Child Health and Education in the Seventies

A national study in England, Wales and Scotland of all children born 5th-11th April 1970

MATERNAL SELF-COMPLETION QUESTIONNAIRE Full Name of the Child Sex Doos Address Date of birth April 1970 Date of birth April 1970 Date of birth DOOS Address Date of birth DOOS B To the Mother: This questionnaire is part of a survey into the health and education of 5 year old children. In this form we are asking about the behaviour of your child, your own health and your opinions on a number of subjects. We hope that you will be able to find time to complete the form and that you will find it of interest. We would be grateful to have any remarks you may care to make about the questions in this form and you will find space for this on the last page. All information will be treated in the strictest confidence. If you should have any difficulty in filling in any part of the form, the Health Visitor will be pleased to advise you. SECTION 1 Child's Behaviour Please put a cross in the box by the answer which best describes which is true about your child's behaviour. The following examples will help you to see what is required. Example 1 Never in Less than At least At least once a on		ler the auspices of the the National Birthd	ne University of Bristol lay Trust Fund		Univ	rtment of C ersity of Bri ol BS2 8E		earch Unit
MATERNAL SELF-COMPLETION QUESTIONNAIRE Full Name of the Child	Direc	ctor: Professor Neville	R. Butler, MD, FRCP, DC	Н	Tal.	Bristol 2649	91/27745	
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MATERNAL SELF-COMPLETION QUESTIONNAIRE Full Name of the Child	L							CONFIDENTIAL
Address	511			COMPLETION	ON QUES	TIONNAI	RE	
Address	Full	Name of the Child					say DO	03
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Please put a cross in the box by the answer which best describes which is true about your child's behaviour. The following examples will help you to see what is required. Example 1 Never in Less than At least At least once a once	auvis	se you.						Please leave blank
The following examples will help you to see what is required. Example 1 Never in Less than At least once a once			SECTION 1	Child's Behavio	our			,
PLEASE SAY IF: Never in the last once a o			he box by the answer	which best de	escribes wh	ich is true a	about your	1-5
The crosses in these boxes mean that this child has dizzy spells less than once a month, and complains of aching back or limbs The crosses in these boxes mean that this child has dizzy spells less than once a month, and complains of aching back or limbs at least once a week. Example 2 DOES CHILD HAVE ANY DIFFICULTY DRESSING? NO YES IF YES, is this with: Shoes		The following exam	ples will help you to see w	what is required.				
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Child complains of aching back or limbs	PLE#	ASE SAY IF:		12 months	month	month	week	6-8
The crosses in these boxes mean that this child has dizzy spells less than once a month, and complains of aching back or limbs at least once a week. Example 2 DOES CHILD HAVE ANY DIFFICULTY DRESSING? NO YES IF YES, is this with: Shoes Pants Pants Shirts/dresses etc. Buttons Zips		Child has dizzy spel	Is		\bowtie			
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NO				l has dizzy spells	less than once	a month, an	nd complains	
NO IF YES, is this with: Shoes Socks Pants Shirts/dresses etc Buttons Salar Zips Zips	Exar	mple 2						
YES IF YES, is this with: Shoes Image: Comparison of the compar	DOES	S CHILD HAVE ANY	DIFFICULTY DRESSING	3?				
Shoes Socks Pants Shirts/dresses etc Buttons Shirts/dresses		NO						
Socks		YES	X	IF YES, is this v	with:			
Pants				Shoes				Ì
Shirts/dresses etc				Socks		,	X	
Buttons				Pants				
Buttons				Shirts/dresse	es etc			
Zips							521	
		The crosses in these	hoxes mean that this chi	•				

PLEASE TURN OVER THE PAGE AND ANSWER THE QUESTIONS

the main problems.

