

BRITISH BIRTHS CHILD STUDY

PAEDIATRIC UNIT, ST. MARY'S HOSPITAL MEDICAL SCHOOL
LONDON, W 2

This questionnaire has been designed for use with children aged 22 months who may well not co-operate. It may be necessary to modify the order but the questions themselves should not be changed. It would be advisable for the doctor completing the form to become acquainted with it beforehand. If the child refuses any of the developmental tests or physical examination, this should be recorded.

SECTION 1 has a few questions on home background and social class. These are limited as much is already known from the British Births Survey.

SECTION 2 consists of a developmental screening test which should be completed by the doctor. Questions directed to the MOTHER should be asked of the person accompanying the child (even if this is not the child's mother). For question 10(A) nine or ten 1 in cubes will be required. For question 10(B) special sheets of paper are provided. Ensure before starting that you have these and a pencil. Record the results on the special sheets and RETURN WITH THE FORM.

SECTION 3 concerns the medical examination of the child. The physical measurements are important. For the head circumference a paper tape measure is provided. If the child is examined at home, bathroom scales are not accurate enough for the enquiry. Please try to get the child weighed at a clinic or elsewhere, where accurate scales are available. Space is provided in Part B for any information which the examiner may consider helpful in assessing the progress of the child.

Most questions are pre-coded and these should be answered by ringing one or more numbers as appropriate.

SECTION 1

1 Name and Address:

Survey No. (if known) _____

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Surname of Child _____ First Names _____

1-5			

Present Address _____

6-7	

Local Health Authority Area _____

2 Date of birth of child:

_____ /April/1970

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12-13	

3 Is the child accompanied by:

Mother _____ 1
Other adult (specify) _____ 2

14

4 Does the family live in:

Whole house _____ 1
Self contained flat/maisonette _____ 2
Rooms _____ 3
Other (specify) _____ 4

Not known _____ 0

If not a whole house, on which floor?

Below street level _____ 1
Street level/ground floor _____ 2
Above ground floor (specify) _____ 3

15-16	

Not known _____ 0

5 Is there a garden to play in?

Yes _____ 1
No _____ 2
Not known _____ 0

If NO, what facilities are used?

17-18	

6 Does the child sleep in a room:

On his own _____ 1
With brothers and/or sisters _____ 2
With father and/or mother _____ 3
With others (specify) _____ 4

19

Not known _____ 0

7 Occupations

Father of child

Present occupation, including a brief description of his actual work _____

8-11			

Is he self-employed?

Yes
Working on his own _____ 1
Employing less than 25 persons _____ 2
Employing 25 or more persons _____ 3

No
Supervising others (e.g. foreman manager) _____ 4
Not supervising others _____ 5
Not known _____ 0

Is he employed at present?

Yes _____ 1
No _____ 2
Not known _____ 0

20-23			

Mother of child

Is the mother working?

Yes
Full-time _____ 1
Part-time _____ 2
No _____ 3
Not known _____ 0

24

8 Smoking

Mother's smoking habit

Never smoked _____ 1
Smoked but now given up _____ 2
Smokes now _____ 3
Not known _____ 0

If given up, when did she last smoke?

25-28			

How many a day does/did she smoke?

1-4 _____ 1
5-14 _____ 2
15-24 _____ 3
25 or more _____ 4
Not known _____ 0

29

SECTION 2

Gross Locomotor

If the child refuses ring Not known' (N/K) under examiner's observation

Can he walk holding the furniture?

	Yes	No	N/K
Mother's reply	1	2	0
Examiner's observation	1	2	0

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30-31

Can he walk on his own (at least 10 steps)?

	Yes	No	N/K
Mother's reply	1	2	0
Examiner's observation	1	2	0

32-33

Can he balance on one foot for one second? (Demonstrate and give three trials)

	Yes	No	N/K
Mother's reply	1	2	0
Examiner's observation	1	2	0

34-35

Can he jump in one place? (Demonstrate and give three trials)

	Yes	No	N/K
Mother's reply	1	2	0
Examiner's observation	1	2	0

36-37

11 Speech and language

Ask the MOTHER

Can he say 'Ma-ma'? Yes _____ 1
No _____ 2
Not known _____ 0

Does he associate it with his mother?
Yes _____ 1
No _____ 2
Not known _____ 0

38

Can he say 'Da-da'? Yes _____ 1
No _____ 2
Not known _____ 0

Does he associate it with his father?
Yes _____ 1
No _____ 2
Not known _____ 0

39

Does he say other words clearly, and with meaning?

