

Child Health and Education in the Seventies

A national study in England, Wales and Scotland of all children born 5th–11th April 1970

Under the auspices of the University of Bristol
and the National Birthday Trust Fund

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In association with:

Area Health Authorities in England and Wales
Health Boards in Scotland

Co-sponsors:

Health Visitors' Association

CONFIDENTIAL

HOME INTERVIEW QUESTIONNAIRE

Health District Code

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Child's Local Serial Number

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Child's Central Survey Number

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Details of child born 5th–11th April 1970

If twins use separate questionnaire for each. Please use block capitals.

Full name of the Child Sex

Singleton or twin, specify E001 Date of birth April 1970

Present home address in full E004

Address of child's present placement if living away from home. Please specify if hospital, residential home, etc.

Child's National Health Service Number

N.H.S. Doctor with whom child is registered. If not registered, put NONE.

Name

Full address of practice

Full home address of mother at time she gave birth to child.

If not known, put NOT KNOWN. If same home address as above, put AS ABOVE.

If born abroad, give approximate date child came to live in this country

Mother's maiden name

(These details are needed for matching purposes only)

Address of place of birth. Please specify whether maternity hospital, G.P. unit, home, etc.

NOTES

1. Please read "Survey Notes and Information" in conjunction with this questionnaire.
2. Throughout the questionnaire the study child is designated by the letter N.
3. It is important that no question should remain unanswered without explanation.

SECTION A FAMILY COMPOSITION

A.1 (a) People in the household

A household consists of a group of people who all live at the same address and who are all catered for by the same person. List below all the members of this household. Include the study child, N, the present parents and others, e.g. relatives or lodgers, who are members of this household. Exclude any who are only at home for short periods; enter these in table (b) below.

Relationship to N (e.g. father, step-brother) or status in the household (e.g. lodger)	Surname	First name(s)	Sex	Date of birth
1. Study child—N				/ 4 / 70
2.				/ /
3.				/ /
4. NO. PERSONS IN HOUSEHOLD:	E005			/ /
5. NO. CHILDREN OLDER THAN CHILD:	E006			/ /
6. NO. CHILDREN YOUNGER THAN CHILD:	E007			/ /
7.				/ /
8.				/ /
9.				/ /
10.				/ /

(b) List below any members of the family not included in the above table, for example, those who are only home for holidays or leave, and enquire or state from your own knowledge the reason for absence, for example at residential school, or working away.

Relationship to N	Surname	First name(s)	Sex	Date of birth	Reason for absence from home

AGE OF MOTHER : E008

A.2 (a) What is the relationship to N of the person now acting as his/her mother?

- Relationship to N E010
- Natural mother 1
 - Mother by legal adoption 2
 - Stepmother 3
 - Foster mother 4
 - Grandmother 5
 - Elder sister 6
 - Cohabitee of father 7
 - Other mother figure, specify 8
 - No mother figure 9

(b) please give reason(s) for any past changes in N's situation, e.g. family changes, mother died, etc.

E010A

(c) If N is not now living with natural mother, i.e. 2-9 ringed, please ask when this situation began.

Month Year
Situation began E010B

AGE OF FATHER : E009

A.3 (a) What is the relationship to N of the person now acting as his/her father?

- Relationship to N E011
- Natural father 1
 - Father by legal adoption 2
 - Stepfather 3
 - Foster father 4
 - Grandfather 5
 - Elder brother 6
 - Cohabitee of mother 7
 - Other father figure, specify 8
 - No father figure 9

(b) please give reason(s) for any past changes in N's situation, e.g. family changes, father died, etc.

E011A

(c) If N is not now living with natural father, i.e. 2-9 ringed, please ask when this situation began.

Month Year
Situation began E011B

Except in Q's B.1 to B.4 and B.23 where information is specifically required about N's natural mother or father, the terms "father" or "present father" are used to denote the present father figure identified in Q. A.3(a). The terms "mother" or "present mother" are used to denote the present mother figure identified in Q. A.2(a).

SECTION B MEDICAL HISTORY AND PRESENT HEALTH

B.1 Enter obstetric details on the study child, N, and on all liveborn and stillborn children born subsequently to N's natural mother. Include also children no longer living with their natural mother. Record each member of twin pair separately. Exclude miscarriages. (Some children in this table will be included also in table A.1 on page opposite).

Name	Sex	Date of birth	Birthweight—lbs.—ozs.	Gestation					Method of delivery					Survival		If died, cause of death			
				Over 3 weeks early	At term (37-41 weeks)	Over 4 weeks late	Not known	Breech	Forceps	Caesarean	Other	Not known	Alive born	Died under 7 days	Stillborn		No known		
N		14/70		1	2	3	0	1	2	3	4	5	0	1	2	3	4	0	
				1	2	3	0	1	2	3	4	5	0	1	2	3	4	0	
				1	2	3	0	1	2	3	4	5	0	1	2	3	4	0	
				1	2	3	0	1	2	3	4	5	0	1	2	3	4	0	
				1	2	3	0	1	2	3	4	5	0	1	2	3	4	0	
				1	2	3	0	1	2	3	4	5	0	1	2	3	4	0	
				1	2	3	0	1	2	3	4	5	0	1	2	3	4	0	

SEE PAGE 3a

B.2 How soon after N's birth did the mother first start to have regular contact with N, to hold and/or feed, not just look at?

Within 24 hours of birth **E018A** 1
 Between 25 and 48 hours after birth 2
 On the third day or later, i.e. more than 48 hrs after birth 3 (35)
 Not known 0

If on third day or later, how many days after N's birth did regular contact start? → **E018B** (36,37)

e.g. for third day enter **03**, if number of days not known enter **99**

Please give reason(s) for delay in regular contact

B.3 After regular contact was established, was there any period of 24 hours or more during the first month of N's life when mother was not in normal contact with N, e.g. to hold and/or to feed?

No separation(s) of 24 hours or more **E018C** 1
 Mother and N out of contact for 24 hours or more 2 (38)
 Cannot remember 3
 Not known 0

If separated, give total duration of separation in completed days → **E019** (39,40)

e.g. for 2½ days enter **02**, if number of days not known enter **99**

Give reason(s) for separation(s)

B.4 Was N breast fed partly or wholly, even for a few days?

Yes — **E020**
 for less than 1 month 1
 for 1 month or more but less than 3 months 2
 for 3 months or more 3 (41)
 Yes but cannot remember for how long 4
 No, was not breast fed at all 5
 Not known 0

B.5 At what ages did N receive immunisation, against what diseases and where?

