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alspac_93_mssd - My Study Son/Daughter

My Study Son/Daughter

Collection Events

1994-01 - 1995-08

Collection Organization

Mode of Collection

Self-administered questionnaire using a traditional paper questionnaire.

My Study Son/Daughter

closer:sourceFileName

alspac_93_mssd

Instrument Locations

- https://discovery.closer.ac.uk/files/instruments/alspac_93_mssd-92fc1548f07f399bd1a094da358761a0.pdf

alspac_93_mssd

Label	Location
alspac_93_mssd	Sequence
Type	Order
Sequence	InOrderOfAppearance

s_intro_i

Name	Location
s_intro_i	Sequence › alspac_93_mssd
Type	
Statement	

Statement Text

MY STUDY DAUGHTER

s_intro_ii

Name	Location
s_intro_ii	Sequence › alspac_93_mssd
Type	
Statement	

Statement Text

This questionnaire asks about your child since she was 18 months old. We are interested to know about her health and behaviour and how she 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.

s_intro_iii	
Name	Location
s_intro_iii	Sequence › alspac_93_mssd
Type	
Statement	

Statement Text

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.

s_intro_iv	
Name	Location
s_intro_iv	Sequence › alspac_93_mssd
Type	
Statement	

Statement Text

THANK YOU FOR YOUR HELP

SECTION A: YOUR CHILD'S HEALTH

SECTION A: YOUR CHILD'S HEALTH	
Label	Location
SECTION A: YOUR CHILD'S HEALTH	Sequence › alspac_93_mssd
Type	Order
Sequence	InOrderOfAppearance


qi_A1_i - A1 i		
Name	Label	Location
qi_A1_i	A1 i	Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

Question

How would you assess the health of your child now? in the past month

Choices

1	very healthy, no problems
2	healthy, but a few minor problems
3	sometimes quite ill
4	almost always unwell

 qi_A1_ii - A1 ii


Name qi_A1_ii	Label A1 ii	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How would you assess the health of your child now? in the past year

Choices

1	very healthy, no problems
2	healthy, but a few minor problems
3	sometimes quite ill
4	almost always unwell

 qg_A2_a-f - A2 a-f

Name qg_A2_a-f	Label A2 a-f	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Question Grid		

Question

How many of the following immunisations has she had?

Rows

1	BCG (for tuberculosis)
2	DTP or Triple (includes whooping cough)
3	DT (without whooping cough)
4	Polio
5	MMR (measles, mumps and rubella)
6	Hib (Haemophilus influenzae B - for meningitis)

Columns

How many	Numeric
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qi_A2_g - A2 g		
Name qi_A2_g	Label A2 g	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Integer	Low 0	High

Question

How many of the following immunisations has she had? Other (please describe)

Instructions

(If you don't know put 9)

qi_A2_h - A2 h		
Name qi_A2_h	Label A2 h	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	Yes
2	No

s_qA2h	
Name s_qA2h	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Statement	

Statement Text

If no, go to A3 on page 4

qi_A2_h_i - A2 h(i)

Name qi_A2_h_i	Label A2 h(i)	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition If yes, please describe:		

Question

which immunisation:

? qi_A2_h_ii - A2 h(ii)		
Name qi_A2_h_ii	Label A2 h(ii)	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Integer	Low 0	High
Condition If yes, please describe:		

Question

how old was she? ... years or ... months

? qi_A2_h_iii - A2 h(iii)		
Name qi_A2_h_iii	Label A2 h(iii)	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes, please describe:		

Question

how long after the immunisation did this start?

Choices

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

qi_A2_h_iv - A2 h(iv)

Name qi_A2_h_iv	Label A2 h(iv)	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Text	Minimum Length	Maximum Length 255

Condition
If yes, please describe:

Question

how was she affected?

qi_A3 - A3

Name qi_A3	Label A3	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has she had fluoride supplements since she was 18 months old?

Choices

1	Yes
2	No
9	Not known

s_qA3

Name s_qA3	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Statement	

Statement Text

If no or not known go to A4a

qi_A3_i - A3 i

Name qi_A3_i	Label A3 i	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

for how long did she have them?

Choices

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

qi_A3_ii - A3 ii		
Name qi_A3_ii	Label A3 ii	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Integer	Low 0	High
Condition If yes,		

Question

How old was she when she last had fluoride supplements? ... months old

Instructions

(put 66 if still has them)

qi_A4_a - A4 a		
Name qi_A4_a	Label A4 a	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since your child was 18 months old, has the doctor been called to your home because she was unwell?

Choices

1	Yes
2	No



s_qA4a

Name s_qA4a	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Statement	

Statement Text

If no, go to A5 below



qi_A4_b - A4 b

Name qi_A4_b	Label A4 b	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

how many times?

Choices

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



qg_A5_a-p - A5 a-p

Name qg_A5_a-p	Label A5 a-p	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Question Grid		

Question

Has she had any of the following since she was 18 months old?

Rows

1	diarrhoea
2	blood in the stools
3	vomiting
4	cough
5	high temperature
6	snuffles/cold
7	ear ache
8	ear discharge (pus not wax)
9	convulsions/fits
10	stomach ache(s)
11	rash
12	wheezing
13	breathlessness
14	episodes of stopping breathing
15	an accident
16	headache(s)

Columns

	Code
--	------

qi_A5_q - A5_q

Name qi_A5_q	Label A5 q	Location Sequence > alspac_93_mssd > SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has she had any of the following since she was 18 months old? other (please tick and describe)

Choices

1	Yes and saw a doctor
2	Yes but did not see doctor
3	No did not have

qi_A6_a - A6 a


Name qi_A6_a	Label A6 a	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has your child been admitted to hospital since she was 18 months old?


Choices

1	Yes
2	No

 s_qA6a		
Name s_qA6a	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH	
Type Statement		

Statement Text

If no, go to A7 on page 6

 qi_A6_b - A6 b		
Name qi_A6_b	Label A6 b	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Integer	Low 0	High
Condition If yes,		

Question

how many times?

 qg_A6_c - A6 c		
Name qg_A6_c	Label A6 c	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Question Grid		

Condition
If yes,

Question


please describe for each admission:

Rows

1	1
2	2
3	3

Columns

How many	Numeric
Age in months	Numeric
Generic text	Text
How many	Numeric
Age in months	Numeric
Generic text	Text
Age in months	Numeric
Generic text	Text
How many	Numeric

 qi_A6_d_i - A6 d(i)

Name qi_A6_d_i	Label A6 d(i)	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition
If yes,

Question

How often did you see her while she was in hospital? 1st admission

Choices

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

qi_A6_d_ii - A6 d(ii)

Name qi_A6_d_ii	Label A6 d(ii)	Location Sequence > alspac_93_mssd > SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