		Never in the last 12 months	Less than once a month	At least once a month	At least once a week			
omplains of head	laches							
Complains of storr	nach-ache or has vomited							
Complains of bilio	usness							
	ms (that is, complete loss of ing, angry movements, etc.)							
	ugh "difficult" stages. Ple nild has any of the follow estion.				orrect boxe			
OES YOUR CHI	LD HAVE ANY SLEEPING	DIFFICULTY?						
NO	D010							
YES - MIL	□							
YES SEV		IF YES, which have?	of the follow	ing difficultie	es does he/sh			
		getting off	to sleep	1	<u> </u>			
			ing the night					
		waking earl	y in the mor	ning	D)3 [
nightmares or night terrors								
		sleepwalkin	g	I	2015 [
Please descr	ibe any sleepi <mark>ng difficulties, i</mark>	ncluding those	above:					
DOES CHILD EVE	R WET THE BED AT NIGH	ITS? D016	AlB					
NO		IF NO, at what become dry at	t age did he/s	he				
YES		IF YES, is it:	mgnt?					
11.5			onally (less th	an once a we	ek)			
			/ (at least on		_			
		·			_			
		•			_			
	ER WET HIS/HER PANTS I	N THE DAYTI DOITA						
NO		DOITH	מו					
VEC	"	IF VEC in its						
YES		IF YES, is it:	anally flace th	on once a we	ماد) [
YES		very occasion	onally (less th		_			
YES		very occasio	y (at least one	ce a week)	[
YES		very occasionally most days	y (at least one	ce a week)				
YES		very occasionally most days	y (at least one	ce a week)				
	ER SOIL OR MAKE A MES	very occasionally most days every day	y (at least onc	ce a week)				
		very occasionally most days	y (at least onc	ce a week)				
DOES CHILD EV	ER SOIL OR MAKE A MES	very occasionally most days every day es IN HIS/HER	PANTS?	ce a week)				
DOES CHILD EV NO	ER SOIL OR MAKE A MES	very occasionally most days every day SS IN HIS/HER DOISA IF YES, is it: very occasion	r PANTS?	e a week)				
DOES CHILD EV	ER SOIL OR MAKE A MES	very occasionally most days every day SS IN HIS/HER DOISA IF YES, is it: very occasionally	PANTS?	ce a week)	[
DOES CHILD EV NO	ER SOIL OR MAKE A MES	very occasionally most days every day SS IN HIS/HER DOISA IF YES, is it: very occasionally	r PANTS?	ce a week)	[

6.	DOES CHILD HAVE AN	Y EATING OR APPETIT	TE PROBLEMS?			Please leave bla				
	NO	□ DO19								
	YES - MILD									
	YES – SEVERE	□ IF	YES, is it:		D020 -					
			not eating enough		D021					
			faddiness							
	Please describe an	y other eating problem:	raddiness							
						19,20				
7.	DOES CHILD ATTEND SCHOOL, NURSERY SCHOOL, PLAYGROUP OR ANYTHING LIKE THAT?									
	NO	□ D024A								
	YES		YES, has he/she h							
			NO		D024B					
										
			YES, every day			21				
	applies". If your child cross in the box under the statement but the somewhat". If, as far cross under "Doesn't	imns — "Doesn't app d definitely shows the er "Certainly applies". so a lesser degree or as you are aware, you apply". gainst each statement.	behaviour described in the show less often, place of the show the shown in the show	ribed by the s the beha ace a cro	he statement put a viour described by ss under "Applies					
	riease put one cross a	yamst each statement.	Doesn't apply	Applies somewha	Certainly at applies					
	Very restless. Often i jumping up and down		□ Do.	25 🗆						
	Is squirmy or fidgety		□ Do2	26 🗆						
	Often destroys own or	others' belongings	□ Do2	27 🗆						
	Frequently fights with	other children	□ Do	28 🗆		22-25				
	Not much liked by oth	er children	□ Do.	29 🗆						
	Often worried, worries	about many things	□ Do;	30 🗆						
	Tends to do things on solitary	his own - rather	□ Do3	31 🗆						
	Irritable. Is quick to "f	ly off the handle".	DO DO	32 🗆		26-29				
	Often appears miserable or distressed	e, unhappy, tearful	□ Do3	33 🗆						
	Sometimes takes things	belonging to others	□ Do:	34 🗆						
	Has twitches, manneris	sms or tics of the	☐ Do3	35 🗆						
	Frequently sucks thumb	o or finger		36 🗆		30-33				
	Frequently bites nails o	r fingers	□ Do3	37 🗆						
	Is often disobedient		□ Do;	38 🗆						
	Cannot settle to anythi few moments	ng for more than a	□ D o3	39 🗆						
	Tends to be fearful or a or new situations	afraid of new things	□ Do l	to 🗆		34-37				
	Is fussy or over particul	ar	□ Do-	+(:						
	Often tells lies		□ D0	+2 🗆						
	Bullies other children		□ Doi	+3 🗆		38-40				

