

# DOCUMENT O



# ENVIRONMENT OF YOUR CHILD

A1. Has your teenager had the same surname since birth?

(O A1.1)

YES

NO

NOT KNOWN

If NO, please give your teenager's full name:

(a) at birth \_\_\_\_\_

(b) at 10 years \_\_\_\_\_

A2. What was your teenager's country of birth?

(O A2.1)

Tick one box

England

Wales

Scotland

Northern Ireland

Irish Republic

Other country  (please specify (O A2.2)\*)

If not born in UK answer 2(d)

If born in the United Kingdom please answer 2(a), 2(b) and 2(c)

2(a) Your home address at time of his/her birth:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2(b) Name and address of maternity hospital or place where your teenager was born:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2(c) Your teenagers home address at age 10 years. If same as at birth, please put AS ABOVE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2(d) Please give the year when he/she first came to live in UK

Year of arrival 19..... (O A2.6)

A3. What ethnic group are the study teenager and present parents?

(O A3.1) (O A3.2) (O A3.3)

Please tick one box in column A, B and C.

	A Teenager	B Mother	C Father
English, Welsh, Scottish, N. Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other European	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Indian or Guyanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed parentage or any other ethnic group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(please describe (O A3.4)*)			
No mother/father figure		<input type="checkbox"/>	<input type="checkbox"/>
Please add any comments felt necessary (O A3.5)*			

A4. Where is the teenager's home most of the time?

(O A4.1)

Tick one box

Private household

Private boarding school

Residential special school

A children's home

Hospital (long stay)

Other place  (please describe (O A4.2)\*)

A5. At how many addresses has your teenager lived for six months or longer since her/his 10th birthday?

(O A5) \_\_\_\_\_ address(es)

A6. What language is usually spoken in your home?

(O A6.1)

Tick one box

English only

Mainly English, but also another language

Another language with some English

Another language without English

(please describe other language (O A6.2)\*)

A7. A household consists of a group of people who all live at the same address and who are all catered for by the same person, list below all the members of this household. Include the study teenager, the 'present' parents, other children, relatives or lodgers, who are members of this household. Exclude any who are only at home for short periods.

Relationship to the study teenager (eg father, step-brother) or status In the household (eg lodger)	Surname	First name(s)	Sex	Date of Birth
1. Study teenager			(SEX86)	(DOB86)
2. (OA72.1)			(OA72.4)	(OA72.SA) (OA72.SB)
3. (OA73.1)			(OA73.4)	(OA73.SA) (OA73.SB)
4. (OA74.1)			(OA74.4)	(OA74.SA) (OA74.SB)
5. (OA75.1)			(OA75.4)	(OA75.SA) (OA75.SB)
6. (OA76.1)			(OA76.4)	(OA76.SA) (OA76.SB)
7. (OA77.1)			(OA77.4)	(OA77.SA) (OA77.SB)
8. (OA78.1)			(OA78.4)	(OA78.SA) (OA78.SB)
9. (OA79.1)			(OA79.4)	(OA79.SA) (OA79.SB)
10. (OA710.1)			(OA710.4)	(OA710.SA) (OA710.SB)

If more than 10 please continue on back page (CONTINUED)

Relationship to teenager	Surname	First name(s)	Sex	Date of birth	Reason for absence from home
(OA7A1.1)			(OA7A1.4)	(OA7A1.SA) (OA7A1.SB)	(OA7A1.6)*
(OA7A2.1)			(OA7A2.4)	(OA7A2.SA) (OA7A2.SB)	(OA7A2.6)*
(OA7A3.1)			(OA7A3.4)	(OA7A3.SA) (OA7A3.SB)	(OA7A3.6)*

(CONTINUED)

A8. Answer (a) and (b) and fill in four numbers on each line (if none write 0)

	Younger than study teenager	Exactly same age as teenager	Older but under 21	Older and 21 or over
a) How many people are there in the household in all?	(OA8A.1)	(OA8A.2)	(OA8A.3)	(OA8A.4)
b) How many are blood brothers and sisters of the study teenager (or half-brothers/sisters)?	(OA8B.1)	(OA8B.2)	(OA8B.3)	(OA8B.4)

A9. What is the relationship to the teenager of the person now acting as his/her mother? (OA9.1)

	Tick one box
Natural mother	<input type="checkbox"/>
Mother by legal adoption	<input type="checkbox"/>
Stepmother	<input type="checkbox"/>
Foster mother	<input type="checkbox"/>
Grandmother	<input type="checkbox"/>
Elder sister	<input type="checkbox"/>
Cohabitee of father	<input type="checkbox"/>
Other mother figure	<input type="checkbox"/>
(Please specify (OA9.2)*)	
No mother figure	<input type="checkbox"/>

A10. What is the relationship to the teenager of the person now acting as his/her father? (OA10.1)

	Tick one box
Natural father	<input type="checkbox"/>
Father by legal adoption	<input type="checkbox"/>
Stepfather	<input type="checkbox"/>
Foster father	<input type="checkbox"/>
Grandfather	<input type="checkbox"/>
Elder brother	<input type="checkbox"/>
Cohabitee of mother	<input type="checkbox"/>
Other father figure	<input type="checkbox"/>
(Please specify (OA10.2)*)	
No father figure	<input type="checkbox"/>

9(a). If the teenager is not living with his/her natural mother, when did the natural mother leave?  
19 \_\_\_\_\_ (OA9.3)  
(If teenager has never lived with natural mother write 1970)

9(b). If the teenager's present mother is not his/her natural mother, when did she take up this responsibility? 19 \_\_\_\_\_ (OA9.4)

9(c). Since the teenager's birth how many people have acted as his/her mother? \_\_\_\_\_ (OA9.5)

10(a). If the teenager is not living with his/her natural father, when did the natural father leave?  
19 \_\_\_\_\_ (OA10.3)  
(If teenager has never lived with natural father write 1970)

10(b). If the teenager's present father is not his/her natural father, when did he take up this responsibility? 19 \_\_\_\_\_ (OA10.4)

10(c). Since the teenager's birth how many people have acted as his/her father? \_\_\_\_\_ (OA10.5)

A11. With how many natural parents was the study teenager living at Birth, at 5, at 10 and at 16 years of age?

Answer at b) c) and d) and tick one box on each line		1	2	3	4
		Both natural parents	Natural mother	Natural father	Neither natural parents
a) Birth	(OAI1.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Five	(OAI1.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Ten	(OAI1.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Sixteen	(OAI1.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If 2, 3 or 4 are ticked at any age, please answer 11(a)-11(h) below, and specify the changed situation and the reason for this change.

11(a).

