Please use block capitals

Child’s Surname

Child’s Forenames

Child’s Home Address

Postcode

Child’s N.H.S. Number

Date of Birth

Today’s Date MM/SS/YY

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? 9 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 ................................................................. [ ]
No ................................................................. [ ]

(a) What is the matter?
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

(b) Does it affect every day life at home or at school?

No ................................................................. [ ]
Yes, slightly ................................................................. [ ]
Yes, quite a lot ................................................................. [ ]
Yes, severely ................................................................. [ ]

A2. Below is a list of problems which must 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 ♦ M15
Less than once a month ♦ M16
At least once a month ♦ M17
At least once a week ♦ M18

(a) Complains of headaches ................................................................. [ ]
(b) Complains of stomach ache or has vomited ................................................................. [ ]
(c) Has temper tantrums (that is complete loss of temper with shouting, angry movements, etc.) ................................................................. [ ]
(d) Goes off without telling you where ................................................................. [ ]
(e) Has tears on arrival at school or refuses to go into the building ................................................................. [ ]
(f) Truants from school ................................................................. [ ]

A3. Does your child ever wet the bed at night, wet in the day-time or soil his/her pants at any time?

Never ♦ M21
Yes, very occasionally (less than once a week) ♦ M22
Yes, occasionally (at least once a week) ♦ M23
Yes, most of the week ♦ M24
Yes, always ♦ M25

(a) Wets the bed at night ................................................................. [ ]
(b) Wets in day-time ................................................................. [ ]
(c) Soils pants at any time ................................................................. [ ]

A4. Does your child stammer or stutter? ♦ M26

No ................................................................. [ ]
Yes, mildly ................................................................. [ ]
Yes, severely ................................................................. [ ]

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

No ................................................................. [ ]
Yes ................................................................. [ ]

Tick the boxes to all the answers that apply

‘Lisping’ ................................................................. [ ]
Cannot say words properly ................................................................. [ ]
Other difficulty ................................................................. [ ]
please describe ........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
A6. Does your child have eating or appetite problems?

No ........................................ M 38 ........................................

Yes ........................................ [ ] ........................................

If Yes, what is the problem? 

Tick all that apply

- Not eating enough ........................................ M 31 ........................................
- Over-eating for more than the occasional meal .... M 32 ........................................
- Faddiness ........................................ M 33 ........................................
- Other eating problem ........................................ M 34 ........................................

Please describe ........................................ M 35 ........................................

A7. Does your child have any sleeping difficulty?

No ........................................ M 36 ........................................

Yes ........................................ [ ] ........................................

If Yes, which of the following difficulties does he/she have? 

Tick all that apply

- Getting off to sleep ........................................ M 37 ........................................
- Waking during the night ........................................ M 38 ........................................
- Waking early in the morning ........................................ M 39 ........................................
- Nightmares or night terrors ........................................ M 40 ........................................
- Sleepwalking ........................................ M 41 ........................................

Please describe any sleeping difficulties, including those above ........................................ M 42 ........................................

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:

Sits and reads for hours on end

<table>
<thead>
<tr>
<th>Does not apply</th>
<th>Certainty applies</th>
</tr>
</thead>
</table>

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

Makes friends easily

<table>
<thead>
<tr>
<th>Does not apply</th>
<th>Certainty applies</th>
</tr>
</thead>
</table>

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.

1. Very restless. Often running or jumping up and down. Hardly ever still ........................................ M 43 ........................................

2. Is squirmy or fidgety ........................................ M 44 ........................................

3. Often destroys own or others' belongings ........................................ M 45 ........................................

4. Frequently fights with other children ........................................ M 46 ........................................

5. Not much liked by other children ........................................ M 47 ........................................

6. Often worried; worries about many things ........................................ M 48 ........................................

7. Tends to do things on his/her own, rather solitary ........................................ M 49 ........................................

