

BRITISH BIRTHS CHILD STUDY

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

n.c. = not coded

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 as 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 _____

Present Address _____

Local Health Authority Area n.c.

1-5			

6-7	

2 Date of birth of child:

_____ / April / 1970

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12-13	

3 Is the child accompanied by:

Mother n.c. _____ 1
Other adult (specify) _____ 2

14	

4 Does the family live in:

b0008
Whole house _____ 1
Self contained flat/maisonette _____ 2
Rooms _____ 3
Other (specify) _____ 4

b0009

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	

b0010

b0011

Not known _____ 0

5 Is there a garden to play in?

Yes _____ 1
No _____ 2
Not known _____ 0

b0012

If NO, what facilities are used?

b0013
b0014
b0015

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

b0016

19	

b0017

Not known _____ 0

7 Occupations

Father of child

Present occupation, including a brief description of his actual work

b0018 Father soc. class

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 _____ 6
Not known _____ 0

Is he employed at present?

Yes _____ 1
No _____ 2
Not known _____ 0

Mother of child

Is the mother working?

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

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?

(month) b0025
(year) b0026

How many a day does/did she smoke?

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

b0028

8-11			

20-23			

24	

25-28			

28	

SECTION 2

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

Can he walk holding the furniture?

b0030 Mother's reply Yes No N/K
b0031 Examiner's observation 1 2 0

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

b0032 Mother's reply Yes No N/K
b0033 Examiner's observation 1 2 0

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

b0034 Mother's reply Yes No N/K
b0035 Examiner's observation 1 2 0

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

b0036 Mother's reply Yes No N/K
b0037 Examiner's observation 1 2 0

11 Speech and language

Ask the MOTHER

b0044 Can he say 'Ma-ma'? Yes No N/K
Not known 0

b0045 Does he associate it with his mother? Yes No N/K
Not known 0

b0046 Can he say 'Da-da'? Yes No N/K
Not known 0

b0047 Does he associate it with his father? Yes No N/K
Not known 0

b0048 Does he say other words clearly, and with meaning? Yes No N/K
Not known 0

b0049 If less than five, specify

b0050 Does he put two words together? Yes No N/K
Not known 0

b0051 Does he say sentences of three words or more? Yes No N/K
Not known 0

Ask the CHILD to show you his

b0052 Hair 1
b0053 Ring items Eyes 2
b0054 correctly Nose 3
b0055 Mouth 4
b0056 pointed out Hands 5
b0057 Feet 6

b0058 - b0063 Ask the MOTHER Which of these items not *ringed* can he do at home?

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30-31

32-33

34-38

36-37

38

39

40

41

42

43-44

10 Fine Locomotor **b0038**

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

B Use of pencil and paper **b0039**

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

Yes 1
No 2
Not known 0

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

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?

b0068 - b0071

Ask the MOTHER whether he will fetch objects at home

b0072 In sight Yes No N/K
b0073 Out of sight 1 2 0

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

b0074 Yes No N/K
Not known 0

Can he take off his shoes (if unlaced)?

b0075 Mother's reply Yes No N/K
b0076 Examiner's observation 1 2 0

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

b0077 Mother's reply Yes No N/K
b0078 Examiner's observation 1 2 0

Can he take off his pants?

b0079 Mother's reply Yes No N/K
b0080 Examiner's observation 1 2 0

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

b0081 Mother's reply Yes No N/K
b0082 Examiner's observation 1 2 0

13 General

How co-operative was the child?

b0083

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

b0084

Did he show any abnormal behaviour?

b0085 Mouthing 1
b0086 Casting 2
b0087 Rocking 3
b0088 Head banging 4
b0089 Other (specify) 5

b0090
b0091

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47-48

49

50-53

54-57

58-59

60

61-62

63-64

65-66

67-68

69-72

73-76

77-80

SECTION 3

PART A

Measurements

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

(kilos + gms) **b0093**

lb _____ oz or _____ kg

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

b0094

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

Standing height without shoes

(metres + cm) **b0095**

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*

(metres + cm) **b0096**

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*

b0097

cm

Are the fontanelles closed? **b0098**

Yes _____ 1

No _____ 2

Unable to examine _____ 0

Indicate on the diagram any abnormalities of shape **b0099 - b0102**



Posterior

Anterior

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

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6-7

8-11

12-14

15-17

18-20

21-24

15 Has he any brothers and/or sisters?

n.c. Yes _____ 1
No _____ 2
Not known _____ 0

if YES, state year(s) of birth

n.c.

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25-28

19 Has the child lost consciousness for any reason?

No _____ **b0140** 1

Momentarily _____ **b0141** 2

Unconscious _____ **b0142** 3

Less than 10 minutes _____ **b0143** 4

10 minutes or more _____ 0

Not known _____ 0

Where applicable give cause

b0144 - b0146

47-48

16 Is the child cared for:

b0103
b0104
b0105
b0106
b0107
b0108

	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

b0109
b0116

17 Was the child born in hospital?

b0118 Yes _____ 1
No _____ 2
Not known _____ 0

If YES, give length of stay after birth

(a) The mother (days) **b0119**

(b) The child (days) **b0120**

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

b0121 - b0124

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

b0127 Yes _____ 1
No _____ 2
Not known _____ 0

If YES How often **b0128**

Date of first (mth) **b0130** (yr) **b0131**

Date of most recent (m) **b0133** (y) **b0134**

Cause **b0135 - b0137**

29-30

31

32-35

36-37

38

39-42

43-46

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

b0149 Yes _____ 1
No _____ 2
Not known _____ 0

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

n.c.

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

b0150 Yes _____ 1
No _____ 2
Not known _____ 0

If YES, give name of hospital, date and reason

n.c.

22 Has the child had any of the following illnesses?

b0151 Measles _____ 1

b0152 Mumps _____ 2

b0153 Whooping Cough _____ 3

b0154 Chicken pox _____ 4

None of the above _____ 5

Not known _____ 0

Other (specify) _____ 6

b0155 **b0156 - b0158**

49-52

53-56

57-58

23 ^{eyes} Evidence of squint
b0161 Yes _____ 1
 No _____ 2
 Unable to examine _____ 0

Other visual defects
b0162 Yes _____ 1
 No _____ 2
 Unable to examine _____ 0

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

Hearing
 Evidence of hearing loss
b0163 Yes _____ 1
 No _____ 2
 Unable to examine _____ 0

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

24 Respiratory disease **b0164**
 Evidence of respiratory disease
 Yes
 Upper tract _____ 1
 Lower tract _____ 2
 No _____ 3
 Unable to examine _____ 0

If YES, specify findings in Part B **b0165-b0167**

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59-61

62

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
b0172 Yes _____ 1
 No _____ 2
 Unable to examine _____ 0

If YES, specify in Part B **n.c.**

26 Congenital abnormalities **b0177**

- 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 **b0178-b0181**

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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

b007 (age at examination, in days)

Date of examination _____ / _____ / 1972 Completed by _____
 (Block capitals, please)

Place of examination **b0190** Position **b0191**

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

60040

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
Scribbled only
Refused

1
2
3

60041

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

60042

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

60043