Enter everything given for each attendance, e.g. if on first attendance given triple and polio, ring 1, 2, 3, 4. If more than six attendances for immunisation please continue on back page.

Attendance	N's age in months	Diseases immunised against										Where given E024			
		Diphtheria	Tetanus	Whoopingcough	Polio	Smallpox*	Measles	B.C.G.	Other	Not known	G.P.'s Surgery	Child Health Clinic	Other place	Not known	
First att.	1	2	3	4	5	6	7	8	0	1	2	3	0		
Second att.	1	2	3	4	5	6	7	8	0	1	2	3	0		
Third att.	1	2	3	4	5	6	7	8	0	1	2	3	0		
Fourth att.	1	2	3	4	5	6	7	8	0	1	2	3	0		
Fifth att.	1	2	3	4	5	6	7	8	0	1	2	3	0		
Sixth att.	1	2	3	4	5	6	7	8	0	1	2	3	0		

SEE PAGE 3a

*Please include smallpox vaccination, although now not recommended nationally

QB1.

Birthweight in Ounces= E012A
Gestation= E012B
Method of Delivery= E012C
Number of Subsequent Children= E013
Child 2 Sex= E014A
Child 2 Month of Birth= E014B
Child 2 Year of Birth 1970-75= E014C
Child 2 Birthweight (oz)= E014D
Child 2 Gestation= E014E
Child 2 Method of Delivery= E014F
Child 2 Survival= E014G
Child 3 Sex= E015A
Child 3 Month of Birth= E015B
Child 3 Year of Birth 1970-75= E015C
Child 3 Birthweight (oz)= E015D
Child 3 Gestation= E015E
Child 3 Method of Delivery= E015F
Child 3 Survival= E015G
Child 4 Sex= E016A
Child 4 Month of Birth= E016B
Child 4 Year of Birth 1970-75= E016C
Child 4 Birthweight (oz)= E016D
Child 4 Gestation= E016E
Child 4 Method of Delivery= E016F
Child 4 Survival= E016G
Child 5 Sex= E017A
Child 5 Month of Birth= E017B
Child 5 Year of Birth 1970-75= E017C
Child 5 Birthweight (oz)= E017D
Child 5 Gestation= E017E
Child 5 Method of Delivery= E017F
Child 5 Survival= E017G

QB5.

Number of immunisations= E021
Age of First Whooping Cough Imm= E022A
Age of Second Whooping Cough Imm= E022B
Age of Third Whooping Cough Imm= E022C
Age of Fourth Whooping Cough Imm= E022D
Number of Diphtheria Immunisations= E022E
Age of First Diphtheria Imm= E022F
Age of Second Diphtheria Imm= E022G
Age of Third Diphtheria Imm= E022H
Age of Fourth Diphtheria Imm= E022I
Number of Tetanus Immunisations= E022J
Age of First Tetanus Imm= E022K
Age of Second Tetanus Imm= E022L
Age of Third Tetanus Imm= E022M
Age of Fourth Tetanus Imm= E022N
Age of Fifth Tetanus Imm= E022P
Age of First Measles Imm= E023A
Age of First B.C.G. Imm= E023B
No. Polio Immunisations= E023C
Age of First Polio Imm= E023D
Age of Second Polio Imm= E023E
Age of Third Polio Imm= E023F
Age of Fourth Polio Imm= E023G
Age of First Smallpox Imm= E023H
No. other Immunisations= E023I

B.6 Has N ever been seen at any of the following places for reasons specified, and if so at what ages, if known.

Ring all that apply in each row

At—

- (a) Home by H.V. for any reason
(b) Child Health Clinic for any reason
(c) G.P. surgery or health centre for devel. screening
(d) Hospital birth follow-up clinic
(e) Assessment Centre or clinic for handicap

Never seen	Seen at age:							Not known if ever seen
	48m+	36-47m	24-35m	12-23m	6-11m	under 6m	not known	
1	2	3	4	5	6	7	8	0
1	2	3	4	5	6	7	8	0
1	2	3	4	5	6	7	8	0
1	2	3	4	5	6	7	8	0
1	2	3	4	5	6	7	8	0

B.7 Has N ever been separated from his/her mother or mother substitute for one month or more? Exclude N's hospital admissions and check these are detailed in B.9.

Yes E030

No

Not known

E031/E032

If yes, give total number of separations of one month or more, excluding N's hospital admission(s)

e.g. if 2 separations enter 02 if number of separations not known enter 99

Please give details below for all separations of one month or over. Exclude all N's hospital admissions. If more than three separations, continue on back page.

SEPARATION 4-8:

E036E-E036Y

Age (years and months)

Reason for separation

Number of months (and weeks) separated

Place of care of N?

Was the person looking after N known to him/her?

Was N separated also from father?

First	Second	Third
E033	E035A	E036A
E034A	E035B	E036B
E034B	E035C	E036C
E034C	E035D	E036D

*Place of care: State if in child's own home, other's home, institutional placement, or specify if elsewhere.

B.8 Did the mother herself, as far as she can remember, ever spend more than a short time away from her parents as a child?

Yes —

fostered/in care E037

other reason(s), specify

No, never spent more than a short time away from parents

Not known

B.9 Has N ever been in hospital overnight or longer for any reason whatsoever? Exclude initial stay in maternity home/hospital.

Yes E038

No

Not known

If yes, give total number of hospital admissions overnight or longer

Please give details below for every hospital admission.

If more than three admissions, continue on back page.

Age (years and months)

Diagnosis and nature of all special procedures, including operations

Number of nights in hospital

Name and address of hospital in full

Type of ward and specify if children only admitted

First	Second	Third

B.10 Has N ever attended a hospital outpatient department or any other specialist clinic?

Yes 1
No 2 (9)
Not known 0

If yes, please give details below for each condition or illness resulting in attendance(s) at outpatients or specialist clinic.

If more than three conditions or illnesses, continue on back page.

	First	Second	Third
Age at first attendance (years and months)			
Total number of attendances			
Diagnosis and treatment			
Name and address of department, hospital or clinic, in full.			

10-13

14-16

B.11 Please enquire or state from your own knowledge whether N has been seen by any of the following since the fourth birthday and/or previous to fourth birthday.

