"/>	10
Item II					<input type="checkbox"/>	11
a. How many relatives do you see once a week or more? _____				G202_SU12		
b. Is this				G202_SU11	<input type="checkbox"/>	12
1 Often enough?						
2 Too often?						
3 Not often enough?						
4 Other. Please explain _____						
Item III						
a. How many people can you count on in times of need? _____				G202_SU13	<input type="checkbox"/>	13

Item IV

- a. How many people in your neighbourhood do you think would be able to help you in taking care of your children for a couple of hours if needed? _____

G202_SU14

☐

14

Item V

- a. How happy are you in the way your partner lets you know what he feels or thinks?

G202_SU15

☐

15

- 1 Happy
2 Not happy
3 Other. Please explain _____

Item VI

- a. Is there anyone (not including your partner) over 14 years old with whom you have regular talks? This can be someone inside or outside the home.

G202_SU16

☐

16

- 1 Yes
2 No

- b. Who do you talk to most? _____

G202_SU17

☐

17

- c. How happy are you with your talks with this person?

G202_SU18

☐

18

- 1 Happy
2 Not happy
3 Other. Please explain _____

Item VII

- a. Do you belong to any social, religious, educational or political organization?

G202_SU19

☐

19

- 2 No - Go to Section 4.
1 Yes
↓

- b. If yes, how often do you attend meetings for each organization?

G202_SU20

☐

20

- c. For church members: Are you a member of any committee or do you have any other duties in your church?

G202_SU21

☐

21

- 1 Yes
2 No

Section 4

Here is the 2 year old version of the Infant Monitoring Questionnaire. Please read each item concerning your child's development and tick the most appropriate answer.

At this age level many toddlers are less than cooperative when we ask them to do things. You may need to try several of the following activities to see what your child does. You may need to try more than one time. Because you will have a few days in which to complete this questionnaire you will have time to try out these activities when he is willing to cooperate.

I. COMMUNICATION *(Please try the activity if you are not sure.)*

- | | Yes | Sometimes | Not Yet | | |
|---|--------------------------|--------------------------|--------------------------|-----------|----------------------------|
| 1. Without your pointing or looking at it first, does your child point to a picture when you ask him, "Where is the dog?" or "Show me the kitty."? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G202_IMC1 | <input type="checkbox"/> 1 |
| 2. If you point to a picture of a dog (or kitty, shoe, ball, etc.) and ask him, "What is this?", does your child name at least one picture correctly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G202_IMC2 | <input type="checkbox"/> 2 |
| 3. Does your child put two or three words that are different ideas together such as "Daddy bye," "car go home," "shut door," or "kitty gone"? (Don't count word combinations that are one idea such as "bye, bye," "all right," "What's that?", etc.)
Please give an example: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G202_IMC3 | <input type="checkbox"/> 3 |
| 4. Does your child make sentences that are three or four words long?
Please give an example: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G202_IMC4 | <input type="checkbox"/> 4 |
| 5. When you ask "What is your name?", does your child tell you his first and last name? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G202_IMC5 | <input type="checkbox"/> 5 |
| 6. Does your child use at least two words like "me," "I," "mine," and "you" correctly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G202_IMC6 | <input type="checkbox"/> 6 |
| 7. Without giving him clues by pointing or using gestures, can your child carry out at least three of these kinds of directions?
a. "Put the block on the table." d. "Find your coat."
b. "Close the door." e. "Take my hand."
c. "Give the ball to me." f. "Get your book." | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G202_IMC7 | <input type="checkbox"/> 7 |

II. GROSS MOTOR *(Please try the activity if you are not sure.)*

- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|-----------|-----------------------------|
| 1. Does your child walk down stairs if you hold on to one of his hands? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G202_IMG1 | <input type="checkbox"/> 8 |
| 2. Does your child walk up or down at least two steps by himself if he holds onto the railing or wall? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G202_IMG2 | <input type="checkbox"/> 9 |
| 3. Does your child hop on one foot at least 2 or more hops? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G202_IMG3 | <input type="checkbox"/> 10 |



* The content of this questionnaire was largely derived from the Revised Gesell and Amatruda Developmental and Neurological Examination (Knobloch, Stevens, & Malone, 1980) and the Revised Parent Developmental Questionnaire (Knobloch, Stevens, & Malone, 1980).

4. When you show him how to kick a large ball, does your child try to kick it by either walking into it or stepping on it? (If your child is already kicking the ball, check "Yes" for this item.)

