

**Section 1**

Here are some questions for you that are similar to some of the questions asked when you first joined the Raine Study. We are keen to know if any of these things have changed since you were last asked.

**HOUSING - STRICTLY CONFIDENTIAL**

Do not write in this column

Please circle answer where applicable.

Q1. Have you moved house or changed your house in any way in the past 12 months?

N No Go to Q21  
Y Yes  
↓

1

Q2. How many times have you moved house in the past 12 months?

\_\_\_\_\_ 9 Not applicable - haven't moved.

2

Q3. How old is your house/flat (approximately)? \_\_\_\_\_ years

4

Q4. How many bedrooms are there? \_\_\_\_\_

5

Q5. How many bathrooms are there? \_\_\_\_\_

6

Q6. How many toilets are there? \_\_\_\_\_

7

Q7. How many adults live in the house/flat (please include any children over 14 years of age)? \_\_\_\_\_

9

Q8. How many children at school but under 14 years live in the house/flat? \_\_\_\_\_

11

Q9. How many children who have not started school yet live in the house/flat (please include any preschool children and your 2 year old child)? \_\_\_\_\_

13

Q10. What do you think of the air quality where you live?

- 0 Very good
- 1 OK
- 2 Poor
- 3 Very poor

14

Please comment .....

Q11. Is your house/flat airconditioned?

N No  
Y Yes

15

Q12. How is your home heated? (*Circle all appropriate answers.*)

16

- 0 Not heated at all
- 1 Electric bar radiator, blow heater or column heater (eg Dimplex)
- 2 Kerosene heater(s)
- 3 Gas heater(s) (eg Vulcan, Rinnai, etc.)
- 4 Wood fire/slow combustion heater
- 5 Reverse cycle air conditioning
- 6 Fully ducted heating

Q13. Do you have a swimming pool?

17

N No Go to Q17

Y Yes



Q14. What type of pool is it?

18

- 0 Below ground
- 1 Above ground
- 9 Not applicable - no pool

Q15. Does it have a perimeter fence?

19

Y Yes

N No

9 Not applicable - no pool

Q16. Does it have a locked gate?

20

Y Yes

N No

8 No fence

9 Not applicable - no pool

Q17. Do you have your own garden?

21

N No Go to Q19

Y Yes



Q18. Does it have a lockable gate (i.e. can your child get out of the garden if unsupervised)?

22

N No

Y Yes

9 Not applicable - no garden

Q19. Are there any parks or playgrounds near your house/flat (within comfortable walking distance)?

23

N No Go to Q21

Y Yes



Q20. How often do you take your child there?

24

- 0 Never
- 1 Seldom - less than once a month
- 2 Occasionally - less than once a week
- 3 Often - more than once a week
- 4 Every day
- 9 Not applicable - no nearby parks

Q21. Do you have a car?

 25

N No Go to Q24  
Y Yes  
↓

Q22. Does it have an approved child safety seat installed?

 26

Y Yes  
N No  
9 Not applicable - no car

Q23. How often do you use it when you take your child in the car?

 27

1 Every time without fail  
2 Almost always  
3 Usually  
4 Occasionally (eg long trips only)  
5 Never  
9 Not applicable - no car

**FAMILY - STRICTLY CONFIDENTIAL**

Q24. Is the father of this child living with you?

 28

Y Yes Go to Q28  
N No  
↓

Q25. Do you have any social contact with him?

 29

Y Yes  
N No  
9 Not applicable - he lives with us

Q26. Does he provide any financial support for the care of your child?

 30

Y Yes  
N No  
9 Not applicable - he lives with us

Q27. Do you have another partner who lives with you?

 31

Y Yes  
N No

Q28. Are you receiving a Supporting Mother's Pension or your partner Unemployment Benefits?

 32

Y Yes  
N No

Q29. Is your partner working at present?

 33

Y Yes  
N No  
9 Don't know

Q30. What is his occupation? (*Please describe the work he does in detail eg "glueing soles to shoes" not "works in shoe factory".*)

35

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

Q31. Are you (the mother) currently in paid employment?

36

- Y Yes
- N No

Q32. Describe your current occupation(s) (*Please include housework but indicate whether it was paid outside the home or at your home only. Please describe the work that you do in detail eg "glueing soles to shoes" not "working in shoe factory".*)

38

Job

Hours/Week

40

1. ....

*Description:* .....

.....

2. ....

*Description:* .....

.....

Any comments? .....

Q33. Who looks after your child/children while you are working?

41

- 0 Friend/relative
- 1 Paid baby sitter
- 2 Child care centre (either near home or at work) - see Q34.
- 3 Take child to work
- 9 Not applicable - not working

Q34. How often does your child attend child care or day care?