How often did you see her while she was in hospital? 2nd admission

Choices

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

qi_A6_d_iii - A6 d(iii)

Name qi_A6_d_iii	Label A6 d(iii)	Location Sequence > alspac_93_mssd > SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

How often did you see her while she was in hospital? 3rd admission

Choices

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

qi_A7_a - A7 a

Name qi_A7_a	Label A7 a	Location Sequence > alspac_93_mssd > SECTION A: YOUR CHILD'S HEALTH
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Type Multiple Choice	Selection Type SelectOne	Display Style
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Question

Has she had any of the following? hernia repair

Choices

1	Yes
2	No

 qi_A7_b - A7 b

Name qi_A7_b	Label A7 b	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has she had any of the following? operation for squint

Choices

1	Yes
2	No

 qi_A7_c - A7 c

Name qi_A7_c	Label A7 c	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has she had any of the following? tubes (grommets) put in her ears

Choices

1	Yes
2	No

 qi_A7_d - A7 d

Name qi_A7_d	Label A7 d	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
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Type Multiple Choice	Selection Type SelectOne	Display Style
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Question

Has she had any of the following? other (please describe)

Choices

1	Yes
2	No

 qi_A8_a - A8 a

Name qi_A8_a	Label A8 a	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since she was 18 months old has she had any periods when there was wheezing with whistling on her chest when she breathed?

Choices


1	Yes
2	No

 s_qA8a

Name s_qA8a	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Statement	

Statement Text

If no, go to A8g on page 7

 qi_A8_b - A8 b

Name qi_A8_b	Label A8 b	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

If yes,

Question

How many separate times has this happened since she was 18 months old?

Choices

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

 qi_A8_c - A8 c

Name qi_A8_c	Label A8 c	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

If yes,

Question

How many days altogether would you say she had wheezed since she was 18 months old?

Choices

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

 qi_A8_d - A8 d

Name qi_A8_d	Label A8 d	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

If yes,

Question

Was she breathless during any of these times?

Choices

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

qi_A8_e - A8 e		
Name qi_A8_e	Label A8 e	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

Did she have a fever during any of these times?

Choices

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

qi_A8_f_i - A8 f(i)		
Name qi_A8_f_i	Label A8 f(i)	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

What do you think brings them on? chest infection or bronchitis

Choices

1	Yes
2	No

 qi_A8_f_ii - A8 f(ii)

Name qi_A8_f_ii	Label A8 f(ii)	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

What do you think brings them on? being in a smoky room

Choices

1	Yes
2	No

 qi_A8_f_iii - A8 f(iii)

Name qi_A8_f_iii	Label A8 f(iii)	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

What do you think brings them on? cold weather

Choices

1	Yes
2	No

 qi_A8_f_iv - A8 f(iv)

Name qi_A8_f_iv	Label A8 f(iv)	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

What do you think brings them on? no idea

Choices

1	Yes
2	No

qi_A8_f_v - A8 f(v)

Name qi_A8_f_v	Label A8 f(v)	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

What do you think brings them on? other (please describe)

Choices

1	Yes
2	No

qi_A8_g - A8 g

Name qi_A8_g	Label A8 g	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	Yes
2	No
7	have no other children

qi_A9_a - A9 a

Name qi_A9_a	Label A9 a	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
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Type Multiple Choice	Selection Type SelectOne	Display Style
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Question

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

Choices

1	Yes
2	No



s_qA9a

Name s_qA9a	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Statement	

Statement Text

If no, go to A10a below



qi_A9_b - A9_b

Name qi_A9_b	Label A9_b	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

how bad was this?

Choices

1	very bad
2	quite bad
3	mild
4	no problem



qi_A9_c - A9_c

Name qi_A9_c	Label A9 c	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

does she have this sort of rash now?

Choices

1	Yes
2	No

? qi_A9_d - A9 d		
Name qi_A9_d	Label A9 d	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

did the rash ever become sore and oozy?

Choices

1	Yes
2	No

? qi_A9_e - A9 e		
Name qi_A9_e	Label A9 e	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

was it made worse by irritants such as bubble bath, soap, wool or nylon clothing?

Choices

1	Yes
2	No

 qi_A10_a - A10 a

Name qi_A10_a	Label A10 a	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has she had an itchy, dry rash on her hands?

Choices

1	Yes
2	No

 qi_A10_b - A10 b

Name qi_A10_b	Label A10 b	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has she had an itchy, dry rash on her feet?

Choices

1	Yes
2	No

 qi_A10_b_i - A10 b(i)

Name qi_A10_b_i	Label A10 b(i)	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Text	Minimum Length	Maximum Length 255

Condition
If yes,

Question

please describe which parts of her feet

 qi_A10_c - A10 c

Name qi_A10_c	Label A10 c	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	Yes
2	No

 qi_A10_d - A10 d

Name qi_A10_d	Label A10 d	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	Yes
2	No

 s_qA10d

Name s_qA10d	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Statement	

Statement Text

If no, go to A11a on page 8

 qi_A10_d_i - A10 d(i)

Name qi_A10_d_i	Label A10 d(i)	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition If yes,		

Question

please describe the food(s)

? qi_A10_d_ii - A10 d(ii)		
Name qi_A10_d_ii	Label A10 d(ii)	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition If yes,		

Question

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

? qi_A10_d_iii - A10 d(iii)		
Name qi_A10_d_iii	Label A10 d(iii)	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

where was the reaction?

Choices

1	mouth
2	other part (say where)

? qi_A11_a - A11 a


Name qi_A11_a	Label A11 a	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has she had vomiting spells since she was 18 months old?


Choices

1	Yes
2	No

 s_qA11a		
Name s_qA11a	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH	
Type Statement		

Statement Text

If no, go to A12 below

 qi_A11_b - A11 b		
Name qi_A11_b	Label A11 b	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

How many times?

