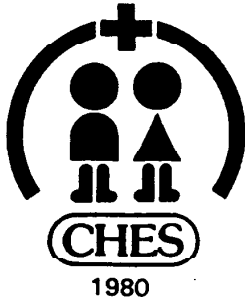


# CHILD HEALTH AND EDUCATION STUDY

A national study in England, Wales and Scotland of all children born 5th - 11th April 1970.  
Under the auspices of the University of Bristol and the National Birthday Trust.



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## MATERNAL SELF-COMPLETION FORM STRICTLY CONFIDENTIAL

|                                  |   |                          |                          |
|----------------------------------|---|--------------------------|--------------------------|
|                                  | <input type="checkbox"/>                  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>PLEASE USE BLOCK CAPITALS</b> |   |                          |                          |
| Child's Surname .....            | .....                                     |                          |                          |
| Child's Forenames .....          | .....                                     |                          | Sex: .....               |
| Child's Home Address .....       |   |                          |                          |
| .....                            |   |                          |                          |
| .....                            |   |                          |                          |
| .....                            |   |                          | Postcode .....           |
| Child's N.H.S. Number .....      | Date of Birth .....                       |                          |                          |
| <small>(if known)</small>        | Today's Date <i>M10 / M11 / M12</i> ..... |                          |                          |

**To the Mother or person completing this form:**

This national survey is about the health and education of children whose tenth birthday is between the 5th - 11th April. In this form we are asking your help in telling us about the activities, skills and behaviour of your child and in answering a few questions about your own health. All information will be treated in the strictest confidence and no names will ever be divulged under any circumstances whatsoever.

Please note that the questions are addressed to the mother; this is for convenience as it will be the mother answering the questions in the vast majority of cases; however, please do not let the actual wording of the questions interfere with the completion of the form if the mother is not the person filling it in.

If you should have any difficulty in filling in any part of the form, please consult the Health Visitor, School Nurse or other study representative who gave it to you.

Most of the questions can be answered by ticking the box beside the relevant answer.

**EXAMPLES:**

**Does your child belong to a club at school?**

No .....   
 Yes .....  *This indicates that your child does belong to a club at school.*

**Has your child ever been on a train journey on his/her own?**

No .....   
 Yes .....  **If Yes, how many times?**  
 Once .....   
 More than once .....  *This indicates that your child has been on a train journey on his/her own more than once.*  
 Don't know .....

Some questions require a number for the answer.

**EXAMPLE:**

**How long has your child been going to a club?**  months. *This indicates that your child has been going to a club for 9 months.*

For all answers requiring text it would be most helpful if you would use **BLOCK CAPITALS**.

# CHILD'S HEALTH AND BEHAVIOUR

**A1. Does your child have any medical condition or illness, any behaviour problem or educational difficulty which you consider to be important?**

Yes *M13*  — If Yes,  
 No  (a) What is the matter? .....

.....  
 .....  
 .....

(b) Does it affect every day life at home or at school?  
 No *M14*   
 Yes, slightly   
 Yes, quite a lot   
 Yes, severely

**A2. Below is a list of problems which most children have at some time. Please tell us how often each of these happens with your child by putting a tick in the appropriate box beside each statement.**

|  | Never in the last 12 months         | Less than once a month   | At least once a month    | At least once a week     |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| (a) Complains of headaches.....  | <input type="checkbox"/> <i>M15</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Complains of stomach ache or has vomited.....  | <input type="checkbox"/> <i>M16</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Has temper tantrums (that is, complete loss of temper with shouting, angry movements, etc.)..... | <input type="checkbox"/> <i>M17</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Goes off without telling you where.....  | <input type="checkbox"/> <i>M18</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Has tears on arrival at school or refuses to go into the building.....                           | <input type="checkbox"/> <i>M19</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Truants from school.....   | <input type="checkbox"/> <i>M20</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**A3. Does your child ever wet the bed at night, wet in the day-time or soil his/her pants at any time?**  
 Please put a tick in the appropriate box beside each statement

|                                  | Never                               | Yes, very occasionally (less than once a week) | Yes, occasionally (at least once a week) | Yes, most of the week    | Yes, always              |
|----------------------------------|-------------------------------------|--|--|--------------------------|--------------------------|
| (a) Wets the bed at night.....   | <input type="checkbox"/> <i>M21</i> | <input type="checkbox"/>                       | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Wets in day-time.....        | <input type="checkbox"/> <i>M22</i> | <input type="checkbox"/>                       | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Soils pants at any time..... | <input type="checkbox"/> <i>M23</i> | <input type="checkbox"/>                       | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> |