Ring all that apply in each row.	Yes, after 4th b'day	Yes, before 4th b'day	No never	Not known	
Seen by a general practitioner* -					
at surgery/health centre E052	1	2	3	0	(17)
at home visit E053	1	2	3	0	(18)
Seen by dentist -					
for inspection, not therapy E054	1	2	3	0	(19)
for filling(s), extraction(s), etc. E055	1	2	3	0	(20)
Seen by doctor for routine medical exam.					
in nursery or school situation, specify E056	1	2	3	0	(21)
Seen by speech therapist -					
age first seen.....yrs.....mths E057	1	2	3	0	(22)
Seen by child guidance clinic E059	1	2	3	0	(23)
age first seen.....yrs.....mths E060					
Problem/diagnosis.....					

*For medical reasons, not for development screening or immunisation.

B.12 Has N had any of the following in the past year and/or previous to past year?

Ring all that apply in each row.	Yes, after 4th b'day	Yes, before 4th b'day	No never	Not known	
Operations					
(a) Tonsillectomy or T's & A's E061	1	2	3	0	(24)
(b) Adenoidectomy alone E062	1	2	3	0	(25)
(c) Circumcision E063	1	2	3	0	(26)
(d) Hernia operation E064	1	2	3	0	(27)
(e) Appendicectomy E065	1	2	3	0	(28)
(f) Any other operation, namely E066	1	2	3	0	(29)
Medical Conditions					
(g) Eczema E067	1	2	3	0	(30)
(h) Hay fever or sneezing attacks E068	1	2	3	0	(31)
(i) Ear discharge (pus not wax) E069	1	2	3	0	(32)
(j) Repeated sore throats requiring medical attention E070	1	2	3	0	(33)
(k) Habitual snoring or mouth breathing E071	1	2	3	0	(34)
(l) Bronchitis E072	1	2	3	0	(35)
(m) Pneumonia E073	1	2	3	0	(36)
(n) Meningitis or encephalitis E074	1	2	3	0	(37)
(o) Hearing difficulty (suspected or confirmed)* E075	1	2	3	0	(38)
(p) Any vision problem (except squint) (suspected or confirmed)* E076	1	2	3	0	(39)

*If any suspected or confirmed hearing or eyesight problem, please give details below.

B.13 Were there any of the following difficulties with N when he/she was a baby (i.e. under 6 months of age)?

- (a) Excessive crying E077
 (b) Frequent feeding problems E078
 (c) Frequent sleeping difficulty at night E079

Yes	No	Not known
1	2	0
1	2	0
1	2	0

(40)
 (41)
 (42)

B.14 Has N ever had an accident requiring medical advice or treatment?

Please include accidents in the road, home and elsewhere, accidental ingestion of medicines/poisons, burns/scalds, fractures, eye injuries, near-drowning, bad cuts and other injuries, with or without unconsciousness, and non-accidental injuries.

Ring all that apply.

Yes -

E080

- accidental swallowing of medicines or poisons 1
 burn(s), scald(s) 2
 road traffic accident(s) 3
 Accident resulting in unconsciousness 4
 other accidents 5
 No accident 6
 Not known 0

43,4

If yes, please state total number of accidents specified above

03 (45,4)

e.g. if 3 accidents enter 03

Please give details of every "accident"

Check that all "accidents" resulting in hospital admission or outpatient/casualty attendance are also included in B.9 and B.10 respectively. If more than four "accidents", continue on back page.

	First	Second	Third	Fourth
Age (years and months)				
Where did it happen? (Road, home, school, etc.)				
What happened?*				
Description of "injuries" (e.g. burn/scald, fracture, head injury with unconsciousness, etc.)				
Part(s) of body involved (head, eyes, limbs, etc.)				
Where treated? (G.P., Casualty, Inpatient)				
Treatment, including stitches, operation(s), plaster cast(s), traction, etc.				
Name and address of hospital in full, if attended or admitted				

42-49

50-53

*If ingestion of medicines/poisons, give name of substance.

B.15 Has N ever had one or more attacks or bouts in which he/she had wheezing on the chest, regardless of the cause?

Yes E087

No

Not known

1
 2 (54)
 0

If yes, please complete the following details.

(a) Age at first or only attack in which he/she wheezed on the chest: years E088 mths

(b) How many attacks occurred:

(a) in first 12 months of life? E089

(b) between first and fourth birthdays? E090

(c) since fourth birthday? E091

(c) Number of times ever admitted to hospital with any wheezing in the chest, whatever the cause E092

(d) Please describe what the mother was told about the diagnosis in her own words E093

55-57

58,5

60,6

62,6

64,6

66

Check whether there have been any hospital admission(s) or out-patient attendance(s) for the above, if so, make sure they are included in B.9 and B.10 respectively.

B.16 Has N ever had any form of convulsion, fit, seizure or other turn in which consciousness was lost, or any part of the body made abnormal movements?

Yes **E094** 1
 No, never 2 (67)
 Not known 0

If yes,

(a) from health visitor's and mother's knowledge, and from records if possible, please give the most accurate diagnosis of the attack(s).

Ring all that apply

Epilepsy 1
 Febrile convulsion(s) 2
 Fainting, blackout(s) 3
 Other diagnosis, namely 4
 Not known 0

68,69

(b) please ask mother to describe the first attack

(i) form it took

(ii) how soon seen by G.P., or admitted, if at all

(c) please ask mother to describe subsequent attack(s), if any.

(i) form they took if different from above

(ii) investigations, if any

(iii) medication and dates

(d) give number of convulsions, fits or seizures in each agegroup specified below.

	First four weeks	1-12 months	Over 1 yr under 2	Over 2 under 3	Over 3 under 4	Over 4 years
Number of attacks						

70-72

73-75

Check whether there have been any hospital admission(s) or out-patient attendances(s) for the above, if so, make sure they are included in B.9 and B.10 respectively.

B.17 Has N ever worn or been prescribed glasses?

Yes - **E101**
 still has to wear them 1
 but does not have to wear them now 2 (76)
 No 3
 Not known 0

B.18 Has N ever had a squint?

Yes - **E102**
 now 1
 in past but not now 2
 No, never 3 (77)
 Not known 0

If yes, what treatment was given?

Ring all that apply **E103**

Medical advice - "No treatment needed" 1
 Patch over one eye 2
 Glasses 3
 Eye exercises 4
 Operation 5
 Treatment advised, but not known what 6
 Never attended for advice or treatment 7
 Not known 0

76-78

B.19 Has N ever had a stammer or stutter or any other difficulty with speech?

E104

Stammer or stutter Other speech difficulty

Yes, at present-

mild

severe

Yes, in past but not now

No

Not known

1	1
2	2
3	3
4	4
0	0

If ever difficulty in speech, other than stammer or stutter, give details

E105

79-81

82

0 6

83

B.20 Do people outside N's household easily understand what he/she says?
If N's main language not English, ring 1.