Choices

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

 qi_A11_c_i - A11 c(i)

Name qi_A11_c_i	Label A11 c(i)	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

Have these been associated with: diarrhoea

Choices

1	Always
2	Frequently
3	Sometimes
4	Rarely
5	Never

 qi_A11_c_ii - A11 c(ii)

Name qi_A11_c_ii	Label A11 c(ii)	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

Have these been associated with: chestiness (wheezing or coughing or grunting)

Choices

1	Always
2	Frequently
3	Sometimes
4	Rarely
5	Never

 qi_A12 - A12

Name qi_A12	Label A12	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	4 or more times
2	2 - 3 times
3	once a day
4	once in 2-4 days
5	once a week
9	can't say

 qi_A13_a - A13 a

Name qi_A13_a	Label A13 a	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Nowadays how often are her stools: hard

Choices

1	Usually
2	Sometimes
3	Never

 qi_A13_b - A13 b

Name qi_A13_b	Label A13 b	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Nowadays how often are her stools: soft

Choices

1	Usually
2	Sometimes
3	Never

qi_A13_c - A13 c

Name qi_A13_c	Label A13 c	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Nowadays how often are her stools: curdy (i.e. solid & liquid)

Choices

1	Usually
2	Sometimes
3	Never

qi_A13_d - A13 d

Name qi_A13_d	Label A13 d	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Nowadays how often are her stools: liquid

Choices

1	Usually
2	Sometimes
3	Never

qi_A13_e - A13 e

Name qi_A13_e	Label A13 e	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
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Type Multiple Choice	Selection Type SelectOne	Display Style
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Question

Nowadays how often are her stools: green

Choices

1	Usually
2	Sometimes
3	Never

 qi_A13_f - A13 f

Name qi_A13_f	Label A13 f	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Nowadays how often are her stools: brown

Choices

1	Usually
2	Sometimes
3	Never

 qi_A13_g - A13 g

Name qi_A13_g	Label A13 g	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Nowadays how often are her stools: black

Choices

1	Usually
2	Sometimes
3	Never

 qi_A13_h - A13 h

Name qi_A13_h	Label A13 h	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Nowadays how often are her stools: yellow

Choices

1	Usually
2	Sometimes
3	Never

 qi_A14_a - A14 a

Name qi_A14_a	Label A14 a	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since she was 18 months old has she had diarrhoea or gastro-enteritis?

Choices

1	Yes
2	No

 s_qA14a

Name s_qA14a	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Statement	

Statement Text

If no, go to A15a on page 10

 qi_A14_b - A14 b

Name qi_A14_b	Label A14 b	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Integer	Low 0	High
Condition If yes,		

Question

how many times?

? qi_A14_c - A14 c		
Name qi_A14_c	Label A14 c	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Integer	Low 0	High
Condition If yes,		

Question

how many days did the worst attack last?

? qi_A14_d_i - A14 d(i)		
Name qi_A14_d_i	Label A14 d(i)	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

Did you: call the doctor to come to your home

Choices

1	Yes
2	No

? qi_A14_d_ii - A14 d(ii)		
---------------------------	--	--


Name qi_A14_d_ii	Label A14 d(ii)	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

Did you: go to your doctor

Choices

1	Yes
2	No


 qi_A14_d_iii - A14 d(iii)		
Name qi_A14_d_iii	Label A14 d(iii)	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

Did you: treat it yourself

Choices

1	Yes
2	No

 qi_A14_d_iv - A14 d(iv)		
Name qi_A14_d_iv	Label A14 d(iv)	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

Did you: other (please describe)

Choices

1	Yes
2	No

qi_A14_e - A14 e		
Name qi_A14_e	Label A14 e	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

Did you continue feeding as usual?

Choices

1	Yes
2	No

s_qA14e	
Name s_qA14e	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Statement	
Condition If yes,	

Statement Text

If yes, go to A14f on page 10

qi_A14_e_i - A14 e(i)		
Name qi_A14_e_i	Label A14 e(i)	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If no, If yes,		

Question

how long was normal feeding disturbed?

Choices

1	less than 1 day
2	1 day
3	2 days
4	3-4 days
5	5 or more days

qi_A14_f - A14 f

Name qi_A14_f	Label A14 f	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

Was the child treated with an oral rehydration solution?

Choices

1	Yes
2	No
9	Don't know

s_qA14f

Name s_qA14f	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Statement	
Condition If yes,	

Statement Text

If no or don't know go to A14g below

qi_A14_f_i - A14 f(i)

Name qi_A14_f_i	Label A14 f(i)	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition If yes, If yes,		

Question

give type if known:

? qi_A14_f_ii - A14 f(ii)		
Name qi_A14_f_ii	Label A14 f(ii)	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes, If yes,		

Question

how long was the solution given?

Choices

1	less than 1 day
2	1 day
3	2 days
4	3-4 days
5	5 or more days

? qi_A14_g - A14 g		
Name qi_A14_g	Label A14 g	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition If yes,		

Question

What other treatment was given?

 qi_A15_a - A15 a

Name qi_A15_a	Label A15 a	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	Yes
2	No

 s_qA15a

Name s_qA15a	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Statement	

Statement Text

If no, go to A16 below

 qi_A15_b - A15 b

Name qi_A15_b	Label A15 b	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

If yes,

Question

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

Choices

1	once
2	twice
3	3-9 times

4	10 or more times
---	------------------

qi_A15_c - A15 c		
Name qi_A15_c	Label A15 c	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

did she have a fever at any of these times?

Choices

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

qi_A15_d - A15 d		
Name qi_A15_d	Label A15 d	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

did she have a runny nose during any of these spells?

Choices

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

s_qA16a	
Name s_qA16a	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH

Type Statement	
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Statement Text

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

qi_A16_a - A16 a		
Name qi_A16_a	Label A16 a	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	Yes usually
2	Yes often
3	Sometimes
4	Usually not
9	Don't know


qi_A16_b - A16 b		
Name qi_A16_b	Label A16 b	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Does she turn her head towards sounds?

Choices

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

 qi_A16_c - A16 c

Name qi_A16_c	Label A16 c	Location Sequence > alspac_93_mssd > SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

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

 qi_A16_d - A16 d

Name qi_A16_d	Label A16 d	Location Sequence > alspac_93_mssd > SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

Question

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

Choices

7	Hasn't had a cold
---	-------------------

 qg_A16_d_i-iv - A16 d(i-iv)

Name qg_A16_d_i-iv	Label A16 d(i-iv)	Location Sequence > alspac_93_mssd > SECTION A: YOUR CHILD'S HEALTH
Type Question Grid		

Question

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

Rows

1	clear
---	-------

2	slightly white in colour
3	thick heavy yellow and/or green in colour (catarrh)
4	very little discharge occurs at all

Columns

	Code
--	------

qi_A16_e - A16 e		
Name qi_A16_e	Label A16 e	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Does she pull, scratch or poke at her ears?

Choices

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

qi_A16_f - A16 f		
Name qi_A16_f	Label A16 f	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do her 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.)

Choices

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

 qi_A16_g - A16 g

Name qi_A16_g	Label A16 g	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	never
2	once
3	more than once
4	don't know

 qi_A16_h - A16 h

Name qi_A16_h	Label A16 h	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Does she breathe through her mouth rather than through her nose?

Choices

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

 qi_A16_i - A16 i

Name qi_A16_i	Label A16 i	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Does she snore for more than a few minutes at a time?

Choices

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

 qi_A16_j - A16_j

Name qi_A16_j	Label A16 j	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

When she is asleep, does she seem to stop breathing or hold her breath for several seconds at a time?