**A4. Does your child stammer or stutter?** *M24*

No   
 Yes, mildly   
 Yes, severely

**A5. Has your child any difficulty with speech other than stammering or stuttering?**

No *M25*  Tick the boxes to all the answers that apply

Yes  — If Yes, what is the difficulty?

'Lisping'..... *M26*   
 Cannot say words properly..... *M27*   
 Other difficulty..... *M28*   
 please describe..... *M29* .....

**A6. Does your child have eating or appetite problems?**

No ... M30 ...

Yes ...  ] **If Yes, what is the problem?** *Tick all that apply*

Not eating enough ... M31 ...

Over-eating for more than the occasional meal ... M32 ...

Faddiness ... M33 ...

Other eating problem ... M34 ...

please describe ... M35 ...

**A7. Does your child have any sleeping difficulty?**

No ... M36 ...

Yes ...  ] **If Yes, which of the following difficulties does he/she have?** *Tick all that apply*

Getting off to sleep ... M37 ...

Waking during the night ... M38 ...

Waking early in the morning ... M39 ...

Nightmares or night terrors ... M40 ...

Sleepwalking ... M41 ...

Please describe any sleeping difficulties, including those above ... M42 ...

**A8. Below is a series of descriptions of behaviour often shown by children. Please make a vertical mark through the line alongside each statement to indicate if your child shows the behaviour described.**

EXAMPLES:

|                                 |                |                   |
|---------------------------------|----------------|-------------------|
|                                 | Does not apply | Certainly applies |
| Sits and reads for hours on end | -----          |                   |
|                                 | -----          |                   |
|                                 | -----          |                   |

*The line marked in this way would indicate that your child does not sit and read for hours on end.*

|                      |                |                   |
|----------------------|----------------|-------------------|
|                      | Does not apply | Certainly applies |
| Makes friends easily | -----          |                   |
|                      | -----          |                   |
|                      | -----          |                   |

*The line marked in this way would indicate that your child does make friends easily.*

**(a) Please make a vertical mark through the line alongside each of the following statements to indicate the extent to which the statement applies to your child's behaviour.**

|   |                |                   |
|---|----------------|-------------------|
|   | Does not apply | Certainly applies |
| 1. Very restless. Often running or jumping up and down. Hardly ever still | -----          |                   |
|   | -----          |                   |
|   | -----          |                   |
| 2. Is squirmy or fidgety  | -----          |                   |
|   | -----          |                   |
|   | -----          |                   |
| 3. Often destroys own or others' belongings                               | -----          |                   |
|   | -----          |                   |
|   | -----          |                   |
| 4. Frequently fights with other children                                  | -----          |                   |
|   | -----          |                   |
|   | -----          |                   |
| 5. Not much liked by other children                                       | -----          |                   |
|   | -----          |                   |
|   | -----          |                   |
| 6. Often worried, worries about many things                               | -----          |                   |
|   | -----          |                   |
|   | -----          |                   |
| 7. Tends to do things on his/her own, rather solitary                     | -----          |                   |
|   | -----          |                   |
|   | -----          |                   |
| 8. Irritable. Is quick to 'fly off the handle'                            | -----          |                   |

Does not  
apply

Certainly  
applies

9. Often appears miserable, unhappy, tearful or distressed |----- M51 -----|
10. Sometimes takes things belonging to others |----- M52 -----|
11. Has twitches, mannerisms or tics of the face or body |----- M53 -----|
12. Frequently sucks thumb or finger |----- M54 -----|
13. Frequently bites nails or fingers |----- M55 -----|
14. Is often disobedient |----- M56 -----|
15. Cannot settle to do anything for more than a few moments |----- M57 -----|
16. Tends to be fearful or afraid of new things or new situations |----- M58 -----|
17. Is fussy or over particular |----- M59 -----|
18. Often tells lies |----- M60 -----|
19. Bullies other children |----- M61 -----|

Pattern code: M62

(b) Please make a vertical mark through the line alongside each statement in this next section to indicate the extent to which your child behaves in the way described.