Many mothers find caring for their children difficult if their own health is not very good. Listed below are a number of common symptoms that mothers often describe to doctors. We would like you to say if these happen to you by putting a ring round Yes or No as in the examples given.

Here are two EXAMPLES: Do your hands often tremble? Are you worried about travelling long distances? This means my hands do not tremble but I am worried about travelling long SE RING THE CORRECT ANSWER TO EACH OF THE FOLLOWING: Do you often have back-ache? Do you often have back time? Do you often feel miserable or depressed? Do you often have bad headaches? Do you often get worried about things?	DO 44 DO 45 DO 46	Yes Yes Yes Yes Yes	No No No
Are you worried about travelling long distances? This means my hands do not tremble but I am worried about travelling long. SE RING THE CORRECT ANSWER TO EACH OF THE FOLLOWING: Do you often have back-ache? Do you feel tired most of the time? Do you often feel miserable or depressed? Do you often have bad headaches? Do you often get worried about things?	DO 44 DO 45 DO 46	Yes Yes Yes	No No
This means my hands do not tremble but I am worried about travelling long. SE RING THE CORRECT ANSWER TO EACH OF THE FOLLOWING: Do you often have back-ache? Do you feel tired most of the time? Do you often feel miserable or depressed? Do you often have bad headaches? Do you often get worried about things?	DO 44 DO 45 DO 46	Yes Yes	No
Do you often have back-ache? Do you often feel miserable or depressed? Do you often have bad headaches? Do you often get worried about things?	D044 D045 D046	Yes	
Do you often have back-ache? Do you feel tired most of the time? Do you often feel miserable or depressed? Do you often have bad headaches? Do you often get worried about things?	D045 D046	Yes	
Do you feel tired most of the time? Do you often feel miserable or depressed? Do you often have bad headaches? Do you often get worried about things?	D045 D046	Yes	
Do you often feel miserable or depressed? Do you often have bad headaches? Do you often get worried about things?	D046		No
Do you often have bad headaches?		Yes	
Do you often get worried about things?	D047		No
		Yes	No
	D048	Yes	No
Do you usually have great difficulty in falling asleep or staying asleep?	D049	Yes	No
Do you usually wake unnecessarily early in the morning?	D050	Yes	No
Do you wear yourself out worrying about your health?	D051	Yes	No
Do you often get into a violent rage?	D052	Yes	No
Do people often annoy and irritate you?		Yes	No
Have you at times had a twitching of the face, head or shoulders?	D054	Yes	No
Do you often suddenly become scared for no good reason?		Yes	No
Are you scared to be alone when there are no friends near you?		Yes	No
Are you easily upset or irritated?		Yes	No
Are you frightened of going out alone or of meeting people?		Yes	No
Are you constantly keyed up and jittery?		Yes	No
Do you suffer from indigestion?		Yes	No
Do you often suffer from an upset stomach?		Yes	No
Is your appetite poor?	1010	Yes	No
Does every little thing get on your nerves and wear you out?	_	Yes	No
Does your heart often race like mad?		Yes	No
Do you often have bad pains in your eyes?		Yes	No
Are you troubled with rheumatism or fibrositis?	DOCC	Yes	No
Have you ever had a nervous breakdown?	D ~ (7	Yes	No
Do you have any other health problems worrying you?	D068	Yes I	No
,,,,,,,, _]	110
IF YES, please describe in your own words:			

.....