Choices

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

 qi_A17_a - A17_a


Name qi_A17_a	Label A17 a	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have there been times when she seems to have had a pain in her stomach since she was 18 months old?

Choices

1	Yes
2	No

 s_qA17a

Name s_qA17a	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Statement	

Statement Text

If no, go to A18a below

qi_A17_b - A17 b		
Name qi_A17_b	Label A17 b	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

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

Choices

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

qi_A18_a - A18 a		
Name qi_A18_a	Label A18 a	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since she was 1 year old has she 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?

Choices

1	Yes
2	No

9	Not known
---	-----------

s_qA18a	
Name s_qA18a	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Statement	

Statement Text

If no, or not known go to A19 on page 15

qi_A18_b - A18 b		
Name qi_A18_b	Label A18 b	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition If yes,		

Question

Please describe the first attack since her 1st birthday:

qi_A18_c - A18 c		
Name qi_A18_c	Label A18 c	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

Did the child have a high temperature at the time?

Choices

1	Yes
2	No
9	Not known

 qi_A18_d - A18 d

Name qi_A18_d	Label A18 d	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

How old was she at the time?

Choices

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

 qi_A18_e - A18 e

Name qi_A18_e	Label A18 e	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

How many attacks has she had?

Choices

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

 qg_A18_f_i-iv - A18 f(i-iv)

Name qg_A18_f_i-iv	Label A18 f(i-iv)	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
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Type		
Question Grid		
Condition	If yes,	

Question


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

Rows

1	G.P. at home
2	G.P. at surgery
3	hospital outpatients
4	admitted to hospital


Columns

	Code
--	------

 qi_A18_g - A18 g		
Name	Label	Location
qi_A18_g	A18 g	Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type	Minimum Length	Maximum Length
Text		255
Condition	If yes,	

Question

What investigations, if any, have been carried out?

 qi_A18_h - A18 h		
Name	Label	Location
qi_A18_h	A18 h	Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type	Minimum Length	Maximum Length
Text		255
Condition	If yes,	

Question

How did later attacks differ from the first one?

 qi_A18_j_i - A18 j(i)		
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Name qi_A18_j_i	Label A18 j(i)	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

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

Choices

1	Yes
2	No
9	Don't know


 qi_A18_j_ii - A18 j(ii)		
Name qi_A18_j_ii	Label A18 j(ii)	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

What were these thought to be due to? (Tick all that apply) fainting and blackouts

Choices

1	Yes
2	No
9	Don't know

 qi_A18_j_iii - A18 j(iii)		
Name qi_A18_j_iii	Label A18 j(iii)	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

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

Choices

1	Yes
2	No
9	Don't know

qi_A18_j_iv - A18 j(iv)		
Name qi_A18_j_iv	Label A18 j(iv)	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

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

Choices

1	Yes
2	No
9	Don't know


qi_A18_j_v - A18 j(v)		
Name qi_A18_j_v	Label A18 j(v)	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

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

Choices

1	Yes
2	No
9	Don't know

 qi_A18_j_vi - A18 j(vi)

Name qi_A18_j_vi	Label A18 j(vi)	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

What were these thought to be due to? (Tick all that apply) other (please specify)

Choices

1	Yes
2	No
9	Don't know

 qi_A19_a - A19 a

Name qi_A19_a	Label A19 a	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has she ever had any of the following infections? measles

Choices

1	Yes
2	No

 qi_A19_b - A19 b


Name qi_A19_b	Label A19 b	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has she ever had any of the following infections? chicken pox

Choices

1	Yes
2	No

 qi_A19_c - A19 c

Name qi_A19_c	Label A19 c	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has she ever had any of the following infections? mumps

Choices

1	Yes
2	No

 qi_A19_d - A19 d

Name qi_A19_d	Label A19 d	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has she ever had any of the following infections? meningitis

Choices

1	Yes
2	No

 qi_A19_e - A19 e

Name qi_A19_e	Label A19 e	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has she ever had any of the following infections? cold sores

Choices

1	Yes
2	No

 qi_A19_f - A19 f

Name qi_A19_f	Label A19 f	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has he ever had any of the following infections? other infection (please describe)

Choices

1	Yes
2	No

 qg_A20_a-c - A20 a-c

Name qg_A20_a-c	Label A20 a-c	Location Sequence › alspac_93_mssd › SECTION A: YOUR CHILD'S HEALTH
Type Question Grid		

Question

Approximately how many times in the last 12 months has:

Rows

1	the family doctor come to your home because she was ill?
2	the family doctor seen her in the surgery because she was unwell?
3	a doctor seen her for a routine check?

Columns

How many	Numeric
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SECTION B: SLEEPING AND CRYING

Label SECTION B: SLEEPING AND CRYING	Location Sequence › alspac_93_mssd
Type Sequence	Order InOrderOfAppearance

 qi_B1 - B1

Name qi_B1	Label B1	Location Sequence › alspac_93_mssd › SECTION B: SLEEPING AND CRYING
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Does your child have a regular sleeping routine?

Choices

1	Yes
2	No

 qi_B2_a - B2 a

Name qi_B2_a	Label B2 a	Location Sequence › alspac_93_mssd › SECTION B: SLEEPING AND CRYING
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How many hours sleep does she usually have during the day time?

Choices

1	none
2	less than 1 hour
3	1-2 hrs
4	more than 2 hours
9	don't know

 qi_B2_b - B2 b

Name qi_B2_b	Label B2 b	Location Sequence › alspac_93_mssd › SECTION B: SLEEPING AND CRYING
Type Time		

Question


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

 qi_B3_a - B3 a

Name qi_B3_a	Label B3 a	Location Sequence › alspac_93_mssd › SECTION B: SLEEPING AND CRYING
Type Time		

Question

What time does she normally wake up in the morning?

 qi_B3_b - B3 b

Name qi_B3_b	Label B3 b	Location Sequence › alspac_93_mssd › SECTION B: SLEEPING AND CRYING
Type Integer	Low 0	High

Question

How often during the night does she usually wake? ... times

 qi_B3_c - B3 c

Name qi_B3_c	Label B3 c	Location Sequence › alspac_93_mssd › SECTION B: SLEEPING AND CRYING
Type Integer	Low 0	High

Question

How often during the day does she usually sleep? ... times

 qi_B4_a_i - B4 a(i)

Name qi_B4_a_i	Label B4 a(i)	Location Sequence › alspac_93_mssd › SECTION B: SLEEPING AND CRYING
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

In which room does the child usually sleep? When you put her down at night

Choices

1	in her own room on her own
2	in a room with other children
3	in your bedroom
4	in a room with other adults
5	other place (please describe)

 qi_B4_a_ii - B4 a(ii)