8. Irritable. Is quick to 'fly off the handle' ........................................ M 50 ........................................
<table>
<thead>
<tr>
<th>Does not apply</th>
<th>Certainly applies</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Often appears miserable, unhappy, tearful or distressed</td>
<td>M51</td>
</tr>
<tr>
<td>10. Sometimes takes things belonging to others</td>
<td>M52</td>
</tr>
<tr>
<td>11. Has twitches, mannerisms or tics of the face or body</td>
<td>M53</td>
</tr>
<tr>
<td>12. Frequently sucks thumb or finger</td>
<td>M54</td>
</tr>
<tr>
<td>13. Frequently bites nails or fingers</td>
<td>M55</td>
</tr>
<tr>
<td>14. Is often disobedient</td>
<td>M56</td>
</tr>
<tr>
<td>15. Cannot settle to do anything for more than a few moments</td>
<td>M57</td>
</tr>
<tr>
<td>16. Tends to be fearful or afraid of new things or new situations</td>
<td>M58</td>
</tr>
<tr>
<td>17. Is fussy or over particular</td>
<td>M59</td>
</tr>
<tr>
<td>18. Often tells lies</td>
<td>M60</td>
</tr>
<tr>
<td>19. Bullies other children</td>
<td>M61</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is noticeably clumsy</td>
<td>M63</td>
</tr>
<tr>
<td>2. Trips or falls easily or bumps into objects or other children</td>
<td>M64</td>
</tr>
<tr>
<td>3. Inattentive, easily distracted</td>
<td>M65</td>
</tr>
<tr>
<td>4. Humps or makes other odd noises at inappropriate times</td>
<td>M66</td>
</tr>
<tr>
<td>5. Has difficulty picking up small objects</td>
<td>M67</td>
</tr>
<tr>
<td>6. Drops things which are being carried</td>
<td>M68</td>
</tr>
<tr>
<td>7. Becomes obsessional about unimportant things</td>
<td>M69</td>
</tr>
<tr>
<td>8. Requests must be met immediately, easily frustrated</td>
<td>M71</td>
</tr>
<tr>
<td>9. Shows restless or over-active behaviour</td>
<td>M72</td>
</tr>
<tr>
<td>10. Is impulsive, excitable</td>
<td>M73</td>
</tr>
<tr>
<td>11. Interferes with the activity of other children</td>
<td>M74</td>
</tr>
</tbody>
</table>
12. Is sullen or sulky

13. Fails to finish things he/she starts, short attention span

14. Given to rhythmic tapping or kicking

15. Cries for little cause

16. Changes mood quickly and drastically

17. Displays outbursts of temper, explosive or unpredictable behaviour

18. Has difficulty using scissors

19. Has difficulty concentrating on any particular task though may return to it frequently

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never or hardly ever</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Plays sports</td>
<td>M84</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Listens to records</td>
<td>M85</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Reads books</td>
<td>M86</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Rides a bicycle</td>
<td>M87</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) Watches television</td>
<td>M88</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f) Goes to a club or organisation</td>
<td>M89</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g) Goes for walks</td>
<td>M90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(h) Goes to the cinema</td>
<td>M91</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) Listens to the radio</td>
<td>M92</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(j) Goes to a museum of any kind</td>
<td>M93</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(k) Goes swimming</td>
<td>M94</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(l) Goes to a library</td>
<td>M95</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(m) Plays a musical instrument</td>
<td>M96</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(n) Plays with constructional toys</td>
<td>M97</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never</th>
<th>Seldom</th>
<th>About once a week</th>
<th>Almost every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Goes to shops on own</td>
<td>M98</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Plays in the streets on own</td>
<td>M99</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Goes to park or playground on own</td>
<td>M100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Goes on local buses on own</td>
<td>M101</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
B3. Does your child tell you where he/she is going before he/she goes out?  
Rarely or never ............................................. M102
Yes, occasionally ......................................... M103
Yes, usually .................................................. M104
Yes, always. I have a firm rule about this ........... M105

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 .......... M106
Father takes a very small part or leaves it to mother . M107
Don't know .................................................... M108
Situation not applicable ............................... M109
please give details ....................................... M110

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

<table>
<thead>
<tr>
<th>Rarely or never</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Go out for walks together .................. M104</td>
<td>M105</td>
<td>M106</td>
</tr>
<tr>
<td>(b) Go for outings together .................... M107</td>
<td>M108</td>
<td>M109</td>
</tr>
<tr>
<td>(c) Have breakfast or tea together............ M110</td>
<td>M111</td>
<td>M112</td>
</tr>
<tr>
<td>(d) Go for holidays together ................... M113</td>
<td>M114</td>
<td>M115</td>
</tr>
<tr>
<td>(e) Go shopping together ....................... M116</td>
<td>M117</td>
<td>M118</td>
</tr>
<tr>
<td>(f) Have a chat or talk with the child ....... M119</td>
<td>M120</td>
<td>M121</td>
</tr>
<tr>
<td>for at least five minutes .......................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g) Go out to eat in a restaurant together ... M122</td>
<td>M123</td>
<td>M124</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>No difficulty</th>
<th>Some difficulty</th>
<th>Great difficulty</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Mathematics (sums) ......................... M114</td>
<td>M115</td>
<td>M116</td>
</tr>
<tr>
<td>(b) Reading: ..................................... M117</td>
<td>M118</td>
<td>M119</td>
</tr>
<tr>
<td>(c) Writing ...................................... M120</td>
<td>M121</td>
<td>M122</td>
</tr>
<tr>
<td>(d) Other subjects, describe ................ M123</td>
<td>M124</td>
<td>M125</td>
</tr>
</tbody>
</table>

