

variables in dataset: *bc70pc_0to11mths.sav*

**1970 British Cohort Study (BCS70)
2004 Survey**

**Questionnaire about children aged 0 – 11 months
Pink Questionnaire
Confidential**

P2321

We would like you to answer a few questions about _____'s development and behaviour.

HOW TO FILL IN THIS QUESTIONNAIRE

Please answer the questions by:

Ticking a box - like this

Or writing a number in a box - like this

Sometimes you will find an instruction telling you which question to answer next - like this

Yes

No → **Go to question 99**

If your child is ...

- ... **0 - 3 months old**, tick this box ²⁰²⁹ → **Start with question 1**
- ... **4 - 6 months old**, tick this box ²⁰²⁹ → **Start with question 3**
- ... **7 - 9 months old**, tick this box ²⁰²⁹ → **Start with question 4**
- ... **10 - 11 months old**, tick this box ²⁰²⁹ → **Start with question 5**

Serial number + check letter

--	--	--	--	--	--	--	--

2001 - 007

--

2008

Cohort member's first name

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Child No.

--	--

2009 - 010

Child's age (months)

--	--

2022 - 023

Interviewer number

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2018 - 021

Barcode label

Card 2011 - 012
Batch 2013 - 017

1

Please answer the following questions about your 0 – 3 month old child.

Tick one box on each line

		Yes 2030	No
Q1a	When lying on his or her stomach, has your child ever turned his or her head from side to side?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q1b	Have your child's eyes ever followed a moving object?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q1c	When lying on his or her stomach on a flat surface, has your child ever lifted his or her head off the surface for a moment?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q1d	Have your child's eyes ever followed a moving object all the way from one side to the other?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q1e	Has your child ever smiled at someone when that person talked or smiled at (but did not touch) him or her?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q1f	When lying on his or her stomach, has your child ever raised his or her head <i>and</i> chest from the surface while resting his or her weight on his or her lower arms or hands?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q1g	Has your child ever turned his or her head around to look at something?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q1h	While lying on his or her back and being pulled up to a sitting position, has your child ever held his or her head stiffly so that it <i>did not</i> hang back as he or she was pulled up?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q1i	Has your child ever laughed out loud without being tickled or touched?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q1j	Has your child ever held in one hand a moderate sized object, such as a block or rattle?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q1k	Has your child ever rolled over on his or her own <i>on purpose</i> ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q1l	Has your child ever seemed to enjoy looking in the mirror at him or herself?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q1m	Has your child ever been pulled from a sitting to a standing position and supported his or her own weight with legs stretched out?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q1n	Has your child ever turned his or her head around to look at something?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q1o	Has your child ever sat alone with no help except for leaning forward on his or her hands or with just a little help from someone else?	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Spare 2045 - 049

Can you say whether the following apply to your child?

Tick one box on each line

	Almost never 2050	Rarely	Usually does not	Often	Almost always
Q2a Your child smiles or coos during nail cutting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q2b Your child is pleasant, lies quietly, making happy noises upon waking up	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q2c Your child is pleasant (coos, smiles) during face washing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q2d Your child is fussy when burped (cries, fusses) during feeding	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q2e Your child is fussy when put down for sleep (cries or frets)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q2f Your child accepts his or her bath any time of day without resisting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q2g Your child objects (fusses, squirms) to being bathed by a different person even after 2 or 3 tries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q2h Your child adjusts to change in place of sleeping within 2 or 3 days	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q2i Your child resists changes in feeding schedule (1 hour or more) even after 2 tries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q2j Your child resists (squirms or fusses) during routine dressing or undressing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q2k Your child turns the head away and looks for the mother or main care giver when held by a new person	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q2l For the first few minutes in a new place or situation (new shop or home) your child is fretful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q2m Your child appears bothered (cries, squirms) when first put down to sleep in a different place than usual	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q2n Your child accepts right away a change in feeding time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q2o Your child objects (cries, frets) if someone other than the mother or main care giver gives care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick one box on each line