42

- 0 Doesn't attend child care or day care
- 1 Less than once weekly
- 2 Once per week
- 3 Twice per week
- 4 More than twice per week

**STRICTLY CONFIDENTIAL**

Q35. What is your total family income (before tax) per year now?

43

- 0 less than \$8,000
- 1 \$8,000-13,999
- 2 \$14,000-26,999
- 3 \$27,000-40,999
- 4 more than \$41,000
- 5 Unknown

Number of people this income supports: Adults (over 14 yrs): \_\_\_\_\_  
Children: \_\_\_\_\_

45

If you don't know the total income, what is the family take home pay per week? \$ \_\_\_\_\_

Q36. How many cigarettes do you smoke a day now?

46

- 0 None
- 1 1-5 daily
- 2 6-10 daily
- 3 11-15 daily
- 4 16-20 daily
- 5 More than 20 daily

Q37. Does anyone else living in your house smoke cigarettes?

47

- N No Go to Q39
- Y Yes
- ↓

Q38. How much do they smoke? (If more than one other person at home smokes, please circle the total number of cigarettes smoked.)

48

- 0 None
- 1 1-5 daily
- 2 6-10 daily
- 3 11-15 daily
- 4 16-20 daily
- 5 More than 20 daily

Q39. Does anyone at your home smoke any other substances? (Please include pipe or cigars, marijuana, etc.)

49

- 0 No
- 1 Yes but less than once a week
- 2 More than once weekly but not every day
- 3 Every day

What do they smoke? .....

51

Q40. Do you have gas cooking in your home?

52

- 1 Yes
- 2 No
- 9 Don't know

Q41. Are there any pets at home?

53

N No Go to Q43  
Y Yes  
↓

Q42. Please indicate whether these animals come into the house (inside) or are kept outside all the time.

How many: cats - inside? \_\_\_\_\_ Outside \_\_\_\_\_

55

dogs - inside? \_\_\_\_\_ Outside \_\_\_\_\_

57

birds - inside? \_\_\_\_\_ outside \_\_\_\_\_

59

other pets - inside? What type? \_\_\_\_\_

60

- outside? What type? \_\_\_\_\_

61

Q43. Does your child have regular contact with any neighbours' or friends' pets?

63

Y Yes What type? \_\_\_\_\_  
N No

Q44. Have any of the following happened to you in the past year? (Circle Y (Yes) or N (No) as appropriate)

N Y Pregnancy problems

64

N Y Death of a close relative  
- which relative? \_\_\_\_\_

65

N Y Death of a close friend

66

N Y Separation or divorce

67

N Y Marital problems

68

N Y Problems with your children

69

N Y Your own job loss (not voluntary)

70

N Y Your partner's job loss (not voluntary)

71

N Y Money problems

72

N Y Residential move

73

N Y Other (please describe) . . . . .

74

**Section 2**

These are questions about your child after 12 months of age. If you are not sure of the answer, observe your child for a couple of days or try out the activity.

**REMEMBER: ALL ANSWERS ARE STRICTLY CONFIDENTIAL**

Q45. Did you breast feed your child after 12 months of age?

1

N No Go to Q49

Y Yes



Q46. Are you still breast feeding?

2

- 0 Yes, regularly
- 1 Yes, on occasions
- 2 No

Q47. At what age did you stop breast feeding? ..... months

4

88 Haven't stopped

Q48. At what age did you first give your child any milk other than breast milk? \_\_\_\_\_ months

6

88 Haven't yet

Q49. What milks does your child drink now? (*Please circle any appropriate answers.*)

8

- 0 Breast
- 1 Formula. Which one? .....
- 2 Cow's milk
- 3 Soy milk
- 4 Goat's milk
- 5 Other. *Describe:* .....
- 6 None

Q50. Have you noticed any chewing or swallowing difficulties with your child?

9

N No  
Y Yes. *Describe:* .....

.....

Q51. Do you restrict your child's diet in any way?

10

N No  
Y Yes. *Describe:* .....

.....

.....

Q52. Does your child have any unusual reactions to certain foods?

11

N No  
Y Yes. Describe: .....  
.....

Q53. Please describe what food and drink your child has eaten in the past 24 hours. (Please specify type of food/drink and quantity.)

Breakfast \_\_\_\_\_  
\_\_\_\_\_

Morning snack \_\_\_\_\_

Lunch \_\_\_\_\_  
\_\_\_\_\_

Afternoon snack \_\_\_\_\_

Dinner \_\_\_\_\_  
\_\_\_\_\_

Evening Snack \_\_\_\_\_

Q54. How often does your child soil his/her nappy (have a bowel action)?