- E106*
- | | | |
|--|---|------|
| N's main language not English | 1 | |
| All or nearly all of N's speech is understood outside immediate family | 2 | |
| Some of N's speech understood outside immediate family | 3 | |
| Hardly any of N's speech understood outside immediate family | 4 | (11) |
| N's speech understood only by immediate family | 5 | |
| Even immediate family have difficulty in understanding N's speech | 6 | |
| Other answer, namely | 7 | |
| Not known if others understand N | 0 | |

B.21 From the health visitor's knowledge, observation and from records, has N ever been diagnosed as having any congenital abnormality or suspected congenital abnormality?

Ring all that apply

- Yes -
- | | | |
|---|---|-------|
| Meningol | 1 | |
| Spina bifida (meningomyelocele) | 2 | |
| Hydrocephalus | 3 | |
| Hare-lip | 4 | |
| Cleft palate | 5 | |
| Congenital heart condition (diagnosed) | 6 | |
| Suspected congenital heart condition (murmur, etc.) | 7 | 12-14 |
| Skin naevus (portwine, strawberry, etc.) | 8 | |
| Any other congenital abnormality, specify | 9 | |
| No, none of the above | 0 | |

If yes, please describe abnormalities

B.22 From the health visitor's knowledge and observations, and where necessary from available records, does N have any physical or mental disability or handicap, or any other condition interfering with normal everyday life or which might be a problem at school?

- Yes -
- | | | |
|---------------------------------|---|----|
| but no real handicap | 1 | |
| mild handicap | 2 | |
| severe handicap | 3 | |
| No disability or handicap | 4 | 15 |
| Not known | 0 | |

If yes, (a) please give following details

Actual diagnosis

Effect on home or school life, if any

(b) indicate into which of the following categories the condition, handicap or disability falls

Ring all that apply

- | | | |
|---|---|-------|
| Visual defect | 1 | |
| Hearing defect | 2 | |
| Speech defect | 3 | |
| Mental handicap or disability | 4 | |
| Emotional problem | 5 | |
| Motor/locomotor problem | 6 | 17-19 |
| Respiratory problem | 7 | |
| Severe congenital condition | 8 | |
| Severe acquired condition (e.g. malignancy) | 9 | |
| Other condition, specify | 0 | |

B.23 Has N's natural mother or natural father or any brothers or sisters of N's ever had any of the following?

	<i>Ring all that apply in each column</i>			Natural mother	Natural father	Sibling(s)
Asthma	<i>E11A</i>	1	<i>E12A</i>	1	<i>E13A</i>	1
Hayfever	<i>E11B</i>	2	<i>E12B</i>	2	<i>E13B</i>	2
Eczema	<i>E11C</i>	3	<i>E12C</i>	3	<i>E13C</i>	3
Late reader, i.e. not reading by 7 years	<i>E11D</i>	4	<i>E12D</i>	4	<i>E13D</i>	4
Poor reader or non-reader at present	<i>E11E</i>	5	<i>E12E</i>	5	<i>E13E</i>	5
Convulsion(s) or fit(s)	<i>E11F</i>	6	<i>E12F</i>	6	<i>E13F</i>	6
Bedwetting, after 5 years of age	<i>E11G</i>	7	<i>E12G</i>	7	<i>E13G</i>	7
Late in learning to speak	<i>E11H</i>	8	<i>E12H</i>	8	<i>E13H</i>	8
None of above		9		9		9
No siblings		-		-		10

SECTION C TELEVISION VIEWING AND READING

C.1 Does N ever watch television at home?

Yes - almost every day E114 1
occasionally 2 (29)
No, never 3
Not known 0

If N never watches TV proceed to C.6

C.2 Complete the following details of N's television viewing at home in the past seven days, by ringing all appropriate numbers for each day. Start with yesterday and go back day by day through the week.

Ring all that apply for each day.

Morning (e.g. before 1 pm)
Early afternoon (e.g. 1 pm-4 pm)
Late afternoon (e.g. 4 pm-6 pm)
Early evening (e.g. 6 pm-9 pm)
Late evening (e.g. after 9 pm)
Did not watch TV that day
Not known

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Morning (e.g. before 1 pm)	1	1	1	1	1	1	1
Early afternoon (e.g. 1 pm-4 pm)	2	2	2	2	2	2	2
Late afternoon (e.g. 4 pm-6 pm)	3	3	3	3	3	3	3
Early evening (e.g. 6 pm-9 pm)	4	4	4	4	4	4	4
Late evening (e.g. after 9 pm)	5	5	5	5	5	5	5
Did not watch TV that day	6	6	6	6	6	6	6
Not known	0	0	0	0	0	0	0

AV HOURS WATCHED TV MON-FRI: E117
SAT-SUN: E118

C.3 Give total number of hours N watched each day in the past seven days

Mon	Tue	Wed	Thur	Fri	Sat	Sun

Enter hours watched

Enter 0 for any day on which N watched TV under 1 hour or not at all. If not known on any day, enter NK

Is this the usual amount of TV N watches?

Yes 1
No 2 (21)
Not known 0

If no, how many hours a day on average does he/she usually watch TV? →

If less than 1 hour a day enter 0 (52)

C.4 What types of TV programmes does N watch at home?

Ring all that apply.

Children's programmes (e.g. Playschool, Sesame Street, etc.) E120
Cartoons E121
Thriller/dramatic programmes (e.g. cowboy, gangster, science fiction, war films, etc.) E122
Comedy programmes/series E123
Competition/quiz programmes (e.g. Double Your Money, Golden Shot, etc.) E124
Sport E125
News programmes E126
Documentary programmes (e.g. animal, travel films, etc.) E127
Other types of programmes, please give details E128

C.5 Which is N's favourite TV programme?

Specify title or series N likes best

C.6 Ring in column A all who have read to N at home at least once in the past 7 days. Ring in column B the one person who reads to N most often

	A	B
Mother	1	1
Father	2	2
Other adults, specify	3	3
Child(ren) 11 and over	4	4
Child(ren) under 11	5	5
Nobody read to child	6	6
Not known	0	0

C.7 On how many days has N been read to at home in the past 7 days? →

If not read to in past 7 days enter 0, if not known enter 9

Is this the usual amount N is read to at home?

