

# CHILD HEALTH AND EDUCATION STUDY

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



## INSTRUCTION BOOKLET ON NURSING AND MEDICAL ASPECTS OF THE TEN-YEAR FOLLOW-UP

FOR CLINICAL MEDICAL OFFICERS  
HEALTH VISITORS AND SCHOOL NURSES

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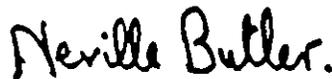
Dear Colleague,

Thank you for your collaboration in this national Study of Child Health and Education, this is being carried out with the co-operation of over 100 Area Health Authorities and Health Boards throughout England, Scotland and Wales, and with the backing of the Department of Health and Social Security and the Department of Education and Science. The success of this project is entirely dependent on the kind contribution of experts such as yourself. We are extremely grateful to you for your time and help in carrying out the field work for the study. Through the information which you are gathering and by your accuracy in recording the answers to questions and results of tests, you will contribute significantly to our country's knowledge of children's life and health in the 1980's.

This booklet describes the general plan for the nursing and medical participation in the 10-year follow-up. Organisation of the field work will vary from area to area. Your Specialist in Community Medicine (Child Health) and your Area Nurse (Child Health) are fully conversant with arrangements for the Study in your Area Health Authority/Board, and will give you exact details.

Once again, may I emphasise how very grateful I am to you for all your help.

Yours sincerely,



Neville Butler  
*Director*

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# 1 0 DETAILS OF THIS STUDY

**1 1 Description of the Child Health and Education Study (C.H.E.S.)**  
 The Child Health and Education Study is following the progress of some 15,000 children in England, Wales and Scotland, all of whom were born during the week 5th - 11th April, 1970. Many of these children have already been studied by the National Birthday Trust Fund in the British Births Survey at the time of birth<sup>1,2</sup>. Some of the children were seen subsequently at 2 years and 3 years in the British Births Child Study<sup>3,4,5</sup>. The whole cohort was again surveyed at the age of 5 years in the Child Health and Education Study, when extensive information was obtained about their health and development during the pre-school period<sup>6,7,8,9</sup>. This included details gathered by health visitors on their medical history, family life, experience of day-care, use of community and specialist health services, and the administration of simple developmental tests. Thus, very full documentation is available on which to study the long-term effects of their perinatal and early social, medical and educational experience.

The study taking place this year, at about the time when the children reach 10 years of age, will continue to document their medical and educational progress during their first decade. Information on their health, progress and family environment between 5 and 10 years will be obtained at an interview with their parents, who will also be invited to fill in a self-completion form describing their child's behaviour, life skills and activities at home and school. A medical examination by the school doctor and educational tests in school will provide measures which can be related to their pre-school experience at birth and at five.

The follow-up of the 1970 British Births cohort is the third national longitudinal study of child development, and, as the first began in 1946, it provides comparative information concerning the lives of British children over a total span of nearly a quarter of a century.

## Some publications concerning the 1970 British Births cohort and follow-up studies

- 1 Chamberlain R, Chamberlain G, Howlett B, Claireaux A (1975) British Births 1970 Vol 1 The First Week of Life. Heinemann, London.
- 2 Chamberlain G, Philipp E, Howlett B, Claireaux A (1978) British Births 1970 Vol 2 Obstetric Care. Heinemann, London.
- 3 Chamberlain R and Davey A (1975) Physical growth in twins: postmature and small for-dates children. Archives of Diseases in Childhood 50 pp437-452.
- 4 Chamberlain R and Davey A (1976) Cross sectional study of developmental test items in children aged 94 to 97 weeks: report of the British Births Child Study, Developmental Medicine and Child Neurology 18 pp54-70.
- 5 Chamberlain R and Simpson R (1979) The Prevalence of Illness in Childhood: A report of the British Births Child Study into Illness and Hospital Experiences of Children during the first three and a half years of life. Pitman Medical, London.
- 6 Butler N R. Family and Community Influences on 0-5's: Utilisation of pre school day-care and preventative health care in C H E S. Paper given in seminar on Changing populations: implications for Parents, the Public and Policy makers. Published by the Voluntary Organisations Liaison Council for Under Fives, London, 1977 pp30-62.
- 7 Dowling S F O. The inter relationship of children's uses of clinics and day-care facilities in the pre-school years. Ibid pp63-67.
- 8 Osborn A and Morris T (1979) The rationale for a composite index of social class and its evaluation. British Journal of Sociology 30 1 39-60.
- 9 Butler N R, Osborn A F, Dowling S F O and Howlett B (1980) Britain's 5 year olds: Report of 5 year follow up of C H E S. to be published by Routledge and Kegan Paul, London.

## 1 2 Objectives of the 10-year follow-up

The following gives a brief account of the objectives of this follow-up

A primary objective of C H E S is the identification of children with physical, mental and multiple handicaps with a view to establishing the prevalence of different types and degrees of handicap in childhood. There is already evidence from the 1958 national birth cohort - The National Child Development Study (Davie, Butler and Goldstein 1972), The Isle of Wight Study (Rutter, Tizard and Whitmore, 1970) and The Warnock Report (H M S O 1978) that up to 20% of children in school have physical and learning problems and that 1%-2% are severely handicapped. In the C H E S population of 10-year old children all born in one week, we will document in further detail the natural history in childhood of both major and minor disabilities. By comparing the various handicapped groups with their non-handicapped peers in the cohort, we will also learn about their relative advantages and disadvantages in standards of living, family structure and parental stress, as well as other social and environmental influences.

The second objective is to look at longitudinal changes in the children's health, development and family and social environments from birth onwards. Among other things, we shall examine the development and progress of the children identified ten years ago in British Births as being at-risk because of adverse birth or obstetric factors. We shall also study the long-term development and educational careers of children who had to cope with various potentially stressful situations in their first five years of life, such as repeated hospitalisation, separations, and accidents.

The third broad objective is to make comparisons with the two earlier national cohort studies (1946 and 1958). Children growing up in the 1970's face a very different environment from 10 or 20 years previously. A comparison between the findings of the cohorts will examine changes in patterns of health, family structure and children's social environment over nearly a quarter of a century. Doctors, health visitors and nurses will be the first to realise that changes in family circumstances have profound implications for child development, these can be explored.

Within and between these three broad objectives, certain specific hypotheses and issues are being investigated. Examples of these relate to the relevance of factors such as parental cigarette smoking, the use of certain gas appliances in the home, and the influence of motor traffic and other pollution outside the home on ill health in children. The Study hopes to pinpoint a number of areas of health concern at both general and specific levels which are likely to have an effect on the development of ten-year olds.

### References

- Davie R, Butler N and Goldstein H (1972) *From Birth to Seven. The First Report of the National Child Development Study*, Longmans and National Children's Bureau London.
- Rutter M, Tizard J and Whitmore K (1970) *Education, Health and Behaviour*. Longmans London.
- The Warnock Report. Committee of Enquiry into the Education of Handicapped Children and Young People. H M S O 1978.

## 2 0 IMPORTANT ADMINISTRATIVE POINTS

### 2 1 Your Study Co-ordinator

The Study is being carried out with the co-operation of over 100 Area Health Authorities and Health Boards throughout England, Wales and Scotland. Variation in the size and administrative procedures in all these authorities means that no single study procedure for this study can be suggested which will be appropriate to all. This administrative section is intended as a general guideline. You should refer for detailed briefing advice and instructions to the Study Co-ordinator for your Area or District. Unless you hear to the contrary, on the medical side this will be your Specialist in Community Medicine (Child Health) and on the nursing side your Area Nurse (Child Health), or their nominated representative(s).

### 2 2 The Study Population

All the children whose dates of birth fell in the week 5th - 11th April, 1970 inclusive and who are currently living or attending school in your Health Authority/Board are eligible for inclusion in this ten-year follow-up, whether or not they have taken part in earlier C H E S Studies or whether or not they were born in Britain. The children were traced by your Local Education Authority/Regional Council. It is obviously vital that no child born in the Study week is omitted. If you should know or hear of a child born 5th - 11th April, 1970 inclusive who has not been included in the Study procedures, we should be grateful if you would notify your Study Co-ordinator.

### 2 3 Children who have moved

Inevitably, some of the Study children will have changed their addresses or schools since they were traced in April, 1979. It is vitally important that children who have recently moved, whether within your own Health Authority/Board or District or into another Health Authority/Board, should be included in the Study. Please ascertain the new address of home and school of any Study Child who has moved out of your Health Authority/Board and notify your Study Co-ordinator.

### 2 4 Children attending school in one Health Authority/Board but resident in another

Please consult your Study Co-ordinator, as a special arrangement may be necessary with the other Health Authority/Board for completion of the Parental Interview.

### 2 5 Children in independent schools

A very few children born in the Study Week will be attending independent schools. We are asking Health Authorities/Boards whether they will be kind enough to undertake the parental interview and the medical examination. It is possible therefore that you will be asked, for such a child, on the nursing side to organise a parental interview and to arrange for completion of a Maternal Self-Completion Form, and on the medical side to do a medical examination, by arrangement with the headmaster and parents. If the independent school already has a private school doctor, would you please either liaise with him/her about arranging the medical examination, or let your Study Co-ordinator know so that suitable arrangements can be made.

## 2.6 Twins

The questions in the Parental Interview Form and Maternal Self-Completion Form should be completed for each twin, please feel free, however, to omit those questions in respect of the second child where the answers for the first child apply equally to both children. Where this is done please write the words 'SEE OTHER TWIN' beside the appropriate questions. In the Parental Interview Form this applies only to Sections C and D and in the Maternal Self-Completion Form to Sections E and F. All questions in the Medical Examination Forms require completion for each child.

## 2.7 Parental involvement

The parents of each child have received a personal letter from us informing them that the ten-year follow-up is to take place and inviting them to participate. In this letter they have been informed by us about the intention to arrange a parental interview and a medical examination. Notification of parents about the actual time(s) and venue(s) of the parental interview and medical examination will of course be a matter for local implementation. A few parents have written to us to say that they prefer that their child should not participate on this occasion and the name has been deleted from the list of Study children in your Health Authority/Board. It is clearly important that the wishes of such families are respected, and we shall be grateful if you would ensure that no child is included whose parents are unwilling.

## 2.8 The Family Doctor

No clinical or administrative participation in this phase is anticipated for family doctors. However, in case the family doctor of the Study child would like information on the Study, your Study Co-ordinator has been sent a supply of letters suitable for distribution to family doctors. The method of distribution of this letter will be a matter for local implementation. This letter informs the family doctor of the Study arrangements and invites him/her to give information, if he/she wishes, on the health and progress of the Study child.

## 2.9 The Study Child's School

Your Local Education Authority/Regional Council is arranging for the Study child to have an educational assessment. The school which the Study child is attending will carry this out.

## 2.10 The Study Documents and how they will reach you

The three forms in which we are asking the co-operation of community medical and nursing personnel for their completion are —

- 1 PARENTAL INTERVIEW FORM
- 2 MATERNAL SELF-COMPLETION FORM
- 3 MEDICAL EXAMINATION FORM

Your Study Co-ordinator has been sent a pack, containing these three documents, for each Study child in your Health Authority/Board, together with copies of this Instruction Booklet. Your Co-ordinator has an up-dated list of Study children, their home addresses and the schools they attend.

A Parental Interview Form and a Maternal Self-Completion Form will be forwarded by your Study Co-ordinator to the health visitor or school nurse who will be conducting the parental interview. Arrangements for this interview should be made according to local instructions and the method of administration of the Parental Interview Form and the Maternal Self-Completion Form are outlined in Sections 3.0 and 4.0 of this booklet.

A Medical Examination Form will be forwarded by your Study Co-ordinator to the doctor who will be conducting the medical examination. According to local instructions, please arrange for this examination to be carried out at school, child health clinic, health centre or other venue designated by your Study Co-ordinator. The method of administration of the medical examination is outlined in Section 5.0 of this booklet. Please note that you will need access to all available child health records and also some special equipment for the medical examination.

*The next three Sections describe these Forms and how to administer them*

## 3.0 HOW TO ADMINISTER THE PARENTAL INTERVIEW FORM

### 3.1 Contents of the Form

The Parental Interview Form is the main source of information about the Study child's health and home background, social experience, hospital admissions, accidents and a number of other factors concerning the health, environment and experiences of the Study child and the family. The interviewer is asked to become familiar with the questions in the Parental Interview Form, either by reading it through before conducting the interview or by a practice interview with a colleague or with the mother of a non-Study child.

### 3.2 Whom to Interview

Please conduct the interview with the mother. If the mother or mother substitute is unavailable, interview the person who can best answer questions about the child's health and development.

### 3.3 The Time and Place of the Parental Interview

This is left to local arrangements consistent with local facilities and the convenience of mother and designated interviewer. It may be that the most appropriate place would be the parental home or, providing the parent signifies her intention to attend, the interview could be held at the school or clinic prior to the child's medical examination. The Parental Interview Form should, if possible, be completed in time for the doctor to have the child's medical history in front of him/her when conducting the medical examination.

### 3.4 How to phrase the Questions

The majority of questions in the Parental Interview Form are not phrased in such a way that they could be read out directly to the mother, so please use the approach you consider to be most suitable to obtain the required information. This particularly applies to potentially sensitive questions such as those on income or benefits. While it is important for the research that the Schedule is answered as completely as possible, please do not press the mother to reply to questions if she says she would prefer not to answer. Please assure the mother that all information will be treated in complete confidence. Most of the questions in the Parental Interview Form consist of items with a number of possible answers. Be careful not to lead mother to a particular response. Do not read out to the mother the various alternatives printed as possible answers to a given question on the Form, unless she is actually having difficulty in making up her mind.

### 3.5 How to answer the Questions

The method of answering the questions is indicated on the front of the Parental Interview Form. It consists mainly of putting a tick in an appropriate box indicating the correct answer.

### 3.6 Time Intervals

Please note that different questions ask about past events occurring over different times, ranging from events during the past seven days, during the past month, right up to the past twelve months. Yet other questions ask about events occurring since the child's fifth birthday or even occurrences since birth. Please read each question carefully in this respect.

### 3.7 How to fill in the front page of the Form

Please ensure that the identification details are correctly filled in.  
**Home address** Please check that this is the most recent one available and that the postcode is entered if available. **NHS Number** The mother has been asked in our original parental letter to provide you with the NHS number, if possible. **Health District** Please enter the Health District in which the child lives rather than the one in which the child goes to school, if different. **Name of the General Practitioner** Please obtain the name of the permanent family doctor and not that of a trainee or locum. **Name of respondent** Please say whether you are interviewing the 'mother-figure' (natural mother, step-mother, foster mother, grandmother, etc.) or 'father-figure', or other person. **Child's survey number** Each child has an individual survey number allocated for this Study, which will be known to your Study Co-ordinator and should be entered in the upper right-hand corner of the front page of the Form.

### 3.8 Comments on specific questions in the Parental Interview Form

The vast majority of the questions on the Parental Interview Form are self-explanatory, but there are a few where some explanation might be helpful. These are summarised below.

**The Medical History – Question B1 – B24** there is no need to verify statements made by the mother in the Medical History section directly from child's health or immunisation records, unless you have these to hand. However, if you suspect an inaccuracy, please make a note on the back page of the Form.

**Question B8 Convulsions, fits and seizures** If the child has had a convulsion, fit or seizure, please ask the mother to give a description of what actually occurred during the first attack, taking note of the age of the child at this point and duration of the attack. If there were no subsequent attacks please write 'NO FURTHER ATTACKS' in the space provided. If subsequent attacks occurred but were identical to the first attack, write 'NO DIFFERENCE'.

**Question B9 Congenital Abnormalities** What we require here is full details of any defect or abnormality present at the child's birth, even though it might not have become apparent until much later. If you have any doubt as to whether a particular condition should be listed, please include it.

**Question B15 Reactions to immunisation(s)** Please take the mother carefully through each disease the child has been immunised against and ask her whether there was any reaction. If so, enter the nature of the reaction as asked in the question. Many mothers will not remember minor reactions in their child after a ten-year interval and conversely, many mothers may tend to recall earlier reactions after whooping cough vaccines. Please tell the mother that we are interested in all reactions, whether major or minor. Tell her, if she enquires, that we have no authority to bring individual cases to the notice of Government for procedures such as compensation.

**Question B23 Medication taken by Study child in the past 7 days** This question is included in view of the large amount of medication taken by children nowadays, either by doctor's prescription, from chemists, shops and other sources. Please include all medicines, tranquillisers, sedatives as well as medicinal products obtained directly from chemists or shops, e.g., analgesics, laxatives and vitamins. Give, where appropriate, the actual and trade name of any medicine or substance taken, please write 'NIL' if the child has not taken anything during the last 7 days. If there is not enough space, please continue on the back page of the Form.

**Question C3 Actual job, type of industry and occupation of Parent(s)** It is very important that details of the parent(s) occupation are as full and as accurate as possible. Beware of accepting terms such as 'factory worker' or 'engineer'. Press as much as you can for the type of work that each parent does, as well as details of the industry itself. For example, if the mother is a shop assistant, specify the type of shop she works in, e.g., shoe shop. Please do not refer to the industry by its trade name, e.g., Brush Leyland, but rather by definition of its function, e.g., car body plant.

**Question C6 Time spent during the past working week working outside normal hours** This question is intended to identify parents who work for periods of time outside standard working hours. A positive response is required if the parent worked for a total of 3 hours outside the period 8 a.m. to 5 p.m. on any given week day, for example, a person working for 3 hours in the evening after 5 p.m. or overnight, i.e. night worker. A positive response is also required if, during the last working week, the parent worked 3 or more hours on either Saturday or Sunday.

**Question C9 Family Income** Some parents find it difficult to convert an annual or monthly salary to weekly income. In case of difficulties, a rough guide is included below with a table.

Annual Salary	Approximate Monthly Income	Approximate Weekly Income
£	£	£
1,000	83	20
2,000	166	40
3,000	250	59
4,000	333	78
5,000	417	97
6,000	500	115
7,000	583	135
8,000	666	154
9,000	750	173
10,000	833	193

**Question D4 Width of Kitchen** This rather unusual question is asked to bring the Study in line with the census and other national surveys, and to allow a comparison between them.

**Question E9 Cigarette or cigar smoking by the mother** Some women smoke both cigarettes and cigars. In this case, tick both the appropriate boxes, but only fill in the number of cigarettes smoked on a normal day.

**Question E11** This question should be answered in the same way as E9, but for the father.



## 5.2 Time and place of Medical Examination

The medical examination should be carried out at school, at a child health clinic, at a health centre or at other designated venue. This will depend on local arrangements and the availability of suitable premises. Please consult your Study Co-ordinator where necessary. It should preferably be in a place where the equipment and the facilities detailed in Sections 5.5 and 5.6 of this booklet are readily available.

## 5.3 How to answer the Questions

In answering the questions in the Medical Examination Form, a very simple method of ticking boxes is employed. This is demonstrated at the foot of page 2 of the Medical Examination Form. In answering requiring text, please write as clearly as possible, and preferably in BLOCK CAPITALS.

## 5.4 How to fill in the front page of the Form

Please ensure that the identification details of the child are correctly filled in and that the home address is the most recent one available. Please enter the Health District in which the child lives rather than the one in which the child goes to school, if these are different. The survey number of the child should be entered in the upper right-hand corner of the front page.

## 5.5 How to complete the School Health Section

In order to complete the section on school health fully, the following will be necessary: the school medical records, results of screening tests, assessment reports, and any available copies of hospital letters or records. For handicapped children or those receiving special education, the health file and relevant documents will be needed. You will be asked to provide a summary from the records of the progress and current status of each child with past or present handicap or disability.

The section on school health should be completed as far as possible *before* the medical examination takes place. The aim of the section is to obtain as much information as possible from all available records in the first instance. If you then feel that the parent or Parental Interview Form could add extra information, please insert this information in the space provided below the relevant question(s) and record the fact that information was obtained in this way. If some records are not available when the section is filled in, please complete the section as far as possible and arrange with your Study Co-ordinator for any additional information to be added at a later stage on page 18 of the Medical Examination Form.

## 5.6 How to complete the Medical Examination Section

In order to complete the section on the medical examination fully, you will require the following equipment —

- 1 Steel/wooden measuring rod or steel tape measure. If not available, use stadiometer on back of weighing machine.
- 2 Beam balance, or other weighing apparatus.
- 3 Paper or plastic-covered tape measure.
- 4 Standard Snellen Distant Vision Chart *or equivalent*.
- 5 Mercury sphygmomanometer: the bladder within the cuff should be deep enough to cover about two-thirds of the length of the upper arm and be long enough to encircle the arm completely. A cuff depth of at least 4 ins. is recommended. An adult-size cuff is acceptable.
- 6 Tennis or rubber ball, a piece of chalk, a stop watch or a watch with a second hand, 2 standard match boxes, one of which contains 20 safety matches.
- 7 In addition, a Near-Vision Card of the Shendan-Gardiner type should be used — this is provided on the *inside back page of this Instruction Booklet*.

It is suggested that the medical examination, should if possible be carried out after all the other relevant Study forms have been completed, including the Parental Interview Form and the school health section of the Medical Examination Form. Much of the medical history will already have been entered on the Parental Interview Form, information about common behavioural difficulties will have been recorded in questions A2–A7 in the Maternal Self-Completion Form. We have included on the Medical Examination Form a single question (B4) containing a check list of past and current medical events. This should be filled in by interrogating the parent, if the parent is not available, please complete this question as far as possible from other sources such as the school health records, the Parental Interview Form or the Maternal Self-Completion Form. The rest of the Medical Examination section is structured to permit maximum freedom in carrying out the actual examination. Certain of the tests, e.g., near and distant vision, height, weight, head circumference, appear early in this section as they might be carried out just prior to the clinical examination. Please feel free to vary the order in which the measurements and clinical examination occur, in the way which suits best the facilities available and the staff helping you. Please note that you are asked to summarise your findings at the end of the examination, and also to indicate whether the examination has brought to light any new findings.

## 5.7 How to complete the Audiogram Section

The Audiogram Form is on the back page of the Medical Examination Form. If necessary, it can be detached from the main form. It is hoped that the results of the sweep audiometry will be available in time for the completion of the Medical Examination Form. If the results of the sweep audiometry are abnormal, then we should be grateful if pure-tone audiometry could be carried out.

## 5.8 Comments on specific questions in the Medical Examination Form

The vast majority of the questions on the Medical Examination Form are self-explanatory, but there are a few where some explanation might be helpful. These are summarised below.

**Questions A3 – A9** Please note that these questions initially should be completed from records. If there is extra information available, please make use of it. If all records are not available, please ask the mother or consult any other source, such as the Parental Interview Form. Enter extra information in the space provided below the relevant question(s), stating the sources from which the information was obtained.

**Question A2 Other available health records** Please list all records to which you have referred, even if the information contained within them is not contributory.

**Question A4 Screening tests** Please record *all* tests carried out since the *fourth* birthday.

**Question A7 Significant illnesses, developmental problems or handicaps** Please enter from records *all* conditions that would not be considered a normal part of a child's medical or developmental progress. If you require further space, please continue on page 18. Please add any further information ascertained from other sources in the space marked 'Extra information', recording the source.

**Question A8 Summary of progress of any child with handicap or receiving special education** This is an important section, as one of the major aspects of the Study is childhood handicaps. It is almost impossible to define the borderline as to what is or is not a disabling or handicapping condition. We, therefore, ask you to use your judgement in making the classification and if you are in doubt as to whether to include a condition, please err on the side of inclusion rather than exclusion. We would like details of diagnosis, investigations, management and treatment, together with the most recent assessment available of the child's condition. If you need more room, please continue on page 18. If possible, please arrange with your Study Co-ordinator to send us photostats of relevant Special Education forms, health records or summaries which you think will be useful in assessing the nature and degree of any handicap. Your Local Education Authority/Regional Council will be aware of this request.

**Question A10 Whether on observation or other register** Please include medical and social indications, including non-accidental injury if information available.

**Question A14 Missing records** This question is included to act as an aide-memoire to enable the insertion of relevant information on page 18, if any missing records are available centrally.

**Question B4 History of illnesses and conditions** Although the main medical history is contained in the Parental Interview Form, a short check list is included here for the medical examiner to ask the parents, if they are available at the examination. If parents are not available, please answer this question as far as possible from other sources, such as records or the Parental Interview Form.

**Question B21 Results of general and systemic examination** This section is for you to record *all* abnormal conditions found in the course of your examination, regardless of whether they appear elsewhere on the Form.

