

"n.c." =  
not coded

# BRITISH BIRTHS CHILD STUDY

PAEDIATRIC UNIT, ST. MARY'S HOSPITAL MEDICAL SCHOOL, LONDON, W2 1PG

This questionnaire has been designed for use with children aged 3½ years. 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 previous studies.

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).

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, on accurate scales.

Most questions are pre-coded and these should be answered by ringing one or more numbers as appropriate. Space is provided in Part B for any information which may be helpful in assessing the progress of the child.

Check that there are EIGHT SHEETS AND A PAPER TAPE MEASURE included with this form before starting.

PLEASE RETURN ALL SHEETS WITH THE FORM

## SECTION 1

1 Name and Address		Survey No. (if known)	Sex	For Office use only
Surname of Child	Present Address	First Names		
			C0007	
Local Health Authority Area		n.c.		
2 Date of birth of child		7 Is the child normally cared for at home all day?		
/April/1970		C0029		
3 Has he any brothers and/or sisters?		Yes 1 No 2 Not known 0		
C0009		If NO is he in residential care elsewhere? Yes 1 No 2 Not known 0		
If YES give date(s) of birth (yr + mth of 1st - 14th sibling birth):		C0030		
C0010m - C0023y		If NO is he With a child minder In a play group 2 In a day nursery 3 In a nursery school/class 4 Elsewhere (specify) 5		
4 Does the family live in		C0031		
C0024		For Whole day 1 Part of the day 2 Other (specify) 3		
Whole house 1 Self contained flat/maisonette 2 Rooms 3 Other (specify) 4 Not known 0		C0032		
If not a whole house on which floor?		8 Occupations		
C0025		Father of child		
Below street level 1 Street level 2 Above street level (specify floor) 3 Not known 0		Present occupation, including a brief description of his actual work (father soc. class): C0034 C0035 C0036		
5 Is there a garden to play in?		Is he self employed? Yes C0036 Working on his own 1 Employing less than 25 persons 2 Employing 25 or more persons 3		
C0026		No C0037		
Yes 1 No 2 Not known 0		Supervising others (e.g. foreman/manager) 4 Not supervising others 5 Not known 0		
If NO what facilities are used?		Is he employed at present? Yes 1 No 2 Not known 0		
C0027		C0038		
6 Does the child sleep in a room		Mother of child		
C0028		Is the mother working? Yes Full-time 1 Part-time 2 No 3 Not known 0		
On his own 1 With brothers and/or sisters 2 With father and/or mother 3 With others (specify) 4 Not known 0		C0039		

**SECTION 2**

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Modify the order if you wish but do not alter the questions. The inserted pages are all numbered.

**9 USE OF CUBES**

Let the CHILD play with the 1 in. cubes, then ask him to build a tower.

Number of cubes available **C0040**  
 Number in tallest tower **C0041**  
 Child refused 0

INSERT PAGE 1 Demonstrate BRIDGE  
 Ask CHILD to copy the model. Allow two attempts.

**C0042** attempt 1st 2nd  
 Built bridge with gap 1 1  
 Built bridge without gap 2 2  
 Any other building 3 3  
 Refused 4 4

INSERT PAGE 2 Demonstrate GATE  
 Ask CHILD to copy the model. Allow two attempts.

**C0043** attempt 1st 2nd  
 Built a gate 1 1  
 Any other building 2 2  
 Refused 3 3

'Accidentally' knock down one of the structures. Say to the CHILD 'What happened?' **C0044**

Record CHILD'S reply

Remove the cubes. Each time drop the stated number of cubes randomly on the table and ask 'How many?'

Cubes Two Four Five  
 Child's reply **C0045a 45b 45c**

Put 10 cubes in a row. Ask the CHILD to count them.

Record numbers as stated  
**C0046a - 46e, C0047a - 47e**

**10 PICTURES**

INSERT PAGE 2 Point to each picture separately and ask him to name them.

	Child's reply	Refused
Car	<b>C0048a</b>	1
Cup	<b>C0048b</b>	2
Apple	<b>C0048c</b>	3
Brush	<b>C0048d</b>	4
Fish	<b>C0048e</b>	5
Chair	<b>C0048f</b>	6

Ask the following questions. Record his reply, including whether verbal or by pointing.