Who was the teenager living with at birth, five, ten and sixteen years? Tick one box in Column A and then tick one box in Column B, C, and D.	A	B	C	D
	At birth	At 5	At 10	At 16
Natural mother and step-father/natural father and step-mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural mother and cohabitee/natural father and cohabitee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother and relative/father and relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother alone/father alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other situation(s) (What? (OAI1.9) *)	(OAI1.5)	(OAI1.6)	(OAI1.7)	(OAI1.8)

11(b)

Reason for any change — birth-5, 5-10, 10-16 Tick one box for Column A then one box for Column B then one box for Column C	A	B	C
	Birth-5	5-10	10-16
Death of mother (or mother figure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Death of father (or father figure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Death of both mother and father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separation of parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorce of parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other situation (what (OAI1.13) *)	(OAI1.10)	(OAI1.11)	(OAI1.12)

11(c).

If there has been any significant change(s) since 10 years, please specify below:  
(OAI1.14) \*

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11(d) How often did the child meet the absent natural parent? (If the absence began less than one year ago answer part (ii) only, and refer to the whole period for which it has lasted. Otherwise, answer part i and then part ii). If more than one absence refer to the most recent.

(i) During the first 6 months of the parent's absence (OAI1.15)	(ii) During the last 6 months of the parent's absence (OAI1.16)
Tick one box	Tick one box
YES, once a week or more	YES, once a week
YES, two or three times a month	YES, two or three times a month
YES, once a month	YES, once a month
YES 3-5 times in all	YES, 3-5 times in all
YES 1-2 times in all	YES, 1-2 times in all
NEVER	NEVER
Not known	Not known
Not applicable	
Absence began less than one year ago	

If YES, answer 11(e) below.

11(e) Did the child ever go on holiday/vacation with the absent natural parent? (during the whole period of the absence)	YES	<input type="checkbox"/>	(OAI1.17)
	NO	<input type="checkbox"/>	
	DON'T KNOW	<input type="checkbox"/>	

11(f). Did the child's natural parents (who are now living apart from each other) discuss with each other the following aspects of the child's life?

Answer (a) (d) and tick one box in each line

	Never discussed this issue	Only in an emergency or crisis	Routinely discussed this issue	Not known	Not applicable
a) Child's educational attainment (OA11.18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Child's health (OA11.19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Child's behaviour (OA11.20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Plans for the child's future education, training, employment etc (OA11.21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11(g).

Does the absent natural parent pay maintenance to the child's custodial parent? (OA11.22)

YES

NO but has in past

NO never

Not known

Not applicable

11(h)

Has a court ever ordered that maintenance should be paid to the child's custodial parent by the absent natural parent? (OA11.23)

YES

NO

Not known

Not applicable

A12. Has the teenager ever been subject to any of the following orders:

Tick all that apply

Adoption (OA12.1)

Residential care (OA12.2)

Supervision order (OA12.3)

Place of safety order (OA12.4)

Youth custody (OA12.5)

Detention centre (OA12.6)

(Name of above (OA12.7)\*)

None of above (OA12.8)



A13. Has anyone ever had to take parental responsibility from the child's natural or adoptive parent(s)?

YES

NO

DON'T KNOW

If YES, answer 13(a), (b), (c), (d), (e), (f), (g)

(OA13.1)

13(a) (OA13.2) Tick one box to indicate number of times

How many times has this occurred in all?	1	2	3	4	5	6	7	8	9	10+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13(b) (OA13.3) Tick one box

How many times has this occurred since the 10th birthday?	0	1	2	3	4	5	6	7	8	9	10+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the most recent episode, please give the following information:

13(c) Age of child (years and months) at onset (OA13.4)

13(d) Age (years and months) when ended (OA13.5)

13(e) Where did he/she stay? (eg fostered, institution, at home, with friends, with relatives, elsewhere)  
Say where (OA13.6)\*

13(f) Was a statutory order made?  
YES, supervisory   
YES, care   
NO   
(OA13.7)

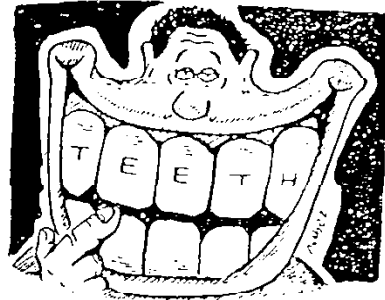
13(g) What was the reason for the most recent episode? (OA13.8)

Eviction	<input type="checkbox"/>
Desertion	<input type="checkbox"/>
Judicial Sentence	<input type="checkbox"/>
Illness	<input type="checkbox"/>
Other reason (what? (OA13.9)*)	<input type="checkbox"/>

## Section B HEALTH

B1. Has the study teenager lost any second teeth?

NO .....	(OB1.1)	Tick all that apply
DON'T KNOW .....	(OB1.2)	<input type="checkbox"/>
YES, through decay .....	(OB1.3)	<input type="checkbox"/>
YES, as a procedure for straightening teeth .....	(OB1.4)	<input type="checkbox"/>
YES, for other reason .....	(OB1.5)	<input type="checkbox"/>
(please specify _____ (OB1.6) *)		
YES, reason not known .....	(OB1.7)	<input type="checkbox"/>



B2. Has the study teenager been seen by a dentist during the past 12 months?

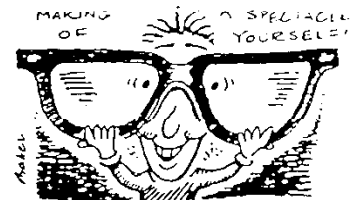
NO .....	(OB2.1)	Tick all that apply
DON'T KNOW .....	(OB2.2)	<input type="checkbox"/>
YES but don't know reason .....	(OB2.3)	<input type="checkbox"/>
YES, for inspection .....	(OB2.4)	<input type="checkbox"/>
YES, for fillings and/or extractions .....	(OB2.5)	<input type="checkbox"/>
YES, for straightening teeth .....	(OB2.6)	<input type="checkbox"/>
YES, other reason .....	(OB2.7)	<input type="checkbox"/>
(please specify _____ (OB2.8) *)		

If YES, please answer 2(a)

Was it a	Tick all that apply
School dentist? .....	(OB2A.1)
NHS dentist? .....	(OB2A.2)
Dental hospital? .....	(OB2A.3)
Casualty department? .....	(OB2A.4)
Private dentist? .....	(OB2A.5)

B3. Does the teenager wear a:

	Yes	No
Dental brace? .....	<input type="checkbox"/>	<input type="checkbox"/>
False tooth (or teeth)? .....	<input type="checkbox"/>	<input type="checkbox"/>
Capped tooth (or teeth)? .....	<input type="checkbox"/>	<input type="checkbox"/>
Hearing aid? .....	<input type="checkbox"/>	<input type="checkbox"/>



B4. Has the teenager ever been prescribed spectacles or contact lenses?