12

- 0 Less than once a week
- 1 Less than twice a week
- 2 Every couple of days
- 3 Once daily
- 4 Twice daily
- 5 Three times a day
- 6 More than 3 times daily
- 7 Don't know

Q55. Can you describe what your child's bowel actions (pooh) are usually like now? (Please circle the single best response.)

13

- 0 Very small and hard, passed with difficulty
- 1 Soft and brown
- 2 Soft, with undigested food
- 3 Loose (sloppy) with undigested food
- 4 Watery
- 5 Very pale (almost white) and oily
- 6 Don't know

Q56. Is your child still in nappies by day?

14

N No  
Y Yes



Q57. Have you had to give your child any special diet or treatment for constipation?  15

- 0 No
- 1 Yes, once or twice
- 2 Yes, more than twice
- 3 Yes, at least every month
- 4 Don't know

Q58. Where does your child usually sleep?  16

- 1 In his/her own room
- 2 With other children
- 3 With parents

Q59. When did your child start sleeping through the night?   18

- 1 Before 1 year
- 2 After 1 year
- 3 Hasn't yet

Q60. How often does your child wake at night now?  19

- 0 Almost never
- 1 Occasionally (less than once a week)
- 2 Once or twice a week
- 3 More than twice a week
- 4 At least once a night

Q61. At what age did your child first

- walk without help? ..... months. 88 Hasn't yet   21

- say his/her first word (do not include mama or dada)? ..... months.   23

88 Hasn't yet

- show that he/she was going to be left or right handed? ..... months.   25

88 Hasn't yet

Q62. Is your child's speech clear (that is, can you and your family understand what your child says)?  26

- 1 None of the time
- 2 Less than 50% of the time
- 3 Between 50-75% of the time
- 4 Between 75-100% of the time
- 5 All of the time

Q63. Does your child  27

- repeat or lengthen sounds, words, parts of words in every day speech or have difficulty getting the words out? Yes No

- stutter/stammer? Yes No  28

Q64. Has your child had any unusual voice problems lasting for more than a couple of days over the last year (such as a hoarse, husky, breathy or strained voice, or loss of voice)?  29

N No  
Y Yes Describe . . . . .

Q65. Does your child dribble/drool when doing any of the following? (Please circle any appropriate answers).  30

- 1 Sitting
- 2 Concentrating
- 3 Playing
- 4 Undressing
- 5 Feeding
- 6 Speaking

Q66. Does food regularly fall from your child's mouth while he/she is eating?  31

- N No
- Y Yes

Q67. How often do you read a story to your child?  32

- 1 Never
- 2 Once a month
- 3 2/3 times a month
- 4 Once a week
- 5 2/3 times a week
- 6 Once a day
- 7 More than once a day

Comments: . . . . .

Q68. Which of the following immunization has your child had in the past 12 months?

- 1. 1st Triple antigen/polio drops  33
- 2. 2nd Triple antigen/polio drops  34
- 3. 3rd Triple antigen/polio drops  35
- 4. 18-month booster (4th Triple antigen)  36
- 5. Hepatitis B  37
- 6. Haemophilus influenzae b (meningitis)  38
- 7. BCG (tuberculosis)  39
- 8. Measles/mumps/rubella  40

Q69. Where does your child receive his/her immunization? (Circle any appropriate answers)

- 0 Local doctor (GP)
- 1 Community Health Centre/Clinic
- 2 Mobile immunisation clinic

41

Q70. Has your child had any illnesses or problems in the past 12 months which required you to take him/her to a hospital, doctor or clinic? (Please list each and every illness separately. Do not include routine visits for immunisation or growth checks. Check diary to jog your memory.)

N No  
Y Yes Describe: .....

47

.....       53

.....       59

.....       65

.....       71

.....       77

Q71. Has your child had any accidents or injuries in the past 12 months which required you to take him/her to a hospital, doctor or clinic? (Please list each and every accident/injury separately. Check diary to jog your memory.)

N No

Y Yes. Describe: .....

--	--	--	--	--	--

 83

..... 

--	--	--	--	--	--

 89

..... 

--	--	--	--	--	--

 95

Q72. Has your child needed to be admitted to any hospital in the past 12 months? (Please list each and every admission separately. Check diary to jog your memory.)

1

N No

Y Yes which hospital(s)? .....

--	--	--

 5

what for .....

--	--	--	--	--	--

 10

which hospital(s)? .....

--	--	--

 14

what for .....