Not at all

A great deal

1. Is noticeably clumsy |----- M63 -----|
2. Trips or falls easily or bumps into objects or other children |----- M64 -----|
3. Inattentive, easily distracted |----- M65 -----|
4. Hums or makes other odd noises at inappropriate times |----- M66 -----|
5. Has difficulty picking up small objects |----- M67 -----|
6. Drops things which are being carried |----- M68 -----|
7. Becomes obsessed about unimportant things |----- M69 -----|
8. Requests must be met immediately, easily frustrated |----- M71 -----|
9. Shows restless or over-active behaviour |----- M72 -----|
10. Is impulsive, excitable |----- M73 -----|
11. Interferes with the activity of other children |----- M74 -----|

Not at all

A great deal

- 12. Is sullen or sulky M75
- 13. Fails to finish things he/she starts, short attention span M76
- 14. Given to rhythmic tapping or kicking M77
- 15. Cries for little cause M78
- 16. Changes mood quickly and drastically M79
- 17. Displays outbursts of temper, explosive or unprodictable behaviour M80
- 18. Has difficulty using scissors M81
- 19. Has difficulty concentrating on any particular task though may return to it frequently M82

Pattern code: M83

**YOUR CHILD AT HOME**

**B1. Here are some things which children do in their spare time. How often, if at all, does your child do these in his/her spare time?**

Please put a tick in the appropriate box for each activity

|  | Never or<br>hardly<br>ever |                       | Some-<br>times           | Often                    |
|--|----------------------------|-----------------------|--------------------------|--------------------------|
| (a) Plays sports .....                   | <input type="checkbox"/>   | M84                   | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Listens to records .....             | <input type="checkbox"/>   | M85                   | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Reads books .....                    | <input type="checkbox"/>   | M86                   | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Rides a bicycle .....                | <input type="checkbox"/>   | M87                   | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Watches television .....             | <input type="checkbox"/>   | M88                   | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Goes to a club or organisation ..... | <input type="checkbox"/>   | M89                   | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Goes for walks .....                 | <input type="checkbox"/>   | M90                   | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) Goes to the cinema.....              | <input type="checkbox"/>   | M91                   | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) Listens to the radio .....           | <input type="checkbox"/>   | M92                   | <input type="checkbox"/> | <input type="checkbox"/> |
| (j) Goes to a museum of any kind .....   | <input type="checkbox"/>   | M93                   | <input type="checkbox"/> | <input type="checkbox"/> |
| (k) Goes swimming.....                   | <input type="checkbox"/>   | M94                   | <input type="checkbox"/> | <input type="checkbox"/> |
| (l) Goes to a library .....              | <input type="checkbox"/>   | M95                   | <input type="checkbox"/> | <input type="checkbox"/> |
| (m) Plays a musical instrument.....      | <input type="checkbox"/>   | M96                   | <input type="checkbox"/> | <input type="checkbox"/> |
| (n) Plays with constructional toys ..... | <input type="checkbox"/>   | M97                   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                            | (e.g. Leggo, Meccano) |                          |                          |

**B2. What sort of thing does your child do on his/her own?**

Please put a tick in the appropriate box for each activity

|   | Never                    |      | Seldom                   |  | About<br>once a<br>week  | Almost<br>every<br>day   |
|---|--------------------------|------|--------------------------|--|--------------------------|--------------------------|
| (a) Goes to shops on own .....              | <input type="checkbox"/> | M98  | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Plays in the streets on own .....       | <input type="checkbox"/> | M99  | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Goes to park or playground on own ..... | <input type="checkbox"/> | M100 | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Goes on local buses on own .....        | <input type="checkbox"/> | M101 | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |

**B3. Does your child tell you where he/she is going before he/she goes out?**

- Rarely or never ..... M102
- Yes, occasionally .....
- Yes, usually .....
- Yes, always, I have a firm rule about this .....

**B4. By what time is your child usually in at night?**

M103/4 p.m.