**Question B24 Past or present congenital abnormality** We are asking for descriptions of *all* defects, whether major or minor, which were present at birth – although they may not have become apparent until later in childhood. If you are in doubt as to whether a certain condition should be included or not, please *include* rather than *exclude* it.

**Question B25 Palmar creases** Please examine the palms of the child's hands and decide which of the pictures in the Medical Examination Form best depicts the creases seen. On the left of each triad of palms is a *normal* palm, in the middle is a palm with a *single transverse palmar crease*, and on the right is shown a palm with a *Sydney line*. The Sydney line is found in a hand whose second line continues to the edge of the palm (see arrows, as indicated on the question).

**Question B26 Clinical estimate of child's nutritional status** Please do not rely on abnormal percentiles on weight-for-age or weight-for-height charts. We are asking for your *clinical* impression.

**Questions B27 – B32 Laterality and Motor Co-ordination tests** Please ensure that you have the right pieces of equipment with you. If you have time, please familiarise yourself with each test and the method of scoring the results. The tests themselves are self-explanatory. The four symbols used in the graphesthesia test (Question B30) are depicted below, and should be shown to the child at the beginning of the test to make sure that he/she can name them. The instructions are fully explained on the Medical Examination Form.



**Question B35 Summary of conditions found and conclusions** You are invited to summarise any health or educational problems, defects, disabilities or handicaps you have detected in this child. The purpose of this question is to allow you to make an assessment of whether or not there is likely to be any effect of the condition(s) on the child's progress at home or at school, and if so, whether the disability is slight, marked, or in the past only.

**Question B36 Any condition(s) present in the child not already diagnosed or under observation** The purpose of this question is to determine whether any abnormal condition(s) or symptom(s) have come to light from the history, records or your examination which, as far as you can ascertain, were not already diagnosed or under observation. We would be grateful for your views as to the reason(s) and implication(s), if any.

### 5.9 How to use the back page (page 18) of the Form

Please enter in the space provided details of clinical progress and major findings on any defect, disability or handicapping condition(s). See *question A8*. Please also append or send to us any available copies of relevant child health reports and/or special educational documents relating to such condition(s).

Please add on this page any further answers to any questions where there was insufficient space on the Form.

Please enter in the space provided any comments by SCM (Child Health) or other Study Co-ordinator. Please include here any details from missing or centrally-held child health records.

### 5.10 Checking and return of the Form

Please check that all questions have been answered and suitably recorded. We should then be grateful if you could arrange to return the completed Form to your Study Co-ordinator. Please also return to your Study Co-ordinator the completed Parental Interview Form and Maternal Self-Completion Form, if these are in your possession.

## 6.0 ASPECTS OF THE STUDY NOT INVOLVING STAFF OF HEALTH AUTHORITIES/BOARDS

The following notes concerning other important aspects of this Study are included for your information. Clinical staff of Health Authorities/Boards will *not* be involved in these parts of the Study.

### 6.1 The CHES 10-year educational follow-up

A separate educational section of the study will examine the educational progress of all the Study children. This is being arranged by your Local Education Authority/Regional Council and will be taking place during the first six months of 1980. Each child will receive a comprehensive series of tests at school of reading and mathematics skills, language competence, reasoning ability, motivation and social awareness.

The results will not only provide information about the educational progress of a nationally representative sample of children at the end of their primary school experience, but will also provide much needed information about slow readers, slow learners and children with specific educational difficulties.

When linked with the results of the health study, a comprehensive picture will emerge of the physical and social characteristics of children with learning difficulties and of the educational progress of children with major and minor physical handicaps.

**Question A8 Summary of progress of any child with handicap or receiving special education** This is an important section, as one of the major aspects of the Study is childhood handicaps. It is almost impossible to define the borderline as to what is or is not a disabling or handicapping condition. We, therefore, ask you to use your judgement in making the classification and if you are in doubt as to whether to include a condition, please err on the side of inclusion rather than exclusion. We would like details of diagnosis, investigations, management and treatment, together with the most recent assessment available of the child's condition. If you need more room, please continue on page 18. If possible, please arrange with your Study Co-ordinator to send us photostats of relevant Special Education forms, health records or summaries which you think will be useful in assessing the nature and degree of any handicap. Your Local Education Authority/Regional Council will be aware of this request.

**Question A10 Whether on observation or other register** Please include medical and social indications, including non-accidental injury if information available.

**Question A14 Missing records** This question is included to act as an aide-memoire to enable the insertion of relevant information on page 18, if any missing records are available centrally.

**Question B4 History of illnesses and conditions** Although the main medical history is contained in the Parental Interview Form, a short check list is included here for the medical examiner to ask the parents, if they are available at the examination. If parents are not available, please answer this question as far as possible from other sources, such as records or the Parental Interview Form.

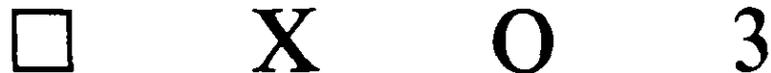
**Question B21 Results of general and systemic examination** This section is for you to record *all* abnormal conditions found in the course of your examination, regardless of whether they appear elsewhere on the Form.

**Question B24 Past or present congenital abnormality** We are asking for descriptions of *all* defects, whether major or minor, which were present at birth – although they may not have become apparent until later in childhood. If you are in doubt as to whether a certain condition should be included or not, please *include* rather than exclude it.

**Question B25 Palmar creases** Please examine the palms of the child's hands and decide which of the pictures in the Medical Examination Form best depicts the creases seen. On the left of each triad of palms is a *normal* palm, in the middle is a palm with a *single transverse palmar crease*, and on the right is shown a palm with a *Sydney line*. The Sydney line is found in a hand whose second line continues to the edge of the palm (see arrows, as indicated on the question).

**Question B26 Clinical estimate of child's nutritional status** Please do not rely on abnormal percentiles on weight-for-age or weight-for-height charts. We are asking for your *clinical* impression.

**Questions B27 – B32 Laterality and Motor Co-ordination tests** Please ensure that you have the right pieces of equipment with you. If you have time, please familiarise yourself with each test and the method of scoring the results. The tests themselves are self-explanatory. The four symbols used in the graphesthesia test (Question B30) are depicted below, and should be shown to the child at the beginning of the test to make sure that he/she can name them. The instructions are fully explained on the Medical Examination Form.



**Question B35 Summary of conditions found and conclusions** You are invited to summarise any health or educational problems, defects, disabilities or handicaps you have detected in this child. The purpose of this question is to allow you to make an assessment of whether or not there is likely to be any effect of the condition(s) on the child's progress at home or at school, and if so, whether the disability is slightly marked, or in the past only.

**Question B36 Any condition(s) present in the child not already diagnosed or under observation** The purpose of this question is to determine whether any abnormal condition(s) or symptom(s) have come to light from the history, record or your examination which, as far as you can ascertain, were not already diagnosed or under observation. We would be grateful for your views as to the reason(s) and implication(s), if any.

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Please add on this page any further answers to any questions where there was insufficient space on the Form.

Please enter in the space provided any comments by SCM (Child Health) or other Study Co-ordinator. Please include here any details from missing or centrally-held child health records.

### 5.10 Checking and return of the Form

Please check that all questions have been answered and suitably recorded. We should then be grateful if you could arrange to return the completed Form to your Study Co-ordinator. Please also return to your Study Co-ordinator the completed Parental Interview Form and Maternal Self-Completion Form, if these are in your possession.

## 6.0 ASPECTS OF THE STUDY NOT INVOLVING STAFF OF HEALTH AUTHORITIES/BOARDS

The following notes concerning other important aspects of this Study are included for your information. Clinical staff of Health Authorities/Boards will *not* be involved in these parts of the Study.

### 6.1 The C H E S 10-year educational follow-up

A separate educational section of the study will examine the educational progress of all the Study children. This is being arranged by your Local Education Authority/Regional Council and will be taking place during the first six months of 1980. Each child will receive a comprehensive series of tests at school of reading and mathematics skills, language competence, reasoning ability, motivation and social awareness.

The results will not only provide information about the educational progress of a nationally representative sample of children at the end of their primary school experience, but will also provide much needed information about slow readers, slow learners and children with specific educational difficulties.

When linked with the results of the health study, a comprehensive picture will emerge of the physical and social characteristics of children with learning difficulties and of the educational progress of children with major and minor physical handicaps.

6.2 Subsequent C H E S study on families with handicapped children

The present Study will provide a great deal of hitherto unavailable information about all grades of handicap and disability in 10-year olds. It will also enable a second phase of the Study to be carried out by C H E S subsequently, on a proportion of the cohort. This future phase of the Study will be carried out later in 1980 in co-operation with the Social Policy Research Unit of the University of York, and will be funded by the DHSS and by the Joseph Rowntree Memorial Trust.

In this later phase, C H E S will invite the parents of a proportion of the children with handicaps or disabilities to provide further information on a number of important aspects not covered in the present follow-up, such as parental perception of their child's problems, their use of available health and social services, and any effect of the handicap or disability on the siblings and family well-being. This subsequent phase will not take up the time of staff of Area Health Authorities or Health Boards, although obviously we shall be pleased to keep you informed of the results.

THANK YOU SO MUCH FOR YOUR HELP AND INTEREST

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36	X	H	A
24	A	X	T
18	H	O	U
12	x v	u t	h a
9	' '	• v	" "
6			

To be read at a distance of  
 not more than 10 inches from the eye

Reproduced by permission  
 of the author

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# CHILD HEALTH AND EDUCATION STUDY

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



**INSTRUCTION BOOKLET  
FOR EDUCATIONAL TESTS**

## IMPORTANT

If the study child is handicapped to the degree that he or she cannot attempt the tests, understand the material or fill in the question form, please notify us directly so that we can send you a special study pack for that child. Please write to

The Director,  
Department of Child Health Research Unit,  
University of Bristol,  
65 St Michael's Hill,  
Bristol BS2 8BH

THANK YOU

## Administration of Tests

The Child Health and Education Study is following the progress of some 16,000 children in England, Scotland and Wales, all of whom were born during the week 5-11 April, 1970. These children have already been studied at the time of birth and at the age of five, when extensive information was obtained about their health and development during the pre-school period. This included details of their family life, experience of educational and day-care facilities and use of community and specialist health services. The Study taking place in 1980, at about the time when the children reach ten years of age, will document their progress through primary school and provide measures of school attainment and ability which can also be related to their pre-school experience at birth and at five. This is the third national longitudinal study of child development and, as the first began in 1946, provides comparative information concerning the lives of British children over a total span of 24 years.

An important part of the present study is the educational assessment of all the sample children. This is a comprehensive assessment which covers both reading and mathematical skills, reasoning ability, language competence, motivational characteristics and social awareness. Since past surveys have shown the need to use wide-ranging measures, these tests have been designed so that virtually all children can attain some score.

There are also several measures designed to assess the child's educational and social behaviour, as seen by the teacher, and educational environment as seen by the School Head and teacher.

We should be most grateful for the co-operation of the school and also of the study child's teacher, in completing the enclosed forms. We realise that it is an imposition on the time and good will of the teacher concerned but we believe that the value of this information is such that it will justify the effort required in completing the different forms.

Clearly, all information received by CHES itself is treated in the utmost confidence. There will be no identification of individual children or schools in any of the reports issued on the basis of the survey. We are indebted to the School Head, to yourself as the child's Class Teacher, and to the others who are assisting directly or indirectly in the work necessary for the completion of these tests and forms. Not least of all, we shall be most grateful to the child for the co-operation he or she is offering in this assessment of the well-being and the problems of the 10 year old child in Britain today.

In the view of the time required for the tests - about half an hour for each of the four main tests - we suggest that the reading test and British Ability Scales be given (in that order) on the first occasion, and the language and mathematics tests be given (in that order) on a second occasion so as not to tire the child. Three of the tests have stopping points so that the children do not have to continue with items beyond their level of competence. Please inform the child on each testing occasion that the tests contain some items that are too difficult for most 10-year-olds, so that he or she is not unsettled by failure at a certain point.

# Notes on the completion of these forms

PLEASE ENSURE THAT EVERY QUESTION IS ANSWERED

PLEASE USE SOFT PENCIL ONLY, AND RUB OUT ANY MISTAKES THOROUGHLY

Where space for your answers are of this type , simply mark the appropriate space like this , not like , or 

Your answers will be machine read, so please ensure that nothing else is entered in, or near these spaces, otherwise the form will be unreadable

For items where a line is drawn between two contrasting views, please place a *vertical* mark across the line at any position where you estimate that your own view or policies lie, e.g. Does the child persevere when faced with a difficult problem?

Most of the time  Not at all

This means that on the the majority of occasions the child does persevere, in relation to other 10-year-old children

The type of response required from the child is explained fully within each of the subsidiary tests or scales

- 1 **INSTRUCTION BOOKLET** This booklet contains information about the administration of the main educational test, details of the subsidiary test designed to test the child's motivational and social awareness, and some diagnostic measures for use in the assessment of learning difficulties. It is not necessary to return this booklet
- 2 **EDUCATIONAL TESTS** These consist of four main tests
  - a) **The Shortened Edinburgh Reading Test**

Please see Page 3 of this document for administration details  
Answers written by the child on the reading test itself
  - b) **The British Ability Scales** (contains four modified tests)  
Administration details given in the BAS booklet itself  
Answers are written by the child in the BAS booklet itself
  - c) **The CHES Pictorial Language Comprehension Test**

Please see Pages 4–6 of this document for administration details  
Answers are recorded by the teacher on Pages 2–5 of the Educational Score Form
  - d) **The CHES Friendly Maths Test**  
Administration details are given on Page 6 of this document  
Answers are written by the child on the Maths Test itself
- 3 **DIAGNOSTIC MEASURES** These consist of four short tests
  - a) **Diagnostic Reading**  
Instructions on Page 7. Answers recorded by the teacher on Page 6 of the Educational Score Form

- b) **Writing and Spelling (dictation) and Writing (copying)**

Instructions on Page 8

Dictation and copying written by the child on Page 7 of the Educational Score Form

- c) **Naming Body Parts** The Left Right Test

Instructions on Page 8

Answers recorded by the teacher on Page 9 of the Educational Score Form

- d) **Sequential Recall**

Instructions on Page 9

Answers recorded by the teacher on Page 9 of the Educational Score Form

- 4 **SOCIAL JUDGEMENT SCALE**

Instructions on Page 7

Answers recorded by the teacher on Pages 10–11 of the Educational Score Form

- 5 **THE PUPIL QUESTION FORM** This is for completion by the study child. The Pupil Question Form is of particular importance. The child is asked to answer questions about motivation, self-esteem, health, activities and nutritional habits. It is important that the child be allowed to fill in the form in confidence. We suggest that you give the child an A4 envelope in which he or she can place the completed form and then seal it. Please ensure that this envelope is immediately placed inside the CHES polythene envelope

- 6 **THE EDUCATIONAL QUESTIONNAIRE** This is to be completed mainly by the study child's Class Teacher. However, it contains two important sections at the end which we would like completed by the School Head. Details are given on the form itself

## Educational Tests

### The Shortened Edinburgh Reading Test.

The administration of this test is outlined below. The words in italics indicate the suggested manner of describing the tasks to the child

#### Page 1

*There are four words around the picture of a dog. Look at the circle around the word that says DOG. That's the right word for the picture.*

*Now look at the next picture. Draw a circle around the word for that picture.*

Ask the child to continue with the remaining items

#### Page 2 (top half)

*Here you have to cross out the word that doesn't belong to the sentence. The first sentence says 'Why are you been late?' There's one word that doesn't belong. It's 'been' 'Why are you late?', not 'Why are you been late?'*

*Cross out that word, 'been'. That's right.*

*Now do the same with the next sentence.*

Continue with the remaining items

Page 2 (bottom half)

*And now we have a quiz*

*First we have five questions, then at the bottom there are five answers. We have to find which answer goes with which question. Look at the top question 'Do you feel all right?' Look at answer E 'I feel very cold'. That answer fits the question. So we write the letter 'E' at the end of the first question.*

Amplify if necessary, but please do *not* read out the other four alternatives. Merely explain that 'the other answers are not correct for that question'.

*Now we have used up answer 'E'. Try to find the right answers for the other four questions.*

Page 3

*Here's a picture quiz. Look at the picture carefully. Then look at the questions. The first question says 'Where is the bus going?' Don't say the answer out loud. Just write down the answer.*

Continue with the remaining items.

For the remaining parts of this test the child is expected to read the questions and complete the answers without further assistance. Offer non-directive encouragement if the child appears daunted by a question. Encourage the child to re-read the instructions, but do not read out those instructions to the child.

When the child reaches a point which is clearly beyond his or her level of reading comprehension, reassure the child that 'those items are usually meant for older children'. Please congratulate the child on what has already been achieved.

### The British Ability Scales

A modified version of four of these scales, suitable for teacher administration, appears in the booklet. Details of the administration are given there.

### The CHES Pictorial Language Comprehension Test

This test has been designed by three linguists and is based on language usage and concepts common to the culture of this country.

The test consists of sets of vocabulary and sentence items. All the items appear in order of increasing difficulty. When introducing the test, explain to the child that 'there are lots of easy words and sentences, and also some very difficult words, the difficult words are usually meant for older children'. Emphasise the need for the child to take care in choosing the correct picture. The words printed below indicate the suggested manner of describing the tasks to the child.

The wording of each test item appears in the Educational Score Form (pages 2 to 5).

#### Vocabulary Items (1 to 71)

*I'm going to say a word. See if you can tell me which is the right picture for that word.*

Read out the first vocabulary item (Page 1), making certain that the child understands what is expected. Mark the child's response on the scoring sheet (see section on scoring) and then, if necessary, explain what is the correct response. If the child gives a correct response, say

*That's fine. You just have to point to the right picture. Don't forget to look at all the pictures carefully before you decide.*

Continue with the next two vocabulary items. Correct the child if necessary, explaining carefully which pictures match the given words. Thereafter, continue with the remaining vocabulary items but do *not* offer any further corrections. Give *non-committal encouragement throughout*. Offer increased encouragement if the child becomes restless. (See section on stopping rule, on the next page).

For slow learners, cover up each opposing page so as to focus attention on a single page of items.

#### Sentence Items (72 to 87)

The sentence items start on page 72.

*These pictures are easier. Shall we try again?*

*I am going to show you some new pictures, and say a sentence. I want you to point to the right picture to go with the sentence I give you. Let's try some sentences now.*

Administer and mark the first *three* sentences, checking that the child understands the task. If necessary, after coding the child's response, correct the child and point out which is the right picture. Continue with the remaining sentence items, but avoid giving any further indication of whether the child is right or wrong.

#### Sentence Items (88 to 100)

When you reach the set of sentences which start with two pictures on Page 88 explain carefully.

*Here we have a different kind of sentence. Listen to what I say, and then point to the pictures in the order that everything happens. Like this one.*

Read out the first item (The dog chased the cat which ran up the tree). Mark the child's response in the order given by the child. Then, if incorrect, explain the correct order. If necessary assist the child in the ordering of the second and third items (*after* noting the responses, to ensure that the child understands the task). Continue with the remaining items, but do *not* correct the child further.

For both sentences and sequences, read the item in a normal conversational voice without undue emphasis.

**If asked to repeat any of the words or sentences, please do so.**

**Non-response** Emphasise that the child can take time to answer. If, however, there is no response, repeat the item clearly, *once* only.

**Scoring** The words and sentence items appear on the Educational Score Form (Pages 2 to 5), together with the page number of the item and the possible responses. These responses match the arrangement of the pictures with the figure 0 (zero) indicating the *correct* response. e.g.

Item (a)	1	2	Item (b)	0	2
	0	4		3	4

Draw a horizontal line across the number matching the *position* pointed out by the child. Thus, if the child points to the top right hand picture of item (a), mark the number '2'. Clearly, for this item the correct response would have been the bottom left hand picture. For item (b) the correct answer would be the top left hand picture. If the child does not offer a response for a particular item, leave the numbers *unmarked*.

For the sequence items simply note whether the child's sequence is the same as that given on the scoring sheet, or not

**Stopping Rule** For the vocabulary items, you should continue until the child has five successive failures, which you will recognise by the fact that no zero is marked for five successive items. Stop the test after explaining to the child that the succeeding items are 'really very difficult'. Congratulate the child on the progress that he or she has made.

If you have to stop before this point is reached, please note the reason, briefly, on the answer form.

The sentence and sequence items are relatively easy for most 10-year olds and except in the case of those slow learners who have great difficulty with these items, it should be possible to administer all 29 sentence and sequence items to your child.

**Conclusion** We are only now developing national norms for this test, but we hope that the scoring of the items will give you some idea of the child's language comprehension. We have deliberately included a number of very easy and very difficult items, so that most children should achieve a score in the middle of the range.

Thank you for your assistance with the test. You need not return the CHES Pictorial Language Comprehension Test booklet, although the Educational Score Form should be returned to us.

### The CHES Friendly Maths Test

This test was developed by two experienced mathematics teachers and is based on a large body of research findings. It covers a wide curriculum, typical of the areas dealt with at the level of the 10-year old. It is not expected, however, that any one school will have covered all these areas. The choice of framework is broadly in accord with that suggested by the Assessment of Performance Unit.

Within each of the areas covered in the test there is a sequence of difficulty levels. Thus a child may succeed on several items in a particular area, but then fail the last few items of that area. However, the next topic area starts again with a very simple item, so that the child is continually reinforced by the experience of success at frequent intervals. A child who has no understanding of a particular item should not attempt to answer it, on the other hand, if there is some grasp of the topic the child should feel free to make an intuitive choice among the alternative responses.

If the study child has any difficulty in reading, it is in order to read out the wording of each item. Numerals should be read out as single figures and not given their full integrated description. For example, 1311 should be read out as One, Three, One, One and not as Thirteen Hundred and Eleven. Likewise ½ should be read out as 'one over two' and not a 'half'. Multiple choice answers which are given as words may be read out, but numerical choice answers should not be read out in any circumstances.

We would strongly advise that you tell the child in advance that some of the items are 'really difficult' and are usually meant for older children, so that he or she is not upset by an inability to do some of the items.

The child should also be told in advance, and this point might be repeated during the test, that rough notes or 'working out' can be done anywhere on the test pages, provided that these notes are not made near the answer boxes.

The only materials required for the test are a lead pencil, an eraser and a metric ruler. When a child wishes to correct an incorrect entry in one of the boxes it is important that he or she should erase it rather than cross it out.

We suggest that just before reading out the first question you demonstrate how the correct answer should be selected and then marked with a clear horizontal line across the box.

For example  $4 + 4 = ?$

44	<input type="checkbox"/>
4	<input type="checkbox"/>
14	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>
16	<input type="checkbox"/>

**Errata** Maths Test booklet Page 3 bottom item, question mark should be below rule, Page 6 middle item, the right hand side of the equation should read 64, not 4.

### Social Judgement Scale

This scale appears towards the end of the Educational Score Form. It is to be filled in by the teacher. The child's responses to the situations described in that scale may give some indication of his or her level of social awareness at this stage.

### Diagnostic Measures

It is known that spelling problems and the associated problems of identifying phonetic structure are often related to reading problems. The kinds of errors made by children in spelling, pronunciation and writing tasks can be of diagnostic value in understanding certain areas or reading difficulty. Four of these tasks are presented below.

#### a Diagnostic Reading

##### i) First word list

Please ask the child to read out each of the words on the list at the end of this paragraph. The words should be read from left to right in each line. As the child reads each word, please note incorrect pronunciation (or refusal to attempt the word) on the appropriate list in the Educational Score Form (Page 6).

