



M Y S T U D Y S O N

This questionnaire asks about your child since he was 18 months old. We are interested to know about his health and behaviour and how he gets on with other children. Your answers will help us to understand the developing child and to identify problems that children and their parents have.

This questionnaire is like the other questionnaires you have received. To answer simply tick the box which best describes your child or your child's situation. Again 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 if they do not apply to you please put a line through them. There are no right or wrong answers. Please just describe what happens in your situation. You may make additional comments at the end. All answers are confidential.

THANK YOU FOR YOUR HELP

8/12/93

Recycled Paper

SECTION A: YOUR CHILD'S HEALTH

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

	(i) in the past month	(ii) in the past year
very healthy, no problems	1	1
healthy, but a few minor problems	2	2
sometimes quite ill	3	3
almost always unwell	4	4

A2. How many of the following immunisations has he had?
(If you don't know put 9)

Number

- a) BCG (for tuberculosis)
- b) DTP or Triple (includes whooping cough)
- c) DT (without whooping cough)
- d) Polio
- e) MMR (measles, mumps and rubella)
- f) Hib (Haemophylus influenzae B - for meningitis)
- g) Other (please describe)
.....
- h) Did he have a temperature or was he unwell after any immunisation?

Yes ₁	No ₂	If no , go to A3 on page 4
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If yes, please describe:

- i) which immunisation:
- ii) how old was he? _____ years or _____ months
- iii) how long after the immunisation did this start?

under 3 ₁ hours	3-24 ₂ hours	1-2 ₃ days
3-6 ₄ days	1 week ₅ or more	don't ₉ know
- iv) how was he affected?

A3. Has he had fluoride supplements since he was 18 months old?

Yes ₁ No ₂ Not known₃ If **no** or **not known** go to A4a

If yes, (i) for how long did he have them?

- | | | | |
|-------------------------------------|-------------------------|-------------------------|--------------------------|
| less than ₁
1 month | 1-2 months ₂ | 3-5 months ₃ | 6-11 months ₄ |
| more than ₅
12 months | don't know ₉ | | |

(ii) How old was he when he last had fluoride supplements? _____ months old
(put 66 if still has them)

A4. a) Since your child was 18 months old, has the doctor been called to your home because he was unwell?

Yes ₁ No ₂ If **no**, go to A5 below

If yes, b) how many times?

A5. once ₁ twice ₂ 3- 4 times ₃ 5 or more ₄
 Has he had any of the following since he was 18 months old?

		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)	stomach ache(s)			
k)	rash			
l)	wheezing			
m)	breathlessness			
n)	episodes of stopping breathing			
o)	an accident			
p)	headache(s)			
q)	other (please tick and describe)			

A6. a) Has your child been admitted to hospital since he was 18 months old?
 Yes ₁ No ₂ **If no, go to A7 on page 6**

If yes,

- b) how many times?
- c) please describe for each admission:

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

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

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

A7. Has he had any of the following?

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

A8. a) Since he was 18 months old has he had any periods when there was wheezing with whistling on his chest when he breathed?

Yes ₁ No ₂ **If no, go to A8g on page 7**

If yes,

b) How many separate times has this happened since he was 18 months old?

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

c) How many days altogether would you say he had wheezed since he was 18 months old?

one day ₁ 2-3 ₂ 4-9 ₃ 10-19 ₄ 20 or more ₅ don't ₆
days days days days days know

d) Was he breathless during any of these times?

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

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

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

f) What do you think brings them on?

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

g) Have any of your other children had spells of wheezing with whistling on the chest?

Yes ₁ No ₂ have no other children ₇

A9. a) Has your child had an itchy, dry skin rash in the joints and creases of his body (e.g. behind the knees, elbows, under the arms) since he was 18 months old?

Yes ₁ No ₂ **If no, go to A10a below**

If yes,

b) how bad was this?

very bad ₁ quite bad ₂ mild ₃ no problem ₄

c) does he have this sort of rash now?

Yes ₁ No ₂

Yes No

- d) did the rash ever become sore and oozy? 1 2
- e) was it made worse by irritants such as bubble bath, soap, wool or nylon clothing? 1 2

A10. a) Has he had an itchy, dry rash on his hands?

Yes 1 No2

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

Yes 1 No2

If **yes**, please describe which parts of his feet

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

Yes 1 No2

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

Yes 1 No2 If **no**, go to A11a on page 8

If **yes**,

A10d. i) please describe the food(s).....