For Column A tick one box.		(OB4.1)	(OB4.2)
Then for Column B tick one box.	Glasses	Contact lens	
YES, he/she wears them only for close vision (like reading) .....	<input type="checkbox"/>	<input type="checkbox"/>	
YES, he/she wears them only for distant vision .....	<input type="checkbox"/>	<input type="checkbox"/>	
YES, he/she wears them all the time .....	<input type="checkbox"/>	<input type="checkbox"/>	
YES, but he/she doesn't wear them .....	<input type="checkbox"/>	<input type="checkbox"/>	
NO .....	<input type="checkbox"/>	<input type="checkbox"/>	

If YES, answer 4a, b, c, d

(a) When was he/she prescribed them?	(OB4.3)
(b) How many pairs has he/she had all together?	(OB4.4)
(c) If he/she doesn't wear them, when did he/she stop?	(OB4.5)
(d) Why did he/she stop?	(OB4.6) *

B5. Has the study teenager suffered in the past 12 months from any of the following?

	Tick all that apply
Hay fever or allergic rhinitis .....	(OB5.1) <input type="checkbox"/>
Recurrent vomiting or bilious attacks .....	(OB5.2) <input type="checkbox"/>
Dysmenorrhoea (girls only) .....	(OB5.3) <input type="checkbox"/>
Travel sickness .....	(OB5.4) <input type="checkbox"/>
Recurrent abdominal pain(s) .....	(OB5.5) <input type="checkbox"/>
Recurrent throat and/or ear infections requiring treatment by a doctor .....	(OB5.6) <input type="checkbox"/>
Acne (other than trivial) .....	(OB5.7) <input type="checkbox"/>
Eczematous rashes .....	(OB5.8) <input type="checkbox"/>
Psoriasis .....	(OB5.9) <input type="checkbox"/>
None of the above .....	(OB5.10) <input type="checkbox"/>



**Migraine**

86. Has the study teenager had attacks of migraine or recurrent sick headaches in the past 12 months?

(OB6.1) Tick one box

NO .....

DON'T KNOW .....

YES, but none in the past month .....

YES, one in the past month .....

YES, more than one in the past month .....

YES, but frequency unknown .....

If YES, please specify exact nature of attacks:

(OB6.2) \*

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(continue at back of form if necessary)

**Psychiatric and Behaviour Problems**

87. Has the study teenager ever been seen by a specialist for an emotional or behaviour problem?

(OB7.1) Tick all that apply

NO .....

DON'T KNOW ..... (OB7.2)

YES, as an inpatient in hospital (OB7.3)

YES, in a hospital outpatient department (OB7.4)

YES, at a family guidance clinic (OB7.5)

YES, elsewhere ..... (OB7.6)

please specify ..... (OB7.7) \*

If YES, please give year of attendance, diagnosis and name and address of hospital/clinic attended:

Year(s) of attendance(s)	Diagnosis	Name and address of hospital/clinic attended.
1. (OB7.8A)	(OB7.9) *	(OB7.10) *
2. (OB7.11A)	(OB7.12) *	(OB7.13) *
3. (OB7.14A)	(OB7.15) *	(OB7.16) *
4. (OB7.17A)	(OB7.18) *	(OB7.19) *

88. Has the study teenager ever had any form of fit, convulsion, epileptic attack or other turn in which consciousness was lost, or has any part of the body made abnormal movements (do not include emotional faints)?

(OB8.1)

YES .....

NO .....

DON'T KNOW .....

If YES, please answer 8(a) and (b)

8(a).

What was diagnosed? \_\_\_\_\_

(OB8.2) \*

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8(b).

(OB8.3) (OB8.4)

First                      Most recent

Tick one box for first and one box for most recent

When did the first and most recent episodes occur?

Before 1st birthday .....

Between 1st and 2nd birthdays .....

Between 2nd and 5th birthdays .....

Between 5th and 10th birthdays .....

Since 10th birthday but not in the past 12 months .....

In past 12 months .....

Don't know age .....

If any episode since 10 years, please answer 8(c) below.

8(c).

If episode(s) have taken place since the age of 10, please enter details below:

Age and nature of attack, type, duration, disposal and treatment ..... (OB8.5) \*

..... (OB8.6) \*

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Name and address of any hospital or specialist attended ..... (OB8.7) \*

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B9. Has the study teenager ever had any attacks of wheezing or whistling in the chest?

(OB9.1)

YES .....

NO .....

DON'T KNOW .....

If YES, please answer 9(a), 9(b), 9(c), 9(d), 9(e), 9(f)

9(a). Please state when attacks have occurred

Answer a) - c) and tick one box on each line

	No	Yes
a) Before 5 years (OB9.2)	<input type="checkbox"/>	<input type="checkbox"/>
b) Between 5 and 10 years (OB9.4)	<input type="checkbox"/>	<input type="checkbox"/>
c) Since 10 years (OB9.6)	<input type="checkbox"/>	<input type="checkbox"/>

How many attacks?

If yes, give number (OB9.3)

If yes, give number (OB9.5)

If yes, give number (OB9.7)

9(b).

What were these thought to be due to?

Tick all that apply

Asthma (OB9.8)

Wheezy bronchitis (OB9.9)

Other cause(s) (OB9.10)

Please specify (OB9.11) \*

9(c).

Have the attack(s) ever necessitated investigation/treatment?

Tick all that apply

NO (OB9.12)

DON'T KNOW (OB9.13)

YES, admitted to hospital (OB9.14)

YES, seen by a specialist in an outpatient department/clinic (OB9.15)

YES, investigated by a GP (OB9.16)

9(d).

When did (A) the first attack occur and (B) the most recent attack occur?

Tick one box under A and one under B

	First attack (OB9.17)	Most recent (OB9.18)
Before first birthday	<input type="checkbox"/>	<input type="checkbox"/>
Between 1st and 2nd birthdays	<input type="checkbox"/>	<input type="checkbox"/>
Between 2nd and 5th birthdays	<input type="checkbox"/>	<input type="checkbox"/>
Between 5th and 7th birthdays	<input type="checkbox"/>	<input type="checkbox"/>
Between 7th and 10th birthdays	<input type="checkbox"/>	<input type="checkbox"/>
Since 10th birthday but not in past 12 months	<input type="checkbox"/>	<input type="checkbox"/>
In past 12 months	<input type="checkbox"/>	<input type="checkbox"/>
Don't know age	<input type="checkbox"/>	<input type="checkbox"/>

9(e).

If the teenager has had asthma or wheezy bronchitis in the past 12 months, did this occur (OB9.19)

Tick one box

At least once a week?

Usually less than once a week?

Less than once a month?

Frequency unknown?

9(f). Please describe what medication has been used in the past and/or currently. (OB9.20) \*

continue on back pages if necessary

B10. Has the study teenager had bronchitis since his/her 10th birthday?

(OB10)

YES .....

NO .....