Name qi_B4_a_ii	Label B4 a(ii)	Location Sequence › alspac_93_mssd › SECTION B: SLEEPING AND CRYING
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

In which room does the child usually sleep? When she wakes in the morning from her night sleep

Choices

1	in her own room on her own
2	in a room with other children
3	in your bedroom
4	in a room with other adults
5	other place (please describe)

 qi_B4_b_i - B4 b(i)

Name qi_B4_b_i	Label B4 b(i)	Location Sequence › alspac_93_mssd › SECTION B: SLEEPING AND CRYING
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Does the child sleep on her own most nights or does she share a bed or cot? When you put her down

Choices

1	in her own bed/cot
2	in bed/cot with other children
3	in your bed with you
4	in bed with other adult
5	other place (please describe)

 qi_B4_b_ii - B4 b(ii)

Name qi_B4_b_ii	Label B4 b(ii)	Location Sequence › alspac_93_mssd › SECTION B: SLEEPING AND CRYING
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Does the child sleep on her own most nights or does she share a bed or cot? When she wakes in the morning from her night sleep

Choices

1	in her own bed/cot
2	in bed/cot with other children
3	in your bed with you
4	in bed with other adult
5	other place (please describe)

 qi_B4_c - B4 c


Name qi_B4_c	Label B4 c	Location Sequence › alspac_93_mssd › SECTION B: SLEEPING AND CRYING
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How does she usually sleep?

Choices

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

 qg_B4_d_i-v - B4 d(i-v)

Name qg_B4_d_i-v	Label B4 d(i-v)	Location Sequence › alspac_93_mssd › SECTION B: SLEEPING AND CRYING
---------------------	--------------------	--

Type		
Question Grid		

Question

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

Rows

1	is the heating on at night?
2	is there a window open at night?
3	does she sleep with a duvet?
4	does she have an electric blanket
5	does she sleep with a pillow?

Columns

	Code
--	------

qi_B5 - B5		
Name	Label	Location
qi_B5	B5	Sequence › alspac_93_mssd › SECTION B: SLEEPING AND CRYING
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

Question

Do you feel her sleep pattern is:

Choices

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

qg_B6_a-g - B6 a-g		
Name	Label	Location
qg_B6_a-g	B6 a-g	Sequence › alspac_93_mssd › SECTION B: SLEEPING AND CRYING
Type		
Question Grid		

Question

In the past year has your child regularly:

Rows

1	refused to go to bed
2	woken very early
3	had difficulty going to sleep
4	had nightmares
5	continued to get up after being put to bed
6	woken in the night
7	got up after only a few hours sleep

Columns

	Code
--	------

qi_B7 - B7		
Name qi_B7	Label B7	Location Sequence › alspac_93_mssd › SECTION B: SLEEPING AND CRYING
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	more than other children
2	the same as other children
3	less than other children
9	don't know

qi_B8 - B8		
Name qi_B8	Label B8	Location Sequence › alspac_93_mssd › SECTION B: SLEEPING AND CRYING
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

All children cry. Some children also fuss and whine. How often does your child whine?

Choices

1	for long periods each day
2	for a short while each day

3	a number of times during the week
4	sometimes
5	never or hardly ever

 qi_B9 - B9

Name qi_B9	Label B9	Location Sequence › alspac_93_mssd › SECTION B: SLEEPING AND CRYING
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How often does your child cry for no particular reason:

Choices

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

 qi_B10 - B10

Name qi_B10	Label B10	Location Sequence › alspac_93_mssd › SECTION B: SLEEPING AND CRYING
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Can you usually calm your child when she cries?

Choices

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

 qi_B11 - B11

Name qi_B11	Label B11	Location Sequence › alspac_93_mssd › SECTION B: SLEEPING AND CRYING
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	Yes
2	No

 qi_B12_a - B12 a

Name qi_B12_a	Label B12 a	Location Sequence › alspac_93_mssd › SECTION B: SLEEPING AND CRYING
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How often do you use sweets or other foods to stop her crying or fussing?

Choices

1	at least once a day
2	several times a week
3	infrequently
4	never

 qi_B12_b_i - B12 b(i)

Name qi_B12_b_i	Label B12 b(i)	Location Sequence › alspac_93_mssd › SECTION B: SLEEPING AND CRYING
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

Question

what food do you use to stop her crying or fussing? sweets

Choices

1	Yes
---	-----

2	No
---	----

qi_B12_b_ii - B12 b(ii)		
Name qi_B12_b_ii	Label B12 b(ii)	Location Sequence › alspac_93_mssd › SECTION B: SLEEPING AND CRYING
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

what food do you use to stop her crying or fussing? chocolates

Choices

1	Yes
2	No

qi_B12_b_iii - B12 b(iii)		
Name qi_B12_b_iii	Label B12 b(iii)	Location Sequence › alspac_93_mssd › SECTION B: SLEEPING AND CRYING
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

what food do you use to stop her crying or fussing? crisps

Choices

1	Yes
2	No

qi_B12_b_iv - B12 b(iv)		
Name qi_B12_b_iv	Label B12 b(iv)	Location Sequence › alspac_93_mssd › SECTION B: SLEEPING AND CRYING
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

what food do you use to stop her crying or fussing? fruit

Choices

1	Yes
2	No

qi_B12_b_v - B12 b(v)		
Name qi_B12_b_v	Label B12 b(v)	Location Sequence › alspac_93_mssd › SECTION B: SLEEPING AND CRYING
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

what food do you use to stop her crying or fussing? milk

Choices

1	Yes
2	No

qi_B12_b_vi - B12 b(vi)		
Name qi_B12_b_vi	Label B12 b(vi)	Location Sequence › alspac_93_mssd › SECTION B: SLEEPING AND CRYING
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

What food do you use to stop her crying or fussing? other drink

Choices

1	Yes
2	No

qi_B12_b_vii - B12 b(vii)		
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Name qi_B12_b_vii	Label B12 b(vii)	Location Sequence › alspac_93_mssd › SECTION B: SLEEPING AND CRYING
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

what food do you use to stop her crying or fussing? other food (please describe)

Choices

1	Yes
2	No

SECTION C: YOU AND YOUR CHILD

Label SECTION C: YOU AND YOUR CHILD	Location Sequence › alspac_93_mssd
Type Sequence	Order InOrderOfAppearance

qi_C1_a - C1 a

Name qi_C1_a	Label C1 a	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	never
2	rarely
3	sometimes
4	frequently

s_qC1a

Name s_qC1a	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
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Type Statement	
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Statement Text

If never, go to C2 below

qi_C1_b - C1 b		
Name qi_C1_b	Label C1 b	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Text	Minimum Length	Maximum Length 255
Condition If yes,		

Question

What are they usually about:

qi_C1_c - C1 c		
Name qi_C1_c	Label C1 c	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

Who most often wins?