**B5. Do you feel that father plays a big part in managing the child?**

- Father takes a big or equal part with mother M105
- Father takes a smaller part than the mother but mother still feels it to be a significant part .....
- Father takes a very small part or leaves it to mother. ....
- Don't know .....
- Situation not applicable .....
- please give details ..... M106

**B6. As a family how often do you do any of the following with your child?**

Please put a tick in the appropriate box for each activity

|   | Rarely<br>or never            | Some-<br>times           | Often                    |
|---|-------------------------------|--------------------------|--------------------------|
| (a) Go out for walks together.....  | <input type="checkbox"/> M107 | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Go for outings together .....   | <input type="checkbox"/> M108 | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Have breakfast or tea together.....                                   | <input type="checkbox"/> M109 | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Go for holidays together.....   | <input type="checkbox"/> M110 | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Go shopping together.....   | <input type="checkbox"/> M111 | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Have a chat or talk with the child<br>for at least five minutes ..... | <input type="checkbox"/> M112 | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Go out to eat in a restaurant together.....                           | <input type="checkbox"/> M113 | <input type="checkbox"/> | <input type="checkbox"/> |

**THE CHILD AT SCHOOL**

**C1. Some children have difficulty with some of the subjects they learn at school. Does your child have difficulty at school with any subject?**

Please put a tick in the appropriate box for each subject

|                                   | No<br>difficulty              | Some<br>difficulty       | Great<br>difficulty      |
|-----------------------------------|-------------------------------|--------------------------|--------------------------|
| (a) Mathematics (sums).....       | <input type="checkbox"/> M114 | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Reading.....                  | <input type="checkbox"/> M115 | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Writing .....                 | <input type="checkbox"/> M116 | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Other subjects, describe M117 | <input type="checkbox"/> M118 | <input type="checkbox"/> | <input type="checkbox"/> |
| M119                              | <input type="checkbox"/> M120 | <input type="checkbox"/> | <input type="checkbox"/> |
| M121                              | <input type="checkbox"/> M122 | <input type="checkbox"/> | <input type="checkbox"/> |

If your child has difficulty with mathematics, please describe difficulty:

M123

If your child has difficulty with reading or writing, please describe difficulty:

M124

**C2. Did you or your husband meet your child's class teacher at all last term?**

- Yes, once..... M125
- Yes, more than once .....
- No.....

C3. Has your child received free school meals, at any time, during the past twelve months?

- Yes *M126*
- No
- Don't know

C4. What was the arrangement for your child's mid-day meal in the last week that he/she has been at school?

*Tick all that apply*

- School meals paid for by parent *M127*
- Received free school meals *M128*
- Child took snacks to school *M129*
- Child came home for mid-day meal *M130*
- Child bought snacks *M131*
- Other answer *M132*
- please give details *M133*

C5. At what age do you think your child will finally leave school?

When he/she is:

- 16 years old *M134*
- 17 years old
- 18 years old

C6. Do you intend your child to continue his/her training after leaving school?

- Yes *M135*  If Yes, what kind of education or training do you think your child will have? Please describe. *M136*
- No
- Cannot say

C7. Is anyone usually at home when your child gets back from school at the end of the day?

- Yes *M137*  If Yes, who is usually at home? *Tick all that apply*
  - Mother *M138*
  - Father *M139*
  - Older brother/sister *M140*
  - Other adult *M141*
- No *M142*  If No, what does he/she usually do? *Tick all that apply*
  - Goes to house of friend, neighbour or relative *M143*
  - Has own door key *M144*
  - Other arrangement *M145*
  - please describe *M146*