DON'T KNOW .....

B11. Has the teenager had any of the following since 10 years?

Tick all that apply

German measles (OB11.1)

Measles (OB11.2)

Mumps (OB11.3)

Whooping cough (OB11.4)

Chicken pox (OB11.5)

Meningitis (OB11.6)

Glandular fever (OB11.7)

None of above (OB11.8)



B12. Has the teenager had any operations since 10 years?

Tick all that apply

Tonsillectomy or Ts and As (OB12.1)  at age (OB12.2) years

Hernia operation (OB12.3)  at age (OB12.4) years

Appendisectomy (OB12.5)  at age (OB12.6) years

Operation for squint (OB12.7)  at age (OB12.8) years

Grommets (OB12.9)  at age (OB12.10) years

Gynaecological procedure (what? (OB12.11) \*  at age (OB12.13) years

Any other operation (OB12.12)

(What? (OB12.15) \* (OB12.16)  at age (OB12.17) years

(What? (OB12.18) \* (OB12.19)  at age (OB12.20) years

(What? (OB12.21) \* (OB12.22)  at age (OB12.23) years

No operation since 10 years (OB12.24)



B13. Has the study child been admitted to hospital since his/her 10th birthday?

(OB13.1)

YES .....

NO .....

DON'T KNOW .....

If YES, answer 13(a), 13(b), 13(c).

13(a) Please give total number of admissions since 10th birthday: No. (OB13.2)

13(b) Please list details of all hospital admissions since 10th birthday:

Continue on back page if more than 3 admissions

	1st admission (OB13.3)	2nd admission (OB13.8)	3rd admission (OB13.13)
Age at admission (years)	(OB13.4)	(OB13.9)	(OB13.14)
Number of nights in hospital	(OB13.5) *	(OB13.10) *	(OB13.15) *
Reason for admission and diagnosis			
Treatment including operations and other procedures	(OB13.6) *	(OB13.11) *	(OB13.16) *
Name and full address of hospital	(OB13.7) *	(OB13.12) *	(OB13.17) *

13(c). Please indicate any conditions for which the study teenager has been admitted to hospital overnight since 10th birthday.

Tick all that apply in Col 1 and Col 2

	(OB13.23)	(OB13.24)	(OB13.25)	(OB13.26)	(OB13.27)	(OB13.28)	(OB13.29)	(OB13.30)	(OB13.31)	(OB13.32)	(OB13.33)	(OB13.34)	(OB13.35)	(OB13.36)	(OB13.37)	(OB13.38)	(OB13.39)	Col 1 In-Patient	Col 2 Out-Patient
Operation																		<input type="checkbox"/>	<input type="checkbox"/>
Accident																		<input type="checkbox"/>	<input type="checkbox"/>
Asthma/Wheezy bronchitis																		<input type="checkbox"/>	<input type="checkbox"/>
Upper respiratory tract infection(s) (including E.N.I. problems)																		<input type="checkbox"/>	<input type="checkbox"/>
Chest infections																		<input type="checkbox"/>	<input type="checkbox"/>
Urinary tract infections/investigation																		<input type="checkbox"/>	<input type="checkbox"/>
Other infections																		<input type="checkbox"/>	<input type="checkbox"/>
Convulsions																		<input type="checkbox"/>	<input type="checkbox"/>
Heart investigation/treatment																		<input type="checkbox"/>	<input type="checkbox"/>
Abdominal conditions not requiring operation																		<input type="checkbox"/>	<input type="checkbox"/>
Disorders of bones and joints																		<input type="checkbox"/>	<input type="checkbox"/>
Blood disorders including leukaemia/anaemia etc.																		<input type="checkbox"/>	<input type="checkbox"/>
Tumours, neoplasms and other malignant conditions																		<input type="checkbox"/>	<input type="checkbox"/>
Endocrine disorders (diabetes, thyroid, etc.)																		<input type="checkbox"/>	<input type="checkbox"/>
Skin conditions																		<input type="checkbox"/>	<input type="checkbox"/>
Eye conditions																		<input type="checkbox"/>	<input type="checkbox"/>
Problems of nutrition (e.g. over or underweight etc.)																		<input type="checkbox"/>	<input type="checkbox"/>
Emotional conditions (specify (OB13.40) * (OB13.41)																		<input type="checkbox"/>	<input type="checkbox"/>
Any other conditions (What? (OB13.42) * (OB13.43)																		<input type="checkbox"/>	<input type="checkbox"/>

Hospital Outpatient Attendances

B14 Since 10 yrs. has the study teenager attended (i) a hospital outpatient department, (ii) a casualty/accident department or (iii) a specialist clinic?

NO ..... (OB14.1)

YES, a hospital outpatient department ..... (OB14.2)

YES, a casualty department ..... (OB14.3)

YES, a specialist clinic ..... (OB14.4)

DON'T KNOW ..... (OB14.5)

If YES, answer 14(a) below.

14(a). Please give details of all conditions or illnesses resulting in attendance(s) since his/her 10th birthday:

	1st illness (OB14.6)	2nd illness (OB14.10)	3rd illness (OB14.14)
Age at 1st attendance (years)	(OB14.7)	(OB14.11)	(OB14.15)
Total number of attendances	(OB14.8) *	(OB14.12) *	(OB14.16) *
Diagnosis and treatment			
Name and address of department, hospital or clinic	(OB14.9) *	(OB14.13) *	(OB14.17) *

Accidents

B15. Has the study child had an accident requiring medical advice or treatment since his/her 10th birthday?

(Please include accidents at home, at school, on the road and elsewhere, ingestion of medicines/poisons, burns/scalds.)

YES (OB15.1)   
 NO   
 DON'T KNOW

If YES, (a) Please give total number of accidents since 10th birthday: (OB15.2) accidents  
 (b) Please list below details of all accidents since 10th birthday:

	1st accident	2nd accident	3rd accident
Age (years)	(OB15.3)	(OB15.9)	(OB15.15)
Where did it happen? (road, home, school, etc.)	(OB15.4) *	(OB15.10) *	(OB15.16) *
What happened?	(OB15.5) *	(OB15.11) *	(OB15.17) *
Description of 'injuries' (e.g. burn/scald, fracture, head injury with unconsciousness etc)	(OB15.6) *	(OB15.12) *	(OB15.18) *
Treatment (including stitches, operation(s) plaster cast(s), traction etc)	(OB15.7) *	(OB15.13) *	(OB15.19) *
Where treated (GP, casualty, in-patient)?	(OB15.8) *	(OB15.14) *	(OB15.20) *

(more spaces available at back of this form)

Medical causes of school absence

C1. How much time altogether has the study child missed from school in the past 12 months for reasons of ill-health or emotional disturbance?