	Almost never	Rarely	Usually does not	Often	Almost always
<i>Q2p</i> Your child wants and takes milk feedings at about the same times (within 1 hour) from day to day	<small>2070</small> <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<i>Q2q</i> Your child gets sleepy about the same time each evening (within ½ hour)	<small>2071</small> <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<i>Q2r</i> Your child's day time naps are varied in length from day to day (more than 1 hour in difference)	<small>2072</small> <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<i>Q2s</i> Your child wants an extra feeding at a different time each day (over 1 hour in difference)	<small>2073</small> <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<i>Q2t</i> Your child's fussy period occurs at or about the same time of day (morning, afternoon, night)	<small>2074</small> <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Spare 2080 -089

Now go to question 7 on page 11

Please answer the following questions about your 4 – 6 month old child.

Tick one box on each line

	Yes	No
Q3a While lying on his or her back and being pulled up to a sitting position, has your child ever held his or her head stiffly so that it <i>did not</i> hang back as he or she was pulled up?	2090 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Q3b Has your child ever laughed out loud without being tickled or touched?	2091 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Q3c Has your child ever held in one hand a moderate sized object, such as a block or rattle?	2092 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Q3d Has your child ever rolled over on his or her own <i>on purpose</i> ?	2093 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Q3e Has your child ever seemed to enjoy looking in the mirror at him or herself?	2094 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Q3f Has your child ever been pulled from a sitting to a standing position and supported his or her own weight with legs stretched out?	2095 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Q3g Has your child ever looked around for a toy which was lost or not nearby?	2096 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Q3h Has your child ever sat alone with no help except for leaning forward on his or her hands or with just a little help from someone else?	2097 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Q3i Has your child ever sat for 10 minutes or more with no support at all?	2098 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Q3j Has your child ever pulled him or herself to a standing position without help from another person?	2099 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Q3k Has your child ever crawled when left lying on his or her stomach?	2100 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Q3l Has your child ever said any recognisable words such as 'mama' or 'dada'?	2101 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Q3m Has your child ever picked up any small objects, such as raisins or biscuit crumbs, using only his or her thumb and first finger?	2102 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Q3n Has your child ever walked at least two steps with one hand held or holding on to something?	2103 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Q3o Has your child ever waved goodbye without help from another person?	2104 <input type="checkbox"/> 1	<input type="checkbox"/> 2

Spare 2105 -109

Now go to question 6 on page 9

Please answer the following questions about your 7 – 9 month old child.

Tick one box on each line

	Yes 2110	No
Q4a Has your child ever seemed to enjoy looking in the mirror at him or herself?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q4b Has your child ever been pulled from a sitting to a standing position and supported his or her own weight with legs stretched out?	<input type="checkbox"/> 2111 1	<input type="checkbox"/> 2
Q4c Has your child ever looked around for a toy which was lost or not nearby?	<input type="checkbox"/> 2112 1	<input type="checkbox"/> 2
Q4d Has your child ever sat alone with no help except for leaning forward on his or her hands or with just a little help from someone else?	<input type="checkbox"/> 2113 1	<input type="checkbox"/> 2
Q4e Has your child ever sat for 10 minutes or more with no support at all?	<input type="checkbox"/> 2114 1	<input type="checkbox"/> 2
Q4f Has your child ever pulled him or herself to a standing position without help from another person?	<input type="checkbox"/> 2115 1	<input type="checkbox"/> 2
Q4g Has your child ever crawled when left lying on his or her stomach?	<input type="checkbox"/> 2116 1	<input type="checkbox"/> 2
Q4h Has your child ever said any recognisable words such as 'mama' or 'dada'?	<input type="checkbox"/> 2117 1	<input type="checkbox"/> 2
Q4i Has your child ever picked up any small objects, such as raisins or biscuit crumbs, using only his or her thumb and first finger?	<input type="checkbox"/> 2118 1	<input type="checkbox"/> 2
Q4j Has your child ever walked at least two steps with one hand held or holding on to something?	<input type="checkbox"/> 2119 1	<input type="checkbox"/> 2
Q4k Has your child ever waved goodbye without help from another person?	<input type="checkbox"/> 2120 1	<input type="checkbox"/> 2
Q4l Has your child ever shown by his or her behaviour that he or she knows the name of common objects when somebody else names them out loud?	<input type="checkbox"/> 2121 1	<input type="checkbox"/> 2
Q4m Has your child ever shown that he or she wanted something by pointing, pulling, or making pleasant sounds, rather than by crying or whining?	<input type="checkbox"/> 2122 1	<input type="checkbox"/> 2
Q4n Has your child ever stood alone on his or her feet for 10 seconds or more without holding on to anything or another person?	<input type="checkbox"/> 2123 1	<input type="checkbox"/> 2
Q4o Has your child ever walked at least two steps without holding on to anything or another person?	<input type="checkbox"/> 2124 1	<input type="checkbox"/> 2