Choices

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

qi_C2 - C2		
Name qi_C2	Label C2	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How often does he refuse to go to bed?

Choices

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

qi_C3_a - C3 a		
Name qi_C3_a	Label C3 a	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How often does she have temper tantrums?

Choices

1	more than once a day
2	most days
3	at least once a week
4	less than once a week
5	never

s_qC3a	
Name s_qC3a	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Statement	

Statement Text

If never, go to C4 on page 21

qi_C3_b_i - C3 b(i)

Name qi_C3_b_i	Label C3 b(i)	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If she has temper tantrums:		

Question

Do they occur because of: failure to get what she wants

Choices

1	Yes
2	No

? qi_C3_b_ii - C3 b(ii)		
Name qi_C3_b_ii	Label C3 b(ii)	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If she has temper tantrums:		

Question

Do they occur because of: failure to make herself understood

Choices

1	Yes
2	No

? qi_C3_b_iii - C3 b(iii)		
Name qi_C3_b_iii	Label C3 b(iii)	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If she has temper tantrums:		

Question

Do they occur because of: reaction to being corrected

Choices

1	Yes
2	No

qi_C3_b_iv - C3 b(iv)		
Name qi_C3_b_iv	Label C3 b(iv)	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If she has temper tantrums:		

Question

Do they occur because of: no particular reason

Choices

1	Yes
2	No

qi_C3_b_v - C3 b(v)		
Name qi_C3_b_v	Label C3 b(v)	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If she has temper tantrums:		

Question

Do they occur because of: other (please describe)

Choices

1	Yes
2	No

qg_C3_c_i-vi - C3 c(i-vi)		
Name qg_C3_c_i-vi	Label C3 c(i-vi)	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Question Grid		

Condition

If she has temper tantrums:

Question

When she has temper tantrums how often do you:

Rows

1	ignore it, let her get it out of her system
2	send her away for 'time out' eg. send her to her bedroom
3	try to hold and cuddle her
4	try to reason with her
5	leave it for someone else to cope with
6	try to distract her

Columns

	Code
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qi_C3_c_vii - C3 c(vii)

Name qi_C3_c_vii	Label C3 c(vii)	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

If she has temper tantrums:

Question

When she has temper tantrums how often do you: other (please tick and describe)

Choices

1	Often
2	Sometimes
3	Never

qi_C4_a - C4 a

Name qi_C4_a	Label C4 a	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How often does she do the following: repeatedly rocks head or body

Choices

1	Once a week or more
2	Less than once a week
3	Never

 qi_C4_b - C4 b

Name qi_C4_b	Label C4 b	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How often does she do the following: has a tic or twitch

Choices

1	Once a week or more
2	Less than once a week
3	Never

 qi_C4_c - C4 c

Name qi_C4_c	Label C4 c	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How often does she do the following: has other unusual behaviour (please describe)

Choices

1	Once a week or more
2	Less than once a week
3	Never

 qi_C5_a - C5 a

Name qi_C5_a	Label C5 a	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

About how often do you take her to: local shops

Choices

1	Nearly every day
2	Once a week
3	Once a month
4	A few times per year
5	Never

 qi_C5_b - C5 b

Name qi_C5_b	Label C5 b	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

About how often do you take her to: department store

Choices

1	Nearly every day
2	Once a week
3	Once a month
4	A few times per year
5	Never

 qi_C5_c - C5 c

Name qi_C5_c	Label C5 c	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

About how often do you take her to: supermarket

Choices

1	Nearly every day
2	Once a week
3	Once a month
4	A few times per year
5	Never

qi_C5_d - C5 d		
Name qi_C5_d	Label C5 d	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

About how often do you take her to: park or playground

Choices

1	Nearly every day
2	Once a week
3	Once a month
4	A few times per year
5	Never

qi_C5_e - C5 e		
Name qi_C5_e	Label C5 e	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

About how often do you take her to: visits to friends or family

Choices

1	Nearly every day
2	Once a week

3	Once a month
4	A few times per year
5	Never

 qi_C5_f - C5 f

Name qi_C5_f	Label C5 f	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

About how often do you take her to: library

Choices

1	Nearly every day
2	Once a week
3	Once a month
4	A few times per year
5	Never

 qi_C5_g - C5 g

Name qi_C5_g	Label C5 g	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

About how often do you take her to: places of interest (e.g. Zoo)

Choices

1	Nearly every day
2	Once a week
3	Once a month
4	A few times per year
5	Never

 qi_C5_h - C5 h

Name qi_C5_h	Label C5 h	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

About how often do you take her to: places of entertainment (e.g. funfair)

Choices

1	Nearly every day
2	Once a week
3	Once a month
4	A few times per year
5	Never

 qi_C6 - C6

Name qi_C6	Label C6	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Please tick which is appropriate for your child:

Choices

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

 qi_C7 - C7

Name qi_C7	Label C7	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How much choice do you allow her in deciding what foods she eats at meals?

Choices

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

qi_C8 - C8		
Name qi_C8	Label C8	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you allow her to choose what clothes she will wear?

Choices

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

qi_C9_a - C9 a		
Name qi_C9_a	Label C9 a	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Does your child have: cuddly toys

Choices

1	Yes
2	No

qi_C9_b - C9 b		
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Name qi_C9_b	Label C9 b	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Does your child have: push or pull toys

Choices

1	Yes
2	No

 qi_C9_c - C9 c

Name qi_C9_c	Label C9 c	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Does your child have: co-ordination toys (eg. set of blocks, shape posting box, stacking cups)

Choices

1	Yes
2	No

 qi_C9_d - C9 d

Name qi_C9_d	Label C9 d	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Does your child have: jigsaw puzzle

Choices

1	Yes
2	No

 qi_C10 - C10


Name qi_C10	Label C10	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

About how many books does she have of her own?

Choices

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


 qi_C11_a - C11_a		
Name qi_C11_a	Label C11 a	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you try to teach your child?