PLAY	SHARP	LIST	OLD	JUMPING
BEFORE	SOON	OPEN	SLY	GROUND
CHILDREN	DITCH	MOUTH	AIR	SPEAKING
LOW	EVERYONE	MISCHIEF	FRIENDLY	BECAUSE
STRANGE	FAREWELL	MEADOW	FRIGHTENED	TOWARDS
BEAUTY	ADVENTURE	ATOGETHER	THISTLE	AUTUMN
CRACIOUS	OCEAN	QUARRELSOME	NIGHBOURHOOD	JEALOUSY
DELICIOUS	SOVEREIGN	MANUFACTURE	IDIENESS	POPULATION
ACQUAINTANCE	PALFEST	CEREMONY	MONUMENTAL	ACKNOWLEDGE
THREATEN	BURIAL	LEAFY	NEVERTHELESS	TRIUMPHANT
ROQUE	RUINOUS	DENY	ORIGINAL	CONSEQUENCES
REVERENCE	CHEQUE	PYRAMID	VEHICLE	EMPHASIS
LIEUTENANT	BENEFICIAL	PIFTY	ENDEAVOUR	SUSCEPTIBLE
SACRIFICIAL	ANTICIPATE	IDiotic	AREA	HEROIC
DIAMETER	EAGLE	CYNICAL	ANALYSIS	PICTURESQUE
SOLICITOR	INACCURACY	STRATAGEM	PERSUASIVE	MANOEUVERS
PREFERENCE	TYRANNY	CATASTROPHIC	OPAQUE	DECISIVE
MISCELLANEOUS	RECIPE	PRECIPITOUS	PNEUMONIA	CALIBRE
MAUSOLEUM	ACCEPT	FACEBOUS	TSETSE	NAUSEA
RHETORIC	UNANIMITY	HEINOUS	FORTUITOUS	DESULTORY

ii) **Second word list**

Please show the child the list of words below. Point out each word in turn, ask the child to study it and then 'Try to pronounce it'. Note the child's responses (correct or incorrect pronunciation, and any errors made), in the appropriate boxes in the second word list on Page 6 of the Educational Score Form

1 NEADOW      2 LOCEAN      3 TEAGUE      4 OREA  
5 HISTLE    6 NAREWELL    7 ODLENESS    8 RONUMENTAL

b **Writing and spelling**

i) **Dictation task**

Please dictate the following to the child, at a speed suited to the child's pace of writing. If the child cannot write a word and asks how to spell it, say 'Just try to write it as best you can', and repeat the sentence containing the problem word. Do not repeat a particular sentence more than once. However, if the child asks for a repetition of the imaginary words in the middle of the passage, those words may be repeated twice. Please note the time taken by the child to complete the writing of the passage, in the appropriate space on the Educational Score Form

*I often visited my aunt. She lived in a magnificent house opposite the gallery. I remember her splendid purple curtains. She wrote poetry. The problem was nobody could understand it. Her latest poems had words like prunty, slumber, grondel, blomp. I wanted to laugh but I had to pretend to like them. However, I really like the special refreshment. There was blue juice, cake and biscuits. When I left, my stomach was full and I was happy and contented.*

ii) **Handwriting**

Please ask the child to copy the words 'The quick brown fox jumps over the lazy dog', in the space below those words on the Educational Score Form. The child should be asked to write in his or her ordinary handwriting, regardless of whether the child's ordinary writing is joined up or separate.

c **Naming Body Parts The Left-Right Test**

Seat the child at a table opposite you. Read each instruction clearly to the child, taking care to look straight ahead. Do not look at his or your hands. For item 3 onwards, put both your hands on the table, palms down, fingers pointing towards the child. Please tick the appropriate boxes on Page 9 of the Educational Score Form for the child and the observer. If the child corrects his/her response please record the final response.

- 1 Show me your right hand
- 2 Show me your left ear.
- 3 Which MY right hand? (put both hands on the table)
- 4 Touch my left hand with your right hand
- 5 Point to my right ear with your left hand
- 6 Touch my right hand with your right hand
- 7 Point to my left ear with your right hand
- 8 Touch my right hand with your right hand
- 9 Touch my left hand with your left hand

Additional information about whether the child corrects his initial response, asks for the question again, or echoes the question, would be most helpful.

d) **Sequential Recall – Months of the Year**

Please ask the child to say the months of the year in order and record the response on Page 9 of the Educational Score Form.

'Say the months of the year'      Record response on Page 9 of the Educational Score Form

'Now say them backwards'      Record response on Page 9 of the Educational Score Form

Write down the initial letter of each month as it is said, indicate long pauses with dots. e.g. If a child pauses after August and inverts September and October but then corrects them, the entry would read

J F M A M J J A    O S, no, S O N D

Please record all corrections. Please also record any queries about the importance of order. e.g. 'Do I have to say them in order?'

## The Pupil Question Form

Please assure the child that his or her answers will be treated in strict confidence and that they will not be read by anyone known to the child. We suggest that you familiarise yourself with the contents of this form before giving it to the child.

If the child's reading level is so low that he or she cannot read the response alternatives even after they have been read out by the teacher, it would be advisable not to proceed with filling in that form. Most poor readers are, however, capable of identifying words which are read out to them by the teacher.

This Instruction Booklet contains, in compressed form, all the items appearing in the Pupil Question Form. Whether the child can read or not, the Lawseq and Caraloc Questionnaires (see next page) should both be read out to the child when they are being filled in, however, the items following on the word 'Confidential' should only be read out if the child has some difficulty with reading.

When the form has been completed, please ensure that its confidential nature is protected so that no one has insight into its contents. We consider that the importance of the information, in relation to the nutrition, health and smoking experience of British children, is so great that this confidentiality can justifiably be respected.

### Filling in the Pupil Question Form

It is essential that the child should learn how to score the rounded boxes which appear throughout the Pupil Question Form. Would you please ask the child to fill in a response on each of the three items printed on the next page. Ensure that the child knows how to fill in a box, using a horizontal pencil line or a pencil mark which completely fills the rounded box, also check that the child understands that marking a particular box indicates the choice of that response.

Emphasise that the boxes should be marked like this  , or this

They should not be marked like this  , or this

Show the child the above examples of correct and incorrect marking before he or she makes a response to the items which follow

a) Do you like peanuts?

Yes, very much

A little

Not at all

I don't know

b) About how many slices of bread do you eat each day?

None

One

Two

Between 3 and 5

More than 5

c) How old are you?

Years

### Lawseq and Caraloc Pupil Opinion Questionnaires

These questionnaires are aimed at eliciting some aspects of the children's self-esteem and motivation. Since you will be reading out the pupil opinion items to the child, the questionnaires will not take long to administer.

If possible, they should be presented as some kind of TV or newspaper quiz. The child should be urged to fill in the answers 'just the way you feel', and in particular should be encouraged not to mind what 'anybody else' might think of the answers.

*As you can see, you have two pages with sets of questions on how you feel about things. Next to each question there are the words 'YES', 'NO', and 'DON'T KNOW'. I'm going to read out the questions, and you can read them at the same time. You think of your answer, whether it's YES, NO, or DON'T KNOW, and then mark the box under the right answer, the answer you feel. Let's start with an easy question on the Lawseq Questionnaire.*

*What's the number of the first item? Number 1, yes. The question is ... Don't say your answer out loud. Simply put a mark under YES, NO, or DON'T KNOW. What's the number of the next item? Right, Number 2.*

Continue reading out the questions, as presented in the Lawseq and Caraloc sections (See separate instructions when the child reaches the 'Confidential' Section).

#### The Lawseq Questions

- 1 Do you think that your parents usually like to hear about your ideas?
- 2 Do you often feel lonely at school?
- 3 Do other children often break friends or fall out with you?
- 4 Do you like team games?
- 5 Do you think that other children often say nasty things about you?
- 6 When you have to say things in front of the teacher, do you usually feel shy?
- 7 Do you like writing stories or doing other creative writing?
- 8 Do you often feel sad because you have nobody to play with at school?
- 9 Are you good at mathematics?
- 10 Are there lots of things about yourself you would like to change?
- 11 When you have to say things in front of other children, do you usually feel foolish?
- 12 Do you find it difficult to do things like woodwork or knitting?

13 When you want to tell a teacher something, do you usually feel foolish?

14 Do you often have to find new friends because your old friends are playing with somebody else?

15 Do you usually feel foolish when you talk to your parents?

16 Do other people often think that you tell lies?

#### The Confidential Questions

For children who are competent readers it is not necessary to read out these questions. For poor readers we would suggest that you read out the questions and alternatives as printed here. It is essential that the child be left to find and mark the chosen response(s) him or herself, to emphasise the confidentiality of the answers.

1 Please try to describe yourself, using words listed below. The choices are 'often or usually', 'sometimes', or 'not at all' (After saying each of the following words, pause to let the child mark a response).

Nervous, lively, like company, worry a lot, happy-go-lucky, quiet, prefer to be on your own, easy-going

2 Can you use a needle and thread? Yes? No?

3 Do you have something to eat before coming to school in the morning? Yes, always, sometimes, no, never

4 Do you do well or not so well in the following school subjects? Mark whether you do well or not so well in each subject

Mathematics, reading, spelling, writing stories, poems, art and craft, topic or project work, games, gymnastics

5 What do you do in the middle of the day? Go home to eat, take sandwiches to school, have school dinner, buy food at the shops, don't eat anything in the middle of the day

6 Do you like to be on your own? Not at all, only now and then, some of the time, a lot of the time, nearly all the time, all the time

7 How many of your friends smoke cigarettes? Most of them, some of them, none of them

8 Have you ever tried a cigarette? Yes? No?

9 Have you tried more than one cigarette? Yes, no only tried one, have not tried

10 If you have tried more than one cigarette, could you work out how much you smoke? Put your pencil mark across the box which is close to the right number?

Never, only tried once, only tried twice, smoke less than 1 cigarette a week, smoke about 1 cigarette a week, smoke 2 to 5 cigarettes a week, smoke about 1 cigarette a day, smoke more than 1 cigarette a day

11 Do you believe that cigarettes can harm people's health? You don't believe it, it may be true, yes, you believe it

12 About how much time do you spend talking to your parents each day? None at all, not very much, quite a lot

13 How often do you eat each of these foods? You should mark whether it's 'nearly every day', 'quite often', 'sometimes', or 'hardly ever' White bread, brown bread, butter, margarine, cheese, eggs, meat, fish, chocolate or other sweets

14 When you wake up in the morning do you usually cough? Yes, no, not sure

15 How much do you cough during the rest of the day or at night? Not at all, only sometimes, a fair amount, quite a lot, a very great deal

- 16 Do you get short of breath when hurrying on flat ground or walking up a slight hill? Yes, no, don't know
- 17 When you cough do you wheeze or feel tightness of the chest? Yes, no, you hardly ever cough
- 18 Which of the following do you drink? Write in the squares how many cups or glasses of each drink do you have on an ordinary day  
If none, write 0 in that square  
Cocoa or chocolate, tea, coffee, milk, Coca Cola or Pepsi, water

**The Caraloc Questions** (please read these out to the child)

- 1 Do you feel that most of the time it's not worth trying hard because things never turn out right anyway?
- 2 Do you feel that wishing can make good things happen?
- 3 Are people good to you no matter how you act towards them?
- 4 Do you like taking part in plays or concerts?
- 5 Do you usually feel that it's almost useless to try in school because most children are cleverer than you?
- 6 Is a high mark just a matter of 'luck' for you?
- 7 Are you good at spelling?
- 8 Are tests just a lot of guesswork for you?
- 9 Are you often blamed for things which just aren't your fault?
- 10 Are you the kind of person who believes that planning ahead makes things turn out better?
- 11 Do you find it easy to get up in the morning?
- 12 When bad things happen to you, is it usually someone else's fault?
- 13 When someone is very angry with you, is it impossible to make him your friend again?
- 14 When nice things happen to you is it only good luck?
- 15 Do you feel sad when it's time to leave school each day?
- 16 When you get into an argument is it usually the other person's fault?
- 17 Are you surprised when your teacher says you've done well?
- 18 Do you usually get low marks, even when you study hard?
- 19 Do you like to read books?
- 20 Do you think studying for tests is a waste of time?

*'Now don't let anyone see what you've written To make sure, we are going to*

Please explain to the child the steps you are going to take to protect the privacy of what he or she has written Thank you for your co-operation in this task, and please thank the child on our behalf

**Return of the Forms**

We should be most grateful if you would ensure that all the forms, with the exception of the CHES Pictorial Language Comprehension Test and the Instruction Booklet, are returned to your Local Education Authority They should be sealed in the same polythene envelope in which they arrived

**THERE SHOULD BE SIX EDUCATIONAL FORMS OR BOOKLETS TO RETURN** (Reading, Maths, BAS, Educational Score Form, Educational Questionnaire and Pupil Question Form)

Finally, may we express our thanks to the School Head and to yourself as the child's Class Teacher, for your interest and the important contribution you have made to the research findings that will arise out of this study Without the assistance of yourselves and a great number of other School Heads and Teachers, this part of the 1980 study would never have been possible

## IMPORTANT

If the study child is handicapped to the degree that he or she cannot attempt the tests, understand the material or fill in the question form, please notify us directly so that we can send you a special study pack for that child Please write to

The Director,  
Department of Child Health Research Unit,  
University of Bristol,  
65 St Michael's Hill,  
Bristol BS2 8BH

THANK YOU

# CHILD HEALTH AND EDUCATION STUDY

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



**INSTRUCTION BOOKLET**  
FOR CHILDREN TAKING  
SPECIAL EDUCATIONAL TESTS

Director  
Professor Neville R. Butler MD FRCP FRCOG DCH

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Dear Colleague,

Thank you for your collaboration in this national Study of Child Health and Education, this is being carried out with the co-operation of every Local Education Authority, County Council and Regional Council throughout England, Scotland and Wales, under the auspices of the Department of Education and Science, and Department of Health and Social Security and their equivalents in Scotland and Wales. The success of this project is entirely dependent on the kind contribution of experts such as yourself. We are extremely grateful to you for your time and help in carrying out the educational tests for the study. Through the information which you are gathering and by your accuracy in recording the answers to questions and results of tests, you will contribute significantly to our country's knowledge of children's education in the 1980's.

This booklet describes the general plan for the educational tests to be carried out on children who are slow learners, mentally or physically handicapped or whose performance on one or more of the ordinary survey educational tests was much below average in the 10 year follow-up.

Once again, may I emphasise how very grateful I am to you for all your help, especially as some of you may have carried out tests on this child or on other children in this study.

Yours sincerely,



NEVILLE BUTLER  
Director

## Background to the Study

The Child Health and Education Study is following the progress of some 16,000 children in England, Scotland and Wales, all of whom were born during the week 5 — 11 April 1970. This is the third national longitudinal study of child development and, as the first began in 1946, provides comparative information concerning the lives of British children over a total span of 24 years. The CHES children have already been studied at the time of birth and at the age of five, when extensive information was obtained about their health and development during the pre-school period. Details were collected of their health, developmental progress, family life, experience of educational and day-care facilities and their use of community and specialist health services. The Study taking place in 1980 — 81 is documenting fully their progress through primary school. It will provide measures of school attainment and ability as well as health measures which can also be related to birth factors and to pre-school experience. In the 1980 — 81 Study, over 12,000 children so far have received educational tests and medical examinations, and their parents have talked to a school nurse or health visitor.

## Administration of Educational Tests

The tests we are enclosing in the Study Pack for this child fall into two groups, *first*, special tests which are appropriate for 11 year olds with learning difficulties or handicaps, *second*, ordinary tests previously used on the cohort as a general assessment.

**The special educational tests should be done first.** Piloting suggests that approximately three sessions will be needed to complete these. Total testing time will vary very much with individual children and so the time we have suggested can only be approximate. **The ordinary educational tests should be done second by the child.** They form a comprehensive assessment which covers both reading and mathematical skills, language competence and motivational characteristics. It is necessary, unfortunately, to ask you to get the child to attempt these tests of general assessment, as it is essential that we can compare and fit a child's performance on the special tests into his/her current performance on the ordinary tests. Many children with severe learning difficulties will fail the ordinary tests in the general assessment early on, and in such cases these tests should not take more than two or three sessions to administer. Children with milder learning difficulties may well take a longer time to complete the tests.

We apologise for this imposition on a class teacher's time and goodwill, but we do hope you will be willing to help and support us by testing the child. This is the first opportunity there has been to collect information about a nationally representative sample of children with learning difficulties or handicaps.

The educational performance of children with learning difficulties or handicaps will form a part of our first report to the DES. This is scheduled for the end of 1982. If you would like a synopsis of this or other sections of our report please indicate this on the last page of the Special Teacher Questionnaire.

## Contents of Study Pack

The Study Pack should contain

**A** This **Instruction Booklet**, and also some descriptive material (i) a letter to Head Teachers and (ii) an information sheet on CHES

**B** **The Material for the Special Educational Tests**

Please check that you have all of the following in the pack

- 1 Special Test Booklet
- 2 Three polythene bags labelled 1, 2 and 3. Bag 1 contains red and blue counters. Bag 2 contains strips of white card of different lengths. Bag 3 contains two balls of plasticine.
- 3 A blue and white booklet containing Reading Readiness Profiles by D and L Thackray.
- 4 A green test sheet for Young's Mathematics Test.

**Please administer these tests first of all. The Special Test material also includes a Special Teacher Questionnaire which should be completed at your convenience.**

**C** **The Ordinary Test Material**

This should be attempted after the Special Test material. Please check that you have all of the following in the pack

- 1 Shortened Edinburgh Reading Test (blue and white booklet)
  - 2 CHES Pictorial Language Comprehension Test (small thick buff booklet)
  - 3 British Ability Scales (black and white booklet)
  - 4 CHES Friendly Maths Test (buff booklet)
  - 5 Educational Score Form (brown print on white)
  - 6 Pupil Question Form (orange print on white)  
*Please note that the Pupil Question Form should not be attempted with ESN (S) children and need not be carried out on any child who has done the test before in the 1980-81 study.*
  - 7 Educational Questionnaire (pink print on white)  
*Please note that if a child has been tested before in the 1980-81 study and has been at the same school since Easter 1980, there is no need for the Head Teacher to complete sections D (ii) and (iii) of this questionnaire. If the child has not been tested before in 1980-81 please complete all sections of the Educational Questionnaire.*
- D** **A Report Form** (green print on white) for reporting whether the child completed the tests and any difficulties he/she experienced

## Instructions For Administering Special Test Material

- 1 Please work through the **Special Test Booklet** with the child. The booklet contains full instructions for administering all the special tests. The first test is the **Fundamental Concepts Test** for which you will need the contents of the three polythene bags provided. This is followed by a **Copying Designs Test** and a **Human Figure Drawing Test**. The instructions for **Young's Mathematics Test** are in the **Special Test Booklet**. The child enters his/her answers on the green test sheet provided. The instructions for the **Reading Readiness Profiles** are also given in the **Special Test Booklet**. The child marks his/her answers in the blue and white **Reading Readiness Profiles** booklet.
- 2 Please complete the **Special Teacher Questionnaire** at your convenience and return it to us with the completed tests. This questionnaire provides the opportunity to describe the child's skills and attributes and also contains a section on any special educational help he or she may be receiving. There is a section on the back page in which you are invited to summarise your own views of this child's difficulties and progress.

## General Instructions on Administering Ordinary Test Material

- 1 Please attempt the ordinary Educational Tests with the child after the Special Tests have been completed. We realise that this appears to be a formidable battery of tests particularly as they follow the Special Tests. Many of these tests are terminated if the child fails a number of consecutive items and so these should take up a short time when administered to slow learners. Please note the Pupil Question Form should not be given to ESN (S) children.

The Special Tests provide a comprehensive assessment of each child's individual capabilities, whilst the ordinary Educational Tests give an estimate of their attainment in relation to the total 16,000 study children. We are most appreciative of your efforts in helping with this.

As with the Special Tests, the timetable is left to the teacher's discretion, but it is recommended that sessions last no longer than 40 minutes and that, as far as possible, an individual test is not divided between two sessions.

- 2 Please complete the Educational Questionnaire at your convenience. Note, however, that sections D (ii) and (iii) are for completion by the Head Teacher, but that there is no need for these sections to be completed if the child has been tested before in the 1980-1981 study and has been at the same school since Easter 1980.
- 3 Finally, please fill in the Report Form about the completion of the various tests and forms.

When the child has completed all the tests as far as possible and when you have filled in the Special Teacher Questionnaire, Educational Questionnaire and Report Form, please return the material directly to us. A stamped addressed gusset envelope is provided for the purpose. Please would you return the material as soon as possible, and not later than the end of June 1981.

## Instructions on the Completion of Ordinary Educational Tests and Forms

**PLEASE USE SOFT PENCIL ONLY, AND RUB OUT ANY MISTAKES THOROUGHLY**

Where space for your answers are of this type , simply mark the appropriate space like this , not like , or 

Your answers will be machine read so please ensure that nothing else is entered in, or near these spaces, otherwise the form will be unreadable.

## The CHES Pictorial Language Comprehension Test

This test is in its own booklet, but the instructions for administration are given below. Answers are recorded on pages 2 to 5 of the **Educational Score Form**.

This test has been designed by three linguists and is based on language usage and concepts common to the culture of this country. Children of ESN (M) level and above should be able to do some of the test and even severely retarded children may be able to recognise one or two of the early word-picture associations.

The test consists of sets of vocabulary and sentence items. All the items appear in order of increasing difficulty. When introducing the test, explain to the child that *'there are lots of easy words and sentences, and also some very difficult words, the difficult words are usually meant for older children'*. Emphasise the need for the child to take care in choosing the correct picture. The directions printed below indicate the suggested manner of introducing the tasks to the child.

The wording of each test item appears in the **Educational Score Form** (pages 2 to 5).

### Vocabulary Items (1 to 71)

For slow learners, cover up each opposing page so as to focus attention on a single page of items. Say

*I'm going to say a word. See if you can tell me which is the right picture for that word.*

Read out the word for the first vocabulary item (Page 2 of the Educational Score Form), making certain that the child understands what is expected. Mark the child's response on the scoring sheet (see sections on scoring) and then, if necessary, explain the correct response. If the child gives a correct response, say

*That's fine. You just have to point to the right picture. Don't forget to look at all the pictures carefully before you decide.*

Continue with the next two vocabulary examples. Correct the child if necessary, explaining carefully which picture matches the given word. Thereafter, continue with the remaining vocabulary items but do not offer any further correction. Give non-committal encouragement throughout. Offer increased encouragement if the child becomes restless. If asked to repeat any of the words, please do so. Please discontinue the vocabulary section if the child fails five successive items. If you have to stop the test, explain to the child that the succeeding items are e.g. 'really very difficult'.

Congratulate the child on the progress that he or she has made

If you have to stop before the child fails five successive items, please note the reason on the Report Form

### Sentence Items (72 to 87)

The sentence items start on page 72 of the buff booklet. Explain carefully

*These pictures are easier. Shall we try again?*

*I am going to show you some new pictures, and say a sentence. I want you to point to the right picture to go with the sentence I give you. Let's try some sentences now.*

Read out the wording for the first three sentence items (Page 4 of the Educational Score Form) and score the sentences, checking that the child understands the task. If necessary, after scoring each response, correct the child and point out which is the right picture. Continue with the remaining sentence items, but avoid giving any further indication of whether the child is right or wrong. If asked to repeat any of the sentences, please do so. Please discontinue the sentence section if the child fails five consecutive items.

### Sequence Items (88 to 100)

When you reach the first sequence item, that is the two pictures on Page 88 of the buff booklet, explain carefully

*Here we have a different kind of sentence. Listen to what I say, and then point to the pictures in the order that everything happens. Like this one.*

Read out the wording for the first sequence item (Page 5 of the Educational Score Form) *When he had finished drinking his tea, he read his paper.* Mark the response in the order given by the child. Then, if incorrect, explain the correct order. If necessary assist the child in the ordering of the second and third items (after noting the responses, to ensure that the child understands the task). Continue with the remaining items, but do not correct the child further. If asked to repeat any of the sequences, please do so. Please discontinue the test if the child fails five consecutive items.

**Non-response** Emphasise that the child can take time to answer. If, however, there is no response, repeat the item clearly, once only.

**Scoring vocabulary and sentence items** The words and sentence items appear in the Educational Score Form (Pages 2 to 4), together with the page number of each item and the possible responses. These responses match the arrangement of the pictures in the buff booklet with the figure 0 (zero) indicating the position of the correct picture. e.g.

Item 72	1	2	Item 73	0	2
	0	4		3	4

Draw a horizontal line across the number matching the picture pointed out by the child. Thus, if the child points to the top right hand picture of item 72, put a line across the number '2'. Clearly, for this item the correct response would have been the bottom left hand picture. For item 73 the correct answer would be the top left hand picture.

If the child does not offer a response for a particular item, leave the numbers unmarked.

**Scoring sequence items** The sequence items appear in the Educational Score Form (page 5), together with the page number of each item and the correct order of the pictures. Thus, if the child points to the top picture in item 88 and then the bottom picture, showing an order '1, 2' i.e. the same as the correct order, mark the space under 'Same'. If the child points to the bottom picture first, you have to mark the space under 'Not the Same'.