(OC1.1) Tick one box

None, or less than one week in all   
 Over one week and up to one month in all   
 Over one month and up to three weeks in all   
 Over three months in all   
 Missed school, but don't know for how long   
 Don't know whether missed school   
 Does not attend school   
 Please state why: (OC1.2) \*

If YES, answer 1(a) below.

1(a). If absent for more than one week in all during the past 12 months, please indicate reason(s). (If not applicable, leave blank; otherwise tick all that apply).

Colds, catarrh, sore throats, ear infections (OC1.3)   
 Bronchitis or chest infections, including pneumonia or influenza (OC1.4)   
 Asthma or wheeziness (OC1.5)   
 Headaches (OC1.6)   
 Emotional or nervous problems (OC1.7)   
 (What? (OC1.8) \*)   
 Bilious attacks or diarrhoea (OC1.9)   
 Dysmenorrhoea (OC1.10)   
 Abdominal pain (OC1.11)   
 Infectious diseases (OC1.12)   
 (What? (OC1.13) \*)   
 Accident or injury (OC1.14)   
 (Please specify: (OC1.15) \*)   
 Convulsions, fits or turns (OC1.16)   
 Other cause(s) (OC1.17)   
 (What? (OC1.18) \*)   
 (What? (OC1.19) \*)

D1. Has this teenager used any of the following services since 10 years of age?

Answer each one and tick all that apply

	Yes in past 12 months	Yes between 10-15 years	Yes but not known when	Not known
Child/family guidance service, child psychiatrist or educational psychologist ..... (OD1.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General practitioner service for:				
(a) a check up ..... (OD1.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) immunisation (what against?) (OD1.3) * (OD1.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) injury/illness (what?) (OD1.5) * (OD1.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental hygienist ..... (OD1.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech therapist (what for?) (OD1.8) * (OD1.9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health visitor ..... (OD1.10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other service(s) used ..... (OD1.11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(What? (OD1.12) *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D2. Has this teenager, your husband or yourself been to any of the following in the past 12 months?

Tick all that apply

	My Teenager	My Husband	Other Member of family	My self
Acupuncturist (Why? (OD2.1) *	<input type="checkbox"/> (OD2.2)	<input type="checkbox"/> (OD2.3)	<input type="checkbox"/> (OD2.5)	<input type="checkbox"/> (OD2.4)
Homeopath (Why? (OD2.7) *	<input type="checkbox"/> (OD2.8)	<input type="checkbox"/> (OD2.9)	<input type="checkbox"/> (OD2.11)	<input type="checkbox"/> (OD2.10)
Faith healer (Why? (OD2.13) *	<input type="checkbox"/> (OD2.14)	<input type="checkbox"/> (OD2.15)	<input type="checkbox"/> (OD2.17)	<input type="checkbox"/> (OD2.16)
Osteopath/chiropractor (Why? (OD2.19) *	<input type="checkbox"/> (OD2.20)	<input type="checkbox"/> (OD2.21)	<input type="checkbox"/> (OD2.23)	<input type="checkbox"/> (OD2.22)
Hypnotist (Why? (OD2.25) *	<input type="checkbox"/> (OD2.26)	<input type="checkbox"/> (OD2.27)	<input type="checkbox"/> (OD2.29)	<input type="checkbox"/> (OD2.28)
Other "alternative medical helper" (Who? (OD2.36) *	<input type="checkbox"/> (OD2.31)	<input type="checkbox"/> (OD2.32)	<input type="checkbox"/> (OD2.34)	<input type="checkbox"/> (OD2.33)

Private Medical Care

D3. During the last 12 months, which if any of the family has been treated on a private basis by a qualified medical doctor?

Answer (a)-(c) and tick one box on each line.

	No (OD3.4) <th>Don't know</th> <th>Yes &amp; privately insured</th> <th>Yes but not privately insured</th>	Don't know	Yes & privately insured	Yes but not privately insured
(d) other family member (OD3.1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) My teenager (OD3.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) My husband (OD3.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Myself (OD3.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

→ If YES, answer 3(a) below.

3(a). What was the condition/illness?

Study teenager	(OD3.5) *
My husband	(OD3.6) *
Myself	(OD3.7) *
Other family member	(OD3.8) *

D4. Please enquire or state from your own knowledge if (a) the study teenager, and (b) any other member of the family, has had any contact with any of the following services since the study child's 10th birthday?

Tick all that apply separately for A and B

	A Teenager	B Other member(s) of the family
Social Services or Social Work Department (including former Children's Department) (OD4.1)	<input type="checkbox"/>	<input type="checkbox"/>
Educational Welfare Department (OD4.2)	<input type="checkbox"/>	<input type="checkbox"/>
Careers Officer/Youth Employment Officer (OD4.3)	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary Social Work Agency (OD4.4)	<input type="checkbox"/>	<input type="checkbox"/>
(Please state which: (OD4.5) *		
Police (OD4.6)	<input type="checkbox"/>	<input type="checkbox"/>
Probation Office (OD4.7)	<input type="checkbox"/>	<input type="checkbox"/>
If there has been any such contact, please state why and who arranged the contact in the first instance: (OD4.8) * (OD4.9) *		

(more space available at back of this form)

D5. Has the study teenager ever been taken to court (or a children's hearing in Scotland) to your knowledge?

YES (OD5.1)	<input type="checkbox"/>
NO	<input type="checkbox"/>
DON'T KNOW	<input type="checkbox"/>

If YES, please give as many details as you can: (OD5.2) \*

D6. Please list all pills, medicines and other forms of medication bought/prescribed for/taken by your teenager, your husband and yourself in the past 4 weeks (Include maintenance or other medicines, contraceptives or medicaments prescribed by doctor or hospital, or bought directly from chemist, supermarket, etc. Also tranquillisers, sedatives, hypnotics, analgesics, medicinal products obtained direct from shops, etc.)

TEENAGER		Where	
Name/brand of substance	Reason taken	prescribed/obtained	How often taken
1. (OD6.1) *	(OD6.2) *	(OD6.3) *	(OD6.4) *
2. (OD6.5) *	(OD6.6) *	(OD6.7) *	(OD6.8) *
3. (OD6.9) *	(OD6.10) *	(OD6.11) *	(OD6.12) *
4. (OD6.13) *	(OD6.14) *	(OD6.15) *	(OD6.16) *
5. (OD6.17) *	(OD6.18) *	(OD6.19) *	(OD6.20) *
MY HUSBAND			
1. (OD6.21) *	(OD6.22) *	(OD6.23) *	(OD6.24) *
2. (OD6.25) *	(OD6.26) *	(OD6.27) *	(OD6.28) *
3. (OD6.29) *	(OD6.30) *	(OD6.31) *	(OD6.32) *
4. (OD6.33) *	(OD6.34) *	(OD6.35) *	(OD6.36) *
5. (OD6.37) *	(OD6.38) *	(OD6.39) *	(OD6.40) *
MYSELF			
1. (OD6.41) *	(OD6.42) *	(OD6.43) *	(OD6.44) *
2. (OD6.45) *	(OD6.46) *	(OD6.47) *	(OD6.48) *
3. (OD6.49) *	(OD6.50) *	(OD6.51) *	(OD6.52) *
4. (OD6.53) *	(OD6.54) *	(OD6.55) *	(OD6.56) *
5. (OD6.57) *	(OD6.58) *	(OD6.59) *	(OD6.60) *

D7. Does your teenager have an impairment, a disability or a handicap? (By 'impairment' we mean a physical or mental abnormality/illness. By 'Disability' we mean difficulty in doing one or more mental or physical activities that average 16 year olds can do. By 'Handicap' we mean a disability which interferes with the opportunities that others take for granted, e.g. problems with access/facilities in public buildings; not being considered for jobs he or she could manage if given a chance; other people are put off without even knowing what he or she is like.)