Choices

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

 s_qC11a	
Name s_qC11a	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Statement	

Statement Text

If no, go to C12 on page 24

 qi_C11_b_i - C11 b(i)

Name qi_C11_b_i	Label C11 b(i)	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

which things do you try to teach? colours

Choices

1	Yes
2	No

 qi_C11_b_ii - C11 b(ii)

Name qi_C11_b_ii	Label C11 b(ii)	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

which things do you try to teach? alphabet

Choices

1	Yes
2	No

 qi_C11_b_iii - C11 b(iii)

Name qi_C11_b_iii	Label C11 b(iii)	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

which things do you try to teach? numbers

Choices

1	Yes
2	No

 qi_C11_b_iv - C11 b(iv)

Name qi_C11_b_iv	Label C11 b(iv)	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

which things do you try to teach? nursery rhymes

Choices

1	Yes
2	No

 qi_C11_b_v - C11 b(v)

Name qi_C11_b_v	Label C11 b(v)	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

which things do you try to teach? songs

Choices

1	Yes
2	No

 qi_C11_b_vi - C11 b(vi)

Name qi_C11_b_vi	Label C11 b(vi)	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
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Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

which things do you try to teach? shapes and sizes

Choices

1	Yes
2	No


 qi_C11_b_vii - C11 b(vii)		
Name qi_C11_b_vii	Label C11 b(vii)	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

which things do you try to teach? politeness (e.g. 'please', 'thank you')

Choices

1	Yes
2	No

 qi_C11_b_viii - C11 b(viii)		
Name qi_C11_b_viii	Label C11 b(viii)	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If yes,		

Question

which things do you try to teach? others (please describe)

Choices

1	Yes
2	No

 qi_C12 - C12

Name qi_C12	Label C12	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How often do you talk to her while you do housework or are occupied in some other way?

Choices

1	never
2	rarely
3	sometimes
4	often
5	always

 qi_C13_a - C13 a

Name qi_C13_a	Label C13 a	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

When do you have the television on?

Choices

1	all day
2	most of the day
3	mornings only
4	afternoons only
5	evenings only
6	not at all
7	do not have a TV

 qi_C13_b - C13 b

Name qi_C13_b	Label C13 b	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Does your child watch television?

Choices

1	yes, but only while playing
2	yes, concentrates and tries to understand
3	no, she ignores it
4	no, she is never allowed to see it
7	do not have a TV


 qi_C13_c_i - C13 c(i)		
Name qi_C13_c_i	Label C13 c(i)	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If she does watch TV,		

Question

what programmes does she see? children's programmes

Choices

1	Yes
2	No

 qi_C13_c_ii - C13 c(ii)		
Name qi_C13_c_ii	Label C13 c(ii)	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If she does watch TV,		

Question

what programmes does she see? other programmes

Choices

1	Yes
2	No

qi_C13_c_iii - C13 c(iii)

Name qi_C13_c_iii	Label C13 c(iii)	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If she does watch TV,		

Question

what programmes does she see? children's videos

Choices

1	Yes
2	No

qi_C13_c_iv - C13 c(iv)

Name qi_C13_c_iv	Label C13 c(iv)	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If she does watch TV,		

Question

what programmes does she see? other videos

Choices

1	Yes
2	No

qi_C14 - C14

Name qi_C14	Label C14	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
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Type Multiple Choice	Selection Type SelectOne	Display Style
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Question

How often does she play with other children (other than brothers or sisters)?

Choices

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


 qg_C15_a-c - C15 a-c

Name qg_C15_a-c	Label C15 a-c	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Question Grid		

Question

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

Rows

1	move away, avoid looking at you
2	push you away
3	run to you for a hug or cuddle

Columns

	Code
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 s_qC16

Name s_qC16	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Statement	

Statement Text

Many children have particular types of activities that they prefer or toys they play with.

 **qg_C16_a_i-vii - C16 a(i-vii)**

Name qg_C16_a_i-vii	Label C16 a(i-vii)	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Question Grid		

Question

How often has your daughter played with the following in the past month:

Rows

1	Guns (or objects used as guns)
2	Jewellery
3	Tool set
4	Dolls
5	Trains, cars or aeroplanes
6	Swords (or objects used as swords)
7	Tea set

Columns

	Code
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 **qg_C16_b_i-xii - C16 b(i-xii)**

Name qg_C16_b_i-xii	Label C16 b(i-xii)	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Question Grid		

Question

How often in the past month has she done the following:

Rows

1	Played house (e.g. cleaning, cooking)
2	Played with girls
3	Pretended to be a female person (e.g. a princess)
4	Pretended to be a male character (e.g. a soldier)
5	Played at fighting
6	Played at being a mother or father
7	Played ball games

8	Climbed (fence, tree, climbing frame)
9	Played at looking after babies
10	Showed interest in real cars, trains and aeroplanes
11	Dressed up in girlish clothes
12	Played with boys

Columns

	Code
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? qi_C16_c_i - C16 c(i)		
Name qi_C16_c_i	Label C16 c(i)	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How often does she: Like to explore new surroundings

Choices

1	Never
2	Hardly ever
3	Sometimes
4	Often
5	Very often

? qi_C16_c_ii - C16 c(ii)		
Name qi_C16_c_ii	Label C16 c(ii)	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How often does she: Enjoy rough and tumble play

Choices

1	Never
2	Hardly ever
3	Sometimes

4	Often
5	Very often

qi_C16_c_iii - C16 c(iii)		
Name qi_C16_c_iii	Label C16 c(iii)	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How often does she: Show interest in spiders, insects or snakes

Choices

1	Never
2	Hardly ever
3	Sometimes
4	Often
5	Very often

qi_C16_c_iv - C16 c(iv)		
Name qi_C16_c_iv	Label C16 c(iv)	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How often does she: Avoid getting dirty

Choices

1	Never
2	Hardly ever
3	Sometimes
4	Often
5	Very often

qi_C16_c_v - C16 c(v)		
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Name qi_C16_c_v	Label C16 c(v)	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How often does she: Like pretty things

Choices

1	Never
2	Hardly ever
3	Sometimes
4	Often
5	Very often

 qi_C16_c_vi - C16 c(vi)

Name qi_C16_c_vi	Label C16 c(vi)	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How often does she: Avoid taking risks

Choices

1	Never
2	Hardly ever
3	Sometimes
4	Often
5	Very often

 qi_C17 - C17

Name qi_C17	Label C17	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you feel that she dominates the household?

Choices

1	Yes, usually
2	Yes, sometimes
3	No, not at all

qi_C18 - C18

Name qi_C18	Label C18	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you start by being firm but then give way?