## The Shortened Edinburgh Reading Test

This test is in its own booklet but the instructions for administration are given below. Please ask the child to attempt the Shortened Edinburgh Reading Test. The majority of slow-learners should be able to complete the first page and many will complete more.

When the child reaches a point which is clearly beyond his or her level of reading comprehension, please stop the test and reassure the child that e.g. 'those items are usually meant for older children'. Please congratulate the child on what has already been achieved.

### Page 1

*There are four words around the picture of a dog. Look at the circle around the word that says DOG. That's the right word for the picture.*

*Now look at the next picture. Draw a circle around the word for that picture.*

Ask the child to continue with the remaining items.

### Page 2 (top half)

*Here you have to cross out the word that doesn't belong to the sentence. The first sentence says 'Why are you been late?' There's one word that doesn't belong. It's 'been'. 'Why are you late?', not 'Why are you been late?'*

*Cross out that word, 'been'. That's right.*

*Now do the same with the next sentence.*

Continue with the remaining items.

### Page 2 (bottom half)

*And now we have a quiz.*

*First we have five questions, then at the bottom there are five answers. We have to find which answer goes with which question. Look at the top question 'Do you feel all right?' Look at answer E 'I feel very cold'. That answer fits the question. So we draw a circle around the letter 'E' at the end of the first question.*

Amplify if necessary, but please do not read out the other four alternatives. Merely explain that e.g. 'the other answers are not correct for that question'.

*Now we have used up answer 'E'. Try to find the right answers for the other four questions.*

### Page 3

*Here's a picture quiz. Look at the picture carefully. Then look at the questions. The first question says 'Where is the bus going?' Don't say the answer out loud. Just write down the answer.*

Continue with the remaining items.

For the remaining parts of this test the child is expected to read the 8

instructions and complete the answers without further assistance. Offer non directive encouragement if the child appears daunted by a question. Encourage the child to re-read the instructions, but do not read out these instructions to the child.

## Diagnostic Measures

It is known that spelling problems and the associated problems of identifying phonetic structure are often related to reading problems. The kinds of errors made by children in spelling, pronunciation and writing tasks can be of great diagnostic value in understanding certain areas of reading difficulty. Please administer sections a and b of the **Diagnostic Measures** according to the instructions below.

### a Diagnostic Reading

#### 1) First word list

Please ask the child to read out each of the words on the list printed on page 10 of this Instruction Booklet. The words should be read from left to right in each line.

As the child reads each word, please note incorrect pronunciation (or refusal to attempt the word) on the word list in the Educational Score Form (Page 6). Please discontinue the test if the child fails four consecutive items.

**Erratum** Please note that the fifth word of line 14 on the Educational Score Form word list should be 'heroic' not 'herioc'.

play	sharp	list	old	jumping
before	soon	open	sly	ground
children	ditch	mouth	air	speaking
low	everyone	mischief	friendly	because
strange	farewell	meadow	frightened	towards
beauty	adventure	altogether	thistle	autumn
gracious	ocean	quarrelsome	neighbourhood	jealousy
delicious	sovereign	manufacture	idleness	population
acquaintance	palest	ceremony	monumental	acknowledge
threaten	burial	league	nevertheless	triumphant
rogue	ruinous	deny	original	consequences
reverence	cheque	pyramid	vehicle	emphasise
lieutenant	beneficial	piety	endeavour	susceptible
sacrificial	anticipate	idiotic	area	heroic
diameter	facility	cynical	analysis	picturesque
solicitor	inaccuracy	stratagem	persuasive	manoeuvres
preference	tyranny	catastrophe	opaque	decisive
miscellaneous	recipe	precipitous	pneumonia	calibre
mausoleum	occipital	facetious	tsetse	nausea
rhetoric	unanimity	heinous	fortuitous	desultory

ii) Second word list

If the child made four consecutive errors in lines 1 to 5 of the first word list please omit this second list and move on to section b Writing and Spelling Otherwise proceed with the second word list

Please show the child the list of words below Point out each word in turn, ask the child to study it and then say, 'Try to pronounce it' Note the child's responses (correct or incorrect pronunciation, or any errors made), in the appropriate boxes in the second word list on Page 6 of the Educational Score Form

- |   |          |   |            |   |          |
|---|----------|---|------------|---|----------|
| 1 | neadow   | 2 | locean     | 3 | teague   |
| 4 | orea     | 5 | histle     | 6 | narewell |
| 7 | odleness | 8 | ronumental |   |          |

b Writing and Spelling

i) Dictation task

Please dictate the following to the child, at a speed suited to the child's pace of writing If the child cannot write a word and asks how to spell it, say 'Just try to write it as best you can', and repeat the sentence containing the problem word Do not repeat a particular sentence more than once, However, if the child asks for a repetition of the imaginary words in the middle of the passage, those words may be repeated twice Please note the time taken by the child to complete the writing of the passage, in the appropriate space on the Educational Score Form

*I often visited my aunt She lived in a magnificent house opposite the gallery I remember her splendid purple curtains She wrote poetry The problem was nobody could understand it Her latest poems had words like prunty, slumber, grondel, blomp I wanted to laugh but I had to pretend to like them However, I really like the special refreshment There was blue juice, cake and biscuits When I left, my stomach was full and I was happy and contented*

ii) Handwriting

Please ask the child to copy the words 'The quick brown fox jumps over the lazy dog', in the space below those words in the Educational Score Form (Page 7) The child should be asked to write in his or her ordinary handwriting, regardless of whether the child's ordinary writing is joined up or separate

c Naming Body Parts The Left-Right Test

Seat the child at the table opposite you Read each instruction clearly to the child, taking care to look straight ahead Do not look at his or your hands For item 3 onwards, put both your hands on the table, palms down, fingers pointing towards the child Please tick the appropriate boxes on page 9 of the Educational Score Form for the child and the observer If the child corrects his/her response please record the final response

- 1 Show me your right hand
- 2 Show me your left ear
- 3 Which is MY right hand? (put both hands on the table)
- 4 Touch my left hand with your right hand
- 5 Point to my right ear with your right hand
- 6 Touch my right hand with your right hand
- 7 Point to my left ear with your left hand
- 8 Touch my right hand with your left hand

Additional information about whether the child corrects his initial response, asks for the question again, or echoes the question, would be most helpful

d Sequential Recall – Months of the Year

Please ask the child to say the months of the year in order and record the response on Page 9 of the Educational Score Form

'Say the months of the year' Record response on Page 9 of the Educational Score Form

'Now say them backwards' Record response on Page 9 of the Educational Score Form

Write down the initial letter of each month as it is said, indicate long pauses with dots e.g If a child pauses after August and inverts September and October but then corrects them, the entry would read

J F M A M J J A O S , no, S O N D

Please record all corrections Please also record any queries about the importance of order e.g 'Do I have to say them in order?'

## The CHES Friendly Maths Test

This test is in its own booklet but the instructions for administration are given below

This test is based on a large body of research findings. It covers a wide curriculum, typical of the areas dealt with at the level of the 10 or 11 year old. It is not expected, however, that any one school will have covered all these areas

Within each of the areas covered in the test there is a sequence of difficulty levels. Thus a child may succeed on several items in a particular area, but then fail the last few items of that area. However, the next topic area starts again with a very simple item, so that the child is continually reinforced by the experience of success at frequent intervals. A child who has no understanding of a particular item should not attempt to answer it, on the other hand, if there is some grasp of the topic the child should feel free to make an intuitive choice among the alternative responses

If the study child has any difficulty in reading, it is in order to read out the wording of each item. Numerals should be read out as single figures and not given their full integrated description. For example, 1311 should be read out as One, Three, One, One and not as Thirteen Hundred and Eleven. Likewise  $\frac{1}{2}$  should be read out as 'one over two' and not 'half'. Multiple choice answers which are given as words may be read out, but numerical answers should not be read out in any circumstances

We would strongly advise that you tell the child in advance that some of the items are 'really difficult' and are usually meant for older children, so that he or she is not upset by an inability to do some of the items

The child should also be told in advance, and this point might be repeated during the test, that rough notes or 'working out' can be done anywhere on the test pages, provided that these notes are not made near the answer boxes

The only materials required for the test are a lead pencil, an eraser and a metric ruler. When a child wishes to correct an incorrect entry in one of the boxes it is important that he or she should erase it rather than cross it out

We suggest that just before reading out the first question you demonstrate how the correct answer should be selected and then marked with a clear horizontal line across the box

For example  $4 + 4 = ?$

44	<input type="checkbox"/>
4	<input type="checkbox"/>
14	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>
16	<input type="checkbox"/>

Please discontinue the test if the child fails six consecutive items

## The British Ability Scales

Modified versions of four of these scales appear in their own booklet. Details of the administration are given there. Please try at least the first four items of each scale before you stop the test, unless the child has insufficient speech, sight or understanding to make any responses

This completes the ordinary Educational Tests

If the child has attempted the Pupil Question Form before in the 1980-81 study or is ESN (S), please ignore the Pupil Question Form and move on to the section headed Report Form

## The Pupil Question Form

The Pupil Question Form is in its own booklet but the instructions for administration are given below. Please do not ask the child to complete this form unless he/she can understand and answer the questions

Please note that this form should not be attempted with ESN (S) children

Please assure the child that his or her answers will be treated in strict confidence and that they will not be read by anyone known to the child. We suggest that you familiarise yourself with the contents of this form before giving it to the child

If the child's reading level is so low that he or she cannot read the response alternatives even after they have been read out by the teacher, it would be advisable not to proceed with filling in that form. Most poor readers are, however, capable of identifying words which are read out to them by the teacher

This Instruction Booklet contains, on the next three pages, all the items appearing in the Pupil Question Form. Whether the child can read or not, the LAWSEQ and CARALOC Questionnaires (see next page) should both be read out to the child when they are being filled in, however, the confidential items (Section B) should only be read out if the child has some difficulty with reading

When the form has been completed, please ensure that its confidential nature is protected. We suggest that you give the child an A4 envelope in which he or she can place the completed form and then seal it. Please ensure that this envelope is immediately placed inside the CHES polythene envelope

### Filling in the Pupil Question Form

It is essential that the child should learn how to score the rounded boxes which appear throughout the Pupil Question Form. Would you please ask the child to fill in a response on each of the three items printed on this page

Ensure that the child knows how to fill in a box, using a horizontal pencil line or a pencil mark which completely fills the rounded box, also check that the child understands that marking a particular box indicates the choice of that response

Emphasise that the boxes should be marked like this , or this 

They should not be marked like this , or this 

Show the child the above examples of correct and incorrect marking before he or she makes a response to the items which follow

- a) Do you like peanuts?
- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes, very much           | A little                 | Not at all               | I don't know             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- b) About how many slices of bread do you eat each day?
- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| None                     | One                      | Two                      | Between 3 and 5          | More than 5              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- c) How old are you?  Years

## LAWSEQ and CARALOC Sections of the Pupil Question Form

These sections (A and C) are aimed at eliciting some aspects of the children's self-esteem and motivation. Since you will be reading out the pupil opinion items to the child, the questionnaires will not take long to administer.

If possible, they should be presented as some kind of TV or newspaper quiz. The child should be urged to fill in the answers 'just the way you feel', and in particular should be encouraged not to mind what 'anybody else' might think of the answers.

*As you can see, you have two pages with sets of questions on how you feel about things. Next to each question there are the words 'YES', 'NO', and 'DON'T KNOW'. I'm going to read out the questions, and you can read them at the same time. You think of your answer, whether it's YES, NO, or DON'T KNOW, and then mark the box under the right answer, the answer you feel. Let's start with an easy question on the LAWSEQ Questionnaire. What's the number of the first item? Number 1, yes. The question is: Don't say your answer out loud. Simply put a mark under YES, NO, or DON'T KNOW. What's the number of the next item? Right, Number 2.*

Continue reading out the questions, as presented in the LAWSEQ and CARALOC sections (See separate instructions when the child reaches Section B.)

### Section A (LAWSEQ)

- 1 Do you think that your parents usually like to hear about your ideas?
- 2 Do you often feel lonely at school?
- 3 Do other children often break friends or fall out with you?
- 4 Do you like team games?
- 5 Do you think that other children often say nasty things about you?
- 6 When you have to say things in front of the teacher, do you usually feel shy?
- 7 Do you like writing stories or doing other creative writing?
- 8 Do you often feel sad because you have nobody to play with at school?
- 9 Are you good at mathematics?
- 10 Are there lots of things about yourself you would like to change?
- 11 When you have to say things in front of other children, do you usually feel foolish?
- 12 Do you find it difficult to do things like woodwork or knitting?
- 13 When you want to tell a teacher something, do you usually feel foolish?
- 14 Do you often have to find new friends because your old friends are playing with somebody else?
- 15 Do you usually feel foolish when you talk to your parents?
- 16 Do other people often think that you tell lies?

### Section B (Confidential Items)

For the children who are competent readers it is not necessary to read out these questions. For poor readers we would suggest that you read out the questions and alternatives as printed here. It is essential that the child be left to find and mark the chosen response(s) him or herself, to emphasise the confidentiality of the answers.

- 1 Please try to describe yourself, using words listed below. The choices are 'often or usually', 'sometimes', or 'not at all' (After saying each of the following words, pause to let the child mark a response).

- Nervous, lively, like company, worry a lot, happy-go-lucky, quiet, prefer to be on your own, easy-going
- 2 Can you use a needle and thread? Yes, No
- 3 Do you have something to eat before coming to school in the morning? Yes, always, sometimes, no, never
- 4 Do you do well or not so well in the following school subjects? Mark whether you do well or not so well in each subject: Mathematics, reading, spelling, writing stories, poems, art and craft, topic or project work, games, gymnastics
- 5 What do you do in the middle of the day? Go home to eat, take sandwiches to school, have school dinner, buy food at the shops, don't eat anything in the middle of the day
- 6 Do you like to be on your own? Not at all, only now and then, some of the time, a lot of the time, nearly all the time, all the time
- 7 How many of your friends smoke cigarettes? Most of them, some of them, none of them
- 8 Have you ever tried a cigarette? Yes, No
- 9 Have you tried more than one cigarette? Yes, no, only tried one, have not tried
- 10 If you have tried more than one cigarette, could you work out how much you smoke? Put your pencil mark across the box which is close to the right number:  
Never, only tried once, only tried twice, smoke less than 1 cigarette a week, smoke about 1 cigarette a week, smoke 2 to 5 cigarettes a week, smoke about 1 cigarette a day, smoke more than 1 cigarette a day
- 11 Do you believe that cigarettes can harm people's health? You don't believe it, it may be true, yes, you believe it
- 12 About how much time do you spend talking to your parents each day? None at all, not very much, quite a lot
- 13 How often do you eat each of these foods? You should mark whether it's 'nearly every day', 'quite often', 'sometimes', or 'hardly ever': White bread, brown bread, butter, margarine, cheese, eggs, meat, fish, chocolate or other sweets
- 14 Which of the following do you drink? Write in the squares how many cups or glasses of each drink you have on an ordinary day. If none, write 0 in that square. Tea, Cocoa or chocolate, coffee, milk, Coca Cola or Pepsi, water
- 15 When you wake up in the morning do you usually cough? Yes, no, not sure
- 16 How much do you cough during the rest of the day or at night? Not at all, only sometimes, a fair amount, quite a lot, a very great deal
- 17 Do you get short of breath when hurrying on flat ground or walking up a slight hill? Yes, no, don't know
- 18 When you cough do you wheeze or feel tightness of the chest? Yes, no, you hardly ever cough

### Section C (CARALOC)

Please read these out to the child.

- 1 Do you feel that most of the time it's not worth trying hard because things never turn out right anyway?
- 2 Do you feel that wishing can make good things happen?
- 3 Are people good to you no matter how you act towards them?
- 4 Do you like taking part in plays or concerts?
- 5 Do you usually feel that it's almost useless to try in school because most children are cleverer than you?

- 6 Is a high mark just a matter of 'luck' for you?
- 7 Are you good at spelling?
- 8 Are tests just a lot of guesswork for you?
- 9 Are you often blamed for things which just aren't your fault?
- 10 Are you the kind of person who believes that planning ahead makes things turn out better?
- 11 Do you find it easy to get up in the morning?
- 12 When bad things happen to you, is it usually someone else's fault?
- 13 When someone is very angry with you, is it impossible to make him your friend again?
- 14 When nice things happen to you is it only good luck?
- 15 Do you feel sad when it's time to leave school each day?
- 16 When you get into an argument is it usually the other person's fault?
- 17 Are you surprised when your teacher says you've done well?
- 18 Do you usually get low marks, even when you study hard?
- 19 Do you like to read books?
- 20 Do you think studying for tests is a waste of time?

*Now don't let anyone see what you've written. To make sure, we are going to*

Please explain to the child the steps you are going to take to protect the privacy of what he or she has written. Thank you for your co-operation in this task, and please thank the child on our behalf.

### **Report Form**

When you have completed the tests and the questionnaires, could you please fill out the **Report Form**

### **Return of the Forms**

We should be most grateful if you could ensure that all the following forms are returned directly to the Child Health and Education Study -

- (1) The Special Test Booklet
- (2) The Young's Mathematics Test Sheet.
- (3) The Thackray Reading Readiness Profiles Booklet
- (4) The Special Teacher Questionnaire
- (5) The Educational Score Form
- (6) The Shortened Edinburgh Reading Test Booklet
- (7) The CHES Friendly Maths Test Booklet
- (8) The British Ability Scales Booklet
- (9) The Pupil Question Form (where applicable)
- (10) The Standard Educational Questionnaire
- (11) The Report Form

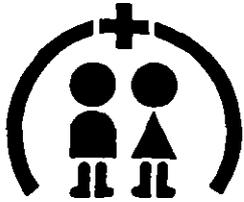
There is no need to return the CHES Pictorial Language Comprehension Test Booklet, the materials used in the Fundamental Concepts Test or this Instruction Booklet

A reply-paid envelope is enclosed in the Special Study Pack for its return. Please place the forms you are returning in their polythene pack before putting them in the envelope. Please complete the label on the pack.

Finally, may we express our thanks to the School Head and to yourself as the child's Class Teacher, for your interest and the important contribution you have made to the research findings that will arise out of this study. Without the assistance of yourselves and a great number of other School Heads and Teachers, this 1981 special study would never have been possible.

# CHILD HEALTH AND EDUCATION STUDY

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



CHES

1980

Director  
Professor Neville R Butler  
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## PARENTAL INTERVIEW

(A MEDICAL AND SOCIAL HISTORY)

**STRICTLY CONFIDENTIAL**

CHESNO TC10 CD10 SOCCODE LEA10

PLEASE USE BLOCK CAPITALS  
Child's Surname

Child's Forenames

Sex M  F

Child's Home Address

SEX10

Child's N H S Number

Postcode DOBA10/DOBB10/DOBC10

Date of Birth  0 4 7 0

day month year

Health District AHA10

Today's Date

G P 's Name

G P 's Address

Name of Interviewer INTSTAT

Status \*school nurse/health visitor/doctor

Status of respondent(s) \*mother figure/father figure/other, specify MOTHER/FATHER/OTHER  
(delete as applicable)

### INTRODUCTORY NOTES

First may we take this opportunity to thank you for carrying out these interviews on behalf of the Child Health and Education Study

This stage of the research is funded mainly by grants from the Department of Health and Social Security and the Department of Education and Science. We are grateful to Health and Education Authorities throughout England, Wales and Scotland without whose co-operation this study could not have been carried out.

The overall purpose of the research is to find out more about handicapped and disadvantaged children and the ways in which their lives and the lives of their families may differ compared with those of other children. Our interest continues to focus on the vital relationship between the home and school environments and how these affect the child's development and progress at the end of the primary stage of education. The questions are relevant to current issues concerning the health and welfare of all children and their families.

#### The Interview

It is hoped that normally the form will be completed in an interview with the child's mother. If for any reason the mother is unavailable, please interview the person who can best answer questions about the child's health and development. Sometimes the child will not be living with his/her own (i.e. natural) mother. In this case the term 'mother' throughout the form should be taken to imply present mother figure and similarly 'father' should be taken to imply present father figure.

In interviewing the mother, please assure her at the outset that her answers will be treated in the strictest confidence and that the 16,000 children concerned will not be identified by name. Please ask the questions in the way you consider to be the most appropriate to obtain the information required. If, in the light of the mother's response during the interview, you feel that a particular question might be best omitted, please feel free to do this, although ideally we should like to have all interviews fully completed.

PLEASE USE BLOCK CAPITALS

PLEASE ENSURE THAT EVERY QUESTION IS ANSWERED

Each question requires only one answer unless indicated otherwise. Most questions can be answered by ticking the box beside the relevant response. Other questions require a number for the answer.

#### EXAMPLE

How long has study child lived at his/her present address?

Under six months

Six months to a year

More than a year

How many years?  years

please specify  years

This means that the child has lived at the present address for 3 years

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

THANK YOU FOR YOUR HELP

# ENVIRONMENT OF CHILD

Most children in this study were in CHES surveys at the time of birth and at age five years. The following details are needed (a) to ensure that the information obtained about this child at age 10 years is correctly matched with that obtained earlier, or (b) to provide some information if the child has not been included in earlier stages of the study

## A1. Has the child had the same surname since birth?

Yes  A1 1  
 No   
 Not known

If No, please give the child's full name  
 (a) at birth A1-2  
 (b) at five years A1 3

If not known please put NK  
 Comparison name birth and 5 years A1 4

## A2 Child's country of birth

England  A2 1  
 Wales   
 Scotland   
 Northern Ireland   
 Irish Republic   
 Other country   
 please specify A2 2  
 Not known

If born in the United Kingdom please give  
 (a) Child's home address at time of birth A2 4  
 (b) Child's home address at age five years  
 If same as at birth please put AS ABOVE A2 5

If child was not born in the United Kingdom please give the year when he/she first came to live here

(c) Name and address of place of child's birth A2.6

Year of arrival 19  A2 3

## A3 Does the child currently live in a residential institution?

(e.g. residential school, children's home, long term hospital patient, etc.)