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

iii) where was the reaction?

mouth 1

other part 2 (say where)

A11. a) Has he had vomiting spells since he was 18 months old?

Yes 1 No 2 If **no**, go to A12 below

If **yes**,

b) How many times?

once1 twice 2 3-9 3 10 or more 4
times times times times

c) Have these been associated with:

Always Frequently Sometimes Rarely Never

i) diarrhoea 1 2 3 4 5

ii) chestiness (wheezing or coughing or grunting) 1 2 3 4 5

A12. Nowadays how many motions (or dirty nappies) a day (24 hours) does he usually have?

4 or more 1 2 - 3 2 once 3
times times a day

once in 4 once a week 5 can't 9
2-4 days say

A13. Nowadays how often are his stools:

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

A14. a) Since he was 18 months old has he had diarrhoea or gastro-enteritis?

Yes 1 No 2 If no, go to A15a on page 10

If yes,

- b) how many times? _____
- c) how many days did the worst attack last? _____
- d) Did you:
- | | Yes | No |
|-----------------------------------------|-----|----|
| i) call the doctor to come to your home | 1 | 2 |
| ii) go to your doctor | 1 | 2 |
| iii) treat it yourself | 1 | 2 |
| iv) other (please describe) | 1 | 2 |
| | | |
- e) Did you continue feeding as usual?

Yes 1 If yes, go to A14f on page 10

No 2

If no, how long was normal feeding disturbed?

less than 1 1 day	1 day 2	2 days 3	3-4 days 4	5 or more 5 days
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f) Was the child treated with an oral rehydration solution?

Yes 1 No2 Don't know9

If no or don't know go to A14g below

If yes,

- i) give type if known:
- ii) how long was the solution given?
- | | | | | |
|----------------------|---------|----------|------------|---------------------|
| less than 1
1 day | 1 day 2 | 2 days 3 | 3-4 days 4 | 5 or more 5
days |
|----------------------|---------|----------|------------|---------------------|
- g) What other treatment was given?
-
-

A15. a) Since he was 18 months old has your child ever had a time when he has coughed off and on for at least 2 days?

Yes 1 No 2 If no, go to A16 below

If yes,

b) how many times has this happened in the past 18 months?

once 1 twice2 3-9₃ 10 or more₄
times times

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

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

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

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

A16. a) The following questions are about your child's ears or hearing.

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

Yes usually₁ Yes often₂ Sometimes₃ Usually not₄ Don't know₉

b) Does he turn his head towards sounds?

only to very loud sounds 1
yes usually 2
yes sometimes 3
never turns towards sounds 4
don't know 9

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

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

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

	Yes	No	Don't know	Hasn't had a cold
i) clear	1	2	9	7
ii) slightly white in colour	1	2	9	
iii) thick heavy yellow and/or green in colour (catarrh)	1	2	9	
iv) very little discharge occurs at all	1	2	9	

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

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

A16. f) Do his ears go red and look sore for a long time?(Remember - an ear that has just been slept on may look red for a short time.)

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

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

Never	1
once	2
more than once	3
don't know	9

h) Does he breathe through his mouth rather than through his nose?

all the time	1
much of the time	2
rarely	3
never	4
don't know	9

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

most nights	1
quite often	2
only rarely	3
don't know	9

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

yes, often	1
yes, sometimes	2
no	3
don't know	9

A17. a) Have there been times when he seems to have had a pain in his stomach since he was 18 months old?

Yes₁ No₂ If no, go to A18a below

If yes,

b) How many separate times has this happened in the past 18 months?

once ₁	twice ₂	3-4 ₃ times	5 or more ₄ times	don't ₉ know
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A18. a) Since he was 1 year old has he had any form of convulsion, fit, seizure or other turn in which consciousness was lost or any part of the body made an abnormal movement?

Yes 1 No 2 Not known 9

If no, or not known go to A19

If yes,

b) Please describe the first attack since his 1st birthday:
.....
.....

c) Did the child have a high temperature at the time?

Yes 1 No 2 Not known 9

d) How old was he at the time?

12-17 months 1 18-23 months 2 2 years old 3 3 years old 4

e) How many attacks has he had?

one 1 two 2 3-4 3 5 or more 4

f) By whom was the child seen for the attack(s) (tick all that apply)

Table with 3 columns: Question, Yes, No, Don't know. Rows include G.P. at home, G.P. at surgery, hospital outpatients, admitted to hospital.

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

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

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

Table with 3 columns: Question, Yes, No, Don't know. Rows include febrile convulsions, fainting and blackouts, epilepsy, breath holding, reaction to immunisation, other (please specify).