Yes 1
No 2 (62)
Not known 0

If no, how many days a week is he/she usually read to? →

30-33

34-37

38-41

42-43

44-47

48-50

51-53

54-57

58-60

(61)

(62)

(63)

SECTION D NURSERY, PLAYGROUP AND SCHOOL EXPERIENCE

- D.1 A. Ring in the first column A any school, playgroup, or nursery placements N attends at the present (or attended last term if at present on holiday). If currently attending more than one, ring all he/she attends in column A.
- B. Ring in the second column, B all other placements attended previously for three months or longer, that he/she has since stopped attending.

Ring all that apply in both columns

	A Present placement(s)	B Previous placement(s)	
Nursery school—			
Local Education Authority (free) E133	1	1	E145
Private (fee charged) E134	2	2	E146
Nursery class attached to infant/primary school—			
Local Education Authority (free) E135	3	3	E147
Private (fee charged) E136	4	4	E148
Normal school, full or part-time—			
Infant/primary school (L.E.A.) E137	5	5	E149
Independent/private E138	6	6	E150
Playgroup E139	7	7	E151
Special day school, nursery or unit for physically or mentally handicapped children E140	8	8	E152
Day nursery—			
Local Authority E141	9	9	E153
Private E142	10	10	E154
Creche, kindergarten E143	11	11	E155
Mother and toddler club E144	12	12	E156
Sunday school 13	13	13	
Other placement, please specify 14	14	14	
Attends/attended none of these 15	15	15	
Not known 0	0	0	

If child has attended none of the above in the past or at the present proceed to D.10.

If child is attending, or has attended any of the above, please complete D.2 onwards. Do not give further details of "mother and toddler club" or Sunday school.

- D.2 Present placement - A E157

Name and address in full of the place N attends at present or, if on holiday, attended last term. (If child currently attends more than one place, please give details of the main one).

Designation of main place N attends now, i.e. as specified in D.1 A.

Name of place N attends now

Full postal address

Name of head teacher, supervisor, etc.

- D.3 Previous placement - B E158

Name and address in full of place N has attended previously that he/she has since stopped attending. (If the child has attended more than one place previously for three months or longer give details of the one he/she left most recently).

Designation of previous place N attended, i.e. as specified in D.1 B

Name of previous place N attended

Full postal address

Name of head teacher, supervisor, etc.

The following questions D.4 to D.8 refer to: A— the present placement and B— the previous placement as identified above.

- D.4 Type of premises N attended for present and previous placements

	E159 A Present placement	E160 B Previous placement
Normal school or nursery premises	1	1
Village or community hall	2	2
Church hall	3	3
Private house	4	4
Nursery in factory/industrial premises	5	5
Other kind of premises, please specify	6	6
Not known	0	0

D.5 (a) At what age did N start attending:

A - present placement?

B - previous placement?

(b) At what age did N stop attending the previous placement?

(c) What was the main reason he/she stopped attending the previous placement?

years	months
E161	
E162	
E163	

D.6 Days and periods of N's attendance

Ring the appropriate numbers under each day of the week to show whether N attended in the morning, afternoon or both. Enter in the last column the average length of a morning or afternoon session in hours.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hours attended per session
A - Present placement E164 E166	Morning 1	2	3	4	5	6	7	E165 hrs
	Afternoon 1	2	3	4	5	6	7	E167 hrs
B - Previous placement E168 E170	Morning 1	2	3	4	5	6	7	E169 hrs
	Afternoon 1	2	3	4	5	6	7	E171 hrs

D.7 Has the mother noticed any changes in N felt to be due to his/her attendance at present or previous placements?

	E172 A Present placement	E173 B Previous placement
Yes, change noticed	1	1
No, no change	2	2
Not attended long enough to say	3	3
Cannot say	4	4
Not known	0	0

If yes, what kind of changes have you noticed? If only one or two are mentioned, ask, 'are there any other changes in him/her you have noticed?'

A - Present placement E174
E175
B - Previous placement E176
E177

D.8 Has mother regularly taken part or helped in any way in the place(s) N attended? (e.g. looking after the children, helping with the administrative side or in other ways)

	E178 A Present placement	E179 B Previous placement
Yes-		
at least once a week	1	1
1-3 times a month	2	2
once or twice a term	3	3
less than once a term	4	4
No-		
Mother's help was not required	5	5
mother was busy doing other things	6	6
mother preferred not to take part	7	7
Child not attended long enough to say	8	8
Other reply, please give details	9	9
Not known	0	0

If mother has taken part, please describe what it was she did.

If only one or two things mentioned, ask 'were there any other things you did?'

A - Present placement E180
B - Previous placement E181

9-11

12-14

15-17

18-19

20-23

24-27

28-31

32-35

36-37

38-39

40-41

42-43

44

45

D.9 Have N's mother and/or father met the head teacher, supervisor or other staff from the present placement either before or since N started? (e.g. to discuss his/her settling down, N's school entry or anything else concerning N)

Ring all that apply in each column

Before N started		Since N started	
Mother	Father	Mother	Father
E182A	E182B	E182C	E182D
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
0	0	0	0

Yes, met staff to discuss N—

at school, playgroup, etc.

at parents' home

elsewhere

No, never met staff

No mother figure/no father figure

N has no present placement

Not known

If yes, who initiated the meeting(s)?

Ring all that apply

Parents E182E 1

Staff 2

Other reply, give details 3 (50)

Cannot say 0

D.10 If N is not at present attending infant/primary school (LEA or private) please give name and address of the school mother expects him/her to attend later.
If mother does not know which infant/primary school N is to attend, put NOT KNOWN.

(a) Name of infant/primary school

Full postal address

Name of head teacher

(b) When does the mother expect N to start attending this infant/primary school?

Summer term 1975 E183A 1

Autumn term (September) 1975 2

Other date, please specify 3 (52)

Cannot say 0

D.11 Irrespective of whether or not N attended, did the mother ever have his/her name down on a waiting list to go to a playgroup, nursery school or class, or day nursery?