This section asks for your opinion about a wide range of subjects. Please give your own opinions and do not worry about what others may think. There are no "correct" answers to the questions. We expect you will agree with some statements and disagree with others.

If you strongly agree, ring the 'A'

If you mildly agree, ring the 'a'

If you mildly disagree, ring the 'd'

If you strongly disagree, ring the 'D'

If you cannot say whether you agree or disagree with a statement, for instance when it "depends on circumstances", ring the 'X'

Please try to answer every one, but if you do not understand a statement leave it out.

These three examples should help you to see how to answer the questions.

Exa	mple 1	Strongly agree	Mildly agree	Cannot say	Mildly disagree	Strongly disagree	
Peop	le are not very_co-operative these days	A	a	×	d	(D)]
7	his means I strongly disagree with this statement		a	^	G	0	
Exa	nple 2						
	ople were not so selfish the world would be a ier place	A	(a)	×	d	D	
7	his means I mildly agree with this statement						
Exar	nple 3						
	arriage is complete without children	(A)	a	×	d	D	
							j
PLE.	ASE ANSWER EVERY QUESTION	Strongly agree	Mildly agree	Cannot say	Mildly disagree	Strongly disagree	
1.	Women need something more from life than they can get by just looking after the home and children	Α	a	×	d	D	D069
2.	Such activities as painting and playing should take second place to teaching reading and arithmetic in infant schools	А	а	x	ď	D	D070
3.	Girls should accept the fact that they will marry and have children and not think about starting a career	А	а	x	d	D	D071
4.	Strictly disciplined children rarely grow up to be the best adults	А	a	x	d	D	D072
5,	Young children who never see children's T.V. miss a lot which is of value	A	a	x	d	D	D073
6.	It's best not to visit children under five in hospital because it is too upsetting for the child	Α	a	x	d	D	D074
7.	Women should have the same work opportunities as men	Α	а	x	d	D	D075
8.	If a child is often allowed to have his own way while he is young he will be uncontrollable later	A	а	x	d	D	D076

Please leave blank

9-12

13-16

last few questions on this page are to give us some idea about how you got on with the m.	Please leave blank
NO, no difficulties	
	52,53
Did you have any difficulty in making up your mind about any questions? NO, no difficulty	
	54,55
Who answered this form? DII6 Mother alone	56
How long did it take to complete? D117 minutes	57,58
Any other comments about the form: SEE PAGE 8a	59-62
	Did you have any difficulty in understanding any of the questions? NO, no difficulties YES, some questions were difficult. YES, many questions were difficult and why IF YES, please say which questions were difficult and why Did you have any difficulty in making up your mind about any questions? DID NO, no difficulty. YES, some difficulty. IF YES, along difficulty. IF YES, please say which questions and why Who answered this form? DID Mother alone Father alone. Mother and father rogether. How long did it take to complete? DID? minutes Any other comments about the form:

THANK YOU VERY MUCH FOR ALL YOUR HELP

Page 8a

Procedure Adopted for Completion of MSCQ= D118A

Rutter Score Based on Simple Summing= D119

Missing Items For Vars 119 & 120= D121

Malaise Score= D122

Malaise Score Grouped= D122A

Malaise. Number not stated= D123

Zscore: Attitude to Maternal Employment= D124A

Zscore: Attitude to Sex Equality= D124B

Zscore: Attitude to Better Life for Women= D124C

Zscore: Attitude to TV Viewing= D124D

Zscore: Attitude to Hospital Visiting= D124E

Authoritarian World View= D124F Authoritarian Child Rearing= D124G

Zscore: Attitude to Child Independence= D124H