	Reply		
	Verbal	Pointing	Refused
'Which one ... do we drink from?'	<b>C0049a</b>		1
'do we go for a ride in?'	<b>C0049b</b>		2
'swims in the water?'	<b>C0049c</b>		3
'do we eat?'	<b>C0049d</b>		4
'do we do our hair with?'	<b>C0049e</b>		5
'do we sit in?'	<b>C0049f</b>		6

Ask: 'What is an apple? We eat it, don't we?' Then say:

'What is milk?' Reply **C0050a**  
 'What do we do when we are tired?' Reply **C0050b**

Ask the CHILD 'What is your name?' **C0051a**

First and surname, first response 1  
 First name only 2  
 No response 3

If first name only, prompt '(First name) what?' **C0051b**  
 Surname given 1  
 Surname not given 2

**11 USE OF PENCIL**

INSERT PAGES 3 and 4. Drawing shapes.

Give the CHILD the pencil to COPY the straight line, circle, cross and square.  
 Do not demonstrate how to draw them.  
 Do not let the CHILD trace them.  
 Allow two attempts.  
 Mark each attempt (or refusal).  
**C0052 line**  
**C0053 circles**  
**C0054 cross**  
**C0055 square**  
**C0056 man**

Drawing a man Use page 5  
 Ask the CHILD to draw a man.  
 If he scribbles or refuses, record this on the sheet.

Two lines Use page 6  
 Show the CHILD the two lines A and B.

	Ring answer	Refused	
Ask 'Which is longer?'	A B	1	<b>C0057a</b>
Turn paper upside down.			
Ask 'Which is longer?'	A B	1	<b>C0057b</b>
Turn paper sideways.			
Ask 'Which is longer?'	A B	1	<b>C0057c</b>

Did the CHILD appear to understand the meaning of 'longer?' **C0058**  
 Yes 1  
 No 2  
 Not known 0

**12 PAPER FOLDING**

INSERT PAGES 7 and 8.

Demonstrate the first fold, making a firm crease. On the uncreased page 8 ask him to do the same. If he succeeds demonstrate second fold and so on.

Results **C0059**  
 Child did not understand 1  
 Understood, folded but did not make a crease 2  
 Made one crease 3  
 Made second crease 4  
 Made diagonal crease 5  
 Any other comments .

MARK A LINE ACROSS THE CHILD'S FOLDS.

**13 PARTS OF BODY**

**C0060 (score out of 6)**

Ask the CHILD to show you the following:

Ring items	1	Mouth	4
correctly	2	Hands	5
pointed out	3	Feet	6

Ask MOTHER: Which items not ringed is he normally able to do? **C0061**

**14 GROSS LOCOMOTOR**

Can he balance on one foot? (Allow two attempts)

Attempts	1st	2nd	Refused
Time in seconds	<b>C0062a</b>	<b>C0062b</b>	1

if refused, ask MOTHER Yes 1  
 if he normally can do so. No 2  
**C0063** Not known 0

Can he jump in one place? (Allow two attempts)

	Yes	No	N/K
Mother's reply <b>C0064</b>	1	2	0
Examiner's observation <b>C0065</b>	1	2	0

**15 Behaviour during developmental examination**

Was the CHILD unable to undertake all or part of the examination because of a handicap or other reason?

**C0066**

Yes 1  
No 2  
Not known 0

If YES, specify in Part B

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

**C0067**

Was the CHILD

**C0068**

Very co operative 1  
Co-operative 2  
Fairly co-operative 3  
Rather unco-operative 4  
Unco-operative 5

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Was he

**C0069**

Easily distracted 1  
Moderately attentive 2  
Absorbed in tasks 3

Was he

**C0070**

Shy and withdrawn 1  
Friendly and outgoing 2  
Other (Specify in Part B)

**SECTION 3  
PART A**

**PAST MEDICAL HISTORY**

**16 Has the CHILD been vaccinated or immunised against**

	Yes	No	N/K
Diphtheria <b>C0071a</b>	1	2	0
Whooping cough <b>C0071b</b>	1	2	0
Tetanus <b>C0071c</b>	1	2	0
Poliomyelitis <b>C0071d</b>	1	2	0
Measles <b>C0071e</b>	1	2	0
Smallpox <b>C0071f</b>	1	2	0
Any other (specify) <b>C0072 (Y/N)</b>			

**17 Does he suffer from coughs and colds?**

**C0073**

Frequently	1
Occasionally	2
Rarely	3
Not known	0

**18 Has he had any of the following illnesses?**

	Yes	No	N/K
Measles <b>C0074a</b>	1	2	0
Mumps <b>C0074b</b>	1	2	0
Whooping cough <b>C0074c</b>	1	2	0
Chickenpox <b>C0074d</b>	1	2	0

**19 Has he lost consciousness for any reason?**

No <b>C0075</b>	1
Momentarily	2
Unconscious	
Less than 10 minutes	3
10 minutes or more	4
Not known	0