.....

A19. Has he ever had any of the following infections?

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

.....

A20. Approximately how many times in the last 12 months has:

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

SECTION B: SLEEPING AND CRYING

B1. Does your child have a regular sleeping routine?

Yes 1 No 2

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

none 1 less than₂ 1-2₃ more than₄ don't₅
 1 hour hrs 2 hours know

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

.....

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

.....

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

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

B4. a) In which room does the child usually sleep?

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

.....

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

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

.....

c) How does he usually sleep?

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

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

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

B5. Do you feel his sleep pattern is:

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

B6. In the past year has your child regularly:

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

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

more than other children₁
the same as other children₂
less than other children₃

don't know,
 B8. All children cry. Some children also fuss and whine. How often does your child whine?

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

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

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

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

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

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

- Yes 1
- No 2

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

- at least 1 several times 2 infrequently 3
- once a day a week

never₄ **If never, go to Section C**

b) what food do you use to stop his crying or fussing?

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

SECTION C: YOU AND YOUR CHILD

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

- Never 1 **If never, go to C2 below**
- rarely 2

sometimes 3
 frequently 4

If yes,

b) What are they usually about:

.....

c) Who most often wins?

me 1
 my toddler 2
 about even 3
 neither of us 4

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

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

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

more than once a day 1
 most days 2
 at least once a week 3
 less than once a week 4
 never 5 **If never, go to C4 on page 21**

If he has temper tantrums:

C3. b) Do they occur because of:

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

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

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

vii) other (please tick and describe) 1 2 3

.....

C4. How often does he do the following:

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

.....

C5. About how often do you take him to:

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

C6. Please tick which is appropriate for your child:

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

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

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

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

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

C9. Does your child have:

	Yes	No
a) cuddly toys	1	2
b) push or pull toys	1	2

- c) co-ordination toys (e.g. set of blocks, shape posting box, stacking cups) 1 2
 - d) jigsaw puzzle 1 2
- C10. About how many books does he have of his own?
- none 1
 - 1 - 2 books 2
 - 3 - 9 books 3
 - 10 or more 4

- C11. a) Do you try to teach your child?
- no, he is too young 1
 - no, I do not have time 2
 - yes, sometimes 3
 - yes, often 4
- If no, go to C12 on page 24**

- b) **If yes**, which things do you try to teach?
- | | Yes | No |
|----------------------------------------------|------------|-----------|
| i) colours | 1 | 2 |
| ii) alphabet | 1 | 2 |
| iii) numbers | 1 | 2 |
| iv) nursery rhymes | 1 | 2 |
| v) songs | 1 | 2 |
| vi) shapes and sizes | 1 | 2 |
| vii) politeness (e.g. 'please', 'thank you') | 1 | 2 |
| viii) others (please describe) | 1 | 2 |
-

- C12. How often do you talk to him while you do housework or are occupied in some other way?
- never₁ rarely₂ sometimes₃
- often₄ always₅

- C13. a) When do you have the television on?
- all day 1
 - most of the day 2
 - mornings only 3
 - afternoons only 4
 - evenings only 5
 - not at all 6
 - do not have a TV 7

- b) Does your child watch television?
- yes, but only while playing 1
 - yes, concentrates and tries to understand 2
 - no, he ignores it 3
 - no, he is never allowed to see it 4
 - do not have a TV 7

If he does watch TV,

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

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

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

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

	always	sometimes	hardly ever
a) move away, avoid looking at you	1	2	3
b) push you away	1	2	3
c) run to you for a hug or cuddle	1	2	3

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

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

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

i) Played house (e.g. cleaning, cooking)	1	2	3	4	5
ii) Played with girls	1	2	3	4	5
iii) Pretended to be a female person (e.g. a princess)	1	2	3	4	5
iv) Pretended to be a male character (e.g. a soldier)	1	2	3	4	5
v) Played at fighting	1	2	3	4	5
vi) Played at being a mother or father	1	2	3	4	5
vii) Played ball games	1	2	3	4	5
viii) Climbed (fence, tree, climbing frame)	1	2	3	4	5
ix) Played at looking after babies	1	2	3	4	5
x) Showed interest in real cars, trains and aeroplanes	1	2	3	4	5
xi) Dressed up in girlish clothes	1	2	3	4	5

	xii) Played with boys	1	2	3	4	5
C16. c)	How often does he:	Never	Hardly ever	Sometimes	Often	Very often
i)	Like to explore new surroundings	1	2	3	4	5
ii)	Enjoy rough and tumble play	1	2	3	4	5
iii)	Show interest in spiders, insects or snakes	1	2	3	4	5
iv)	Avoid getting dirty	1	2	3	4	5
v)	Like pretty things	1	2	3	4	5
vi)	Avoid taking risks	1	2	3	4	5
C17.	Do you feel that he dominates the household?					
	Yes, usually ₁	Yes, sometimes ₂	No, not at all ₃			
C18.	Do you start by being firm but then give way?					
	Yes, usually ₁	Yes, sometimes ₂	No, not at all ₃			
C19.	Space for comments:					