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

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

C2. Did you or your husband meet your child's class teacher at all last term?  
Yes, once ........................................ M126
Yes, more than once .................................. M127
No ..................................................... M128
C3. Has your child received free school meals, at any time, during the past twelve months?

- Yes…………… [ ]
- 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…………… [ ]
- Received free school meals…………… [ ]
- Child took snacks to school…………… [ ]
- Child came home for mid-day meal…………… [ ]
- Child bought snacks…………… [ ]
- Other answer……………………………… [ ]

If other answer, please give details…………… [ ]

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

When he/she is:

- 10 years old…………… [ ]
- 17 years old…………… [ ]
- 18 years old…………… [ ]

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

- Yes……………………… [ ]

If Yes, what kind of education or training do you think your child will have? Please describe…………… [ ]

- No……………………… [ ]

- Cannot say……………………… [ ]

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

Tick all that apply

- Yes……………………… [ ]

If Yes, who is usually at home?

- Mother…………… [ ]
- Father…………… [ ]
- Older brother/sister…………… [ ]
- Other adult…………… [ ]

Tick all that apply

- No……………………… [ ]

If No, what does he/she usually do?

- Goes to house of friend, neighbour or relative…………… [ ]
- Has own door key…………… [ ]
- Other arrangement…………… [ ]

If other arrangement, please describe…………… [ ]
**CHILDREN'S SKILLS**

D1. We are very interested in what ten year old children can do for themselves. Would you please complete this list of activities for your child. Some of these activities your child will do very easily, some perhaps not so easily. Please make a vertical mark through the line alongside each activity to indicate how well he/she does that activity.

**EXAMPLES:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Cannot do this</th>
<th>Does this very well</th>
</tr>
</thead>
<tbody>
<tr>
<td>Climb trees</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The line marked in this way would indicate that your child climbs trees quite well.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Cannot do this</th>
<th>Does this very well</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ties knots</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The line marked in this way would indicate that your child does not tie knots very well.

