

variables in dataset: *bcs70pc_1to2yr11mths.sav*

1970 British Cohort Study (BCS70) 2004 Survey

P232

Questionnaire about children aged 1 – 2 years and 11 months
Blue Questionnaire
Confidential

We would like you to answer a few questions about _____'s development and behaviour.

HOW TO FILL IN THIS QUESTIONNAIRE

Please answer the questions by:

Ticking a box - like this

Or writing a number in a box - like this

Sometimes you will find an instruction telling you which question to answer next - like this

Yes

No → Go to question 99

If your child is ...

- ... **12 months old**, tick this box → Start with question 1
- ... **13 - 15 months old**, tick this box → Start with question 2
- ... **16 - 18 months old**, tick this box → Start with question 3
- ... **19 - 21 months old**, tick this box → Start with question 4
- ... **22 months or older**, tick this box → Start with question 5

Serial number + check letter

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3001 - 007

Cohort member's first name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3008

Child No.

<input type="text"/>	<input type="text"/>
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3009 - 010

Child's age (months)

<input type="text"/>	<input type="text"/>
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3022 - 023

Interviewer number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3018 - 021

Barcode label

1

Please answer the following questions about your 12 month old child.

Tick one box on each line

	Yes	No
Q1a	3030 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Q1b	3031 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Q1c	3032 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Q1d	3033 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Q1e	3034 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Q1f	3035 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Q1g	3036 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Q1h	3037 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Q1i	3038 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Q1j	3039 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Q1k	3040 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Q1l	3041 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Q1m	3042 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Q1n	3043 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Q1o	3044 <input type="checkbox"/> 1	<input type="checkbox"/> 2

Spare 3045 - 049

Now go to question 6 on page 8

2

Please answer the following questions about your 13 – 15 month old child.

Tick one box on each line

	Yes 3050	No
Q2a Has your child ever waved goodbye without help from another person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q2b Has your child ever shown by his or her behaviour that he or she knows the name of common objects when somebody else names them out loud?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q2c Has your child ever shown that he or she wanted something by pointing, pulling, or making pleasant sounds, rather than by crying or whining?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q2d Has your child ever stood alone on his or her feet for 10 seconds or more without holding on to anything or another person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q2e Has your child ever walked at least two steps without holding on to anything or another person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q2f Has your child ever crawled up at least two stairs or steps?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q2g Has your child ever said two recognisable words besides 'mama' or 'dada'?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q2h Has your child ever run?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q2i Has your child ever said the name of a familiar object, such as a ball?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q2j Has your child ever made a line with a crayon or pencil?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q2k Has your child ever walked up at least two stairs with one hand held or holding the railing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q2l Has your child ever fed himself or herself with a spoon or fork without spilling much?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q2m Has your child ever let someone know, without crying, that wearing wet (soiled) underclothing or nappies bothers him or her?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q2n Has your child ever spoken a partial sentence of three words or more?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q2o Has your child ever walked up stairs by himself or herself without holding on to a rail?	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Spare 3065 - 069

Now go to question 6 on page 8

Please answer the following questions about your 16 – 18 month old child.

Tick one box on each line

	Yes 3070	No
Q3a Has your child ever walked at least two steps without holding on to anything or another person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q3b Has your child ever crawled up at least two stairs or steps?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q3c Has your child ever said two recognisable words besides 'mama' or 'dada'?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q3d Has your child ever run?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q3e Has your child ever said the name of a familiar object, such as a ball?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q3f Has your child ever made a line with a crayon or pencil?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q3g Has your child ever walked up at least two stairs with one hand held or holding the railing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q3h Has your child ever fed himself or herself with a spoon or fork without spilling much?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q3i Has your child ever let someone know, without crying, that wearing wet (soiled) underclothing or nappies bothers him or her?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q3j Has your child ever spoken a partial sentence of three words or more?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q3k Has your child ever walked up stairs by himself or herself without holding on to a rail?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q3l Has your child ever washed and dried his or her hands without any help except for turning the water on and off?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q3m Has your child ever counted three objects correctly?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q3n Has your child ever gone to the toilet or used a potty alone?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q3o Has your child ever walked up stairs by himself or herself with no help, stepping on each step with only one foot?	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Spare 3085 - 089

Now go to question 6 on page 8

4

Please answer the following questions about your 19 – 21 month old child.

Tick one box on each line

	Yes 3090	No
Q4a Has your child ever run?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q4b Has your child ever said the name of a familiar object, such as a ball?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q4c Has your child ever made a line with a crayon or pencil?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q4d Has your child ever walked up at least two stairs with one hand held or holding the railing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q4e Has your child ever fed himself or herself with a spoon or fork without spilling much?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q4f Has your child ever let someone know, without crying, that wearing wet (soiled) underclothing or nappies bothers him or her?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q4g Has your child ever spoken a partial sentence of three words or more?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q4h Has your child ever walked up stairs by himself or herself without holding on to a rail?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q4i Has your child ever washed and dried his or her hands without any help except for turning the water on and off?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q4j Has your child ever counted three objects correctly?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q4k Has your child ever gone to the toilet or used a potty alone?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q4l Has your child ever walked up stairs by him or herself with no help, stepping on each step with only one foot?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q4m Does your child know his or her own age <i>and</i> sex?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q4n Has your child ever said the names of at least four colours?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q4o Has your child ever pedalled a tricycle at least 10 feet?	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Spare 3105 - 3109

Now go to question 6 on page 8

Please answer the following questions about your child aged 22 months or older.