Tick all that apply

NO (OD7.1)

YES, an impairment (OD7.2)

YES, a disability (OD7.3)

YES, a handicap (OD7.4)

NOT KNOWN (OD7.5)

If YES, please answer 7(a) below.

7(a). Please describe his or her condition:

(OD7.6) \*



## Section E: FAMILY FINANCES

Please explain that knowledge of the economic circumstances of families with teenage children is vital in this study of the development of teenagers in Britain.

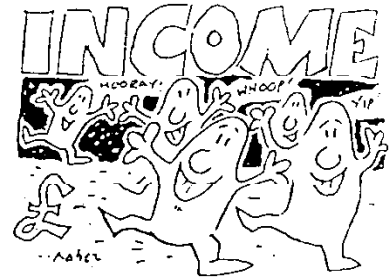
E1 What have been the source(s) of income of the household during the past 12 months? Tick all that apply, but exclude student's earnings, if any!

Father's employment ..... <input type="checkbox"/> (OE1.1) Mother's employment ..... <input type="checkbox"/> (OE1.2) Brother's/sister's employment ..... <input type="checkbox"/> (OE1.3) Other adult member(s) of household's employment ..... <input type="checkbox"/> (OE1.4) Investments and/or private income ..... <input type="checkbox"/> (OE1.5) Annuities and pensions (other than Social Security) ..... <input type="checkbox"/> (OE1.6) Supplementary Benefit ..... <input type="checkbox"/> (OE1.7) Unemployment Benefit ..... <input type="checkbox"/> (OE1.8) Widow's Pension/Widowed mother's allowance ..... <input type="checkbox"/> (OE1.9) Sickness Benefit ..... <input type="checkbox"/> (OE1.10)	One-parent Benefit ..... <input type="checkbox"/> (OE1.11) Housing Benefit ..... <input type="checkbox"/> (OE1.12) Mobility Allowance ..... <input type="checkbox"/> (OE1.13) Rent or Rates Rebate ..... <input type="checkbox"/> (OE1.14) Retirement Pension ..... <input type="checkbox"/> (OE1.15) Disability Pension ..... <input type="checkbox"/> (OE1.16) Attendance Allowance ..... <input type="checkbox"/> (OE1.17) Family Income Supplement ..... <input type="checkbox"/> (OE1.18) Any other source(s) ..... <input type="checkbox"/> (OE1.19) (Please specify: _____ (OE1.20)*)
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### Combined Income of present parents

E2. Please show the following table of incomes to the respondent and ask her to mark the income band which is appropriate. The figures refer to the COMBINED GROSS INCOME OF THE CHILD'S MOTHER AND FATHER. (Do not include Child Benefit, but include all other earned and unearned income before deductions for tax, national insurance, etc.) Enter either as weekly or yearly sum (OE2)

WEEKLY INCOME	Tick one box	YEARLY INCOME	Tick one box
Less than £50	<input type="checkbox"/>	Less than £2600	<input type="checkbox"/>
£50 - £99	<input type="checkbox"/>	£2600 - £5199	<input type="checkbox"/>
£100 - £149	<input type="checkbox"/>	£5200 - £7799	<input type="checkbox"/>
£150 - £199	<input type="checkbox"/>	£7800 - £10399	<input type="checkbox"/>
£200 - £249	<input type="checkbox"/>	£10400 - £12999	<input type="checkbox"/>
£250 - £299	<input type="checkbox"/>	£13000 - £15599	<input type="checkbox"/>
£300 - £349	<input type="checkbox"/>	£15600 - £18199	<input type="checkbox"/>
£350 - £399	<input type="checkbox"/>	£18200 - £20799	<input type="checkbox"/>
£400 - £449	<input type="checkbox"/>	£20800 - £23399	<input type="checkbox"/>
£450 - £499	<input type="checkbox"/>	£23400 - £25999	<input type="checkbox"/>
£500 and over	<input type="checkbox"/>	£26000 and over	<input type="checkbox"/>
REFUSE TO ANSWER	<input type="checkbox"/>		<input type="checkbox"/>
UNCERTAIN	<input type="checkbox"/>		<input type="checkbox"/>



### Family Expenditure

E3. How much money is spent each week/month by your household on the following goods, and how many people share the goods? (It is realised that this will be an estimate and very approximate.)

Item	Answer (a) (f) On each line, answer A or B, and C. If don't know, write DK.	OR		C Number of people sharing goods
		A Weekly Expenditure	B Monthly Expenditure	
(a) Food and household sundries	£ _____	£ (OE3.2)	(OE3.3)	
(b) Alcohol	£ _____	£ (OE3.5)	(OE3.6)	
(c) Tobacco	£ _____	£ (OE3.8)	(OE3.9)	
(d) Clothing	£ _____	£ (OE3.11)	(OE3.12)	
(e) Travel	£ _____	£ (OE3.14)	(OE3.15)	
(f) Entertainment	£ _____	£ (OE3.17)	(OE3.18)	

E4. Have you, as a family, been seriously troubled by financial hardship in the past 12 months?

YES ..... <input type="checkbox"/> (OE4.1) NO ..... <input type="checkbox"/> Uncertain ..... <input type="checkbox"/> Don't know ..... <input type="checkbox"/> Other reply ..... <input type="checkbox"/> (What? _____ (OE4.2)*)	} If YES, please answer 4(a). 4 (a)	Please can you give us any details? _____ (OE4.3)* _____ _____
--	--	--

## Section F: ACCOMMODATION

F1. What accommodation do you occupy?

(OF1.1) Tick one box

House or bungalow occupied by us .....

Flat or maisonette with our own front door .....

Flat or rooms in building shared with other households (i.e. not self-contained) .....

Mobile home, houseboat, caravan or tent .....

Other type of accommodation .....

(What? (OF1.2) \*)

If House or Bungalow, answer 1(a).  
If Flat, maisonette or rooms, answer 1(b) below.