Yes—

Ring all that apply

had name down on at least one waiting list for E183B 1

nursery school/class or playgroup

had name down on waiting list for day nursery 2

No, name has never been on a waiting list 3 (53)

Cannot remember 0

D.12 Has N ever been regularly looked after during the day in someone else's house, for three months or longer? (For this purpose "regularly" is taken as two or more hours weekly)

Ring all that apply

Yes—

by a friend or neighbour E184 1

by paid child minder E185 2

by relative E186 3

by other person, please specify E187 4

No, never 5

Not known 0

If yes, give age in completed years N was first regularly looked after in someone else's house → E188

If under one, enter 0, if 3½ years enter 3, if age not known enter 9

SECTION E EDUCATION AND OCCUPATION OF PARENTS

E.1 Educational or occupational qualifications of present parents *Ring all that apply in both columns*

	Mother	Father
Qualifications in shorthand and/or typing, trade apprenticeships, or other vocational training, e.g. State Enrolled Nurse (SEN) or Enrolled Nurse (Scotland), hairdressing diploma, etc.	E189A	E189B
G.C.E. 'O' level, S.C.E. 'O' grade, Certificate of Secondary Education (CSE), City and Guilds Intermediate Technical Certificate, City and Guilds Final Craft Certificate	1	1
G.C.E. 'A' level, High School Certificate (HSC), Higher Grade of Scottish Leaving Certificate (SLC), Ordinary National Diploma/Certificate (OND, ONC), City and Guilds Final Technical Certificate, Higher Grade of Scottish Certificate of Education (SCE)	2	2
State Registered Nurse (SRN) or Registered Nurse (Scotland)	3	3
Certificate of Education (Teachers), Teaching Qualification (Primary/Secondary Education in Scotland)	4	4
Degree (e.g. BSc, BA, PhD), Higher National Diploma/Certificate (HND, HNC), Membership of Professional Institution (e.g. FCA, FRICS, MIMechE, MIEE, etc.), City and Guilds Full Technical Certificate	5	5
Other qualifications, please specify	6	6
	7	7
No qualifications	8	8
Not applicable, no mother or no father figure	9	9
Qualifications not known	0	0

HIGHEST KNOWN QUALIFICATION OF PARENTS: E190

E.2 At what age did the present parents leave school?

- (a) Age mother left school E191 years
- (b) Age father left school E192 years

E.3 How many completed years of full-time education did the present parents have after leaving school? (e.g. at college of education, at polytechnic, at university, etc.)

If none, put NONE

- (a) Mother, number of years E193, E195 years
- (b) Father, number of years E194, E196 years

E.4 Occupation of present father E197

E.4 to E.6 refer to the father or father substitute, including foster father, adoptive father, stepfather or any other father substitute.

If N has no father or substitute father now, please ring 8 in E.4 and proceed to E.8.

- (a) What is the father's actual job, occupation, trade or profession, or the last occupation if unemployed or retired? Full and precise details of occupation are required. See "Survey Notes and Information".

Actual job

- (b) What is the industry or business in which the father is engaged? Give details of goods, materials or services. See "Survey Notes and Information".

Type of industry

- (c) Father's employment status

Self-Employed

- With 25 or more employees 1
- With less than 25 employees 2
- Without employees other than family workers 3

Employed

- In managerial position 4
- As foreman, supervisor, chargehand, etc. 5
- Not in supervisory role 6

Other

- Unemployed, sick, etc.
- Please describe situation 7

- No father figure 8
- Not known, please explain situation 0

E.5 Do any of the following apply?

- E198 (a) Father away evenings until after N has gone to bed
- E199 (b) Father away most of Saturday and/or Sunday
- E200 (c) Father works away for long periods (i.e. a month or more at a time)
- E201 (d) Father works overnight
- E202 (e) Father works shifts

Never or hardly ever	Sometimes	Often	Not known
1	2	3	0
1	2	3	0
1	2	3	0
1	2	3	0
1	2	3	0

(9)
(10)
(11)
(12)
(13)

E.6 For how many weeks has the father been off work in the past 12 months, through illness or unemployment or for other reasons?

e.g. If off work 9½ weeks enter 09 If never off work enter 00 if not known enter 99

Number of weeks off work through:

(a) Illness or accident → E203A

(b) Unemployment → E203B

(c) Other reasons, give details →

(14,15)
(16,17)
(18,19)

E.7 When the present father left school, what was his own father's job?

See "Survey Notes and Information". If occupation not known put NOT KNOWN.

(a) Actual job E204A

(b) Type of industry

20

E.8 When the present mother left school, what was her own father's job?

See "Survey Notes and Information". If occupation not known put NOT KNOWN.

(a) Actual job E204B

(b) Type of industry

21

E.9 Does present mother have a job, either out of the home or at home, or is she a full-time housewife?

Mother works out of the home – E205

regularly full time or part-time employment, including evenings, overnight or weekends 1

occasionally casual or freelance worker obtaining work on a day-to-day basis or seasonally, e.g. fruit picking, etc. 2

Mother works at home

regularly family business, e.g. shop, farm, boarding house, clerical work for a self-employed husband, home industry i.e. working for a firm of manufacturers at home, etc. 3

occasionally seasonal work done at home, e.g. holiday bed and breakfast business 4 (22)

Full-time housewife, no other kind of work 5

Other work situation, please give details 6

Not known 0

If mother works regularly at home or out of the home (i.e. ringed 1 or 3 in E.9) at the present time, please complete E.10 onwards.

If mother is now a full-time housewife or only works occasionally, (i.e. ringed 2, 4 or 5 in E.9) please proceed to E.17 on next page.

E.10 Describe mother's present job. See "Survey Notes and Information". E206

What is her actual job? (e.g. shop assistant, teacher, assembly line worker, typist, stitcher, etc.)

23

(b) What type of industry or business does she work in? (e.g. greengrocery, infant school, tobacco, insurance, glovemaking, etc.)

(c) What kind of position does mother occupy at work?

Managerial 1

As forewoman or supervisor, etc. 2

Non-supervisory position 3

Works at home 4 (24)

Other, please specify 5

Cannot say/not known 0

(d) How many years has mother been doing this job? (Ignore short breaks for pregnancies or illness)

If 4½ years enter 04 If under one year enter 00 if not known enter 99

Number of years → E207

(25,26)

E.11 Please show in the table below the times (giving a.m. or p.m.) the mother started and finished work and the total hours worked each day last week. If not working last week, give details of the last week worked.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Time started	DAYS MOTHER WORKED PREVIOUS WEEK: E209A						E209A
Time finished							E209B
Total hours worked*							

*Include meal breaks as part of the working period. Enter 0 for any day not worked.

HOURS MOTHER WORKED IN PREVIOUS WEEK: E208

E.12 Does mother work these hours regularly every week?

- Yes, every week the same E210 1
- No, mother works a shift system 2
- No set pattern of work, hours or days worked vary 3 (41)
- Other reply, please give details 4
- Cannot say 0

E.13 Please give average travelling time to and from work

- (a) travelling to work hours mins E210A
- (b) returning home hours mins E210B

If works at home put AT HOME

E.14 When mother is at work, is N usually looked after at home or away from home? (If N is sometimes looked after at home and sometimes away from home ring where he/she is mainly looked after).