Tick one box on each line

	Yes 3110	No
Q5a Has your child ever let someone know, without crying, that wearing wet (soiled) underclothing or nappies bothers him or her?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q5b Has your child ever spoken a partial sentence of three words or more?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q5c Has your child ever walked up stairs by himself or herself without holding on to a rail?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q5d Has your child ever washed and dried his or her hands without any help except for turning the water on and off?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q5e Has your child ever counted three objects correctly?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q5f Has your child ever gone to the toilet or used a potty alone?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q5g Has your child ever walked up stairs by him or herself with no help, stepping on each step with only one foot?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q5h Does your child know his or her own age <i>and</i> sex?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q5i Has your child ever said the names of at least four colours?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q5j Has your child ever pedalled a tricycle at least 10 feet?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q5k Has your child ever done a head over heels without help from anybody?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q5l Has your child ever dressed him or herself without any help except for tying of shoes (and buttoning the backs of dresses)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q5m Has your child ever said his or her first and last name together without someone's help? (Nicknames may be used for first name).	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q5n Has your child ever counted out loud up to 10?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q5o Has your child ever drawn a picture of a man or woman with at least two parts of the body besides a head?	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Spare 3125 - 129

Now go to question 6 on page 8

These questions are for everyone to answer.

Can you say whether the following apply to your child?

Tick one box on each line

	Almost never 3130	Rarely	Usually does not	Often	Almost always
Q6a Your child laughs or smiles when meeting other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6b Your child is pleasant (smiles, laughs) when first arriving in unfamiliar places	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6c Your child is pleasant (smiles, laughs) during face washing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6d Your child remains pleasant when hungry and waiting for food to be prepared	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6e Your child cries after a fall or bump	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6f Your child takes several days to get used to (show usual behaviour in) new situations away from parent (play group, nursery, babysitter)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6g Your child continues to get into forbidden areas or objects in spite of parents' repeated warnings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6h Your child is still wary of strangers after 15 minutes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6i Your child sleeps poorly (restless, wakeful) in new places for two or three times	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6j Your child allows face washing without protest (squirming, turning away)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Spare 3140 - 149

Tick one box on each line

	Almost never 3150	Rarely	Usually does not	Often	Almost always
Q6k Your child is shy (turns away or clings to mother) on meeting another child for the first time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6l For the first few minutes in a new place (shop, new home, stranger's house) your child is wary (clings to mother, holds back)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6m Your child is fearful of being put down in an unfamiliar place (supermarket trolley, new pushchair, play area) when a parent is present	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6n Your child's initial reaction to a new babysitter is rejection (crying, clinging to mother, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6o Your child's initial reaction at home to approach by strangers is acceptance (looks at, reaches out)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6p Your child gets sleepy at about the same time each evening (within ½ hour)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6q The amount of milk or juice your child takes at mealtime is unpredictable from meal to meal (over 2 fl oz. or 50 ml. difference)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6r Your child takes daytime naps at differing times (over ½ hour difference) from day to day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6s Your child eats about the same amount of food at meals from day to day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q6t Your child's period of greatest physical activity comes at the same time of day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Spare 3160 - 169

These questions are about your relationship with your child. Please think about how far each of the statements *currently* applies to your relationship with your child.

Tick one box on each line

	Definitely does not apply	Not really	Neutral, not sure	Applies sometimes	Definitely applies
3170 Q7a I share an affectionate, warm relationship with my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3171 Q7b My child and I always seem to be struggling with each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3172 Q7c My child will seek comfort from me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3173 Q7d My child is uncomfortable with physical affection or touch from me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3174 Q7e When I praise my child, he or she beams with pride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3175 Q7f My child easily becomes angry at me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3176 Q7g It is easy to be in tune with what my child is feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3177 Q7h My child remains angry or is resistant after being disciplined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3178 Q7i Dealing with my child drains my energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3179 Q7j When my child wakes in a bad mood, I know we're in for a long and difficult day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3180 Q7k My child's feelings towards me can be unpredictable or can change suddenly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Spare 3181 - 189

8

Sometimes children are pretty well behaved and other times they are not. We are interested in what parents do when their children misbehave. Please think about how your child has been in the *last three months*.

Tick one box on each line

	Never	Rarely	Sometimes (about once a month)	Often (about once a week)	Daily
3190 Q8a How often have you ignored your child?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3191 Q8b How often have you shouted at your child?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3192 Q8c How often have you sent your child to his or her bedroom or naughty chair, etc.?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3193 Q8d How often have you told your child off?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3194 Q8e How often have you had to bribe your child (e.g. with sweets, or a treat)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3195 Q8f How often have you had to smack your child?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

9

Approximately how often do you get the chance to read stories with or to your child?

Tick one box

3196 Q9	Every day	<input type="checkbox"/> 1
	Several times a week	<input type="checkbox"/> 2
	Several times a month	<input type="checkbox"/> 3
	Several times a year	<input type="checkbox"/> 4
	Never	<input type="checkbox"/> 5

10 Approximately how many books does your child have (including books shared with brothers and sisters)?

Q10

Tick one box

3197

No books	<input type="checkbox"/>
1 – 2 books	<input type="checkbox"/>
3 – 9 books	<input type="checkbox"/>
10 – 19 books	<input type="checkbox"/>
20 – 49 books	<input type="checkbox"/>
50 plus	<input type="checkbox"/>

11 Have you or your child's other parent ever helped your child to learn any of the following...

Q11a

Q11b

Q11c

Q11d

Q11e

Tick all that apply

3198

... numbers?	<input type="checkbox"/>
...the alphabet?	<input type="checkbox"/>
... colours?	<input type="checkbox"/>
... shapes and sizes?	<input type="checkbox"/>
... none of the above	<input type="checkbox"/>

Spare 3199 - 3220

Thank you very much for taking the time to answer our questions. Please give the questionnaire to the interviewer or post it back in the envelope provided. All your answers will remain confidential. Please call Freephone 0500 600 616 if you have any queries.