1(a). Is the house or bungalow. (OF1.3) Tick one box

Detached? .....

Semi-detached? .....

Terraced (including end of terrace)? .....

1(b) Please give the lowest floor on which living (OF1.4) room(s) or bedroom(s) are situated: Tick one box

Basement .....

Ground .....

Above ground (give floor (OF1.5)) .....

F2. When was your present accommodation built?

(OF2) Tick one box

In past 10 years .....

Between 10 and 25 years ago .....

Between 25 and 40 years ago .....

1914-1945 .....

Pre-1914 .....

Don't know .....

F3. Is your accommodation owned/rented by you?

(OF3.1) Tick all that apply

It is Owned outright .....

Being bought on mortgage or loan (OF3.2) .....

Rented from local authority/council (OF3.3) .....

Privately rented (unfurnished) (OF3.4) .....

Privately rented (furnished) (OF3.5) .....

Tied to occupation of a household member (OF3.6) .....

Other situation (OF3.7) .....

(What? (OF3.8) \*)

If YES, if owned outright/being bought/rented from Local Authority answer 3(a) below.

3(a) Could you/did you buy as a sitting tenant of the Council? Tick one box

(OF3.9) YES .....

NO .....

DON'T KNOW .....

F4. How many rooms are there within your accommodation? (Do not count kitchen, bathroom or toilets, or any room used solely for business or trade purposes.)

	0	1	2	3	4	5	6	7	8	9+
Number of bedrooms (OF4.1) <span style="float: right;">Tick one box</span>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of other rooms (OF4.2) <span style="float: right;">Tick one box</span>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F5. Have you the use of the following?

Answer (a)-(d) and tick one box on each line

	Sole Use	Shared Use	Lack this amenity
a) Bathroom ... (OFS.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Indoor lavatory (OFS.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Hot water supply (OFS.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Garden/yard ... (OFS.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



F6. Please describe the kitchen. Which of the following applies?

(OF6) Tick one box

Kitchen less than 6 feet wide and not used as a living room .....

Kitchen less than 6 feet wide and used as a living room .....

Kitchen 6 feet or more wide and not used as a living room .....

Kitchen 6 feet or more wide and used as a living room .....

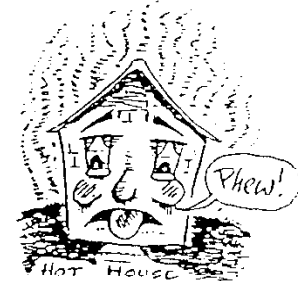
No kitchen .....

Don't know .....



F7. What methods of heating are regularly used at home in the winter and which of these do you use most often?

		Tick all that apply	Tick the one you use most often
Central heating			
Oil	(OF7.1)	<input type="checkbox"/>	<input type="checkbox"/>
Gas	(OF7.2)	<input type="checkbox"/>	<input type="checkbox"/>
Electric (night storage)	(OF7.3)	<input type="checkbox"/>	<input type="checkbox"/>
Other electric heating	(OF7.4)	<input type="checkbox"/>	<input type="checkbox"/>
Solid fuel	(OF7.5)	<input type="checkbox"/>	<input type="checkbox"/>
Communal supply	(OF7.6)	<input type="checkbox"/>	<input type="checkbox"/>
Other type of heating			
Gas (bottled) paraffin	(OF7.7)	<input type="checkbox"/>	<input type="checkbox"/>
Gas fires	(OF7.8)	<input type="checkbox"/>	<input type="checkbox"/>
Oil-filled radiators	(OF7.9)	<input type="checkbox"/>	<input type="checkbox"/>
Solid fuel	(OF7.10)	<input type="checkbox"/>	<input type="checkbox"/>
Other heating	(OF7.11)	<input type="checkbox"/>	<input type="checkbox"/>
(What _____)	(OF7.12) *	<input type="checkbox"/>	<input type="checkbox"/>
No method of heating	(OF7.13)	<input type="checkbox"/>	<input type="checkbox"/>

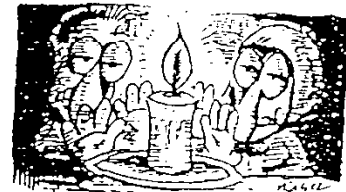


F8. How much of your home is heated regularly in winter?

(OF8)

Tick one box

All	<input type="checkbox"/>
More than half	<input type="checkbox"/>
Half	<input type="checkbox"/>
Less than half	<input type="checkbox"/>
None	<input type="checkbox"/>



F9. How many other people share the same bedroom as the study teenager? (If teenager has own bedroom, tick 0)

Tick one box only (OF9)

0	1	2	3+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



F10. How many people sleep in the same bed as the study teenager? (If teenager has own bed, tick 0)

Tick one box only (OF10)

0	1	2	3+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F11. Does your teenager, your husband or yourself have a cough and do any of you spit up phlegm?

Answer (a) (d) for teenager and tick one box per line Then repeat for Husband Then repeat for Self	MY TEENAGER		MY HUSBAND		MYSELF	
	Yes for up to 3 months each year	Yes for 3 months or more each year	Yes for up to 3 months each year	Yes for 3 months or more each year	Yes for up to 3 months each year	Yes for 3 months or more each year
	No	No	No	No	No	No
In early morning on waking						
(a) Cough	<input type="checkbox"/>	<input type="checkbox"/> (OF11.1)	<input type="checkbox"/>	<input type="checkbox"/> (OF11.5)	<input type="checkbox"/>	<input type="checkbox"/> (OF11.9)
(b) Phlegm	<input type="checkbox"/>	<input type="checkbox"/> (OF11.2)	<input type="checkbox"/>	<input type="checkbox"/> (OF11.6)	<input type="checkbox"/>	<input type="checkbox"/> (OF11.10)
During day/night						
(c) Cough	<input type="checkbox"/>	<input type="checkbox"/> (OF11.3)	<input type="checkbox"/>	<input type="checkbox"/> (OF11.7)	<input type="checkbox"/>	<input type="checkbox"/> (OF11.11)
(d) Phlegm	<input type="checkbox"/>	<input type="checkbox"/> (OF11.4)	<input type="checkbox"/>	<input type="checkbox"/> (OF11.8)	<input type="checkbox"/>	<input type="checkbox"/> (OF11.12)





## Section G: FAMILY HEALTH



G1. Since the teenager's tenth birthday has anyone in the household had any severe or prolonged illness (medical, surgical or psychiatric) or any handicap or disability? Please include illness in mother, father, other adults and children in household; exclude study teenager).

		Tick all that apply
YES, mother	(OG-1.1)	<input type="checkbox"/>
YES, father	(OG-1.2)	<input type="checkbox"/>
YES, other adult or child (exclude study teenager)	(OG-1.3)	<input type="checkbox"/>
NO, no one in the household has been ill	(OG-1.4)	<input type="checkbox"/>
DON'T KNOW	(OG-1.5)	<input type="checkbox"/>

If YES, please answer 1(a).