Spare 2125 - 129

Now go to question 6 on page 9

5

Please answer the following questions about your 10 – 11 month old child.

Tick one box on each line

	Yes	No
<i>Q5a</i> Has your child ever crawled when left lying on his or her stomach?	2130 <input type="checkbox"/> 1	<input type="checkbox"/> 2
<i>Q5b</i> Has your child ever said any recognisable words such as 'mama' or 'dada'?	2131 <input type="checkbox"/> 1	<input type="checkbox"/> 2
<i>Q5c</i> Has your child ever picked up any small objects, such as raisins or biscuit crumbs, using only his or her thumb and first finger?	2132 <input type="checkbox"/> 1	<input type="checkbox"/> 2
<i>Q5d</i> Has your child ever walked at least two steps with one hand held or holding on to something?	2133 <input type="checkbox"/> 1	<input type="checkbox"/> 2
<i>Q5e</i> Has your child ever waved goodbye without help from another person?	2134 <input type="checkbox"/> 1	<input type="checkbox"/> 2
<i>Q5f</i> Has your child ever shown by his or her behaviour that he or she knows the name of common objects when somebody else names them out loud?	2135 <input type="checkbox"/> 1	<input type="checkbox"/> 2
<i>Q5g</i> Has your child ever shown that he or she wanted something by pointing, pulling, or making pleasant sounds, rather than by crying or whining?	2136 <input type="checkbox"/> 1	<input type="checkbox"/> 2
<i>Q5h</i> Has your child ever stood alone on his or her feet for 10 seconds or more without holding on to anything or another person?	2137 <input type="checkbox"/> 1	<input type="checkbox"/> 2
<i>Q5i</i> Has your child ever walked at least two steps without holding on to anything or another person?	2138 <input type="checkbox"/> 1	<input type="checkbox"/> 2
<i>Q5j</i> Has your child ever crawled up at least two stairs or steps?	2139 <input type="checkbox"/> 1	<input type="checkbox"/> 2
<i>Q5k</i> Has your child ever said two recognisable words besides 'mama' or 'dada'?	2140 <input type="checkbox"/> 1	<input type="checkbox"/> 2
<i>Q5l</i> Has your child ever run?	2141 <input type="checkbox"/> 1	<input type="checkbox"/> 2
<i>Q5m</i> Has your child ever said the names of a familiar object, such as a ball?	2142 <input type="checkbox"/> 1	<input type="checkbox"/> 2
<i>Q5n</i> Has your child ever made a line with a crayon or pencil?	2143 <input type="checkbox"/> 1	<input type="checkbox"/> 2
<i>Q5o</i> Has your child ever walked up at least two stairs with one hand held or holding the railing?	2144 <input type="checkbox"/> 1	<input type="checkbox"/> 2

Spare 2145 - 149

Now go to question 6

These questions are about children aged 4 – 11 months.

Can you say whether the following apply to your child?