- Looked after at home E211 1
- Looked after away from home 2 (44)
- Varies 3
- Cannot say 0

E.15 Who looks after N during mother's working hours? Ring all that apply

- N's father E212, E213 1
- Mother at home 2
- Accompanies mother to work 3
- Adult relative e.g. grandparents, aunt, etc. 4
- Older sibling 5
- Paid childminder 6
- Friend or neighbour (not paid) 7
- Local authority day nursery 8
- Day nursery run by an employer or private individual(s) 9
- School, nursery school or class, or playgroup 10
- Some other person or place, namely 11
- Not known 0

If more than one, who mainly looks after N during mother's working hours?

E214

E.16 Please ask the mother if she could say what are the main reasons she works. (If "for money" ask, "what is money mainly spent on?")

- Ring all that apply
- Financial necessity (e.g. contribution to housekeeping or rent, clothes, etc.) E215 1
- Financial advantage (e.g. savings, holidays, household appliances, luxuries, car, to gain independence, etc.) 2
- Social reasons (e.g. for company, making friends, relief of boredom, keep you young, etc.) 3
- Career/enjoys the work 4
- Other reasons, describe 5

If more than one reason given, ask, "which of these is the most important reason", and write in

E.17 Has mother had a regular full-time or part-time job out of the home since the time of N's birth which she subsequently gave up?

Ring all that apply

- Yes -
- full-time job(s) E217 1
- part-time job(s) 2
- No, never had a job out of the home since N's birth 3
- Other reply, give details 4
- Not known 0

REGULAR JOB SINCE CHILD'S BIRTH: E216A

If yes, give total time worked since N's birth in completed years (exclude present job if any)

If worked under one year enter 0

E216B

SECTION F THE HOME AND SOCIAL ENVIRONMENT

F.1 What accommodation is occupied by this household?

- Whole detached house or bungalow **E218** 1
 Whole semi-detached house or bungalow 2
 Whole terrace house (including end of terrace) 3
 Flat/maisonette (self-contained) 4 (56)
 Rooms (non self-contained flat) 5
 Other, please give details 6

If Flat or Rooms, give the lowest floor on which rooms are situated

If on ground floor or basement, enter

00

Floor → **E219**

00 (57,58)

F.2 Is the accommodation owned or rented by the household?

- Owned outright **E220** 1
 Being bought 2
 Rented from Council 3
 Privately rented - unfurnished 4 (59)
 Privately rented - furnished or partly furnished 5
 Tied to occupation of father 6
 Other situation, please give details 7

F.3 Does the household have sole use of, share with another household, or lack any of the following amenities?

		Sole use	Shared use	None available	
E221	(a) Bathroom	1	2	3	
E222	(b) Indoor lavatory	1	2	3	(60)
E223	(c) Outdoor lavatory	1	2	3	(61)
E224	(d) Hot water supply	1	2	3	(62)
E225	(e) Garden or yard	1	2	3	(63)
E226	(f) Kitchen	1	2	3	(64)

F.4 How large is the kitchen and is it used for living in (e.g. for having meals in)?

- Less than 6 feet wide -
 Not used for living in **E227** 1
 Used for living in 2
 6 feet or more wide -
 Not used for living in 3 (66)
 Used for living in 4
 No kitchen 5
 Not known 0

F.5 How many rooms are there within the accommodation? (Include all rooms except kitchen, bathroom, toilet, and any rooms used solely for business purposes. For complete definition see "Survey Notes and Information")

PERSONS PER ROOM RATIO: **E228B**

Number of rooms → **E228A**

00 (67,68)

F.6 Does N share a bedroom with others?

- Yes **E228C** 1
 No 2 (69)
 Not known 0

If yes, how many sleep in the same room → **E228D**

00 (70)

F.7 Does N share a bed with others?

- No **E228E** 1
 Yes -
 with one other 2
 with two others 3 (71)
 with more than two others 4
 Not known 0

F.8 Which of the following does the family have?

- Ring all that apply
 Refrigerator **E229** 1
 Washing machine **E230** 2
 Spin dryer **E231** 3
 Colour T.V. **E232** 4
 Black and White T.V. **E233** 5
 Van or car **E234** 6
 Telephone **E235** 7
 None of the above 8

09
10

F.9 In the past seven days has anyone helped mother at all with any of the following? (Include father, members of the household, friends, neighbours, relatives and paid help).

Ring all that apply in each row

	Yes father	Yes others	No	Not known
(a) Housework/shopping <u>E236</u>	1	2	3	0
(b) Looking after N for part of the day while mother shops, attends appointments, does housework, etc. <u>E237</u>	1	2	3	0
(c) Babysitting in the evening <u>E238</u>	1	2	3	0
(d) Putting N to bed <u>E239</u>	1	2	3	0
(e) Taking N to school/nursery/playgroup, etc. <u>E240</u>	1	2	3	0

(9)
(10)
(11)
(12)
(13)

F.10 In the past 7 days has N done any of the following with others or by him/herself:

Ring all that apply in each row.

	Yes with adult(s)	Yes with child(ren) by self	No	Not known
(a) been to a friend's or relative's house <u>E241</u>	1	2	3	4
(b) been to a park, recreation ground, adventure playground <u>E242</u>	1	2	3	4
(c) been on a bus or train <u>E243</u>	1	2	3	4
(d) been to the shops, launderette, etc. <u>E244</u>	1	2	3	4

(14)
(15)
(16)
(17)

F.11 Indicate to which of the following broad ethnic categories N and the present parents belong.

ETHNIC GROUP OF PARENTS: E247

E245 E246A E246B

	N	Mother	Father
European (U.K.)	1	1	1
European (other)	2	2	2
West Indian	3	3	3
Indian/Pakistani	4	4	4
Other Asian	5	5	5
African	6	6	6
Other, specify	7	7	7
Not known	0	0	0

18-20

F.12 What language is mainly used with N in the home?

E248

English	1
Other language, namely	2
Not known	0

(21)

F.13 How many times has N moved since birth?

If no moves enter 00 . If not known enter 99

Number of moves E249

(22,23)

F.14 Has N ever been in any of the following situations?