Yes _____ 1
No _____ 2
Not known _____ 0

If less than five, specify

Does he put two words together?

Yes _____ 1
No _____ 2
Not known _____ 0

40

Does he say sentences of three words or more?

Yes _____ 1
No _____ 2
Not known _____ 0

41

Ask the CHILD to show you his

Hair _____ 1
Eyes _____ 2
Nose _____ 3
Mouth _____ 4
Hands _____ 5
Feet _____ 6

42

Ask the MOTHER Which of these items not ringed can he do at home?

43-46

10 Fine Locomotor

A. Use of cubes Let the child play with the 1 in cubes then demonstrate a tower He must release each cube so the tower remains balanced Allow three attempts

Number of cubes in tallest tower _____
Child refused _____

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47-48

B Use of pencil and paper

Ask the MOTHER Does he use a pencil and paper at home?

Yes _____ 1
No _____ 2
Not known _____ 0

49

Give the CHILD a pencil and follow the instructions on the special papers provided whether or not he has used a pencil before

PLEASE RETURN PAPERS WITH THE FORM

50-53

12 Personal and social

Give the CHILD the following commands: For the third item the examiner should NOT hold out a hand for the pencil

Give Mummy the pencil _____ 1
Put the pencil on the chair _____ 2
Give me the pencil _____ 3
Put the pencil on the table _____ 4

Ring the items he was able to do

Ask the MOTHER Which of these items not ringed can he do at home?

54-57

Ask the MOTHER whether he will fetch objects at home

In sight _____ Yes No N/K
Out of sight _____ 1 2 0

58-59

Is he able to feed himself with a spoon, holding it level?

Yes _____ 1
No _____ 2
Not known _____ 0

60

Can he take off his shoes (if unlaced)?

Yes No N/K
Mother's reply _____ 1 2 0
Examiner's observation _____ 1 2 0

61-62

Can he put on his shoes (unlaced and not necessarily on the correct foot)?

Yes No N/K
Mother's reply _____ 1 2 0
Examiner's observation _____ 1 2 0

63-64

Can he take off his pants?

Yes No N/K
Mother's reply _____ 1 2 0
Examiner's observation _____ 1 2 0

65-66

Can he put on his pants (either way round)?

Yes No N/K
Mother's reply _____ 1 2 0
Examiner's observation _____ 1 2 0

67-68

13 General

How co-operative was the child?

69-72

Do you feel that the child was able to do more than he did during the test?

73-76

Did he show any abnormal behaviour?

Mouthing _____ 1
Casting _____ 2
Rocking _____ 3
Head banging _____ 4
Other (specify) _____ 5

77-80

SECTION 3

PART A

Measurements

Weight *N.B. Weigh in vests and pants only*

lb _____ oz or _____ kg

Were there any difficulties in weighing e.g. child refused to stand still, scales, etc?

Height *This is a difficult measurement. If possible record both standing height and recumbent length*

Standing height without shoes

ft _____ in or _____ cm

Recumbent length *Use a rigid surface. Mark the position of the heels and top of the head and measure the distance between them*

ft _____ in or _____ cm

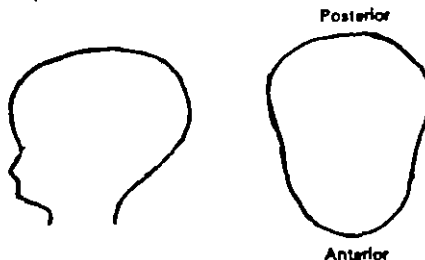
Head circumference *With the paper measure provided measure around forehead and occiput recording maximum circumference. It is important to be as accurate as possible*

_____ cm

Are the fontanelles closed?

Yes _____ 1
 No _____ 2
 Unable to examine _____ 0

Indicate on the diagram any abnormalities of shape



Were there any difficulties in measuring, e.g. hair style?

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6-7	

8-11			

12-14			

15-17			

18-20			

21-24			

15 Has he any brothers and/or sisters?

Yes _____ 1
 No _____ 2
 Not known _____ 0

if YES, state year(s) of birth

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25-28			

19 Has the child lost consciousness for any reason?

No _____ 1
 Momentarily _____ 2
 Unconscious
 Less than 10 minutes _____ 3
 10 minutes or more _____ 4
 Not known _____ 0

Where applicable give cause

47-48	

16 Is the child cared for:

	Full-time	Part-time
In a day nursery _____	1	1
In a play group _____	2	2
By a child-minder _____	3	3
In a residential nursery _____	4	4
At home _____	5	5
Elsewhere (specify) _____	6	6

29-30			

20 Has the child ever attended a hospital casualty department, a hospital out-patients department or seen a hospital specialist privately?