No lives in a private household   
 Yes lives in residential institution  A3 1  
 please specify type of institution A3 2

## FAMILY COMPOSITION

### A4 (a) People in the household

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 child, 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 child (e.g. father, step-brother) or status in the household (e.g. lodger)	Surname	First name(s)	Sex	Date of birth
1 Study child	A4A 1		A4A 2	A4A 3/70 A4A 4
2	A4A 5		A4A 6	A4A 7/8
3	A4A 9		A4A 10	A4A 11/12
4	A4A 13		A4A 14	A4A 15/16
5	A4A 17		A4A 18	A4A 19/20
6	A4A 21		A4A 22	A4A 23/24
7	A4A 25		A4A 26	A4A 27/28
8	A4A 29	No persons in household	No children in household	A4A 30 A4A 31/32
9	A4A 33	household	household	A4A 34 A4A 35/36
10	A4A 37	A4A 41	A4A 42	A4A 38 A4A 39/40

(b) List below any members of the family not included in the above table. For example, those who are only home for holidays or leave and enquire the reason for absence for example at residential school, or working away

Relationship to child	Surname	First name(s)	Sex	Date of birth	Reason for absence from home
A4B 1	No persons not in household	No children not in household	A4B 2	A4B 3/4	A4B 5
A4B 6			A4B 7	A4B 8/9	A4B 10
A4B 11			A4B 12	A4B 13/14	A4B 15
A4B 16	A4B 21	A4B 22	A4B 17	A4B 18/19	A4B 20

For the purpose of this study a parent should only be counted as such if he or she is normally resident in the study child's household

Parents who are temporarily away from home (e.g. because of their job, in hospital or for similar reasons) should be given as parent figures

**A5 (a) What is the relationship to the child of the person now acting as his/her mother?**

- Natural mother A5 1
- Mother by legal adoption
- Stepmother
- Foster mother
- Grandmother
- Elder sister
- Cohabitee of father
- Other mother figure
- please specify A5 2
- No mother figure

**(b) Please give reason(s) for any past changes in the child's situation, e.g. family changes, divorce, mother died, etc**

A5 3  
A5 4

**(c) If child is not now living with natural mother, please ask when the mother and child were separated**

A5 5

Separation occurred in

**A6 (a) What is the relationship to the child of the person now acting as his/her father?**

- Natural father A6 1
- Father by legal adoption
- Stepfather
- Foster father
- Grandfather
- Elder brother
- Cohabitee of mother
- Other father figure
- please specify A6 2
- No father figure

**(b) Please give reason(s) for any past changes in the child's situation, e.g. family changes, divorce, father died, etc**

A6 3  
A6 4

**(c) If child is not now living with natural father, please ask when the father and child were separated**

A6 5

Separation occurred in

**IMPORTANT** Throughout the questionnaire the terms 'mother' and 'father' should be taken to mean the mother figure and father figure given in questions A5 and A6 above

**A7 Has the study child lived with the same two parents since birth?**

- Yes A7
- No

**A8 Has there ever been a period of six months or more when the child lived with only one parent figure?**

- Yes, and still living with only one parent figure
  - Yes, but now with two parent figures
  - No
  - Not known
- A8 1
- If No or Not known please continue at question A9

**If Yes, please give the following details concerning the most recent time when the child was living with only one parent figure**

- A8 2
- (a) How old was the child when this began?  years  
*If under one year please put 0*
- (b) How long did this situation last?  years  months  
*If still with only one parent please put NA years NA months*

- (c) With whom did he/she live for most of the time during this period?
- Mother figure A8 4A
  - Father figure A8 4B
  - Other person A8 4C

please specify

- (d) What was the main reason for this situation?
- Death of a parent A8 5A
  - Illness/disablement of a parent A8 5B
  - Divorce, separation A8 5C
  - Other reason A8 5D

please specify

**A9 Has the child ever been in care (statutory or voluntary) for any reason whatsoever?**

*Tick all that apply* *(If Not known put NK)*

A9 1A Yes, in care now	<input type="checkbox"/>	} If Yes, please give	(a) Number of separate occasions in care	A9 2 times
A9 1B Yes, in care in past	<input type="checkbox"/>		(b) Age when first in care	A9 3A yrs A9 3B mths
A9 1C No never been in care	<input type="checkbox"/>		(c) Age last in care	A9 4A yrs A9 4B mths
A9 1D Not known if ever in care	<input type="checkbox"/>		(d) Longest period in care	A9 5A yrs A9 5B mths

A9 6

(f) Please give name and address of place(s) where child was looked after while in care

A9 7

**A10 How long has study child lived at his/her present address?**

Under six months	<input type="checkbox"/>	} How many years? Please specify	
Six months to a year	<input type="checkbox"/>		
More than a year	<input type="checkbox"/>		A10 2 years

A10 1

**A11 (a) At how many addresses has the child lived for six months or longer since birth?**

*If always lived at the same address please put*  1

Number of addresses A11 1 addresses

**(b) If lived at more than one address, what were the reasons for the last move?**

*Tick all that apply*

Father's job necessitated move	A11 2A	<input type="checkbox"/>
Mother's job necessitated move	A11 2B	<input type="checkbox"/>
To obtain more suitable accommodation	A11 2C	<input type="checkbox"/>
For reasons connected with the health of —		
one of the children	A11 2D	<input type="checkbox"/>
one of the parents	A11 2E	<input type="checkbox"/>
Martial breakdown/divorce/separation of parents	A11 2F	<input type="checkbox"/>
Other reason(s),	A11 2G	<input type="checkbox"/>

please specify

**(c) Which one of the above was the main reason for the last move?**

please specify A11 3

**A12 What ethnic group are the study child and present parents?**

*Please put a tick in each column*

	<i>A12 1/4/7</i>	<i>A12 2/5/8</i>	<i>A12 3/6/9</i>
	Study child	Present mother	Present father
English Welsh, Scottish Northern 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 specify

No mother/father figure

A12 10  A12 11

Please add any comments felt necessary

**MEDICAL HISTORY**

**B1 Does the child have normal vision in both eyes?**

- Yes *B1 1*
- No
- Not known
- If No, please describe problems *B1 2*

**B2 Has the child ever had a squint?**

- Yes, has squint now *B2*
- Yes in past but not now
- Never had squint
- Not known

**B3 Has the child always had good hearing in both ears?**

- Yes *B3 1*
- No
- Not known
- If No (a) Please describe problems *B3 2*

- (b) Which ear was/is involved?
- Right ear
- Left ear
- Both ears
- Not known
- B3 3*

- (c) Is hearing normal now?
- Yes
- No
- Not known
- B3 4*

**B4 Does the child wear any of the following?**

- |   | Yes                      | No                       | Not known                |
|---|--------------------------|--------------------------|--------------------------|
| (a) Glasses <i>B4 1</i>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Hearing aid <i>B4 2</i>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Dental brace <i>B4 3</i>                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Surgical aid or medical appliance of any sort <i>B4 4</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| please specify <i>B4 5</i>                                    |                          |                          |                          |

**B5 How often does the child have a dental examination?** *B5*

*(Include school N H S and private dental examination)*

- Has regular check-ups (say every 6-12 months)
- Has occasional check-ups
- Is seen only when having trouble with teeth
- Never had dental attention
- Not known

**B6 Has the child ever had a dental gas?**

- Yes *B6 1*  - If Yes how many times?  *B6 2*
- No
- Not known

**B7 Has the child ever had one or more attacks or bouts in which there was wheezing or whistling in the chest?**

- Yes *B7 1*
- No
- Not known
- If No or Not known please continue at question B8

If Yes

(a) What were these thought to be due to?

- Asthma *B7 2*
- Wheezy bronchitis *B7 3*
- Other cause *B7 4*
- please specify *B7 5, B7 6, B7 7, B7 8*

(b) Did wheezing occur at any of the following ages?

- Under one year *B7 9*
- One year but under five *B7 10*
- Five years but under nine *B7 11*
- Since ninth birthday *B7 12*

(c) Please ask the mother to describe what happened in the attack(s)

- B7 13*
- B7 14*
- B7 15*

(d) Has the child been seen by a doctor for these attacks?

- Yes— seen by general practitioner *B7 16*
- seen at outpatients *B7 17*
- admitted to hospital *B7 18*
- No not seen by doctor *B7 19*

(e) Has the child wheezed during past 12 months?

- Yes *B7 20*  - If Yes, how many attacks of wheezing have there been?
- No
- Not known  Number of attacks  *B7 21*
- If too many to count put TM

(f) Does the mother think that any particular factor(s) precipitate the attack(s)?

- Yes *B7 22*  - If Yes, please describe such factors
- No  *B7 23, B7 24, B7 25,*
- Not known  *B7 26, B7 27*

(g) Has the child been given any medication to prevent or treat wheezing in the past 12 months?

- Yes *B7 28*  - If Yes give details of medication
- No  Name of drugs *B7 29\**
- Not known  *B7 31\*, B7 33\*, B7 35\**
- Dosage and duration *B7 30,*
- B7 32, B7 34, B7 36*

(h) Is child still on medication? Yes *B7 37*

- No
- Not known

**B8** Has the child ever had any form of convulsion, fit, seizure or other turn in which consciousness was lost or any part of the body made an abnormal movement?

Yes *B8 1*   
 No   
 Not known  *If No or Not known please continue at question B9*

If Yes,

(a) What were these thought to be due to?  
*Tick all that apply*

Epilepsy	<i>B8 2</i>	<input type="checkbox"/>
Febrile convulsions	<i>B8 3</i>	<input type="checkbox"/>
Fainting and blackouts	<i>B8 4</i>	<input type="checkbox"/>
Breath holding	<i>B8 5</i>	<input type="checkbox"/>
Reaction to immunisation	<i>B8 6</i>	<input type="checkbox"/>
Other,	<i>B8 7</i>	<input type="checkbox"/>
please specify	<i>B8 8</i>	

(b) Please ask the mother to describe the first attack

*B8 9*  
*B8 10*  
*B8 11*

(c) How did subsequent attacks differ if any?

*B8 12*  
*B8 13*  
*B8 14*

(d) What investigations if any, were carried out?

*B8 15* , *B8 16*  
*B8 17* , *B8 18*  
*B8 19* , *B8 20*

(e) By whom was the child seen for the attack(s)?

*Tick all that apply*

Seen by general practitioner at home	<i>B8 21</i>	<input type="checkbox"/>
Seen by general practitioner at surgery	<i>B8 22</i>	<input type="checkbox"/>
Seen at hospital outpatients	<i>B8 23</i>	<input type="checkbox"/>
Admitted to hospital	<i>B8 24</i>	<input type="checkbox"/>
Not seen by doctor	<i>B8 25</i>	<input type="checkbox"/>
Not known if doctor saw child	<i>B8 26</i>	<input type="checkbox"/>

(f) Did attack(s) occur at any of the following ages?

*Tick all that apply*

Under one year	<i>B8 27</i>	<input type="checkbox"/>
One year but under five	<i>B8 28</i>	<input type="checkbox"/>
Five years but under nine	<i>B8 29</i>	<input type="checkbox"/>
In past 12 months	<i>B8 30</i>	<input type="checkbox"/>

If child has had any attacks since fifth birthday

(g) How old was the child at the time of the most recent attack? *B8 31A* years *B8 31B* months

(h) Has the child been prescribed any regular medication for this problem since fifth birthday?

Yes *B8 32*   
 No   
 Not known

If Yes, please describe drugs or medication and duration of use

Name of drug(s)	Age when given	Duration
<i>B8 33 *</i>	<i>B8 34</i>	<i>B8 35</i>
<i>B8 36 *</i>	<i>B8 37</i>	<i>B8 38</i>
<i>B8 39 *</i>	<i>B8 40</i>	<i>B8 41</i>
<i>B8 42 *</i>	<i>B8 43</i>	<i>B8 44</i>

(i) Is child still on medication?

Yes *B8 45*   
 No   
 Not known

**B9** Has the child ever had any major or minor congenital abnormality or defect?

Yes *B9 1*   
 No   
 Not known

If Yes please describe

*B9 2*  
*B9 3*  
*B9 4*  
*B9 5*

**B10** Has the child ever had bronchitis?

Yes *B10.1*   
 No   
 Not known

If Yes,

(a) How old was the child at the first attack?

*If Not known put NK*

*B10 2* years

(b) How many attacks in the last 12 months?

*If Not known put NK*  
*If too many to count put TM*  
*If none put 0*

*B10.3* attacks

**B11 Has the child ever had any of the following medical conditions?**

		Yes in past 12 months	Yes before past 12 months	No never	Not known
Eczema	B11 1	<input type="checkbox"/>	B11 2 <input type="checkbox"/>	B11 3 <input type="checkbox"/>	B11 4 <input type="checkbox"/>
Hayfever	B11 5	<input type="checkbox"/>	B11 6 <input type="checkbox"/>	B11 7 <input type="checkbox"/>	B11 8 <input type="checkbox"/>
Recurrent abdominal pain	B11 9	<input type="checkbox"/>	B11 10 <input type="checkbox"/>	B11 11 <input type="checkbox"/>	B11 12 <input type="checkbox"/>
Pneumonia	B11 13	<input type="checkbox"/>	B11 14 <input type="checkbox"/>	B11 15 <input type="checkbox"/>	B11 16 <input type="checkbox"/>
Migraine	B11 17	<input type="checkbox"/>	B11 18 <input type="checkbox"/>	B11 19 <input type="checkbox"/>	B11 20 <input type="checkbox"/>
Pleurisy	B11 21	<input type="checkbox"/>	B11 22 <input type="checkbox"/>	B11 23 <input type="checkbox"/>	B11 24 <input type="checkbox"/>

**B12 Has the child ever had any acute specific fevers?**

		Yes	No	Not known
Measles	B12 1	<input type="checkbox"/> at age B12 2 years	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	B12 3	<input type="checkbox"/> at age B12 4 years	<input type="checkbox"/>	<input type="checkbox"/>
Whooping Cough	B12 5	<input type="checkbox"/> at age B12 6 years	<input type="checkbox"/>	<input type="checkbox"/>
Chicken Pox	B12 7	<input type="checkbox"/> at age B12 8 years	<input type="checkbox"/>	<input type="checkbox"/>
Meningitis	B12 9	<input type="checkbox"/> at age B12 10 years	<input type="checkbox"/>	<input type="checkbox"/>
Other acute fever	B12 11	<input type="checkbox"/> at age B12 12 years	<input type="checkbox"/>	<input type="checkbox"/>

please specify B12 13, B12 14, B12 15

**B13 Has the child ever had an operation of any sort?**

Yes—		Tick all that apply
Tonsillectomy or T s and A s	B13 1	<input type="checkbox"/> at age B13 2 years
Hernia operation	B13 3	<input type="checkbox"/> at age B13 4 years
Appendicectomy	B13 5	<input type="checkbox"/> at age B13 6 years
Operation for squint	B13 7	<input type="checkbox"/> at age B13 8 years
Circumcision	B13 9	<input type="checkbox"/> at age B13 10 years
Any other operation(s)	B13 11	<input type="checkbox"/> at age B13 13 years
please specify	B13 12	<input type="checkbox"/> at age B13 13 years
	B13 14, B13 15	<input type="checkbox"/> at age B13 16 years
	B13 17, B13 18	<input type="checkbox"/> at age B13 19 years
	B13 20, B13 21	<input type="checkbox"/> at age B13 22 years
No—	Never had an operation	B13 23 <input type="checkbox"/>

**B14 Has the child ever received any form of immunisation or vaccination?**

Yes	B14 1	<input type="checkbox"/>
No		<input type="checkbox"/>
Not known		<input type="checkbox"/>

If Yes against which of the following diseases has the child been immunised?

Tick all that apply		
Diphtheria	B14 2	<input type="checkbox"/>
Whooping Cough	B14 3	<input type="checkbox"/>
Tetanus	B14 4	<input type="checkbox"/>
Smallpox	B14 5	<input type="checkbox"/>
Poliomyelitis	B14 6	<input type="checkbox"/>
Measles	B14 7	<input type="checkbox"/>
Other	B14 9	<input type="checkbox"/>

If Other please specify B14 10, B14 11, B14 12

**B15 Has the child ever had any form of reaction to any of these immunisations?**

Yes *B15 1*  — If Yes, please describe  
 No  (a) Disease(s) being immunised against at this time *B15 5, B15 6, B15 7, B15 8*  
 Not known  (b) Age of child at this time *B15 9A years B15 9B months*  
 (c) Length of time from the immunisation to the start of the reaction *B15 10* hours OR *B15 11* days  
 (d) The form the reaction took *B15 2, B15 3, B15 4*

**B16 HOSPITAL ADMISSIONS**

Since the fifth birthday, has the child been in hospital overnight or longer?

Yes *B16 1*  — If Yes,  
 No  (a) please give total number of such admissions since fifth birthday *B16 2*  
 Not known  (b) please give details below of every hospital admission since child's fifth birthday List in chronological order If any detail not known please enter NK

	First admission since fifth birthday	Next admission	Next admission	Next admission
Age at admission (years)	<i>B16 3</i>	<i>B16 21</i>	<i>B16 39</i>	<i>B16 57</i>
No of nights in hospital	<i>B16 4</i>	<i>B16 22</i>	<i>B16 40</i>	<i>B16 58</i>
Reason for admission and diagnosis	<i>B16 5*- B16 14*</i>	<i>B16 23A*- B16 32*</i>	<i>B16 41A*- B16 50B*</i>	<i>B16 59A*- B16 68*</i>
<i>No diagnoses coded</i>	<i>B16 15</i>	<i>B16 33</i>	<i>B16 51</i>	<i>B16 69</i>
Operations and other procedures	<i>B16 16*- B16 18B*</i>	<i>B16 34A*- B16 36*</i>	<i>B16 52*- B16 54*</i>	<i>B16 70*- B16 72*</i>
<i>No operations coded</i>	<i>B16 19</i>	<i>B16 37</i>	<i>B16 55</i>	<i>B16 73</i>
Name and full address of hospital				

If more than 4 admissions since fifth birthday please continue on back page

**B17 OUTPATIENT ATTENDANCES**

Since the fifth birthday, has the child attended a hospital outpatient department, accident department or specialist clinic?

Yes *B17 1*  — If Yes, please give details below of each condition or illness resulting in attendance(s) in chronological order If any detail not known please enter NK  
 No   
 Not known

*No attendances coded B17 30*

	First episode since fifth birthday	Second episode	Third episode	Fourth episode
Age at first attendance (years)	<i>B17 2</i>	<i>B17 9</i>	<i>B17 16</i>	<i>B17 23</i>
Total number of attendances	<i>B17 3</i>	<i>B17 10</i>	<i>B17 17</i>	<i>B17 24</i>
Diagnosis and treatment	<i>B17 4*- B17 7*</i>	<i>B17 11*- B17 14*</i>	<i>B17 18*- B17 21*</i>	<i>B17 25*- B17 28*</i>
Name and address of department hospital or clinic				

If more than 4 episodes since fifth birthday please continue on back page

**B18 ACCIDENTS**

Since the fifth birthday, has the child had an accident requiring medical advice or treatment?

Please include accidents at home in school on the road and elsewhere accidental ingestion of medicines/poisons burns/scalds eye injuries near-drowning bad cuts and other injuries with or without unconsciousness

Yes— *B18 1*  Tick all that apply *B18 7*

accidental swallowing of medicines or poisons  If Yes, please state total number of accidents

burn(s) scald(s) *B18 2*

road traffic accident(s) *B18 3*

other type of accident *B18 4*

No accident *B18 5*

Not known *B18 6*

Please give details of every accident since fifth birthday If any detail not known please enter NK

	First accident since fifth birthday	Next accident	Next accident	Next accident
Age (years)	<i>B18 8</i>	<i>B18 22</i>	<i>B18 36</i>	<i>B18 50</i>
Where did it happen? (road home school etc)	<i>B18 9</i>	<i>B18 23</i>	<i>B18 37</i>	<i>B18 51</i>
What happened?*	<i>B18 10 - B18 15</i>	<i>B18 24 - B18 29</i>	<i>B18 38 - B18 43</i>	<i>B18 52 - B18 57</i>
Description of injuries (e.g. burn/scald fracture head injury with unconsciousness etc)	<i>B18 16* B18 18*</i>	<i>B18 30* B18 32B*</i>	<i>B18 44* B18 46*</i>	<i>B18 58* B18 60*</i>
Where treated? † (G P Casualty In-patient)	<i>B18 19</i>	<i>B18 33</i>	<i>B18 47</i>	<i>B18 61</i>
Treatment, (including stitches operation(s) plaster cast(s) traction etc)	<i>B18 20* B18 21*</i>	<i>B18 34* B18 35*</i>	<i>B18 48* B18 49*</i>	<i>B18 62* B18 63*</i>

If more than 4 accidents since fifth birthday please continue on back page

\*If ingestion of medicines/poisons give name of substance

†Please check that all accidents resulting in hospital admission casualty or outpatient attendances have also been included in questions B16 and B17

**B19 Have there been any other illnesses or relevant conditions concerning the child's past or present health which have not been described already?**

Yes *B19 1*  If Yes please specify *B19 2*

No  *B19 3*

Not known  *B19 4*

**B20 Has the child ever attended or been visited by any of the following?**

	Yes	Reason(s)	No	Not known
(a) Speech therapist <i>B20 1</i>	<input type="checkbox"/>	<i>B20 2</i>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Child and family guidance service <i>B20 3</i>	<input type="checkbox"/>	<i>B20 4</i>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Child psychiatrist <i>B20 5</i>	<input type="checkbox"/>	<i>B20 6</i>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Occupational therapist <i>B20 7</i>	<input type="checkbox"/>	<i>B20 8</i>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Physiotherapist <i>B20 9</i>	<input type="checkbox"/>	<i>B20 10</i>	<input type="checkbox"/>	<input type="checkbox"/>

**B21 During the past 12 months has the child attended or been visited by any of the following?**

	Yes	Reason(s)	No	Not known
(a) General practitioner <i>B21 1</i>	<input type="checkbox"/>	<i>B21 4</i>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Health visitor <i>B21 2</i>	<input type="checkbox"/>	<i>B21 5</i>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Social worker <i>B21 3</i>	<input type="checkbox"/>	<i>B21 6</i>	<input type="checkbox"/>	<input type="checkbox"/>
(d) School dental service <i>B21 7</i>	<input type="checkbox"/>	<i>B21 8</i>	<input type="checkbox"/>	<input type="checkbox"/>
(e) NHS or private dental service <i>B21 9</i>	<input type="checkbox"/>	<i>B21 10</i>	<input type="checkbox"/>	<input type="checkbox"/>

**B22 During the past 12 months how much time altogether has the child missed from school because of ill health or emotional disturbance?**

- None or less than one week in all *B22 1*
- Over one week and up to one month in all
- Over one month and up to three months in all
- Over three months
- Missed school, but not known for how long
- Not known whether missed school
- Does not attend school
- If away for more than one week, please state medical reason(s)  
*B22 2*  
*B22 3*  
*B22 4*

**B23 Please list all pills, medicines and other forms of medication taken by study child in past seven days? Include maintenance or other medicines or treatments prescribed by doctor or hospital tranquillisers sedatives hypnotics analgesics medicinal products obtained direct from chemist or shops e.g. laxatives vitamins aspirin etc**

Name of substance(s)	Reason taken	How often given
<i>B23 1 *</i>	<i>B23 2 *</i>	<i>B23 3</i>
<i>B23 4 *</i>	<i>B23 5 *</i>	<i>B23 6</i>
<i>B23 7 *</i>	<i>B23 8 *</i>	<i>B23 9</i>
<i>B23 10 *</i>	<i>B23 11 *</i>	<i>B23 12</i>
<i>B23 13 *</i>	<i>B23 14 *</i>	<i>B23 15</i>

**B24 In summary, do you consider that the child has a physical or mental disability or handicap, or any other disabling condition which interferes with normal everyday life, or which might be a problem at school?**

- B24 1*
- Yes, slight disability
- Yes, severe disability
- No
- Not known
- If Yes please give diagnosis and describe disability  
*B24 2*  
*B24 3*  
*B24 4*

**EDUCATION AND OCCUPATION OF PARENTS**

NOTE If the father or mother no longer live with this family please give details of the education and occupation of the male or female head of the household

**C1 What are the educational or occupational qualifications of the present parents?**

*Tick all that apply in both columns*

	Father (male head of household)	Mother (female head of household)
Trade apprenticeship or other occupational training, e.g. shorthand, typing State Enrolled Nurse etc	<input type="checkbox"/> <i>C1 1</i>	<input type="checkbox"/> <i>C1 12</i>
G C E O level or equivalent, e.g. Scottish Certificate of Education (SCE) O grade C S E City and Guilds Intermediate Tech Cert or Final Craft Cert	<input type="checkbox"/> <i>C1 2</i>	<input type="checkbox"/> <i>C1 13</i>
G C E A level or equivalent e.g. Scottish Certificate of Education (SCE) higher grade, OND ONC City and Guilds Final Tech Cert	<input type="checkbox"/> <i>C1 3</i>	<input type="checkbox"/> <i>C1 14</i>
State Registered Nurse or Registered Nurse	<input type="checkbox"/> <i>C1 4</i>	<input type="checkbox"/> <i>C1 15</i>
Certificate of Education (teachers) or equivalent	<input type="checkbox"/> <i>C1 5</i>	<input type="checkbox"/> <i>C1 16</i>
Degree e.g. BSc BEd, PhD etc, HND HNC Membership of Professional Institute e.g. FCA FRICS MIEE etc	<input type="checkbox"/> <i>C1 6</i>	<input type="checkbox"/> <i>C1 17</i>
Other qualification(s) please specify	<input type="checkbox"/> <i>C1 7</i> <i>C1 8</i>	<input type="checkbox"/> <i>C1 18</i> <i>C1 19</i>
No qualifications	<input type="checkbox"/> <i>C1 9</i>	<input type="checkbox"/> <i>C1 20</i>
No male/female head of household	<input type="checkbox"/> <i>C1 10</i>	<input type="checkbox"/> <i>C1 21</i>
Qualifications not known	<input type="checkbox"/> <i>C1 11</i>	<input type="checkbox"/> <i>C1 22</i>

**C2. (a) What is the current employment situation of the present parents?**

	Father (male head of household)	Mother (female head of household)
In a regular paid job or family business (including if temporarily absent from work for any reason)	C2 1 <input type="checkbox"/>	C2 9 <input type="checkbox"/>
Works occasionally or on casual basis only	C2 2 <input type="checkbox"/>	C2 10 <input type="checkbox"/>
Not currently in paid job		
Seeking work	C2 3 <input type="checkbox"/>	C2 11 <input type="checkbox"/>
Looks after home and family, no other work	C2 4 <input type="checkbox"/>	C2 12 <input type="checkbox"/>
Not in paid job for other reason, please specify	C2 5 <input type="checkbox"/> C2 6	C2 13 <input type="checkbox"/> C2 14
Other employment situation please specify	C2 7 <input type="checkbox"/>	C2 15 <input type="checkbox"/>
No male/female head of household	C2 8 <input type="checkbox"/>	C2 16 <input type="checkbox"/>