Tick one box on each line

	Almost never 2150	Rarely	Usually does not	Often	Almost always
Q6a Your child makes happy sounds (coos, laughs) when having his or her nappy changed, or being dressed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6b Your child is pleasant (smiles, laughs) when first arriving in unfamiliar places (friend's house, shop)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6c Your child is pleasant (coos, smiles) during face washing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6d Your child is content (smiles, coos) during interruptions of milk or solid feeding	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6e Your child cries remains pleasant or calm with minor injuries (bumps, pinches)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6f Your child objects to being bathed in a different place or by a different person after 2 or 3 tries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6g Your child is still wary or frightened of strangers after 15 minutes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6h Your child adjusts within 10 minutes to new surroundings (home, shop, play area, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6i Your child adjusts easily and sleeps well within 1 or 2 days with changes of time or place	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6j Your child accepts his or her bath any time of the day without resisting it	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Tick one box on each line

	Almost never 2170	Rarely	Usually does not	Often	Almost always
Q6k Your child is shy (turns away or clings to you) on meeting another child for the first time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6l For the first few minutes in a new place or situation (new shop or home) your child is fretful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6m Your child appears bothered (cries or squirms) when first put down in a different sleeping place	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6n Your child's initial reaction to a new babysitter is rejection (crying, clinging to mother or main carer)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6o Your child's initial reaction at home to approach by strangers is acceptance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6p Your child wants and takes milk feeds at about the same time (within one hour) from day to day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6q Your child gets sleepy at about the same time each evening (within half an hour)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6r Your child's daytime naps are about the same length from day to day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6s Your child wants and takes solid food at about the same time (within 1 hour) from day to day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6t How often does your child make a fuss or cry before going to sleep?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Spare 2180 - 189

7 These questions are about your relationship with your child. Please think about how far each of the statements *currently* applies to your relationship with your child.

Tick one box on each line

	Definitely does not apply	Not really	Neutral, not sure	Applies sometimes	Definitely applies
Q7a I share an affectionate, warm relationship with my child	2190 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q7b My child will seek comfort from me	2191 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q7c My child is uncomfortable with physical affection or touch from me	2192 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q7d When I praise my child, he or she beams with pride	2193 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q7e My child easily becomes angry at me	2194 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q7f It is easy to be in tune with what my child is feeling	2195 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q7g My child remains angry or is resistant after being disciplined	2196 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q7h Dealing with my child drains my energy	2197 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q7i When my child wakes in a bad mood, I know we're in for a long and difficult day	2198 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q7j My child's feelings towards me can be unpredictable or can change suddenly	2199 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Spare 2200 - 209

8

Sometimes children are pretty well behaved and other times they are not. We are interested in what parents do when their children misbehave. Please think about how your child has been in the *last three months*.

Tick one box on each line

	Never	Rarely	Sometimes (about once a month)	Often (about once a week)	Daily
<i>Q8a</i> How often have you ignored your child?	2210 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<i>Q8b</i> How often have you shouted at your child?	2211 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<i>Q8c</i> How often have you told your child off?	2212 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<i>Q8d</i> How often have you had to bribe your child (e.g. with sweets, or a treat)?	2213 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<i>Q8e</i> How often have you had to smack your child?	2214 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

9

Approximately how often do you get the chance to read stories with or to your child?

Tick one box

<i>Q9</i>	Every day	2215 <input type="checkbox"/> 1
	Several times a week	<input type="checkbox"/> 2
	Several times a month	<input type="checkbox"/> 3
	Several times a year	<input type="checkbox"/> 4
	Never	<input type="checkbox"/> 5

10

Approximately how many books does your child have (including books shared with brothers and sisters)?

Tick one box

2216

Q10

- No books 1
- 1 – 2 books 2
- 3 – 9 books 3
- 10 – 19 books 4
- 20 – 49 books 5
- 50 plus 6

11

Have you or your child's other parent ever helped your child to learn any of the following...

Tick all that apply

2217 - 2220

Q11a

...numbers? 1

Q11b

...the alphabet? 2

Q11c

...colours? 3

Q11d

...shapes and sizes? 4

Q11e

...none of the above 5

Spare 2221 - 230

Thank you very much for taking the time to answer our questions. Please give the questionnaire to the interviewer or post it back in the envelope provided. All your answers will remain confidential. Please call Freephone 0500 600 616 if you have any queries.