Yes ☐ Sometimes ☐ Not Yet ☐ **G202_IMG4** ☐ 11



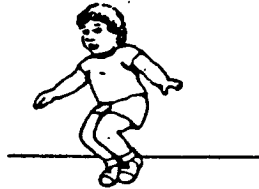
5. Without holding onto anything for support, can your child kick a ball by swinging his leg?

☐ ☐ ☐ **G202_IMG5** ☐ 12



6. Does your child jump with both feet off the floor at the same time?

☐ ☐ ☐ **G202_IMG6** ☐ 13



7. Does your child run well, being able to stop himself without bumping into things or falling?

☐ ☐ ☐ **G202_IMG7** ☐ 14

III. FINE MOTOR (Please try the activity if you are not sure.)

1. Can your child thread a shoelace either through a bead, the hole at the end of a large, closed safety pin, or an eyelet of a shoe?

☐ ☐ ☐ **G202_IMF1** ☐ 15



2. Does your child stack seven small blocks on top of each other by himself? (You could also use spools of thread, small boxes, or toys that are approximately one inch in size.)

☐ ☐ ☐ **G202_IMF2** ☐ 16

3. Does your child turn pages of a book by himself? He may turn more than one page at a time.

☐ ☐ ☐ **G202_IMF3** ☐ 17

4. Does your child hold a pencil or crayon with his fingers and thumb the way an adult does?

☐ ☐ ☐ **G202_IMF4** ☐ 18



5. Does your child use a turning motion with his hand while trying either to turn doorknobs, wind up toys, twist tops, open or unscrew lids of small jars?

☐ ☐ ☐ **G202_IMF5** ☐ 19

6. Does your child flip light switches off and on?

☐ ☐ ☐ **G202_IMF6** ☐ 20

7. While standing, does your child throw a small ball with a forward arm motion? (Simply dropping the ball or letting the ball go does not count.)

☐ ☐ ☐ **G202_IMF7** ☐ 21



IV. ADAPTIVE *(Please try the activity if you are not sure.)*

Yes	Sometimes	Not Yet
-----	-----------	---------

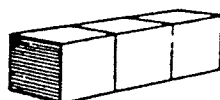
1. When you line up four blocks (or little boxes to make a train), does your child try to copy you by lining up at least two blocks side by side?

☐

G202_IMA1

☐☐☐

22



2. After he watches you draw a line from the top of the paper to the bottom with a crayon, does your child try to copy you by drawing a single line on the paper in any direction? (Scribbling back and forth does not count.)

☐

G202_IMA2

☐☐☐

23



3. After he watches you draw a cross (+) on paper, does your child make one like yours?

☐

G202_IMA3

☐☐☐

24



4. If your child wants something he cannot reach, will he find and use something to stand on in order to reach it?

☐

G202_IMA4

☐☐☐

25

5. Does your child pretend objects are something else? For example, does your child hold a cup to his ear, pretending it is a telephone? Does he put a box on his head, pretending it is a hat? Does he use a block to stir food?

☐

G202_IMA5

☐☐☐

26

6. Without showing him how, does your child purposefully turn a small bottle upside down in order to dump out a small crumb (about the size of a pea) or Cheerio?

☐

G202_IMA6

☐☐☐

27

7. Does your child put things away where they belong? For example, does he know where his toys belong, that his blanket goes on his bed, that dishes go in the kitchen, etc.?

☐

G202_IMA7

☐☐☐

28

V. PERSONAL-SOCIAL *(Please try the activity if you are not sure.)*

1. Does your child use a cup or glass well enough so he can drink from it and put it down without tipping it over?

☐

G202_IMP1

☐☐☐

29

2. Can your child eat with a fork?

☐

G202_IMP2

☐☐☐

30

3. Does your child call himself "I" or "me" more often than using his own name?

☐

G202_IMP3

☐☐☐

31

4. Does your child copy the things you do around the house such as sweeping, dusting, hammering nails, etc.?

☐

G202_IMP4

☐☐☐

32

5. Does your child push a stroller, doll carriage or wagon with good steering, being able to back out of corners if he cannot turn?

☐

G202_IMP5

☐☐☐

33

6. When playing with a stuffed animal or doll, does your child pretend to feed or dress it?

☐

G202_IMP6

☐☐☐

34

7. If you have his clothes laid out, can your child get most of his clothes on by himself with you helping with more difficult parts like snaps and shoelaces?