**(b) If not currently in paid job, how long is it since last regular employment?**

*If never in paid job please put NA years NA months If years not known put NK*

Length of time since father last in paid job C2 7A years C2 7B months

Length of time since mother last in paid job C2 8A years C2 8B months

**IF CURRENTLY IN PAID JOB please give details of this job in questions C3-C6**

**IF NOT CURRENTLY IN PAID JOB please give details of last main job in questions C3-C6**

**C3 Please describe each parent's actual job, occupation, trade or profession**

Use precise terms such as radio-mechanic, woodworking machinist, toolroom foreman, rather than general terms such as mechanic, machinist foreman, engineer. If the occupation is known in the trade or profession by a special name please use that name

Please also describe the type of industry or service given

Give details of what is made materials used or services given

SEE PAGE 17

If in H M Forces, please give rank in addition to actual job and type of industry

**(a) FATHER (male head of household)**

Actual job, occupation trade or profession

C3 1A\*, C3 1B\*, C3 1C\*

C3 2, C3 3\*, C3 4, C3 5

Type of industry or service given

C3 6\*, C3 7

**(b) MOTHER (female head of household)**

Actual job, occupation, trade or profession

C3 8A\*, C3 8B\*, C3 8C\*

C3 9, C3 10\*, C3 11, C3 12

Type of industry or service given

C3 13A\*, C3 13B\*, C3 14\*

**C4 Indicate the employment status of the parent(s)**

	Father (male head of household)	Mother (female head of household)
Self-employed—		
without employees other than family workers	C4 1A/B <input type="checkbox"/>	C4 2A/B <input type="checkbox"/>
with up to 24 employees	<input type="checkbox"/>	<input type="checkbox"/>
with 25 or more employees	<input type="checkbox"/>	<input type="checkbox"/>
Employee—		
not supervising others	<input type="checkbox"/>	<input type="checkbox"/>
as foreman supervisor chargehand	<input type="checkbox"/>	<input type="checkbox"/>
manager in establishments employing up to 24 persons	<input type="checkbox"/>	<input type="checkbox"/>
manager in establishments employing 25 or more persons	<input type="checkbox"/>	<input type="checkbox"/>

**C5 How many hours did the parent(s) work during their last working week?**

*If never in paid job please put NA hours per week*

(a) Father (male head of household) C5 1 hours

(b) Mother (female head of household) C5 2 hours

**C6 During the last working week, did either parent work for three hours or more on Saturday, or on Sunday or outside normal working hours, i.e. before 8 00 a.m. or after 5 00 p.m.?**

Do not add together hours worked on different days

Tick all that apply in both columns

	Father (male head of household)	Mother (female head of household)
Yes, worked three hours or more—		
on Saturday	C6 1 <input type="checkbox"/>	C6 8 <input type="checkbox"/>
on Sunday	C6 2 <input type="checkbox"/>	C6 9 <input type="checkbox"/>
before 8 00 a.m. or after 5 00 p.m. on any one weekday	C6 3 <input type="checkbox"/>	C6 10 <input type="checkbox"/>
No did not work during any of these periods	C6 4 <input type="checkbox"/>	C6 11 <input type="checkbox"/>
Other reply	C6 5 <input type="checkbox"/>	C6 12 <input type="checkbox"/>
please specify	C6 6	C6 13
Not currently in paid job	C6 7 <input type="checkbox"/>	C6 14 <input type="checkbox"/>

**C7 Was the mother working regularly outside the home during the child's summer holiday from school last year?**

Yes was working—

    more than 30 hours a week

    up to 30 hours a week

No was not working during the child's summer holiday

Other reply, please specify

C7 1

If Yes, who looked after the child most of the time during the holiday whilst the mother was at work? (please specify grandparent father neighbour, child looked after self etc.)

C7 2

**BENEFITS AND INCOME**

If necessary please explain that benefits and income of families with young children are a vital part of this study of the lives and development of British children. If the parent is kind enough to provide this information it will be treated in complete confidence.

**C8 Has this family received any of the following in the past 12 months?**

	Yes	No	Not known
(a) Child Benefit	<input type="checkbox"/> C8 1	<input type="checkbox"/>	<input type="checkbox"/>
(b) Child Benefit Increase (for single parent families)	<input type="checkbox"/> C8 2	<input type="checkbox"/>	<input type="checkbox"/>
(c) Family Income Supplement (FIS)	<input type="checkbox"/> C8 3	<input type="checkbox"/>	<input type="checkbox"/>
(d) Supplementary benefit	<input type="checkbox"/> C8 4	<input type="checkbox"/>	<input type="checkbox"/>
(e) Widow's benefit/widowed mother's allowance	<input type="checkbox"/> C8 5	<input type="checkbox"/>	<input type="checkbox"/>
(f) Retirement pension	<input type="checkbox"/> C8 6	<input type="checkbox"/>	<input type="checkbox"/>
(g) Sickness/invalidity benefit	<input type="checkbox"/> C8 7	<input type="checkbox"/>	<input type="checkbox"/>
(h) Disablement pension	<input type="checkbox"/> C8 8	<input type="checkbox"/>	<input type="checkbox"/>
(i) Attendance or mobility allowance	<input type="checkbox"/> C8 9	<input type="checkbox"/>	<input type="checkbox"/>
(j) Unemployment benefit	<input type="checkbox"/> C8 10	<input type="checkbox"/>	<input type="checkbox"/>
(k) Any other benefit(s) received	<input type="checkbox"/> C8 11	<input type="checkbox"/>	<input type="checkbox"/>
please specify	C8 12		

**C9 Please show the following income ranges and ask for the range in which the family's total gross weekly income falls (before deductions). An estimate will be acceptable.**

Include all earned and unearned income of both mother and father before deductions for tax national insurance etc. Exclude any income of other household members and child benefit.

Total gross weekly income of parents—

Under £35 per week	C9 1	<input type="checkbox"/>
£35 — £49 per week	C9 2	<input type="checkbox"/>
£50 — £99 per week	C9 3	<input type="checkbox"/>
£100 — £149 per week	C9 4	<input type="checkbox"/>
£150 — £199 per week	C9 5	<input type="checkbox"/>
£200 — £249 per week	C9 6	<input type="checkbox"/>
£250 or more per week	C9 7	<input type="checkbox"/>
Other reply please specify	C9 8	<input type="checkbox"/>

# HOUSING AND AMENITIES

## D1 What accommodation is occupied by this household?

D1 1

Flat or maisonette with own front door (i.e. self contained)	<input type="checkbox"/>	} If flat or rooms, please give the lowest floor on which living room(s) or bedroom(s) are situated	
Flat or rooms in building shared with other households (i.e. not self-contained)	<input type="checkbox"/>		
Caravan/houseboat	<input type="checkbox"/>		
House or bungalow occupied by this household only	<input type="checkbox"/>		D1 2
Other type of accommodation	<input type="checkbox"/>	If above ground floor please specify floor	Basement <input type="checkbox"/>
please describe			Ground floor <input type="checkbox"/>
			Above ground floor <input type="checkbox"/>
			D1 3 floor <input type="checkbox"/>

e.g. for first floor please put 1

## D2 Is the accommodation owned or rented by the household?

D2

Owned outright	<input type="checkbox"/>
Being bought on mortgage or loan	<input type="checkbox"/>
Rented from local authority (council or New Town)	<input type="checkbox"/>
Privately rented — unfurnished	<input type="checkbox"/>
Privately rented — furnished	<input type="checkbox"/>
Tied to occupation of a household member	<input type="checkbox"/>
Other situation	<input type="checkbox"/>

please describe

## D3 Has the household the use of a bathroom and kitchen on these premises? Please indicate whether they are used only by this household or shared with other household(s) in the building

		Sole use by this household	Shared with other household(s)	No kitchen No bathroom
(a) Bathroom	D3 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Kitchen	D3 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## D4 Is the kitchen at least 6 feet 6 inches (2 metres) wide?

D4

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
No kitchen available	<input type="checkbox"/>

## D5 How many rooms are there within the accommodation?

Do not count kitchens bathrooms or toilets or rooms used solely for business or trade purposes

(a) Total number of rooms  (b) How many of these rooms are bedrooms?

## D6 (a) What methods of heating are regularly used at home in the winter?

Tick all that apply

Gas fire(s)	D6 1	<input type="checkbox"/>	} If gas fire(s), is a gas fire used which has no flue or chimney, e.g. a free-standing gas heater using bottled gas, such as Calor Gas?	
Electric fire(s)	D6 2	<input type="checkbox"/>		
Night storage heater(s)	D6 3	<input type="checkbox"/>		
Open coal fire(s)	D6 4	<input type="checkbox"/>	Yes	D6 12 <input type="checkbox"/>
Paraffin heater(s)	D6.5	<input type="checkbox"/>	No	<input type="checkbox"/>
Full central heating most rooms heated from central source	D6 6	<input type="checkbox"/>	Not known	<input type="checkbox"/>
Partial central heating only some rooms heated from central source	D6.7	<input type="checkbox"/>	If central heating, what fuel is used?	
Other method(s) of heating,	D6 8	<input type="checkbox"/>	Gas	D6 13 <input type="checkbox"/>
please specify D6.9, D6 10, D6 11			Electricity	<input type="checkbox"/>
			Oil	<input type="checkbox"/>
			Solid fuel	<input type="checkbox"/>

## (b) Which one of the above is the main method of heating? Please specify only one, e.g. full central heating, gas fire(s), etc

D6 14

**D7 Has gas ever been used for cooking at home in the past ten years?**

- Yes gas used for cooking now **D7 1**
  - Yes, in past but not now
  - No gas not used for cooking in past ten years
  - Other reply,
- please specify

If Yes, for how many of the past ten years has gas been used for cooking?

**D7 2** years

If under one year please put 0 years

**D8 Is the present accommodation affected by dampness? (e.g. from rising damp, leaking roof, condensation)**

- Yes slight dampness **D8 1**
- Yes, moderate dampness
- Yes, marked dampness
- No

If Yes, which of the following types of rooms are involved?

- Kitchen or bathroom **D8 2**
- Living room(s) **D8 3**
- Bedroom(s) **D8 4**
- Other room(s) **D8 5**

please specify

**FAMILY HEALTH**

**E1 What is the height and weight of the natural mother?** *an estimate is acceptable* If not known put **NK**

- (a) Height without shoes  feet  inches OR  **E1 1** cm
- (b) Weight lightly clothed  stones  lbs OR  **E1 2** kg

**E2 What is the height and weight of the natural father?** *an estimate is acceptable* If not known put **NK**

- (a) Height without shoes  feet  inches OR  **E2 1** cm
- (b) Weight lightly clothed  stones  lbs OR  **E2 2** kg

**E3 Since the child's fifth 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, children in household** *Tick all that apply*

- Yes mother **E3 1**
- Yes father **E3 2**
- Yes other adult or child (exclude study child) **E3 3**
- No **E3 4**

If Yes please give the following details for each member of the household concerned

Relationship to the child	1ST PERSON <b>E3 5</b>	2ND PERSON <b>E3 14</b>	3RD PERSON <b>E3 23</b>
Diagnosis or nature of condition	<b>E3 6A*, E3 6B*</b>	<b>E3 15A*, E3 15B*</b>	<b>E3 24A*, E3 24B*</b>
	<b>E3 7*-</b> <b>E3 9*</b>	<b>E3 16*-</b> <b>E3 18*</b>	<b>E3 25*-</b> <b>E3 27*</b>
Year of onset	<b>E3 10</b>	<b>E3 19</b>	<b>E3 28</b>
Duration of condition (years and months)	<b>E3 11A, E3 11B</b>	<b>E3 20A, E3 20B</b>	<b>E3 29A, E3 29B</b>
Outcome (e.g. recovered, died, condition still present)	<b>E3 12</b>	<b>E3 21</b>	<b>E3 30</b>
In what way, if any, has condition caused any interference with the child's everyday care?	<b>E3 13</b>	<b>E3 22</b>	<b>E3 31</b>
<i>No persons coded</i>	<b>E3 33</b>	<b>E3 34</b>	<b>E3 35</b>

**E4 Looking back to when the mother was pregnant with the study child, can she remember how often, if at all, she took an alcoholic drink during her pregnancy?** *Please ask only if natural mother*

(A) EARLY IN PREGNANCY

PLEASE TRY TO ANSWER A AND B

(B) LATER IN PREGNANCY

- Most days **E4 1**
- 2-3 times a week
- Once a week or less
- Not at all
- Not known

- Most days **E4 2**
- 2-3 times a week
- Once a week or less
- Not at all
- Not known

Comments

**E4.3, E4 4**

Please ask questions E5 to E8 first concerning the study child, then concerning the mother and then concerning the father

Please tick one box in each horizontal line

**E5 Does the study child, or the mother or the father usually cough first thing in the morning?**

		No	Yes, but for less than 3 months a year	Yes, for 3 months or more a year	Not known	No mother/ father figure
(a) Study child	E5 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Mother	E5 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Father	E5 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E6 Does the study child, or the mother or the father usually cough during the day or at night?**

		No	Yes, but for less than 3 months a year	Yes for 3 months or more a year	Not known	No mother/ father figure
(a) Study child	E6 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Mother	E6 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Father	E6 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E7 Does the study child, or the mother or the father usually bring up phlegm first thing in the morning?**

		No	Yes, but for less than 3 months a year	Yes for 3 months or more a year	Not known	No mother/ father figure
(a) Study child	E7 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Mother	E7 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Father	E7 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E8 Does the study child, or the mother or the father usually bring up phlegm during the day or at night?**

		No	Yes but for less than 3 months a year	Yes, for 3 months or more a year	Not known	No mother/ father figure
(a) Study child	E8 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Mother	E8 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Father	E8 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E9 Does the mother smoke cigarettes or cigars at present?**

Cigarette smoking is defined as an average of one or more cigarettes a day

Yes cigarettes	E9 1	<input type="checkbox"/>	] — If Yes, (a) how many cigarettes does she smoke per day?	<input type="text" value="E9 2"/>
Yes, cigars		<input type="checkbox"/>		(b) for how long has she been smoking?
No, non-smoker		<input type="checkbox"/>		
Not known		<input type="checkbox"/>		
No mother figure		<input type="checkbox"/>		

**E10 If mother is a non-smoker, has she smoked at all in the past ten years?**

E10 1	Yes, mother has smoked but not smoking now	<input type="checkbox"/>	] — If Yes, (a) how many cigarettes did she smoke per day just before giving up?	E10 2	<input type="text" value="cigs/day"/>
	No, mother has not smoked at all in past ten years	<input type="checkbox"/>		(b) how long is it since she gave up smoking?	E10 3

**E11 Does the father smoke cigarettes, cigars or pipe at present?**

Cigarette smoking is defined as an average of one or more cigarettes a day

E11 1	Yes, cigarettes	<input type="checkbox"/>	] — If Yes, (a) how many cigarettes does he smoke per day?	E11 2	<input type="text" value="cigs/day"/>
	Yes, cigars or pipe	<input type="checkbox"/>		(b) for how long has he been smoking?	E11 3
	No, non-smoker	<input type="checkbox"/>			
	Not known	<input type="checkbox"/>			
	No father figure	<input type="checkbox"/>			

E12 If father is a non-smoker, has he smoked at all in the past ten years?

E12 1 Yes father has smoked but not smoking now  
No, father has not smoked at all in past ten years

If Yes (a) how many cigarettes did he smoke per day just before giving up? E12 2

(b) how long is it since he gave up

E13 Do any other members of the household smoke at present?

Yes E13 1  
No  
Not known

If Yes how many other people smoke?

Please enter below 1 any further details about accidents, hospital admissions or outpatient attendances for which there was insufficient space in the form  
2 any comments or information you feel are relevant

BACK1P

SEE PAGE 17

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

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 for us to do this should it prove necessary 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)

BACK2P

Signature of parent/guardian

BACK3P

WE ARE MOST GRATEFUL FOR THE TIME YOU HAVE GIVEN THANK YOU FOR YOUR HELP

Date of Interview (DD)= BACK4A  
Date of Interview (MM)= BACK4B  
Date of Interview (YY)= BACK4C  
Father's corrected employment situation= BACK5  
Father's corrected occup code 1980= BACK6  
Father's corrected occup code 1970= BACK7  
Father's corrected social class vars SEG 1980= BACK10  
Father's corrected social class vars SEG 1970= BACK14  
Mother's corrected employment situation= BACK15  
Mother's corrected occup code 1980= BACK16  
Mother's corrected occup code 1970= BACK17  
Mother's corrected social class vars SEG 1980= BACK20  
Mother's corrected social class vars SEG 1970= BACK24  
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Text pool entry 5 ICD code= PENT5 2  
Text pool entry 5 text string 30 chars= PENT5 3  
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Text pool entry 6 ICD code= PENT6 2  
Text pool entry 6 text string 30 chars= PENT6 3  
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Text pool entry 7 ICD code= PENT7 2  
Text pool entry 7 text string 30 chars= PENT7 3  
Text pool entry 8 pointer= PENT8 1  
Text pool entry 8 ICD code= PENT8 2  
Text pool entry 8 text string 30 chars= PENT8 3  
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# CHILD HEALTH AND EDUCATION STUDY

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

## EDUCATIONAL QUESTIONNAIRE

CONFIDENTIAL



1980

Director Neville R Butler  
MD, FRCP, FRCOG, DCH  
Department of Child Health Research Unit  
University of Bristol  
Bristol BS2 8BH

Tel (0272) 24920

Under the auspices of the University of Bristol and the National Birthday Trust

PLEASE COMPLETE IN BLOCK CAPITALS

0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
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8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

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MAKE NO MARKS OR SMUDGES NEAR THESE LINES

Child's Surname

Child's Forenames . . . . .

Child's Home Address . . . . .

*Standard Region. Variable Grouped J006A*

Child's Sex      M  F       Child's Date of Birth      

DAY	MTH	YR
	04	70

Today's Date      

DAY	MTH	YR

  
*J009A/J009B/J009C*

School Name . . . . .

School Address . . . . .

**GENERAL NOTES**

PLEASE ENSURE THAT EVERY QUESTION IS ANSWERED.  
PLEASE USE SOFT PENCIL ONLY, AND RUB OUT ANY MISTAKES THOROUGHLY  
Where space for your answers are of this type  simply mark the appropriate space like this ●, not like φ or φ. If answers are of this type , please mark like this ●  
Please ensure that nothing else is entered in, or near these spaces otherwise the form will be unreadable



**A CHILD'S EDUCATIONAL STATUS**  
(TO BE COMPLETED BY CHILD'S TEACHER)

The items in this section deal with the child's educational activities and characteristics, and with several related issues

(i) **THE CHILD AT SCHOOL**

A1 For how many months have you been teaching the study child? J010 months

A2 Please assess the state of the child's general knowledge J011

Very well informed	<input type="checkbox"/>	Somewhat below average	<input type="checkbox"/>
Somewhat above average	<input type="checkbox"/>	Extremely limited	<input type="checkbox"/>
Average for age	<input type="checkbox"/>		

A3 Could you please estimate how many hours a week the child is engaged in the following activities during school periods (Please write half an hour as 0.5 hours)

Registration, classroom preparation/tidying, other administrative activities	J012 hours
Assembly and religious services	J013 hours
Instructional reading work	J014 hours
Reading for pleasure/information	J015 hours
Literature and poetry (specifically taught)	J016 hours
Creative writing	J017 hours
Mathematics	J018 hours
Science subjects	J019 hours
Environmental projects	J020 hours
Foreign languages	J021 hours
Art and craft activities	J022 hours
Music playing, singing	J023 hours
Drama	J024 hours
P E /movement/games	J025 hours
Other school subjects	J026 hours
Non-educational activities	J027 hours
Sport ( <u>outside school periods</u> )	J028 hours

A4 Does the child attend a special school? J029

No

Yes (full-time)  J030

Yes (part-time)

Please specify type of special school (complete description)

J030A



3  
2

2  
6

0  
0  
3

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23

26

40

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MAKE NO MARKS OR SMUDGES NEAR THESE LINES

**A5 Is the child receiving therapeutic or special help inside the school?**

Yes  No  Already attending special school  J031

If yes, what is the nature of this help?

- Remedial or special class occasional   
regular part-time   
full-time
- J032
- Remedial group work      Reading      J033 occasional   
regular
- Mathematics      J034 occasional   
regular
- Special group (behaviour problems)      J035 occasional   
part-time   
full-time
- Individual remedial tuition (educational)      J036 occasional   
part-time   
full-time
- Individual school counselling      J037 behaviour problems   
emotional problems
- Other type of help (please specify)      J038

**A6 Would this child benefit from special educational help (over and above any special help already being received, if any)**

Yes  No  J039

If yes, what kind of help would benefit the child J040

- Attendance at a different type of school
- Please specify type of school J041
- Continued attendance at present school, but with extra help
- Please specify type of help J042
- Some other form of special help
- Please specify type of help

**A7 Has the child received any of the following types of help during the past few years?**

	Frequently	Occasionally	Not at all	Don't know
Child guidance and psychological counselling	<input type="checkbox"/> J043	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric counselling and treatment	<input type="checkbox"/> J044	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech therapy	<input type="checkbox"/> J045	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory disability help, visual	<input type="checkbox"/> J046	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory disability help, auditory	<input type="checkbox"/> J047	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical therapy for disabilities	<input type="checkbox"/> J048	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational welfare intervention	<input type="checkbox"/> J049	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social work intervention	<input type="checkbox"/> J050	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance at a special 'Nurture' centre (for behavioural difficulties)	<input type="checkbox"/> J051	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance at a remedial centre (for educational difficulties)	<input type="checkbox"/> J052	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probation officer guidance/care	<input type="checkbox"/> J053	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) .	<input type="checkbox"/> J054	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J054A

A8 a Is the child in a streamed class ?  
 Yes  No  J055 Fill in space  
like this

If yes, is the child at the

High(est) level   
 Middle level (if applicable)  J056  
 Low(est) level

b Is the child taught in set groups for reading or mathematics?  
 Yes  No  J057

If yes, in which group(s) is the child

Reading J058 High(est)   
 Middle   
 Low(est)

Mathematics J059 High(est)   
 Middle   
 Low(est)

(ii) EXPRESSIVE LANGUAGE

A9 Does the child tend to use gestures and other non verbal communication (aggression, emotional display, etc.) in preference to verbal language? (Place firm vertical mark across the line at appropriate point see page two for guidance)

Nearly all the time  J060  Not more than is usual for age-group

A10 When something important has happened, does the child endeavour to tell his or her friends about it?

Not particularly  J061  Very much indeed

A11 When something important has happened, does the child endeavour to tell his or her teacher about it?

Not particularly  J062  Very much indeed

A12 When talking to friends, is the child (compared to the rest of the class)

Very talkative  J063  Reluctant to talk

A13 When talking to you, is the child normally (compared to the rest of the class)

Very talkative  J064  Reluctant to talk

A14 When describing his or her own experiences, is the child's vocabulary

Very simple  J065  Very advanced

A15 Are the language structures used by the child

Very simple  J066  Very advanced

A16 When the class is given new words and concepts, does the study child assimilate and use the new vocabulary

Readily  J067  Reluctantly (or slowly)

A17 When describing his or her own experiences to you, do the ideas come out coherently in a sequence which makes sense for the listener? In other words, how are the child's thoughts organised

Very poorly,  J068  Very well

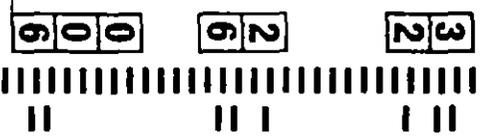
A18 Is the articulation of the child's speech

Heavily slurred  J069  Very clear

MAKE NO MARKS OR SMUDGES NEAR THESE LINES

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MAKE NO MARKS OR SMUDGES NEAR THESE LINES

A19 In ordinary conversation do the child's words tend to be

Well finished JO70 Very clipped

A20 Given that most children's spoken language understandably reflects the importance of regional accents and dialects, can this child, in the appropriate situation, speak in such a way that he or she is clearly understood within the language context of 'standard English'?\*

Very well JO71 Very poorly

(\*'standard English' may be taken as that used on national news broadcasts)

A21 When talking to the teacher, does the child make syntactical mistakes which make it difficult to understand him or her?