Yes _____ 1
 No _____ 2
 Not known _____ 0

if YES, give name of hospital, department, date and reason

49-52			

17 Was the child born in hospital?

Yes _____ 1
 No _____ 2
 Not known _____ 0

if YES, give length of stay after birth

(a) The mother _____
 (b) The child _____

if they did not leave at the same time, or were separated, give the reasons

31

32-35			

21 Has the child had any hospital in-patient care?

Yes _____ 1
 No _____ 2
 Not known _____ 0

if YES, give name of hospital, date and reason

53-58			

18 Has the child had any fits or convulsions since birth?

Yes _____ 1
 No _____ 2
 Not known _____ 0

if YES How often _____

Date of first _____

Date of most recent _____

Cause _____

36-37	

38

39-42			

43-46			

22 Has the child had any of the following illnesses?

Measles _____ 1
 Mumps _____ 2
 Whooping Cough _____ 3
 Chicken pox _____ 4
 None of the above _____ 5
 Not known _____ 0
 Other (specify) _____ 6

57-58	

senses

Eyes

23 Evidence of squint
Yes _____ 1
No _____ 2
Unable to examine ___ 0

Other visual defects
Yes _____ 1
No _____ 2
Unable to examine ___ 0

If YES, specify in Part B, including any tests and results.

Hearing
Evidence of hearing loss
Yes _____ 1
No _____ 2
Unable to examine ___ 0

If YES, specify in Part B, including any test and results.

24 Respiratory disease

Evidence of respiratory disease
Yes
Upper tract _____ 1
Lower tract _____ 2
No _____ 3
Unable to examine _____ 0

If YES, specify findings in Part B

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69-01

82

25 Cerebral palsy

General muscle tone

	Upper limbs		Lower limbs	
	Right	Left	Right	Left
Normal _____	1	1	1	1
Hypotonic _____	2	2	2	2
Hypertonic _____	3	3	3	3
Unable to assess _____	0	0	0	0

Evidence of cerebral palsy
Yes _____ 1
No _____ 2
Unable to examine ___ 0

If YES, specify in Part B

26 Congenital abnormalities

None _____ 0
Hydrocephalus _____ 1
Meningo-myelocoele _____ 2
Down's syndrome _____ 3
Talipes _____ 4
Congenital dislocation of the hip _____ 5
Limb defects _____ 6
Congenital heart disease _____ 7
Other _____ 8

Please give details in Part B

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63-66

67

68-69

PART B

Please describe the general appearance of the child and give details of any abnormalities or diseases here, including any not specified above.

70-73

74-77

78-80

Date of examination _____ / _____ / 1972

Completed by _____
(Block capitals, please)

Place of examination _____

Position _____

Please check that all the items on the form have been completed and that the special papers for question 10 are with the form.

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

PLEASE RETURN THESE SHEETS WITH THE FORM

Name of child

Number

Question 10B USE OF PENCIL AND PAPER

- (a) Allow the child to scribble spontaneously in the space below
If he does not do so on his own, show him how to do so

SCORE	Scribbled spontaneously	1
	Scribbled after demonstration	2
	Refused	3

Name of child

Number

(b) Show the child how to draw with a circular motion. Ask him to do the same.
If he does not copy you repeat once again.

PLEASE LABEL YOUR DRAWING AND THE CHILD'S ATTEMPTS

SCORE	Drew using a circular motion	1
	Scribbled only	2
	Refused	3

Name of child

Number

(c) Show the child how to make a vertical line. Move the pencil towards the child, emphasising the direction with a whole arm movement.

If the child does not copy, repeat once again.

PLEASE LABEL YOUR LINES AND THE CHILD'S ATTEMPTS

SCORE	Made a definite stroke	at first attempt	1
		at second attempt	2
	Scribbled vertically	at first attempt	3
		at second attempt	4
	Scribbled only		5
	Refused		6

Name of child

Number

(d) Show the child how to draw a cross, i.e.
If he does not copy you repeat once again



PLEASE LABEL YOUR DRAWING AND THE CHILD'S ATTEMPTS

SCOPE	Drew two lines which crossed at some point	1
	Any other drawing	2
	Refused	3