|   | Cannot do this | Does this very well | Please add any comments you wish to make |
|---|----------------|---------------------|--|
| 23. Cuts own fingernails and toenails   | M191           |                     | M192                                     |
| 24. Dresses himself/herself   | M193           |                     | M194                                     |
| 25. Operates fasteners like zips, buttons and buckles   | M195           |                     | M196                                     |
| 26. Ties things like shoelaces, apron strings, necktie  | M197           |                     | M198                                     |
| 27. Selects clothes for daily life, takes into account the weather and occasion               | M199           |                     | M200                                     |
| 28. Folds and puts away clothes after wearing them  | M201           |                     | M202                                     |
| 29. Cleans shoes  | M203           |                     | M204                                     |
| 30. Makes own bed   | M205           |                     | M206                                     |
| 31. Carries out instructions  | M207           |                     | M208                                     |
| 32. Uses money to make small purchases  | M209           |                     | M210                                     |
| 33. Saves money to buy special things   | M211           |                     | M212                                     |
| 34. Does small jobs for a reward  | M213           |                     | M214                                     |
| 35. Tells the time  | M215           |                     | M216                                     |
| 36. Uses time to regulate daily life. Keeps appointments.                                     | M217           |                     | M218                                     |
| 37. Knows what the date is, even in the school holidays                                       | M219           |                     | M220                                     |
| 38. Speaks and expresses self in everyday life  | M221           |                     | M222                                     |
| 39. Maintains a conversation with friends   | M223           |                     | M224                                     |
| 40. Maintains a conversation with adults outside the family                                   | M225           |                     | M226                                     |
| 41. Answers the telephone   | M227           |                     | M228                                     |
| 42. Makes telephone calls   | M229           |                     | M230                                     |
| 43. Writes own name   | M231           |                     | M232                                     |
| 44. Writes messages, short letters, or addresses envelopes                                    | M233           |                     | M234                                     |
| 45. Reads comics or magazines   | M235           |                     | M236                                     |
| 46. Remembers something about what he/she has read  | M237           |                     | M238                                     |
| 47. Makes use of a public library or school library for books to read at home                 | M239           |                     | M240                                     |
| 48. Sits still and gets on with what he/she is doing, concentrates for more than five minutes | M241           |                     | M242                                     |
| 49. Draws or paints at home   | M243           |                     | M244                                     |
| 50. Makes things like models and dolls' clothes at home                                       | M245           |                     | M246                                     |
| 51. Uses tools, e.g. hammer and nails or needle and cotton                                    | M247           |                     | M248                                     |
| 52. Plays a musical instrument  | M249           |                     | M250                                     |
| 53. Reads music   | M251           |                     | M252                                     |

Pattern Code: M253

# MOTHER'S HEALTH

E1. 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 how often these happen to you by putting a vertical mark through the line in the appropriate place.

**EXAMPLES:**

|                        |                     |       |                    |
|------------------------|---------------------|-------|--------------------|
|                        | Most of<br>the time | ----- | Seldom<br>or never |
| Do your hands tremble? |                     | ----- |                    |

The line marked in this way would indicate that your hands tremble a lot of the time.

|  |                     |       |                    |
|--|---------------------|-------|--------------------|
|  | Most of<br>the time | ----- | Seldom<br>or never |
| Are you worried about travelling long distances? |                     | ----- |                    |

The line marked in this way would indicate that you are only occasionally worried about travelling long distances.

Please make a vertical mark through the line alongside each of the following questions to indicate how often you experience each of the following symptoms:

|   | Most of<br>the time | -----          | Seldom<br>or never |
|---|---------------------|----------------|--------------------|
| 1. Do you have back-ache?   |                     | M254<br> ----- |                    |
| 2. Do you feel tired?   |                     | M255<br> ----- |                    |
| 3. Do you feel miserable or depressed?                                |                     | M256<br> ----- |                    |
| 4. Do you have bad headaches?   |                     | M257<br> ----- |                    |
| 5. Do you get worried about things?                                   |                     | M258<br> ----- |                    |
| 6. Do you have great difficulty in falling asleep or staying asleep?  |                     | M259<br> ----- |                    |
| 7. Do you wake unnecessarily early in the morning?                    |                     | M260<br> ----- |                    |
| 8. Do you wear yourself out worrying about your health?               |                     | M261<br> ----- |                    |
| 9. Do you ever get into a violent rage?                               |                     | M262<br> ----- |                    |
| 10. Do people annoy and irritate you?                                 |                     | M263<br> ----- |                    |
| 11. Have you at times had a twitching of the face, head or shoulders? |                     | M264<br> ----- |                    |
| 12. Do you suddenly become scared for no good reason?                 |                     | M265<br> ----- |                    |
| 13. Are you scared to be alone when there are no friends near you?    |                     | M266<br> ----- |                    |
| 14. Are you easily upset or irritated?                                |                     | M267<br> ----- |                    |
| 15. Are you frightened of going out alone or of meeting people?       |                     | M268<br> ----- |                    |
| 16. Are you keyed up and jittery?                                     |                     | M269<br> ----- |                    |