Not at all JO72 Very frequently

A22 Has the child a stutter or stammer? JO73

Severe	<input type="checkbox"/>	Not easily noticed	<input type="checkbox"/>
Quite serious	<input type="checkbox"/>	No stutter or stammer	<input type="checkbox"/>
Moderate	<input type="checkbox"/>		

A23 a Has the child any speech defect other than a stutter or stammer?

Severe	<input type="checkbox"/>	JO74	Not easily noticed	<input type="checkbox"/>
Quite serious	<input type="checkbox"/>		No other speech defect	<input type="checkbox"/>
Moderate	<input type="checkbox"/>			

b If any such defect is present, please describe

JO75

A24 Does the child use sign language at all? JO76

Yes  No

If yes, which sign language system is used?

(iii) CHILD'S EDUCATIONAL CHARACTERISTICS

A25 How well does the child concentrate on educational tasks, in comparison with the average 10-year-old?

Cannot concentrate at all JO77 Excellent concentration

A26 When the child is expected to be working, roughly what percentage of the time (i.e. within the period) would you describe the child's behaviour as

Concentrating on the task in hand JO78 %

Interested in other tasks than the one which he has been given JO79 %

Talking to other children JO80 %

Moving around the classroom JO81 %

Fidgeting and indulging in other minor distracting activities JO82 %

Displaying serious behavioural aberrations JO83 %

Day-dreaming JO84 %

TOTAL JO85 %

A27 To what extent does the child accept the goals of the school curriculum? JO85A

Complete acceptance JO86 Complete hostility

A28 How much perseverance does the child show in the face of difficult tasks?

Unlimited JO87 None

A29 To what extent does the child

Work independently JO88 Look to the teacher for guidance

(iv) INTEREST SHOWN BY CHILD'S PARENTS

Note Parents in the context of this questionnaire include parent figures or other adults responsible for the child's upbringing

A30 Record number of discussions and/or interviews between the child's parents and the staff during last term, of which you are aware

		Three or more	Two	One	None	Cannot say
J089	Between mother or father and child's class teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J090	Between mother or father and school head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A31 Please estimate, if possible, the total time spent by the parent(s) discussing the child with staff during last term (formally or informally)

J091

Nil	Under 1/2 hr	1/2 1 hr	1 2 hrs	2 3 hrs	Over 3 hrs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What proportion of that total was spent on the following

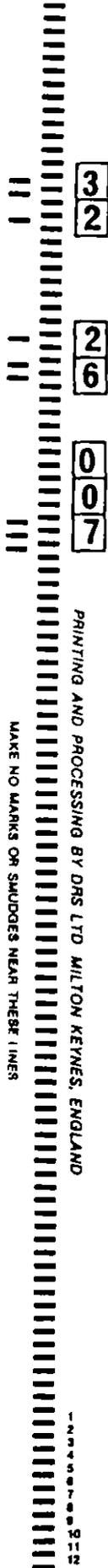
Educational progress	J092	%
Behavioural problems	J093	%
Child's health problems	J094	%
Family problems	J095	%

A32 With regard to the child's education, how concerned or interested do the parents appear to be

	J097 <u>Mother</u>	J098 <u>Father</u>
Very interested	<input type="checkbox"/>	<input type="checkbox"/>
Moderately interested	<input type="checkbox"/>	<input type="checkbox"/>
Very little interested	<input type="checkbox"/>	<input type="checkbox"/>
Uninterested	<input type="checkbox"/>	<input type="checkbox"/>
Cannot say	<input type="checkbox"/>	<input type="checkbox"/>
No parents/parent figures	<input type="checkbox"/>	<input type="checkbox"/>

A33. As far as you are aware, can the parents' attitude towards the child be described in any of these terms (mark more than one box if necessary)

	<u>Mother</u>	<u>Father</u>
Have a balanced view of child's potential	<input type="checkbox"/> J099	<input type="checkbox"/> J105
Over-concerned about progress/expecting too high a standard	<input type="checkbox"/> J100	<input type="checkbox"/> J106
Hostile to this particular child	<input type="checkbox"/> J101	<input type="checkbox"/> J107
Dismissive of the child's potential	<input type="checkbox"/> J102	<input type="checkbox"/> J108
Cannot say	<input type="checkbox"/> J103	<input type="checkbox"/> J109
No parents/parent figures	<input type="checkbox"/> J104	<input type="checkbox"/> J110



MAKE NO MARKS OR SMUDGES NEAR THESE LINES

**B. CHILD'S SOCIAL BEHAVIOUR**  
**(TO BE COMPLETED BY CHILD'S TEACHER)**

The questions here are related to the child's social functioning, the issues are important because of their relevance to the child's ability to function effectively when he moves into adult society.

**B1. a.** We would be glad if you would add up the total number of days schooling missed by the child last term, for whatever reason (add half days as well)

Total days absent (round up to full days) J111 days

**b** Please indicate reasons for absence and if possible estimate the days absent

Whether absent  
(mark all that apply)

Code	Reason	Whether absent (mark all that apply)	Days
J112	Illness	0	<span style="border: 1px solid black; padding: 2px;">J112A days</span>
J113	Family bereavement	0	<span style="border: 1px solid black; padding: 2px;">J113A days</span>
J114	Weather, transport problems	0	<span style="border: 1px solid black; padding: 2px;">J114A days</span>
J115	Truancy	0	<span style="border: 1px solid black; padding: 2px;">J115A days</span>
J116	Suspension	0	<span style="border: 1px solid black; padding: 2px;">J116A days</span>
J117	Material hardship	0	<span style="border: 1px solid black; padding: 2px;">J117A days</span>
J118	Helping family	0	<span style="border: 1px solid black; padding: 2px;">J118A days</span>
J119	Not known	0	<span style="border: 1px solid black; padding: 2px;">J119A days</span>
J120	Other (please specify)	0	<span style="border: 1px solid black; padding: 2px;">J120A days</span>

J121

**B2** Please make an estimate of how you see the child in regard to the following issues (please place a firm mark across the line at the appropriate point)

Is highly popular with his peers J122 Is not at all popular with peers

Has no friends J123 Has many friends

Shows extreme boldness of behaviour towards peers J124 Shows extreme shyness in the company of peers

Very co-operative with peers J125 Unwilling to co-operate with peers

**B3** To what extent can you negotiate with the child a change in his behaviour

Very easily J126 Not at all

**C CHILD'S DEVELOPMENTAL BEHAVIOURS**  
**TO BE COMPLETED BY CHILD'S TEACHER**

In asking for your cooperation in describing the study child's behaviour within the categories described below we are not attempting to label or find particular fault with this or any other study child. Rather we are endeavouring to establish the links which are believed to exist between the child's birth and intervening medical and environmental history and the present pattern of behaviour. We would again emphasise our commitment to confidentiality, both of the child and the school, and we hope you will find it possible to answer these questions as frankly and fairly as possible.

Criteria against which the sample child's behaviours are to be scored are the 'average' behaviours of most children of a similar age. These items should be scored against your knowledge of the child — not by asking the child to perform any behaviours.

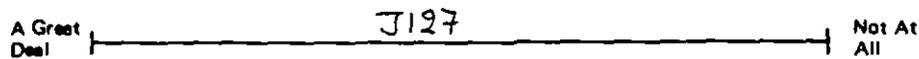
Unless otherwise stated, put a vertical mark at the appropriate point on each line to indicate the level of the particular behaviour (see page 2 for guidance). A fictional example implying that the child acts carelessly a lot of the time follows:

Child acts carelessly

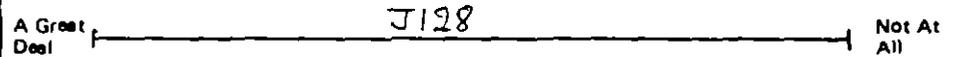


Now complete the scales for the study child

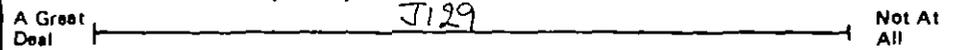
C1. Is given to daydreaming



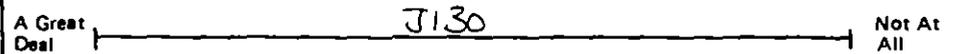
C2. Is fearful or afraid of new things or situations



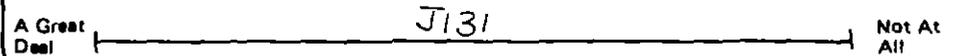
C3. Cannot concentrate on any particular task, even though the child may return to it frequently



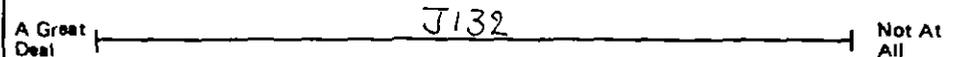
C4. Has problems with wetting pants during class



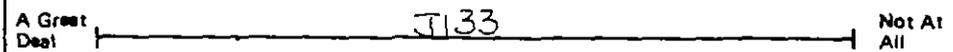
C5. Complains about things



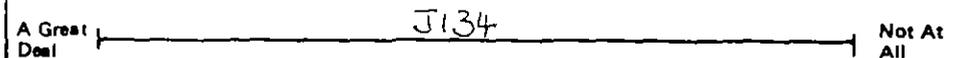
C6. Trips or falls easily or bumps into objects or other children



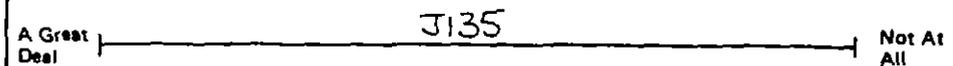
C7. Works deftly with his or her hands



C8. Displays outbursts of temper, explosive or unpredictable behaviour



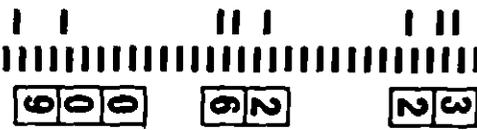
C9. Teases other children to excess



MAKE NO MARKS OR SMUDGES NEAR THESE LINES



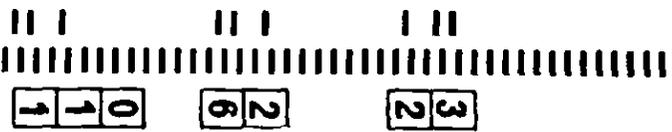
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<p><b>C25. Squirmy and fidgety</b></p> <p>A Great Deal  ----- J151 -----  Not At All</p>	<p><b>C32. Is forgetful when given a complex task</b></p> <p>A Great Deal  ----- J158 -----  Not At All</p>
<p><b>C26. Is easily distracted</b></p> <p>A Great Deal  ----- J152 -----  Not at All</p>	<p><b>C33. Tends to do things on his or her own, is rather solitary</b></p> <p>A Great Deal  ----- J159 -----  Not At All</p>
<p><b>C27. Manipulates small objects easily with his/her hands</b></p> <p>A Great Deal  ----- J153 -----  Not At All</p>	<p><b>C34. Quarrels with other children</b></p> <p>A Great Deal  ----- J160 -----  Not At All</p>
<p><b>C28. Drops things which are being carried</b></p> <p>A Great Deal  ----- J154 -----  Not At All</p>	<p><b>C35. Can use scissors and similar manipulative equipment competently</b></p> <p>A Great Deal  ----- J161 -----  Not At All</p>
<p><b>C29. Pays attention to what is being explained in class</b></p> <p>A Great Deal  ----- J155 -----  Not At All</p>	<p><b>C36. Shows lethargic and listless behaviour</b></p> <p>A Great Deal  ----- J162 -----  Not At All</p>
<p><b>C30. In relations with others appears to be miserable, unhappy, tearful or distressed</b></p> <p>A Great Deal  ----- J156 -----  Not At All</p>	<p><b>C37. Destroys own or other children's belongings</b></p> <p>A Great Deal  ----- J163 -----  Not At All</p>
<p><b>C31. Becomes obsessional about unimportant tasks</b></p> <p>A Great Deal  ----- J157 -----  Not At All</p>	<p><b>C38. Hums or makes other odd vocal noises at inappropriate times</b></p> <p>A Great Deal  ----- J164 -----  Not At All</p>

MAKE NO MARKS OR SMUDGES NEAR THESE LINES



<p><b>C39</b> Given to rhythmic tapping or rhythmic kicking during class</p> <p>A Great Deal <span style="margin-left: 100px;">J165</span> <span style="float: right;">Not At All</span></p>	<p><b>C46</b> Truants from school</p> <p>A Great Deal <span style="margin-left: 100px;">J172</span> <span style="float: right;">Not At All</span></p>
<p><b>C40.</b> Shows inadequate control when handling a pencil or paint brush</p> <p>A Great Deal <span style="margin-left: 100px;">J166</span> <span style="float: right;">Not At All</span></p>	<p><b>C47</b> Fearful in movements, requires much encouragement to move faster</p> <p>A Great Deal <span style="margin-left: 100px;">J173</span> <span style="float: right;">Not At All</span></p>
<p><b>C41</b> Has problems of soiling pants during class</p> <p>A Great Deal <span style="margin-left: 100px;">J167</span> <span style="float: right;">Not At All</span></p>	<p><b>C48</b> Child completes tasks which are started</p> <p>A Great Deal <span style="margin-left: 100px;">J174</span> <span style="float: right;">Not At All</span></p>
<p><b>C42.</b> Experiences classroom or playground accidents</p> <p>A Great Deal <span style="margin-left: 100px;">J168</span> <span style="float: right;">Not At All</span></p>	<p><b>C49</b> Request must be satisfied immediately – is easily frustrated</p> <p>A Great Deal <span style="margin-left: 100px;">J175</span> <span style="float: right;">Not At All</span></p>
<p><b>C43</b> Bullies other children</p> <p>A Great Deal <span style="margin-left: 100px;">J169</span> <span style="float: right;">Not At All</span></p>	<p><b>C50</b> Holds writing and drawing instruments appropriately</p> <p>A Great Deal <span style="margin-left: 100px;">J176</span> <span style="float: right;">Not At All</span></p>
<p><b>C44.</b> Is sullen or sulky</p> <p>A Great Deal <span style="margin-left: 100px;">J170</span> <span style="float: right;">Not At All</span></p>	<p><b>C51</b> Fails to finish things he starts</p> <p>A Great Deal <span style="margin-left: 100px;">J177</span> <span style="float: right;">Not At All</span></p>
<p><b>C45</b> Has twitches, mannerisms or tics of the face or body</p> <p>A Great Deal <span style="margin-left: 100px;">J171</span> <span style="float: right;">Not At All</span></p>	<p><b>C52</b> Please use your knowledge of the study child to assess his/her disposition or temperament</p> <p>An extrovert, lively, likes company <span style="margin-left: 100px;">J178A</span> <span style="float: right;">An introvert, quiet, prefers to be on own</span></p>
	<p>An anxious child, <span style="margin-left: 100px;">J178B</span> <span style="float: right;">An 'unworried' child</span></p>

**D CHILD'S EDUCATIONAL ENVIRONMENT**

(SECTION I TO BE COMPLETED BY CHILD'S TEACHER)

(SECTIONS II and III TO BE COMPLETED BY SCHOOL HEAD)

In regard to the following set of questions, the steps taken to ensure confidentiality of both the child and the school are such that there will be no possibility of identification of either in any reports appearing on this 10-year study. Questions concerning the school's policies and practices in certain fields of activity are aimed at building a picture of the educational ethos and philosophy and of how these vary across the country.

(i) CLASSROOM SITUATION (only applies to study child's class)

D1 When did the child join his/her present class? 

Day	Mnth	Yr

  
J179A/J179B/J179C

D2 Number of pupils on the class register 

J180 pupils
-------------

D3 Please estimate how many children in the study child's class are receiving any of the following (if none, write none or 0)

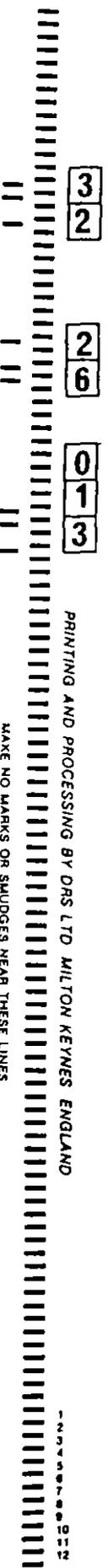
Remedial reading help	J181 pupils
Remedial mathematics help	J182 pupils
Nurture group or other formal help with behavioural difficulties	J183 pupils

**PLEASE NOTE** In a number of the following items, reference is made to a concept of the weekly class teaching time. The main purpose of these questions is to assess, as accurately as possible, the input of different levels of professional and lay resources into the class teaching situation of 10-year olds in Britain. Thus the above concept refers specifically to the hours of formal academic class activities. Items elsewhere in the questionnaire refer to time spent at Assembly and on sporting and other activities which are also clearly educational but are not seen as 'teaching time' in the ordinary sense.

The abbreviation weekly time refers to weekly class teaching time.

D4 Please estimate the total number of hours that can be defined as weekly class teaching time 

J184 hours
------------



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 3  
2  
2  
6  
0  
1  
4

**D5 Please describe the personnel resources used in the study child's class (estimation for an average week) (if none, write none or 0)**

- a Hours of weekly class teaching time spent by class teacher in the classroom itself J185 hours
- Hours of weekly time spent by class teacher outside the classroom working with groups from this class J186 hours
- Hours of weekly time spent by class teacher outside the classroom on preparation work or working with groups from other classes J187 hours
- b Does a second teacher help in this class?  
 Yes  No  J188
- Hours of weekly time in which a second teacher is helping in this classroom J189 hours
- Hours of weekly time in which a second teacher is working elsewhere with groups from this class J190 hours
- c Does a third teacher help in this class?  
 Yes  No  J191
- Hours of weekly time in which a third teacher is helping in this classroom J192 hours
- Hours of weekly time in which a third teacher is working elsewhere with groups from this class J193 hours
- d Are there teacher aides in this classroom?  
 Yes  No  J194
- Combined total hours of weekly time in which teacher aides are working in this classroom J195 hours
- e Are there parent helpers assisting in this classroom?  
 Yes  No  J196
- Number of parent helpers J197 parents
- Combined total hours of weekly time in which parent helpers are assisting in the classroom J198 hours
- f Are groups taken outside this classroom for separate tuition by class teacher or other teacher?  
 Yes  No  J199
- If yes, what is the average group size? J200 pupils
- g Are children taken out of the classroom individually for extra tuition on a regular basis?  
 Yes  No  J201
- If yes, please estimate
- Number of individual withdrawals in an average week J202 pupils
- Total number of hours in which all these children receive individual tuition outside this classroom J203 hours

**D6** Would you please indicate which of the following mathematics curriculum areas have been covered in the study child's class? It is not expected that any one school will have covered all possible areas. Please answer regardless of whether study child has mastered these areas or not.

- |      |                         |                          |      |           |                          |
|------|-------------------------|--------------------------|------|-----------|--------------------------|
| J204 | Four rules              | <input type="checkbox"/> | J208 | Fractions | <input type="checkbox"/> |
| J205 | Other number operations | <input type="checkbox"/> | J209 | Measure   | <input type="checkbox"/> |
| J206 | Geometry                | <input type="checkbox"/> | J210 | Algebra   | <input type="checkbox"/> |
| J207 | Statistics              | <input type="checkbox"/> |      |           |                          |
| J211 | Others (please specify) | <input type="checkbox"/> |      |           |                          |

**D7** a Is the study child's class given homework? J212

- |                      |                          |                      |                          |
|----------------------|--------------------------|----------------------|--------------------------|
| Daily                | <input type="checkbox"/> | Occasionally         | <input type="checkbox"/> |
| Several times a week | <input type="checkbox"/> | On demand by parents | <input type="checkbox"/> |
| Once a week          | <input type="checkbox"/> | Never                | <input type="checkbox"/> |

b If yes, is the homework J213

- |  |                          |
|--|--------------------------|
| Confined to reading and study tasks                              | <input type="checkbox"/> |
| Part reading/study and part assignments due for teacher checking | <input type="checkbox"/> |
| Confined to assignments due for teacher checking                 | <input type="checkbox"/> |

**D8** Which of the following incentives (if any) are used in relation to academic work in the study child's classroom

- |   |                              |      |   |                          |
|---|------------------------------|------|---|--------------------------|
| a | Direct praise                | J214 | Verbal praise                                   | <input type="checkbox"/> |
|   |                              | J215 | Written praise                                  | <input type="checkbox"/> |
|   |                              | J216 | Not used  | <input type="checkbox"/> |
| b | Naming of children           | J217 | Within the class                                | <input type="checkbox"/> |
|   |                              | J218 | In school assembly                              | <input type="checkbox"/> |
|   |                              | J219 | Not used  | <input type="checkbox"/> |
| c | Work displayed on walls      | J220 | Equally for all children                        | <input type="checkbox"/> |
|   |                              | J221 | Mainly high quality work                        | <input type="checkbox"/> |
|   |                              | J222 | Mainly on basis of high effort by child         | <input type="checkbox"/> |
|   |                              | J223 | Not used  | <input type="checkbox"/> |
| d | Awarding of free time        | J224 | Used  | <input type="checkbox"/> |
|   |                              |      | Not used  | <input type="checkbox"/> |
| e | Encouragement of competition | J225 | Individual attainment                           | <input type="checkbox"/> |
|   |                              | J226 | Group attainment (e.g. 'houses' within a class) | <input type="checkbox"/> |
|   |                              | J227 | Not used  | <input type="checkbox"/> |
| f | Other incentives             |      |   | <input type="checkbox"/> |
|   | Please specify               |      |   |                          |

J228



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MAKE NO MARKS OR SMUDGES NEAR THESE LINES

D9 It would help us to assess the ethos in the classroom if you, as the child's teacher, would define your particular approach and practice on the issues defined here (Please place a vertical mark across line at at the appropriate point)

'Open teaching'	J229	'Traditional teaching'
Didactic methods'	J230	'Exploratory methods'
Question and answer style	J231	Explanation and then let children get on with work
Firm schedule of progress through curriculum areas	J232	Rate of progress dictated by children's speed of work
Planning of individual tasks to be firmly guided within a specific curriculum	J233	Each child's interests to dictate choice of tasks within a very general curriculum

D10. Which of the following educational goals have you mentioned to the study child's class in the recent past

- |  |      |
|--|------|
| A forthcoming classroom test                             | J234 |
| Secondary level examinations (e.g. CSE, A/O levels)      | J235 |
| Private (public) school entrance examinations            | J236 |
| Eventual technical or craft training                     | J237 |
| Polytechnic or university or other post-school education | J238 |
| A good job/risk of unemployment                          | J239 |
| Family or teacher approval                               | J240 |
| Peer approval  | J241 |
| Pride in the work done                                   | J242 |
| None of these  | J243 |

D11 Please indicate the approach to the following issues in the study child's classroom (Place a vertical mark across the line at the appropriate point)

Specifying clearly the behavioural rules to be observed in the classroom	J244	Leaving decisions on conduct to the children common sense as much as possible
Developing a questioning attitude towards everything in society	J245	Inculcating respect for the well-established values in society

(ii) SCHOOL DETAILS (TO BE COMPLETED BY SCHOOL HEAD)

D12 Number of girl pupils  pupils

Number of boy pupils  pupils

D13 Number of boarders  boarders

D14 Age range of pupils from  yrs to  yrs

D15 Formal description of school-  
(if necessary mark more than one space)

J251 Maintained  Voluntary-controlled  Voluntary-aided   
J254 Direct Grant  Independent  J255  
J256 Other  (please specify)

D16 Which of these additional descriptions apply to your school

J257 Junior and Infant  J259 Junior  J261 Attached nursery class   
J258 Middle and First  J260 Middle  J262 Priority Area   
J263 Special   
J264 Other  (please specify)

D17 Total number of registered classes  classes

D18 a Does the school have scale posts of special responsibility for any of the following (Please mark all that apply),

Reading or language development  J266  
Mathematics  J267  
Remedial or special education  J268  
Home/school liaison  J269  
None of these  J270

D18 b If no scale posts are held in relation to these subjects has any teacher been designated as responsible for the preparation of special curricula and/or programmes in:

Reading or language development  J271  
Mathematics  J272  
Remedial or special education  J273  
Home/school liaison  J274  
None of these  J275