SECTION D: UPSETTING EVENTS

Below are listed some events that might upset some children. Please state whether any of these happened since he was 18 months old.

		Yes and he was very upset	Yes and he was quite a bit upset	Yes and he was wasn't upset	Yes but he happen upset	No did not
D1.	He was taken into care*	1	2	3	4	5
D2.	A pet died	1	2	3	4	5
D3.	He moved home	1	2	3	4	5
D4.	He had a shock or fright*	1	2	3	4	5
D5.	He was physically hurt by someone*	1	2	3	4	5
D6.	He was sexually abused*	1	2	3	4	5
D7.	He was separated from his mother for at least a week*	1	2	3	4	5
D8.	He was separated from his father for at least a week*	1	2	3	4	5
D9.	He acquired a new parent*	1	2	3	4	5
D10.	He had a new brother or sister	1	2	3	4	5
D11.	He was admitted to hospital	1	2	3	4	5
D12.	He changed carer/care giver	1	2	3	4	5
D13.	He was separated from someone else*	1	2	3	4	5
D14.	He started a <u>new</u> creche or nursery	1	2	3	4	5
D15.	Something else*	1	2	3	4	5

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

.....

.....

SECTION E: MILESTONES

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

		Yes, can do well	Yes, does but not very well	Has not yet done
E1.	a) He is able to drink from a cup	1	2	3
	b) He shows what he wants without crying for it	1	2	3
	c) He copies me doing the housework	1	2	3
	d) He can put on a T-shirt by himself	1	2	3
	e) He helps in the house with simple tasks	1	2	3
	f) He can take off his clothes with help	1	2	3
	g) He can put his shoes on (without fastening them)	1	2	3
	h) He can wash and dry his hands	1	2	3
	i) He can brush his teeth (with help)	1	2	3
	j) He can get dressed without any help	1	2	3
	k) He eats with a spoon and/or fork	1	2	3
	l) He plays card games or board games	1	2	3
	m) He prepares breakfast cereal to eat	1	2	3
E2.	a) He can hold a pencil and scribble	1	2	3
	b) He can copy a vertical line with a pencil	1	2	3
	c) He can wiggle his thumb	1	2	3
	d) He can copy a circle and draw it more or less	1	2	3
	e) He can bang together two objects that he is holding	1	2	3
	f) He grabs objects using the whole hand	1	2	3
	g) He can pick up a small object using finger and thumb only	1	2	3
	h) He will turn the pages of a book	1	2	3
	i) He can build a tower putting one object on top of another	1	2	3
	j) He can build a tower of 4 bricks	1	2	3
	k) He can build a tower of 6 bricks	1	2	3
	l) He can build a tower of 8 bricks	1	2	3
	m) He can fit shapes in a board	1	2	3
	n) He can thread beads on a string	1	2	3
	o) He can use his right hand to draw	1	2	3
	p) He can use his left hand to draw	1	2	3

		Yes, can do well	Yes, does but not very well	Has not yet done
E3.	a) He can walk	1	2	3
	b) He can walk backwards 5 steps	1	2	3
	c) From a standing position he can bend down and return to standing	1	2	3
	d) He runs	1	2	3
	e) He can walk up steps	1	2	3
	f) He can kick a ball	1	2	3
	g) He can throw a ball	1	2	3
	h) He can jump up and down	1	2	3
	i) He can balance on one foot for at least one second	1	2	3
	j) He can hop	1	2	3
	k) He can walk on tiptoe	1	2	3

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

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

If yes, to any of these, please describe what worries you:

.....

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

SECTION F:

F1. This questionnaire was completed by:

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

F2. Please give the date on which you completed this questionnaire:

day	month	year
_____	_____	199__

F3. Please give the date of birth of your child:

day	month	year
_____	_____	199__

THANK YOU VERY MUCH FOR YOUR HELP

Space for any additional comments you would like to make

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

When completed, please return the questionnaire to:

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