Most of the time

Seldom or never

- 17. Do you suffer from indigestion? M270
- 18. Do you suffer from an upset stomach? M271
- 19. Is your appetite poor? M272
- 20. Does every little thing get on your nerves and wear you out? M273
- 21. Does your heart race like mad? M274
- 22. Do you have bad pains in your eyes? M275
- 23. Are you troubled with rheumatism or fibrositis? M276

Pattern Code: M277

Please tick appropriate box

- |   |                               |                          |
|---|-------------------------------|--------------------------|
|   | Yes                           | No                       |
| 24. Have you ever had a nervous breakdown?                    | <input type="checkbox"/> M278 | <input type="checkbox"/> |
| 25. Do you have any other health problems worrying you? ..... | <input type="checkbox"/> M279 | <input type="checkbox"/> |

Please describe any health problems in your own words:

### HOME AND NEIGHBOURHOOD

Here are some questions about the help you receive at home, household appliances you may have, and your neighbourhood.

F1. Do you receive any help with housework? e.g. cleaning the house, washing up, etc.

- Tick all that apply*
- Yes M280  If Yes, who usually helps you?
- No M281  Child's father M281
- Children M282
- Relative or friend M283
- Paid help M284

F2. How often do you have help with the following tasks?

Please put a tick in the appropriate box for each task

- |                             | Every day                     | More than once a week    | Once a week              | Less than once a week    | Never                    |
|-----------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (a) Washing.....            | <input type="checkbox"/> M285 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Ironing.....            | <input type="checkbox"/> M286 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Cleaning the house..... | <input type="checkbox"/> M287 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Cooking meals.....      | <input type="checkbox"/> M288 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Washing up.....         | <input type="checkbox"/> M289 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Shopping.....           | <input type="checkbox"/> M290 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**F3. Do you have any of the following?**

|                       |                            |                          |                            |      |                          |
|-----------------------|----------------------------|--------------------------|----------------------------|------|--------------------------|
|                       | <i>Tick all that apply</i> |                          | <i>Tick all that apply</i> |      |                          |
| Fridge .....          | M291                       | <input type="checkbox"/> | Sewing machine .....       | M296 | <input type="checkbox"/> |
| Deep freezer .....    | M292                       | <input type="checkbox"/> | Telephone .....            | M297 | <input type="checkbox"/> |
| Washing machine ..... | M293                       | <input type="checkbox"/> | Vacuum cleaner .....       | M298 | <input type="checkbox"/> |
| Spin drier .....      | M294                       | <input type="checkbox"/> | Dish washer .....          | M299 | <input type="checkbox"/> |
| Tumble drier .....    | M295                       | <input type="checkbox"/> | None of these .....        | M300 | <input type="checkbox"/> |

**F4. Do you have a car or van?**

*Exclude any used solely for carrying goods.*

Yes .....

No .....

If Yes, how many cars or vans? M302

**F5. How close to your house does motor car traffic pass?**

Very near .....

Near .....

A fair distance .....

Quite far away .....

Other situation .....

please describe .....

**F6. Which of the following statements best describes the neighbourhood where you live?**

Rural area with hardly any other houses nearby and some distance from any town or village .....

Country neighbourhood, but in or close to a village .....

Outskirts of town or city or area of private housing. Most houses are well spaced, detached or semi-detached and owner occupied .....

Older inner urban neighbourhood with large houses converted into flats and bedsitters. Many houses accommodate more than one or two families .....

Council estate of houses, flats or maisonettes in town or city .....

Area of mainly non-residential premises, e.g. shops, offices, hotels, factories or other businesses .....

Other type of neighbourhood .....

please describe .....

**Thank you very much for answering all the questions on this form.**

**Would you please tell us who answered the form.**

Mother alone .....

Mother and father together .....

Father alone .....

Other person .....

please specify .....

**Did you have any difficulty in answering any of the questions?**

No, no difficulty .....

Yes, some difficulty .....

Yes, a lot of difficulty .....

If Yes, please say which questions and why .....

**THANK YOU VERY MUCH FOR YOUR HELP**