Choices

1	Yes, usually
2	Yes, sometimes
3	No, not at all

qi_C19 - C19

Name qi_C19	Label C19	Location Sequence › alspac_93_mssd › SECTION C: YOU AND YOUR CHILD
Type Text	Minimum Length	Maximum Length

Question

Space for comments:

SECTION D: UPSETTING EVENTS

Label SECTION D: UPSETTING EVENTS	Location Sequence › alspac_93_mssd
Type Sequence	Order InOrderOfAppearance

qg_D1-D15 - D1-D15

Name qg_D1-D15	Label D1-D15	Location Sequence › alspac_93_mssd › SECTION D: UPSETTING EVENTS
Type Question Grid		

Question


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

Rows

1	She was taken into care*
2	A pet died
3	She moved home
4	She had a shock or fright*
5	She was physically hurt by someone*
6	She was sexually abused*
7	She was separated from her mother for at least a week*
8	She was separated from her father for at least a week*
9	She acquired a new parent*
10	She had a new brother or sister
11	She was admitted to hospital
12	She changed carer/care giver
13	She was separated from someone else*
14	She started a new creche or nursery
15	Something else*

Columns

	Code
--	------

 <u>qi_D1-D15_i - D1-D15_i</u>		
Name qi_D1-D15_i	Label D1-D15 i	Location Sequence › alspac_93_mssd › SECTION D: UPSETTING EVENTS
Type Text	Minimum Length	Maximum Length 255
Condition If yes, to any marked *,		

Question

please give details below:

SECTION E: MILESTONES

Label SECTION E: MILESTONES	Location Sequence › alspac_93_mssd
Type Sequence	Order InOrderOfAppearance

qg_E1_a-m - E1 a-m

Name qg_E1_a-m	Label E1 a-m	Location Sequence › alspac_93_mssd › SECTION E: MILESTONES
Type Question Grid		

Question

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 she won't have started yet. Please indicate which she is doing:

Rows

1	She is able to drink from a cup
2	She shows what she wants without crying for it
3	She copies me doing the housework
4	She can put on a T-shirt by herself
5	She helps in the house with simple tasks
6	She can take off her clothes with help
7	She can put her shoes on (without fastening them)
8	She can wash and dry her hands
9	She can brush her teeth (with help)
10	She can get dressed without any help
11	She eats with a spoon and/or fork
12	She plays card games or board games
13	She prepares breakfast cereal to eat

Columns

	Code
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qg_E2_a-p - E2 a-p

Name qg_E2_a-p	Label E2 a-p	Location Sequence › alspac_93_mssd › SECTION E: MILESTONES
Type Question Grid		

Question

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 she won't have started yet. Please indicate which she is doing:

Rows

1	She can hold a pencil and scribble
2	She can copy a vertical line with a pencil
3	She can wiggle her thumb
4	She can copy a circle and draw it more or less
5	She can bang together two objects that she is holding
6	She grabs objects using the whole hand
7	She can pick up a small object using finger and thumb only
8	She will turn the pages of a book
9	She can build a tower putting one object on top of another
10	She can build a tower of 4 bricks
11	She can build a tower of 6 bricks
12	She can build a tower of 8 bricks
13	She can fit shapes in a board
14	She can thread beads on a string
15	She can use her right hand to draw
16	She can use her left hand to draw

Columns

	Code
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 qg_E3_a-k - E3 a-k		
Name qg_E3_a-k	Label E3 a-k	Location Sequence › alspac_93_mssd › SECTION E: MILESTONES
Type Question Grid		

Question

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 she won't have started yet. Please indicate which she is doing:

Rows

1	She can walk
2	She can walk backwards 5 steps
3	From a standing position she can bend down and return to standing
4	She runs
5	She can walk up steps
6	She can kick a ball
7	She can throw a ball
8	She can jump up and down
9	She can balance on one foot for at least one second
10	She can hop
11	She can walk on tiptoe

Columns

	Code
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 qi_E4_a - E4 a

Name qi_E4_a	Label E4 a	Location Sequence › alspac_93_mssd › SECTION E: MILESTONES
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Are you worried about any aspects of your child's growth and development? her speech

Choices

1	Yes I am worried
2	No not worried

 qi_E4_b - E4 b

Name qi_E4_b	Label E4 b	Location Sequence › alspac_93_mssd › SECTION E: MILESTONES
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Type Multiple Choice	Selection Type SelectOne	Display Style
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Question

Are you worried about any aspects of your child's growth and development? her weight

Choices

1	Yes I am worried
2	No not worried

 qi_E4_c - E4 c

Name qi_E4_c	Label E4 c	Location Sequence › alspac_93_mssd › SECTION E: MILESTONES
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Are you worried about any aspects of your child's growth and development? her height

Choices

1	Yes I am worried
2	No not worried

 qi_E4_d - E4 d

Name qi_E4_d	Label E4 d	Location Sequence › alspac_93_mssd › SECTION E: MILESTONES
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Are you worried about any aspects of your child's growth and development? her behaviour

Choices

1	Yes I am worried
2	No not worried

 qi_E4_e - E4 e

Name qi_E4_e	Label E4 e	Location Sequence › alspac_93_mssd › SECTION E: MILESTONES
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Are you worried about any aspects of your child's growth and development? her general development

Choices

1	Yes I am worried
2	No not worried

qi_E4_i - E4 i		
Name qi_E4_i	Label E4 i	Location Sequence › alspac_93_mssd › SECTION E: MILESTONES
Type Text	Minimum Length	Maximum Length 255
Condition If yes, to any of these,		

Question

please describe what worries you:

s_qE4i	
Name s_qE4i	Location Sequence › alspac_93_mssd › SECTION E: MILESTONES
Type Statement	
Condition If yes, to any of these,	

Statement Text

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:	
Label SECTION F:	Location Sequence › alspac_93_mssd
Type Sequence	Order InOrderOfAppearance

qi_F1_a - F1 a		
Name qi_F1_a	Label F1 a	Location Sequence › alspac_93_mssd › SECTION F:
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

This questionnaire was completed by: mother

Choices

1	Yes
2	No

 qi_F1_b - F1 b

Name qi_F1_b	Label F1 b	Location Sequence › alspac_93_mssd › SECTION F:
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

This questionnaire was completed by: father

Choices

1	Yes
2	No

 qi_F1_c - F1 c

Name qi_F1_c	Label F1 c	Location Sequence › alspac_93_mssd › SECTION F:
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

This questionnaire was completed by: other (please describe)

Choices

1	Yes
2	No

 qi_F2 - F2

Name qi_F2	Label F2	Location Sequence › alspac_93_mssd › SECTION F:
Type Date		

Question

Please give the date on which you completed this questionnaire:

 qi_F3 - F3

Name qi_F3	Label F3	Location Sequence › alspac_93_mssd › SECTION F:
Type Date		

Question

Please give the date of birth of your child:

 s_F_i

Name s_F_i	Location Sequence › alspac_93_mssd › SECTION F:
Type Statement	

Statement Text

THANK YOU VERY MUCH FOR YOUR HELP

 qi_F_i - F_i

Name qi_F_i	Label F i	Location Sequence › alspac_93_mssd › SECTION F:
Type Text	Minimum Length	Maximum Length

Question

Space for any additional comments you would like to make

 s_outro_i

Name s_outro_i	Location Sequence › alspac_93_mssd
Type Statement	

Statement Text

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

 s_outro_ii

Name s_outro_ii	Location Sequence › alspac_93_mssd
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Type	
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Statement	
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Statement Text

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