1(a).

	1st person	2nd person	3rd person
Relationship to the teenager	(OG-1.6)	(OG-1.12)	(OG-1.18)
Year of onset	(OG-1.7)	(OG-1.13)	(OG-1.19)
Diagnosis or nature of the condition	(OG-1.8)*	(OG-1.14)*	(OG-1.20)*
Duration of condition and months	(OG-1.9)	(OG-1.15)	(OG-1.21)
Outcome (e.g. recovered, died, condition still present)	(OG-1.10)*	(OG-1.16)*	(OG-1.22)*
In what way, if any, has the condition caused any interference with the teenager's everyday life?	(OG-1.11)*	(OG-1.17)*	(OG-1.23)*

If more than three people affected, please continue on back page.

G2. As far as you know, does your teenager smoke cigarettes and do you and your husband smoke?

Cigarette smoking is defined as one or more cigarettes daily on average.

(OG-2.1) (OG-2.6) (OG-2.11)

		Tick one box under teenager, husband and self		
		My Teenager	My Husband	Myself
1. Yes, cigarettes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Smokes cigars/cheroots/pipe		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Not sure but probably smokes cigarettes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. No, non-smoker always		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. No, non-smoker now, but smoked in past		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If a smoker now:</b>		Answer 2(a) and 2(b) for teenager, husband and self		
2(a) How many cigarettes a day on average are smoked?		(OG-2.2) cigs	(OG-2.7) cigs	(OG-2.12) cigs
2(b) At what age did smoking commence?		(OG-2.3) yrs	(OG-2.8) yrs	(OG-2.13) yrs
<b>If you are an ex-smoker now:</b>		Answer 2(c) and 2(d) for teenager, husband and self		
2(c) At what age was smoking last given up?		(OG-2.4) yrs	(OG-2.9) yrs	(OG-2.14) yrs
2(d) How many cigarettes a day smoked just before gave up		(OG-2.5) cigs	(OG-2.10) cigs	(OG-2.15) cigs

G3. Will the interviewer during the course of the home visit please make the following three confidential assessments?

(a) Tidiness of home

(OG-3.1)

The home appears to be:-		
		Tick one box
Over tidy		<input type="checkbox"/>
Very tidy		<input type="checkbox"/>
Average		<input type="checkbox"/>
Untidy		<input type="checkbox"/>
Chaotic		<input type="checkbox"/>
Can't assess		<input type="checkbox"/>

(b) Furniture/equipment in home

VARIABLE IS NOT AVAILABLE

The home appears to be:-		
		Tick one box
Luxurious		<input type="checkbox"/>
Well equipped		<input type="checkbox"/>
Adequate		<input type="checkbox"/>
Low standard		<input type="checkbox"/>
Very low standard		<input type="checkbox"/>
Can't assess		<input type="checkbox"/>

(c) Relationship of family

with neighbours (OG-3.3)

This family and the neighbours seem to be on		
		Tick one box
Very good terms		<input type="checkbox"/>
Good terms		<input type="checkbox"/>
Satisfactory terms		<input type="checkbox"/>
Don't mix well		<input type="checkbox"/>
Bad terms		<input type="checkbox"/>
Can't assess		<input type="checkbox"/>



- PLEASE ENTER BELOW
1. ANY FURTHER DETAILS ABOUT HOUSEHOLD MEMBERS, ACCIDENTS, HOSPITAL ADMISSIONS, OUTPATIENT ATTENDANCES, CHRONIC FAMILY ILLNESSES ETC. FOR WHICH THERE WAS INSUFFICIENT SPACE IN THE FORM.
  2. ANY COMMENTS OR INFORMATION YOU FEEL ARE RELEVANT.

**IMPORTANT**

It may be helpful for the doctors on the survey to consult in confidence medical records about a child's admission(s) to hospital or attendance(s) at outpatients or illnesses treated by the family doctor. Would you please ask the parent for her/his permission to do this should it prove necessary now or at a later date.

\*I am willing/I am not willing for medical records about my child's illnesses to be consulted if it should prove necessary.  
(\*delete as applicable)

Signature of parent/guardian (OK2)

PLEASE THANK THE PARENT(S) FOR HER/HIS HELP

**DOCUMENT 0 CONTINUATION SHEET**

**OA7 FAMILY MEMBERS IN HOUSEHOLD LIST CONTINUED**

Relationship to study teenager - 11th listed person	OA711.1
Sex - 11th listed person	OA711.4
Date of Birth - 11th listed person	OA711.5A OA711.5B
Relationship to study teenager - 12th listed person	OA712.1
Sex - 12th listed person	OA712.4
Date of Birth - 12th listed person	OA712.5A OA712.5B

**OA7 FAMILY MEMBERS NOT INCLUDED IN HOUSEHOLD LIST CONTINUED**

Relationship to study teenager - 4th absent	OA7A4.1
Sex - 4th absent	OA7A4.4
Date of birth - 4th absent	OA7A4.5A OA7A4.5B
Reason for absence from home - 4th absent	OA7A4.6*
Relationship to study teenager - 5th absent	OA7A5.1
Sex - 5th absent	OA7A5.4
Date of birth - 5th absent	OA7A5.5A OA7A5.5B
Reason for absence from home - 5th absent	OA7A5.6*
Relationship to study teenager - 6th absent	OA7A6.1
Sex - 6th absent	OA7A6.4
Date of birth - 6th absent	OA7A6.5A OA7A6.5B
Reason for absence from home - 6th absent	OA7A6.6*

**OB13 CONTINUED**

Age at admission (years)	4TH ADMISSION OB13.18
Number of nights in hospital	OB13.19
Reason for admission and diagnosis	OB13.20*
Treatment including operations and other procedures	OB13.21*
Name and full address of hospital	OB13.22*

**OB14 CONTINUED**

Age at 1st attendance (years)	4TH ILLNESS OB14.18
Total number of attendances	OB14.19
Diagnosis and treatment	OB14.20*
Name and address of dept, hospital or clinic	OB14.21*

**OB15 CONTINUED**

Age (years)	4TH ACCIDENT OB15.21
Where did it happen?	OB15.22*
What happened?	OB15.23*
Description of 'injuries'	OB15.24*
Treatment	OB15.25*
Where treated	OB15.26*

**OG1 CONTINUED**

Relationship to the teenager	4TH PERSON ILLNESS OG1.24
Year of onset	OG1.25
Diagnosis or nature of the condition	OG1.26*
Duration of condition and months	OG1.27
Outcome	OG1.28*
In what way, if any, has the condition caused any interference with the teenager's everyday life?	OG1.29*