☐

G202_IMP7

☐☐☐

35

VI. OVERALL

1. Do you think your child hears alright?YesNo G202_OV1 ☐ 36
 Explain:
2. Do you think your child is talking like other toddlers?YesNo G202_OV2 ☐ 37
 Explain:
3. Can you understand most of what your child says?YesNo G202_OV3 ☐ 38
 Explain:
4. Do you think your child walks, runs and climbs like other toddlers?YesNo G202_OV4 ☐ 39
 Explain:
5. Is there anything about your child that worries you?YesNo G202_OV5 ☐ 40
 Explain:
6. Has your child had any medical problems in the last four months?YesNo G202_OV6 ☐ 41
 Explain:

Section 5

LANGUAGE DEVELOPMENT SURVEY

Please place a tick next to each word that your child says SPONTANEOUSLY (not just imitates or understands). It's okay to count words that aren't pronounced clearly or are in "baby talk" ("baba" for bottle).

FOODS	star	hospital	sleep	towel	boots	dirty	out
apple	street	library	stop	TV	coat	dry	please
banana	sun	park	take	window	dress	good	Sesame St
biscuit	tree	shop	throw		gloves	happy	shut up
bread		school	tickle	PERSONAL	hat	heavy	thank you
butter	ANIMALS	zoo	up	brush	jacket	hot	there
cake	bear		walk	comb	jumper	hungry	under
cereal	bee	ACTIONS	want	glasses	mittens	little	welcome
cheese	bird	bath	wash	key	nappy	mine	what
chewing gum	bug	breakfast	wee	money	pajamas	more	where
coffee	bunny	bring		notebook	pants	nice	why
chips	cat	catch	HOUSEHOLD	paper	shirt	pretty	woof/woof
cool drink	chicken	clap	bath	pen	shoes	red	yes
drink	cow	close	bed	pencil	slippers	stinky	you
egg	dog	come	blanket	penny	sneakers	that	yummy
food	duck	cough	bottle	tissue	socks	this	1,2,3 etc
grapes	elephant	cut	bowl	toothbrush		tired	
hamburger	fish	dance	chair	umbrella	VEHICLES	wet	
hotdog	frog	dinner	clock	watch	bike	white	
icecream	horse	do	cot		boat	yellow	
juice	monkey	down	cup	PEOPLE	bus	yucky	
lolly	pig	eat	door	aunt	car		OTHER
meat	puppy	fall	floor	baby	motorcycle		A,B,C etc
milk	snake	feed	fork	boy	plane		away
orange	tiger	finish	glass	daddy	stroller		booboo
pizza	turkey	fix	knife	doctor	trailer		byebye
sultana	turtle	get	light	girl	train		excuse
soup		give	mirror	grandma	truck		me
spagetti	BODY PARTS	go	pillow	grandpa			here
tea	arm	have	plate	lady	MODIFIERS		hi, hello
toast	bellybutton	hit	potty	man	allgone		in
water	bottom	hug	radio	mummy	allright		me
	chin	jump	room	own name	bad/naughty		meow
TOYS	ear	kick	rubbish	pet name	big		my
ball	elbow	kiss	sink	uncle	black		myself
balloon	eye	knock	soap	Bert, Ernie	blue		night-night
blocks	face	look	spoon		broken		no
book	finger	love	stairs	CLOTHES	clean		off
crayons	foot	lunch	table	belt	cold		on
doll	hair	make	telephone	boots	dark		
picture	hand	nap					
present	knee	open					
slide	leg	outside					
swing	mouth	pattycake					
teddybear	neck	poo					
	nose	push					
OUTDOORS	teeth	read					
flower	thumb	ride					
footpath	toe	run					
house	tummy	see					
moon		show					
rain	PLACES	shut					
sky	church	sing					
snow	home	sit					

Please list other words your child uses here:

Does your child combine two or more words into phrases?
(eg "more cookie", "car byeby" etc) Yes..... No.....

Please write down five of your child's longest and best sentences or phrases

- _____
- _____
- _____
- _____
- _____

Section 6

On the next page you will find the Child Behaviour Checklist. It was developed in the United States to identify behaviour problems in 2-3 year old children and it has been found to be valid for Australian children also. It is not the same as the Toddler Temperament Scale (from last year), even though some of the questions will seem similar. Please complete only questions 1-100, as we have already asked you the other questions in previous sections.

Before moving on, please indicate the date you completed this questionnaire:

____/____/____