Ring all that apply in both columns

"In care" (voluntary or statutory) in -

	Now	In the past but not now
fosterparents' home <u>E250</u>	1	1
assessment centre <u>E251</u>	2	2
family group home <u>E252</u>	3	3
children's home <u>E253</u>	4	4
In "Part III" accommodation <u>E254</u>	5	5
In homeless family unit <u>E255</u>	6	6
none of the above	7	7
Not known if any of above	0	0

*For each "in care" situation please give the following details:

Name & address of home, centre, etc., if known	Local Authority or Voluntary Society	Age when first entered this situation	Length of stay	Reason N in care

F.15 From your knowledge and anything you have learned from the interview, has anyone in the household since N's birth had contact with any statutory or voluntary social work or welfare organisations? (For example, Social Services or Social Security Departments, Probation Service, etc.)

Yes	1
No	2
Not known	0

(28)

If yes, give details

SECTION G FAMILY HEALTH AND SMOKING

G.1 Has anyone in N's household since N's birth had any severe or prolonged illness (medical, surgical or psychiatric) or any handicap or disability?

Yes—

Ring all that apply

- mother E256 1
 father 2
 other adult in household 3
 child in household (excluding N) 4
 No, none 5
 Not known 0

If yes, please give the following details for each member of the household concerned.

Relationship to N	
Diagnosis or nature of condition	
Date of onset	
Duration of condition (years and months)	
Outcome (i.e. recovered, died, condition still present)	
In what way, if any, has condition caused any interference with N's everyday care?	E257

G.2 (a) Do either N's mother or father smoke at all at present?

(Cigarette smoking is defined as smoking an average of one or more cigarettes a day)

Ring all that apply in both columns

E258 E259
 Mother Father

- No, is non-smoker 1 1
 Yes —
 smokes cigarettes 2 2
 smokes pipe or cigars 3 3
 Not known if smokes 0 0

If smokes cigarettes, how many are smoked per day on average?

If not known how many, enter 99

Average number smoked: Mother → E260

Father → E261

(b) Irrespective of whether or not N's mother or father smoke at present, for how many years since N's birth have they smoked cigarettes, if at all?

E262 E263
 Mother Father

During the period since N's birth —

- Smoked all the time 1 1
 Smoked for more than 3 years 2 2
 Smoked for between 1 and 3 years 3 3
 Smoked for less than 1 year 4 4
 Smoked but not know for how long 5 5
 Non-smoker all the time 6 6
 Not known if smoked at all 0 0

From interviewer's and mother's knowledge or any other source, has N ever previously had any special test(s) of progress in connection with a follow-up of the British Births Survey or any other study of child development?

- No 1
 Yes 2
 Not known 0

If yes, please complete details below.

Age(s) of N	Name of study, if known	Where tested and by whom

Relationship of informant to N

- Mother 1
 Father 2 (40)
 Other, specify 3

END OF INTERVIEW

Please thank the mother for her help in this confidential enquiry. When doing so, please mention that the study will be continued in the nurseries, playgroups, hospitals and other places already attended by the children taking part. We will also record the results of screening tests and medical examinations undergone by the children to complement the information that the mother has so kindly given.

If there are any further points the mother would care to add concerning N or the survey, we would be grateful if these could be noted on the back page.

SECTION H TO BE COMPLETED AFTER THE INTERVIEW IS OVER

Please complete H.1 to H.5 from your knowledge and any impression you have gained during the interview.

H.1 Please ring the descriptions which you feel best characterise the home and relationship of family with neighbours

(a) Furniture/equipment in home	(b) Tidiness of home	(c) Relationship of family with neighbours
<i>E264</i>	<i>E265</i>	<i>E266</i>
Luxurious 1	Over-tidy 1	Very good terms 1
Well equipped 2	Very tidy 2	Good terms 2
Adequate 3	Average 3	Satisfactory 3
Low standard 4	Untidy 4	Don't mix 4
Very low standard 5	Chaotic 5	Bad terms 5
Can't assess 0	Can't assess 0	Can't assess 0

H.2 In order to get some impression of the kind of district N lives in, please ring which one of the following descriptions best characterises the district.

E267A

In this district, houses are closely packed together and many are in poor state of repair. Multi-occupation is a common feature, and most families have low incomes

This district consists largely of council houses and flats or less expensive privately owned houses, for example, older terrace houses. Multi-occupation is unusual and families have average incomes. Include 'new towns' here

In this district houses are well spaced and the majority are well maintained. Multi-occupation is rare and most families have higher than average incomes.

This district is part of a small market town, rural community or village. Some families may lack basic amenities but others may be fairly well-to-do. It is mainly characterised by the fact that well-to-do and poorer families live fairly close together in the community

If none of these descriptions seem to characterise the district N lives in, please describe in your own words what it is like:

E267B

H.3 From the health visitor's knowledge and observations of the child, and where necessary from available records, what is N's intellectual development considered to be?

Normal or above average	<i>E268</i>	1
Slightly backward		2
Definitely backward		3 (45)
Other situation, please describe		4
Insufficient information		0

If at all backward in intellectual development, give any relevant diagnosis and details of assessment procedure(s) or investigations, if any.

H.4 How well do you know this family?

Very well	<i>E269</i>	1
Fairly well		2
Slightly		3 (46)
Never in contact before this interview		4
Other situation, please describe		5

H.5 Were there any interruptions, distractions or other problems which made interviewing difficult?

No. no difficulty	<i>E273</i>	1
Yes, slight difficulty		2 (47)
Yes, considerable difficulty		3

If yes, please describe any difficulty

H.6 What procedure was adopted for the completion of the Maternal Self-completion Questionnaire?

Questionnaire left with mother and collected after completion	1
Mother completed it without help during the home interview	2
Mother completed it with some help from the interviewer	3 (48)
Interviewer read out all the questions for mother to respond	4
Other procedure,	5

If 3, 4 or 5 ringed, please give reason(s), e.g. mother couldn't read, etc.

Date of interview E271 49-51

Name of Health Visitor conducting the interview:

Employing Area Health Authority/Health Board 52-55

Health District, if applicable 52-55

Please note below:

- (i) any other relevant information which you feel has not already been brought out in the interview form,
- (ii) any comments or observations by the General Practitioner, if he so wishes,
- (iii) any further details about questions if insufficient space earlier in questionnaire.

RELATIONSHIP OF INFORMANT: E272

H.7 Please indicate degree of completeness of the documents.

	Fully completed	Partly completed	Not completed	If not fully completed, give reason(s)
Home Interview Questionnaire	1	2	3	
Maternal Self-completion Questionnaire	1	2	3	
Test Booklet	1	2	3	

We are most grateful for the time you have given. Thank you for your help.