Please make a vertical mark through the line alongside each activity to indicate how well he/she does that activity.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Cannot do this</th>
<th>Does this very well</th>
<th>Please add any comments you wish to make</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Walks unaided</td>
<td>M147</td>
<td></td>
<td>M148</td>
</tr>
<tr>
<td>2. Walks up and down stairs</td>
<td>M149</td>
<td></td>
<td>M150</td>
</tr>
<tr>
<td>3. Runs</td>
<td>M151</td>
<td></td>
<td>M152</td>
</tr>
<tr>
<td>4. Hops</td>
<td>M153</td>
<td></td>
<td>M154</td>
</tr>
<tr>
<td>5. Skips with a rope</td>
<td>M155</td>
<td></td>
<td>M156</td>
</tr>
<tr>
<td>6. Throws a ball</td>
<td>M157</td>
<td></td>
<td>M158</td>
</tr>
<tr>
<td>7. Catches a ball</td>
<td>M159</td>
<td></td>
<td>M160</td>
</tr>
<tr>
<td>8. Rides a bicycle</td>
<td>M161</td>
<td></td>
<td>M162</td>
</tr>
<tr>
<td>9. Plays sport such as football, netball or rounders</td>
<td>M163</td>
<td></td>
<td>M164</td>
</tr>
<tr>
<td>10. Swims without water wings or a float</td>
<td>M165</td>
<td></td>
<td>M166</td>
</tr>
<tr>
<td>11. Does handstands</td>
<td>M167</td>
<td></td>
<td>M168</td>
</tr>
<tr>
<td>12. Eats with a knife and fork</td>
<td>M169</td>
<td></td>
<td>M170</td>
</tr>
<tr>
<td>13. Uses a knife for cutting food</td>
<td>M171</td>
<td></td>
<td>M172</td>
</tr>
<tr>
<td>14. Makes a simple meal, e.g. beans on toast or a sandwich</td>
<td>M173</td>
<td></td>
<td>M174</td>
</tr>
<tr>
<td>15. Washes and wins dishes</td>
<td>M175</td>
<td></td>
<td>M176</td>
</tr>
<tr>
<td>16. Peels potatoes or fruit</td>
<td>M177</td>
<td></td>
<td>M178</td>
</tr>
<tr>
<td>17. Lays the table</td>
<td>M179</td>
<td></td>
<td>M180</td>
</tr>
<tr>
<td>18. Washes hands and face</td>
<td>M181</td>
<td></td>
<td>M182</td>
</tr>
<tr>
<td>20. Has a bath</td>
<td>M185</td>
<td></td>
<td>M186</td>
</tr>
<tr>
<td>21. Combs and brushes own hair</td>
<td>M187</td>
<td></td>
<td>M188</td>
</tr>
<tr>
<td>22. Washes and dries own hair</td>
<td>M189</td>
<td></td>
<td>M190</td>
</tr>
<tr>
<td>Activity</td>
<td>Code</td>
<td>Code</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------</td>
<td>------</td>
<td></td>
</tr>
<tr>
<td>23. Cuts own fingernails and toenails</td>
<td>M191</td>
<td>M192</td>
<td></td>
</tr>
<tr>
<td>24. Dresses himself/herself</td>
<td>M193</td>
<td>M194</td>
<td></td>
</tr>
<tr>
<td>25. Operates fasteners like zips, buttons and buckles</td>
<td>M195</td>
<td>M196</td>
<td></td>
</tr>
<tr>
<td>26. Ties things like shoelaces, apron strings, necktie</td>
<td>M197</td>
<td>M198</td>
<td></td>
</tr>
<tr>
<td>27. Selects clothes for daily life, takes into account the weather and occasion</td>
<td>M199</td>
<td>M200</td>
<td></td>
</tr>
<tr>
<td>28. Folds and puts away clothes after wearing them</td>
<td>M201</td>
<td>M202</td>
<td></td>
</tr>
<tr>
<td>29. Cleans shoes</td>
<td>M203</td>
<td>M204</td>
<td></td>
</tr>
<tr>
<td>30. Makes own bed</td>
<td>M205</td>
<td>M206</td>
<td></td>
</tr>
<tr>
<td>31. Carries out instructions</td>
<td>M207</td>
<td>M208</td>
<td></td>
</tr>
<tr>
<td>32. Uses money to make small purchases</td>
<td>M209</td>
<td>M210</td>
<td></td>
</tr>
<tr>
<td>33. Saves money to buy special things</td>
<td>M211</td>
<td>M212</td>
<td></td>
</tr>
<tr>
<td>34. Does small jobs for a reward</td>
<td>M213</td>
<td>M214</td>
<td></td>
</tr>
<tr>
<td>35. Tells the time</td>
<td>M215</td>
<td>M216</td>
<td></td>
</tr>
<tr>
<td>36. Uses time to regulate daily life, keeps appointments</td>
<td>M217</td>
<td>M218</td>
<td></td>
</tr>
<tr>
<td>37. Knows what the date is, even in the school holidays</td>
<td>M219</td>
<td>M220</td>
<td></td>
</tr>
<tr>
<td>38. Speaks and expresses self in everyday life</td>
<td>M221</td>
<td>M222</td>
<td></td>
</tr>
<tr>
<td>39. Maintains a conversation with friends</td>
<td>M223</td>
<td>M224</td>
<td></td>
</tr>
<tr>
<td>40. Maintains a conversation with adults outside the family</td>
<td>M225</td>
<td>M226</td>
<td></td>
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<tr>
<td>41. Answers the telephone</td>
<td>M227</td>
<td>M228</td>
<td></td>
</tr>
<tr>
<td>42. Makes telephone calls</td>
<td>M229</td>
<td>M230</td>
<td></td>
</tr>
<tr>
<td>43. Writes own name</td>
<td>M231</td>
<td>M232</td>
<td></td>
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<tr>
<td>44. Writes messages, short letters or addresses envelopes</td>
<td>M233</td>
<td>M234</td>
<td></td>
</tr>
<tr>
<td>45. Reads comics or magazines</td>
<td>M235</td>
<td>M236</td>
<td></td>
</tr>
<tr>
<td>46. Remembers something about what he/she has read</td>
<td>M237</td>
<td>M238</td>
<td></td>
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<tr>
<td>47. Makes use of a public library or school library for books to read at home</td>
<td>M239</td>
<td>M240</td>
<td></td>
</tr>
<tr>
<td>48. Sits still and gets on with what he/she is doing, concentrates for more than five minutes</td>
<td>M241</td>
<td>M242</td>
<td></td>
</tr>
<tr>
<td>49. Draws or paints at home</td>
<td>M243</td>
<td>M244</td>
<td></td>
</tr>
<tr>
<td>50. Makes things like models and dolls' clothes at home</td>
<td>M245</td>
<td>M246</td>
<td></td>
</tr>
<tr>
<td>51. Uses tools, e.g. hammer and nails or needle and cotton</td>
<td>M247</td>
<td>M248</td>
<td></td>
</tr>
<tr>
<td>52. Plays a musical instrument</td>
<td>M249</td>
<td>M250</td>
<td></td>
</tr>
<tr>
<td>53. Reads music</td>
<td>M251</td>
<td>M252</td>
<td></td>
</tr>
</tbody>
</table>