D19 Are any classes streamed in the school? J276

All classes   
Some classes   
No classes

D20 Using words employed by H M I's in their recent study of primary education, where would you place your school's philosophy (Please place a vertical mark across the line at the appropriate point)

Didactic  J277  Exploratory

Structured Classes  J278  Blend of individual teaching and structured groups

Loose adherence to curriculum  J279  Firm adherence to curriculum

MAKE NO MARKS ON SPACES OR SPACES NEAR THESE LINES



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- D21 To what extent do the study child or other pupils assist in the work of maintenance or improving the appearance of the school buildings and open areas? (Please mark all that apply)**
- Daily work schedule for all  J280
  - Regular schedule for various classes or work groups  J281
  - Less regular schedules of work  J282
  - This work given when necessary, e.g. tidying up and picking up waste paper  J283
  - This work given as a disciplinary measure  J284
  - No such work expected of pupils  J285

- D22 Pastoral Care**
- a If a child has serious behavioural problems, who would usually be responsible for providing counselling? (Please mark more than one box if necessary)**
- Class teacher  J286
  - School head  J287
  - A teacher with special pastoral responsibility for pupils  J288
  - The school's educational psychologist  J289
  - None of these  J290
- b If a child is known or thought to have serious personal problems, who would usually be responsible for providing counselling? (Please mark more than one box if necessary)**
- Class teacher  J291
  - School head  J292
  - A teacher with special pastoral responsibility for pupils  J293
  - The school's educational psychologist  J294
  - None of these  J295

**D23 Below is a list of disciplinary methods used in schools to-day. Please indicate which methods are used in your school.**

		Often	Occasionally	Rarely	Never
Suspension and/or expulsion	J296	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corporal punishment (caning)	J297	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other corporal punishment	J298	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical exercise or manual work	J299	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra classwork/homework	J300	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having to write 'lines'	J301	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kept in classroom/school outside normal hours	J302	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confinement to nurture group or other forms of relative isolation	J303	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exclusion from sport or other popular activities	J304	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussed the consequences of their behaviour	J305	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Admoldished	J306	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Report to parents (verbal or written)	J307	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other methods (please specify)	J308	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D24 Please estimate the approximate percentages of Assembly time that are devoted in any one term to**

- A general report on school's activities/plans
- Prayers, hymns and religious services
- Discussion of minority religious faiths
- Reports on team and individual achievements
- Reports or displays of class achievements/projects
- A talk on ethical issues/code of conduct
- Popular or school songs
- Other (please specify)

J309	%
J310	%
J311	%
J312	%
J313	%
J314	%
J315	%
J316	%
J317	

**(iii) SCHOOL INTAKE (TO BE COMPLETED BY SCHOOL HEAD)**

**D25 Please estimate the approximate percentages of your school population who fall into the categories described below**

**a General academic level**

- High (more than 18 months ahead of age norms)
- Above average (between 6 and 18 months ahead)
- Average (between 6 months ahead and 6 months behind)
- Below average (between 6 and 18 months behind)
- Low (more than 18 months behind age norms)

J318	%
J319	%
J320	%
J321	%
J322	%
J323	

**b Occupation please make an estimate, no matter how rough an approximation, of the percentages of your pupil intake whose fathers are in the following broad occupational groups**

- Professional/managerial
- Clerical and other 'white collar' workers
- Skilled manual workers
- Semi-skilled or unskilled manual workers

J324	%
J325	%
J326	%
J327	%
J328	

**c Cultural groups to which the school's parents belong**

- Europe English, Scottish, Welsh, Irish (Northern)
- Irish (Southern)
- Other European
- West Indian
- African
- Asian (Indian, Pakistani, Bangla-Deshi)
- Parents from any two of the above groups
- Any other cultural groups

J329	%
J330	%
J331	%
J332	%
J333	%
J334	%
J335	%
J336	%
J337	



3  
2  
2  
6  
0  
1  
9

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MAKE NO MARKS OR SAUDDER NEAR THESE LINES

1 2 3 4 5 6 7 8 9 10



This completes the tests for the **Special Test Booklet**.

It may be that, in spite of our efforts to collect performance measures in a standardised form, our tests may not have highlighted some difficulty the child may have

Would you please use this page to give, in your own words, a short review of the child's educational performance and his/her general development and behaviour

**Teacher's review of educational performance, general development and behaviour.**

**Thank you very much for your help**

When you have completed this booklet please turn to **INSTRUCTIONS FOR ADMINISTERING SPECIAL TEST MATERIAL part 2**, in the **Instruction Booklet**.

# CHILD HEALTH & EDUCATION STUDY

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



## SPECIAL TEACHER QUESTIONNAIRE

Director Neville R Butler  
 MD, FRCP, FRCOG, DCH,  
 Department of Child Health Research Unit  
 University of Bristol  
 Bristol BS2 8DZ Tel (0272) 24920/279761

Under the auspices of the University of Bristol and the National Birthday Trust

PLEASE COMPLETE IN BLOCK CAPITALS

Child's Surname									
Forenames									
Sex	M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth	<table style="border-collapse: collapse;"> <tr> <td style="text-align: center;">DAY</td> <td style="text-align: center;">MTH</td> <td style="text-align: center;">YR</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">04</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">70</td> </tr> </table>	DAY	MTH	YR		04	70
DAY	MTH	YR							
	04	70							
		Today's Date	<table style="border-collapse: collapse;"> <tr> <td style="text-align: center;">DAY</td> <td style="text-align: center;">MTH</td> <td style="text-align: center;">YR</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>	DAY	MTH	YR			
DAY	MTH	YR							
School Name and Address									
For office use only									

PLEASE READ THE INSTRUCTION BOOKLET BEFORE  
 WORKING THROUGH THIS SPECIAL TEACHER QUESTIONNAIRE

## INTRODUCTION

This questionnaire consists of two sections, we suggest that these are completed by the child's class teacher

### SECTION A THE CHILD'S BEHAVIOUR, HEALTH AND SKILLS

Section A contains a series of check lists which provide a standard way of reporting on aspects of the child's behaviour, vision, hearing, expressive language, comprehension, discrimination, dexterity and play activities. Please fill in this section using your knowledge of the child in school. There is no need to test the child on any of the items in this section.

### SECTION B. REMEDIAL AND SPECIAL EDUCATION

Section B asks details about any remedial or special education which the child may be receiving. If necessary, you may wish to consult your Head Teacher on certain questions in this section.

## SECTION A. CLASS TEACHER'S REPORT ON THE CHILD'S BEHAVIOUR, HEALTH AND SKILLS

This section consists of rating scales and check lists. This will enable us to obtain in a standardised manner details about the child's behaviour and skills.

### A 1 BEHAVIOUR SUMMARY

Please complete the scales shown on the next two pages so as to describe first an 'average' 11 year old child attending a mainstream school and then the study child. These scales consist of a number of items which cover some of the attributes and behaviour of 11 year old children.

#### Instructions for using these scales

If you feel that the word at one end of the scale describes your idea of an 'average' child **very closely**, place your check mark like this:

Tries hard X \_ \_ \_ \_ \_ Cannot be bothered  
or

Tries hard \_ \_ \_ \_ \_ X Cannot be bothered

If you feel that the word at one end of the scale describes your idea of an 'average' child **quite closely**, but not very closely. You should place your check mark as follows:

Tries hard X \_ \_ \_ \_ \_ Cannot be bothered  
or

Tries hard \_ \_ \_ \_ \_ X Cannot be bothered

If you feel that the word at one end of the scale describes your idea of an 'average' child **slightly better** than the word at the opposite end, then place your check mark as follows:

Tries hard \_ \_ X \_ \_ \_ \_ \_ Cannot be bothered  
or

Tries hard \_ \_ \_ \_ \_ X \_ \_ \_ \_ \_ Cannot be bothered

If you feel that the words at both ends of the scale describe your idea of an 'average' child **equally well**, then you should place your check mark as follows:

Tries hard \_ \_ \_ X \_ \_ \_ \_ \_ Cannot be bothered

Please place your check marks in the middle of spaces, not on boundaries.

Please be sure you check every scale, do not omit any.

Please do not put more than one check mark on a single scale.

Two sets of scales or profiles are provided. Please complete the first profile in accordance with your own concept of an average 11 year old child attending an ordinary school and of the same sex as the study child.

Work at fairly high speed through these scales. Do not worry or puzzle over individual items. It is your first impressions, your immediate "feelings" about the items that we want. On the other hand, try not to be superficial, because we want your *true* impressions. We realise that it may be difficult to picture an 'average' child. However, it is *your* impressions that we are interested in. Please fill in the scales as best as you can.

### PROFILE OF AVERAGE CHILD OF 11 YEARS

sensitive to others	— — — — —	insensitive to others
obstructive	— — — — —	helpful
strain for family	— — — — —	easy for family
wanting to join in	— — — — —	preferring not to join in
physically unattractive	— — — — —	physically attractive
socially skilled	— — — — —	socially inept
easily distractable	— — — — —	not easily distractable
badly dressed, unkempt	— — — — —	well dressed, tidy
accident prone	— — — — —	always careful
aggressive	— — — — —	not aggressive
knowing right from wrong	— — — — —	unaware of right and wrong
confused thinker	— — — — —	clear thinker
high self-esteem	— — — — —	low self-esteem
excitable	— — — — —	calm
clean	— — — — —	dirty
popular with peers	— — — — —	unpopular with peers
sad	— — — — —	happy
persevering	— — — — —	unpersevering
good at expressing self	— — — — —	bad at expressing self
very immature	— — — — —	mature
predictable	— — — — —	unpredictable
easy to relate to	— — — — —	difficult to relate to
good at concentrating	— — — — —	bad at concentrating
easily frustrated	— — — — —	not easily frustrated
dependent	— — — — —	independent
speech clear	— — — — —	speech unclear or impeded
industrious	— — — — —	lazy
healthy	— — — — —	prone to illness
loving, friendly	— — — — —	cold, unfriendly
secure	— — — — —	insecure
uncommunicative	— — — — —	communicative
poorly co-ordinated	— — — — —	graceful, agile
co-operative	— — — — —	unco-operative
anxious	— — — — —	unworried

Tick one box

What was the sex of the child you have just described? Male  Female

Please complete the second profile in the manner described for the previous profile, so as to describe the **study child**

### PROFILE OF THE STUDY CHILD

sensitive to others	— — — — —	insensitive to others
obstructive	— — — — —	helpful
strain for family	— — — — —	easy for family
wanting to join in	— — — — —	preferring not to join in
physically unattractive	— — — — —	physically attractive
socially skilled	— — — — —	socially inept
easily distractable	— — — — —	not easily distractable
badly dressed, unkempt	— — — — —	well dressed, tidy
accident prone	— — — — —	always careful
aggressive	— — — — —	not aggressive
knowing right from wrong	— — — — —	unaware of right and wrong
confused thinker	— — — — —	clear thinker
high self-esteem	— — — — —	low self-esteem
excitable	— — — — —	calm
clean	— — — — —	dirty
popular with peers	— — — — —	unpopular with peers
sad	— — — — —	happy
persevering	— — — — —	unpersevering
good at expressing self	— — — — —	bad at expressing self
very immature	— — — — —	mature
predictable	— — — — —	unpredictable
easy to relate to	— — — — —	difficult to relate to
good at concentrating	— — — — —	bad at concentrating
easily frustrated	— — — — —	not easily frustrated
dependent	— — — — —	independent
speech clear	— — — — —	speech unclear or impeded
industrious	— — — — —	lazy
healthy	— — — — —	prone to illness
loving, friendly	— — — — —	cold, unfriendly
secure	— — — — —	insecure
uncommunicative	— — — — —	communicative
poorly co-ordinated	— — — — —	graceful, agile
co-operative	— — — — —	unco-operative
anxious	— — — — —	unworried

**A2 VISION**

(a) Please tick the appropriate box in each row to indicate which of the following statements apply to this child's vision (If the child wears glasses, each statement should refer to the child's vision when wearing his/her glasses )

*Tick one box in each row*

Applies	Doesn't apply	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(i) Vision is normal

If statement (i) applies, please go on to Question A3. If it does not apply please respond to the statements below

(ii) Has difficulty in seeing small objects or pictures at a distance

(iii) Has difficulty in recognising a person more than a few feet away

(iv) Frequently collides with furniture as a consequence of poor vision

(v) Has little or no usable vision

(b) Please tick the box opposite the statement which best summarises this child's ability to see to read (If child wears glasses, each statement should apply to child's ability to see wearing his/her glasses )

*Tick one box*

Can see print of normal size

Can see to read books with large print

Uses special aids to see large print. Please specify type of aid(s) used

Uses touch to read (e.g. Braille)

Impossible to ascertain child's ability to see print or to read Braille on account of his/her poor intellectual capacity

*Tick one box*

	Yes	No	Not sure
(c) If the child has a vision problem, are any special visual aids used in school to help him/her with his/her school work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe type of help

*Tick one box*

	Yes	No	Don't know
(d) Does the child have glasses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If Yes, does the child wear his/her glasses at school?**

*Tick one box*

Always or usually	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>
Seldom or never	<input type="checkbox"/>

	Yes	No	Not sure	No glasses
Do you think the child's visual difficulty is adequately corrected by wearing glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### A3 HEARING

(a) Please tick the box opposite the statement which best indicates the level of hearing which applies to the child. If the child wears a hearing aid, consider the applicability of each statement to the child when the aid is used

	<i>Tick one box</i>
Hearing is normal	<input type="checkbox"/>
Speech must be much louder than normal for adequate comprehension	<input type="checkbox"/>
Hears very loud sounds, but has little perception of speech	<input type="checkbox"/>
Can only understand speech by lip-reading	<input type="checkbox"/>
Profoundly deaf — little or no usable hearing	<input type="checkbox"/>

*If hearing is normal, please go on to Question A4. If hearing is not normal, please answer (b) and (c) below*

	Yes	No	Don't know
(b) If the child has a hearing problem, are any special hearing aids or apparatus used in school to help him/her with his/her school work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe type of help

	Yes	No	Don't know
(c) Does the child have a hearing aid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If Yes, does the child wear the hearing aid at school?**

*Tick one box*

Always or usually	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>
Seldom or never	<input type="checkbox"/>

#### A4 EXPRESSIVE LANGUAGE

Please indicate which statements describe the child's expressive language, by ticking one box in each row

*Tick one box in each row*

	Applies	Does not apply	Don't know
(i) Can use compound sentences (e.g. two sentences joined by "and" or "but")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If statement (i) applies, please go on to Question A5. If it does not apply please respond to the statements below</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Unable to produce any sound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Unable to produce double-syllable babble (e.g. da-da, ma-ma, ba-ba, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iv) Unable to use gestures to indicate wishes (e.g. pointing to desired object, turning head to indicate refusal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(v) Unable to produce ten single words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(vi) Unable to produce two-word combinations (e.g. "more milk")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(vii) Unable to produce sentences of four or more words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(viii) Unable to use the question form correctly (e.g. "have you got?")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### A5 COMPREHENSION

Please indicate which statements describe the child's comprehension, by ticking one box in each row

*Tick one box in each row*

	Applies	Does not apply	Don't know
(i) Can understand complicated sequential instructions (e.g. "Go next door, look in the cupboard and get a rubber")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If statement (i) applies, please go on to Question A6. If it does not apply, please respond to the statements below</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Unable to understand any sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Unable to respond to own name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iv) Unable to carry out simple commands which require understanding of the words not just the situation (e.g. "fetch your shoes", "bring a book")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(v) Unable to carry out instructions containing terms such as "in", "on", "behind", "in front of", etc. (e.g. "Put the ball under the chair")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## A6 DISCRIMINATION

Please indicate which statements describe the child's ability to discriminate, by ticking one box in each row

*Tick one box in each row*

	Applies	Does not apply	Don't know
(i) Can tell the time and associate the time on the clock with various events (e.g. mealtimes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If statement (i) applies, please go on to Question A7. If it does not apply, please respond to the statements below</b>			
(ii) Unable to differentiate "big" and "little" (i.e. cannot tell which of two objects is bigger)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Unable to name four different colours correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iv) Unable to differentiate "short and long", "large and small" or "thick and thin"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(v) Unable to tell "left" and "right" on himself/herself (e.g. left foot, right ear)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(vi) Unable to name the days of the week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(vii) Unable to explain the difference between "day" and "week" or "minute" and "hour"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(viii) Unable to tell the time to a quarter of an hour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## A7 DEXTERITY

Please indicate which statements describe the child's dexterity, by ticking one box in each row

*Tick one box in each row*

	Applies	Does not apply	Don't know
(i) Can normally pour water from one cup to another without spilling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If statement (i) applies, please go on to question A8. If it does not apply, please respond to the statements below</b>			
(ii) Unable to grasp objects voluntarily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Unable to grasp objects in both hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iv) Unable to transfer objects from one hand to the other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(v) Unable to pick up small objects between the finger and thumb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(vi) Unable to build a tower of bricks by placing one on top of another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(vii) Unable to build elaborate structures with bricks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DEXTERITY (Cont.)**

*Tick one box in each row*

	Applies	Does not apply	Don't know
(viii) Unable to cut paper with scissors .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ix) Unable to cut out shapes accurately with scissors .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(x) Unable to unscrew lids (with a twisting movement) or turn door-knobs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A8. AGILITY**

Please indicate which statements describe the child's agility, by ticking one box in each row.

*Tick one box in each row*

	Applies	Does not apply	Don't know
(i) Can use playground apparatus in a safe and assured manner (e.g. swings, ropes, climbing frame) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If statement (i) applies, please go on to Question A9. If it does not apply, please respond to the statements below:</b>			
(ii) Can kick a ball without falling .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Can jump up and down .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iv) Can run without falling over .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A9. PLAY ACTIVITIES**

Please indicate which statements describe the child's play activities, by ticking one box in each row.

*Tick one box in each row*

	Applies	Does not apply	Don't know
(i) Organises his/her own play with other children .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If statement (i) applies, please go on to Section B. If it does not apply, please respond to the statements below:</b>			
(ii) Does not play spontaneously .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Plays by himself/herself but not when other children are present .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iv) Plays by himself/herself in the presence of other children ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(v) Plays with other children and shows co-operation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(vi) Plays structured games with others, (i.e. follows the rules in structured play, such as snakes and ladders, shops) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION B. REMEDIAL OR SPECIAL EDUCATION**

*Tick one box*

**B1. (a)** Is the child ascertained at present time as being in need of Special Educational Treatment (SET)? .....

Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If Yes,** please give date of ascertainment ..... / ..... / ..... /  
 Category (or categories) of ascertainment:

.....  
 .....

*Tick one box*

**(b)** Is the child awaiting ascertainment as being in need of SET?

Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If Yes,** please give probable category of ascertainment:

.....  
 .....

*Tick one box*

**(c)** Does child in your opinion require ascertainment for SET?

Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If Yes,** please give probable category in which you expect the child to fall:

.....  
 .....

**B2.** Please indicate which of the following the child is attending:-

*Tick one box*

An ordinary school and not receiving special educational treatment

A special class, set up by an ordinary school .....

A designated special class or unit (e.g. recognised as such by LEA or Regional Council) in an ordinary school .....

A residential special school .....

A day special school .....

Not attending school .....  
 (Please give reason .....) )

Other arrangement .....  
 (Please specify .....) )

**B3.** Please indicate which of the following arrangements currently apply to this child by ticking the appropriate box:-

*Tick one box*

Full time education in an ordinary class in an ordinary school. . . . .

Full time education in an ordinary class with some additional help and support . . . . .   
 (Describe any arrangements made for remedial education . . . . . )

Education in an ordinary class but with periods of withdrawal to a special class/unit (teacher or support based). . . . .   
 (Describe any arrangements made for remedial education . . . . . )

Education in a special class/unit with periods of attendance at an ordinary class . . . . .   
 (Describe any arrangements made for remedial education . . . . . )

Full-time education in a special class or unit with social contact with main school . . . . .

Education in a special school (day or residential) with some school lessons with a neighbouring ordinary school . . . . .

Full-time education in a special school (day or residential) with social contact with a neighbouring ordinary school . . . . .

Full-time education in a special school (day or residential) without social contact with ordinary schools . . . . .

Long-term education in a hospital school or unit . . . . .

Home tuition . . . . .

Other situation . . . . .

(Please specify . . . . . )

**B4. Do any peripatetic teachers work with this child?**

*Tick all that apply*

No .....	<input type="checkbox"/>			
Yes (Teacher of the deaf) .....	<input type="checkbox"/>	}	<b>If Yes, does this take place at school .....</b>	<input type="checkbox"/>
Yes (Teacher of the blind) .....	<input type="checkbox"/>			<input type="checkbox"/>
Yes (Other type of peripatetic teacher) .....	<input type="checkbox"/>			<input type="checkbox"/>
Please specify .....	<input type="checkbox"/>			<input type="checkbox"/>
.....			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

*Tick one box*

Please give approximate number of visits per month .....

**B5.(i) Has the child been seen in the past year by:-**

*Tick one box in each row*

	Yes	No	Don't know	
Speech Therapist .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>If Yes, visits per month .....</b>
Physiotherapist .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>If Yes, visits per month .....</b>
Play Therapist .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>If Yes, visits per month .....</b>
Child Guidance Clinic .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>If Yes, visits per month .....</b>

**(ii) Has the child been seen in the past year by:-**

*Tick one box in each row*

	Yes, once only	Yes, more than once	Yes, but number not known	No	Don't know	
Psychiatrist .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Clinical or Educational Psychologist .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
School Medical Officer .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Other Specialist(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Specify .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Specify .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Specify .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....

*Tick one box*

**B6.** Has the child's class teacher ever received any formal training for work with children with special educational needs?

Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, please describe.....  
.....

**B7.** Does the child board at school or at a nearby hostel?

*Tick one box*

No .....	<input type="checkbox"/>
Yes, at school .....	<input type="checkbox"/>
Yes, at nearby hostel ..	<input type="checkbox"/>

If Yes, is the child a  
5 day boarder .....  
7 day boarder .....  
Other arrangement .....  
(Please describe  
.....)

*Tick one box*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**B8.** Do you know approximately how far away the child's school is situated from the home address?

*Tick one box*

Yes .....	<input type="checkbox"/>
No .....	<input type="checkbox"/>
Don't know .....	<input type="checkbox"/>

If Yes, what is the approximate distance from the school?.....miles

*Tick one box*

**B9.** Is travelling to school difficult for this child?  
(Include weekend travel for 5-day boarders.)

Yes	No	Don't know	Doesn't Apply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, please describe.....  
.....

*Tick one box*

**B10.** Is special transport provided by the Education Authority or similar body for the child to attend school? .....

Yes	No	Don't know	Does not apply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, please describe.....  
.....

**B11.(a)** Each week day, how long does the child spend travelling to school and back?

*Tick one box*

- Doesn't need to travel .....
- Less than ½ hr .....
- ½ hr. — less than 2 hrs .....
- 2 hrs or more .....
- Not known .....

**(b)** What is the length of the child's school day (count time from leaving home to returning) to the nearest hour? ..... hrs

**If the child does not currently attend a special school, special class or special unit, please move on to Question B16**

**B12.** How was the decision about the child's present placement taken, and who was involved in the discussions leading up to the decision?

.....

.....

.....

**B13.** Did any discussion about the child's placement take place with any member of the staff of the school before the decision was taken? .....

*Tick one box*

Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Tick all that apply*

- If Yes, was this with: Child's present class teacher? .....
- Other teacher(s) in this school? .....
- This school's head teacher? .....

**B14.** Were the parents keen for the child to attend his/her present placement?

*Tick one box*

- Yes, keen .....
- Showed no special keenness, but didn't resist placement .....
- Resisted placement at first .....
- Other reaction .....
- Attitude not known .....
- No parents .....

**B15.**How do the parents feel about the present placement?

*Tick one box*

- Satisfied .....
- Have expressed no feeling on the matter .....
- Dissatisfied .....
- Feelings not known .....
- No parents .....


**B16.**Is there any information about the child's education, development or behaviour which might further describe any problems he/she may have at school? .....

No

Yes

**If Yes,** please make further comments in the space below:-

Name of person completing this form ..... (BLOCK CAPITALS PLEASE)

Address.....  
.....

Head Teacher/Class Teacher/Remedial Teacher/Other, please specify .....

Delete if not applicable

Please tick here  if you would like to receive a synopsis of the report on this part of the CHES Study when it is analysed.

**THANK YOU VERY MUCH FOR YOUR HELP**