Where applicable give cause(s) and age(s)

age (mths) **C0076 C0078 C0080**  
cause **C0077 C0079 C0081**

**20 Has he ever attended an accident, casualty or any other hospital outpatient department? (see also question 22)**

Yes 1  
No 2 **C0082**  
Not known 0

If YES give details of each attendance

	1st (or only) attendance	2nd attendance
Date of attendance		
Number of times		
Hospital		
Department(s)	<b>n.c.</b>	<b>n.c.</b>
Reason(s)		
Was he admitted?		
If admitted department and length of stay		
Final diagnosis		
Any other comments		

If more than two attendances give details of the others in Part B

**21 Has he had any other hospital admissions?**

Yes 1 **C0083**  
No 2  
Not known 0

If YES give details

	1st (or only) admission	2nd admission
Date of admission		
Hospital		
Department	<b>n.c.</b>	<b>n.c.</b>
Reason(s)		
Length of stay		
Final diagnosis		
Any other comments		

If more than two admissions give details of the others in Part B

**22 Did the CHILD go to a special follow-up clinic after leaving the maternity department?**

**C0084**

Yes	1
No	2
Not known	0

If YES, for how long?

**n.c.**

**23 Has he had any other illnesses not already recorded?**

**C0086**

Yes	1
No	2
Not known	0

If YES, give details

**C0086a** ICD code 1st illness  
**C0086b** .. .. 2nd ..  
**C0086c** .. .. 3rd ..

**24 MEASUREMENTS**

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Height: Standing height without shoes: **C0087 (cms)** Observe whether the CHILD can undo any buttons and at the end of the examination if he does them up again. If he does not do so, ask the MOTHER whether he can.

Weight: N.B. Weigh in vest and pants only. **C0088 (kilos)**

Head circumference: With the paper measure provided, measure around forehead and occiput recording maximum circumference. It is important to be as accurate as possible. **C0089**

Record any difficulties with any of the measurements: **C0090**

Undoes buttons	Yes	No	N/K
Examiner's observation <b>C0091</b>	1	2	0
Mother's reply <b>C0092</b>	1	2	0

Does up buttons	Yes	No	N/K
Examiner's observation <b>C0093</b>	1	2	0
Mother's reply <b>C0094</b>	1	2	0

**25 Special senses**

Eyes  
Evidence of squint: Yes **C0095** ..... 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 tests used.

Hearing  
Evidence of hearing loss: Yes **C0097** ..... 1  
No ..... 2  
Unable to examine ..... 0

If YES, specify in Part B, including test used.

Speech  
Was his speech clear during the examination? **C0098**  
Yes ..... 1  
No ..... 2

If NO, specify in Part B. **C0099**

**26 Cerebral palsy**

Evidence of cerebral palsy: **C0100**  
Yes ..... 1  
No ..... 2  
Unable to examine ..... 0

If YES, specify in Part B. **C0100A ICD code**

**27 Respiratory disease**

Evidence of respiratory disease: **C0101**  
Yes  
Upper tract ..... 1  
Lower tract ..... 2  
No ..... 3  
Unable to examine ..... 0

If YES, specify findings in Part B.

**28 Any other abnormalities (Specify in Part B)**

**C0101A ICD code**  
**C0102 Y/N**  
**C0102a ICD code 1st abnormality**  
**C0102b " " 2nd "**  
**C0102c " " 3rd "**  
**C0102d " " 4th "**

**C0103 other information available Y/N** PART B

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

**C0104 (age in days)**

Date of examination ..... / ..... 1973 Completed by .....

Place of examination **C0105** (Block capitals, please)

Position **C0106**

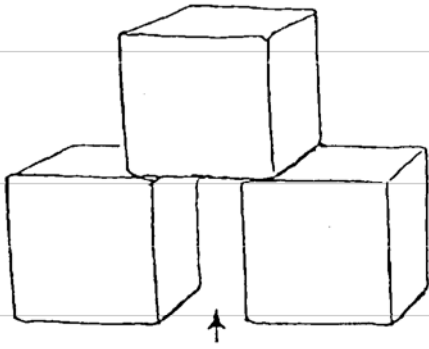
Please check that all the items on the form have been completed and that the special sheets are with the form.