*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:

Do your hands tremble?

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

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.

1. Do you have back ache?

2. Do you feel tired?

3. Do you feel miserable or depressed?

4. Do you have bad headaches?

5. Do you get worried about things?

6. Do you have great difficulty in falling asleep or staying asleep?

7. Do you wake unnecessarily early in the morning?

8. Do you wear yourself out worrying about your health?

9. Do you ever get into a violent rage?

10. Do people annoy and irritate you?

11. Have you at times had a twitching of the face, head or shoulders?

12. Do you suddenly become scared for no good reason?

13. Are you scared to be alone when there are no friends near you?

14. Are you easily upset or irritated?

15. Are you frightened of going out alone or of meeting people?

16. Are you keyed up and jittery?
17. Do you suffer from indigestion?  
Most of the time ________ M270 ________  
Seldom or never

18. Do you suffer from an upset stomach?  
Most of the time ________ M271 ________  
Seldom or never

19. Is your appetite poor?  
Most of the time ________ M272 ________  
Seldom or never

20. Does every little thing get on your nerves and wear you out?  
Most of the time ________ M273 ________  
Seldom or never

21. Does your heart race like mad?  
Most of the time ________ M274 ________  
Seldom or never

22. Do you have bad pains in your eyes?  
Most of the time ________ M275 ________  
Seldom or never

23. Are you troubled with rheumatism or fibrositis?  
Pattern Code: M277

24. Have you ever had a nervous breakdown?  
[ ] Yes  [ ] No

25. Do you have any other health problems worrying you?  
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.  
[ ] Yes ________ M280 ________  [ ] No

If Yes, who usually helps you?

[ ] 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

(a) Washing ________ M285 ________  (b) Ironing ________ M286 ________  (c) Cleaning the house ________ M287 ________  (d) Cooking meals ________ M288 ________  (e) Washing up ________ M289 ________  (f) Shopping ________ M290 ________

Every day  More than once a week  Once a week  Less than once a week  Never
F3. Do you have any of the following? 

Tick all that apply

- Fridge ................. M291  
- Deep freezer .......... M292  
- Washing machine .... M293  
- Spin drier ............ M294  
- Tumble drier ......... M295  

Tick all that apply

- Sewing machine .... M296  
- Telephone ............ M297  
- Vacuum cleaner ...... M298  
- Dish washer .......... M299  
- None of these ....... M300  

F4. Do you have a car or van? 

Exclude any used solely for carrying goods.

Yes  M301  If Yes, how many cars or vans? M302  

No  

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

- Very near ............. M303  
- Near .................. M304  
- A fair distance ...... M305  
- Quite far away ...... M306  
- Other situation ...... M307  

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 .................. M308  
- Country neighbourhood, but in or close to a village ......................................................... M309  
- Outskirts of town or city or area of private housing. Most houses are well spaced, detached or semi-detached and owner occupied .................. M310  
- Older inner urban neighbourhood with large houses converted into flats and bed-sitters. Many houses accommodate more than one or two families .................. M311  
- Council estate of houses, flats or maisonettes in town or city ........................................... M312  
- Area of mainly non-residential premises, e.g. shops, offices, hotels, factories or other businesses .......... M313  
- Other type of neighbourhood .................. M314  

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 ................. M315  
- Mother and father together .... M316  
- Father alone ................ M317  
- Other person ............... M318  

Please specify ................ 

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

- No, no difficulty .......... M319  
- Yes, some difficulty ...... M320  
- Yes, a lot of difficulty .... M321  

If Yes, please say which questions and why 

THANK YOU VERY MUCH FOR YOUR HELP