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

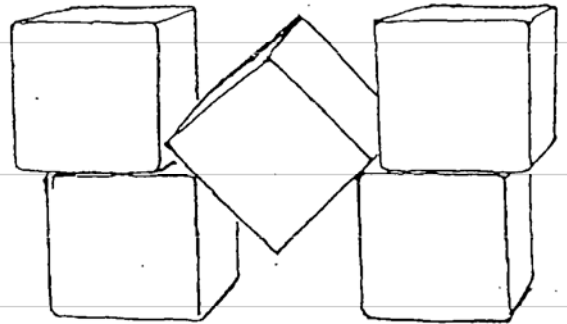
PLEASE RETURN THESE SHEETS WITH THE FORM

Name of child..... Number.....

PLEASE ARRANGE CUBES AS FOLLOWS:



leave gap here



Please draw CHILD'S attempts here:

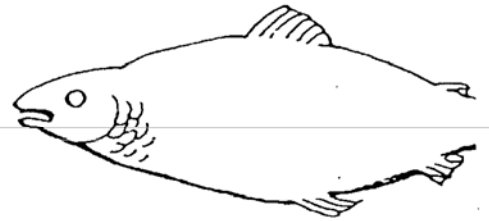
C0042

C0043

- C0040 No. of cubes
- C0041 Tallest tower
- C0044 Knock down cubes
- C0045a-c Drop specific no. cubes
- C0046a-e } Counting cubes up to ten
- C0047a-c }



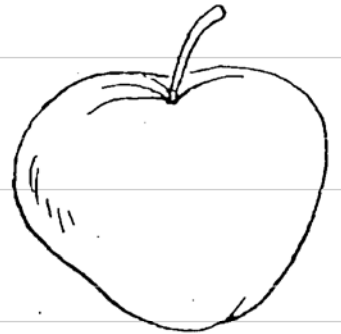
C0048b  
C0049b



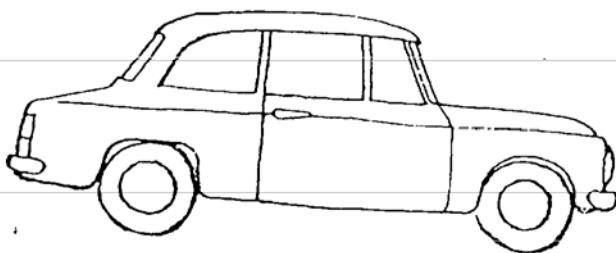
C0048c  
C0049c



C0048d  
C0049d



C0048e  
C0049e



C0048a  
C0049a



C0048f  
C0049f

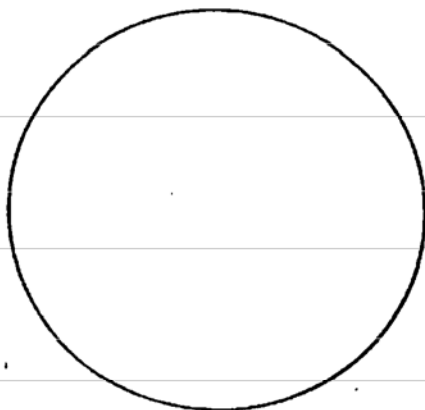
Name of child..... Number.....

SHAPES



C0052

This line should be  
vertical to the CHILD



C0053

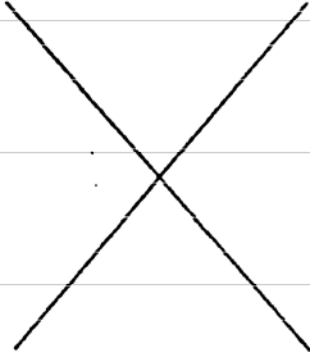
Please label CHILD'S attempts as first and second

6

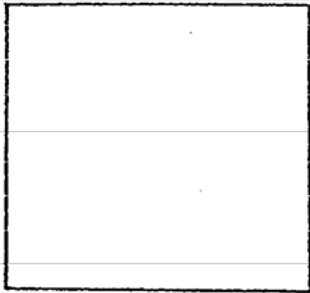
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Name of child..... Number.....

SHAPES



C0054



C0055

Please label CHILD'S attempts as first and second



Name of child ..... Number.....

DRAW A MAN

c0056

Record any comments the CHILD makes about his drawing

Name of child..... Number.....

A



B



Place the paper vertical to the CHILD

C0057a

Turn paper upside down and repeat question

C0057b

Then turn the paper sideways and repeat question

C0057c

Understand "longer" C0058

Page 7

PAPER FOLDING

DEMONSTRATOR'S COPY

Fold along lines marked on this side of the paper for the first fold and other side for the second and third folds demonstrating to the CHILD one fold at a time. If he does the first correctly, then do the second and so on.

C0059

FIRST FOLD

---

SECOND FOLD

THIRD FOLD