--	--	--	--	--	--

 19

which hospital(s)? .....

--	--	--

 23

what for .....

--	--	--	--	--	--

 28

which hospital(s)? .....

--	--	--

 32

what for .....

--	--	--	--	--	--

 37

Q73. Is your child taking any prescription (including creams and lotions) medicine now, either regularly or on occasions?

38

N No

Y Yes which medicine(s) .....

--	--

 39

.....

Q74. Is your child taking any non-prescription (over the counter) medicines now (including vitamins, pain killers, tonics, health food products, creams and lotions) either regularly or on occasions?  40

N No  
Y Yes which medicine(s) .....

42

.....

Q75. Has your child had any skin rashes, dermatitis or eczema during the past year which lasted more than a couple of days?  43

N No  
Y Yes Describe: .....

Q76. Does your child usually cough when he/she gets a cold?  44

Y Yes  
N No

Q77. Does he/she cough frequently even without colds?  45

N No  
Y Yes

Q78. Does he/she cough most days or nights, either all year round or at least part of the year (eg winter)?  46

N No  
Y Yes

Q79. Does your child seem congested or bring up phlegm (spit) from his/her chest with colds?  47

N No  
Y Yes

Q80. Has he/she had an attack of coughing, congestion or bringing up phlegm lasting for more than 1 week in the past 12 months?  48

N No  
Y Yes How many times? \_\_\_\_

Q81. Has your child's chest ever sounded wheezy or whistling in the past 12 months?

- when he/she has a cold? Yes No  49  
How many times? \_\_\_\_\_

- occasionally even without a cold? Yes No  50  
How many times? \_\_\_\_\_

- most days or nights? Yes No  51

- after exercise/vigorous play? Yes No  52

Q82. Has he/she ever been short of breath with this wheezing?  53

- N No
- Y Yes
- 9 Never wheezed

Q83. How many colds would you say your child has had in the past year?  54  
.....

Q84. Has your child had a blocked or runny nose in the past year (more than a few days on at least 4 occasions)?  55

- N No Go to Q81
  - Y Yes
- ↓

Q85. Has this blocked nose been bad enough to frequently:

- require medicine/drops? N No Y Yes  56

Q86. Is this blocked/runny nose  57

- 1 Only with colds
- 2 Frequently (at least once a month) with or without colds
- 3 Almost continuously (at least every week)

Q87. Does your child snore at night, even when he/she doesn't have a cold?  58

- N No
- Y Yes

Q88. Has anyone in the past year told you that your child has an allergy?  59

N No

Y Yes, Who? (eg doctor, child health nurse, naturopath, etc) . .  60

To what? . . . . .   62

Q89. Have you taken your child to a paediatrician in the past 12 months?  
(Do not include the Raine Study)  63

N No

Y Yes Who? . . . . .

Q90. Have you taken your child to your local doctor (GP) in the past 12 months?  64

N No

Y Yes Who? . . . . .

Q91. Have you ever taken your child to a Child Health Clinic in the past 12 months?  65

N No

Y Yes Which one

Q92. Do you have any concerns or worries about your child?  66

N No

Y Yes

What are they? . . . . .

. . . . .

. . . . .

. . . . .

Q93.  67

How would you rate the overall health of your child?

- 1 Excellent (nearly always well)
- 2 OK, could be better (mostly well)
- 3 So-so (he/she is ill as often as he/she is well)
- 4 Poor (seldom well)

**Section 3**

This is called the Maternal Social Support Index; it was developed in the United States to give some idea how much help mothers receive in the care of their children. Please circle the most correct answer.

Item 1	No-one	Mother only	Mother and/or someone else		
<b>At home,</b>					
a. Who fixes the meals?	0	1	2	<input type="checkbox"/>	1
b. Who does the grocery shopping? Anyone else?	0	1	2	<input type="checkbox"/>	2
c. Who disciplines the children?	0	1	2	<input type="checkbox"/>	3
d. Who fixes things around the house?	0	1	2	<input type="checkbox"/>	4
e. Who does the inside cleaning?	0	1	2	<input type="checkbox"/>	5
f. Who works outside around the house?	0	1	2	<input type="checkbox"/>	6
g. Who pays the bills?	0	1	2	<input type="checkbox"/>	7
h. Who takes care of car problems?	0	1	2	<input type="checkbox"/>	8
i. Who takes your child to the doctor when he/she is sick	0	1	2	<input type="checkbox"/>	9
j. Who sees to it that the children go to bed?	0	1	2	<input type="checkbox"/>	10
<b>Item II</b>				<input type="checkbox"/>	11
a. How many relatives do you see once a week or more? _____					
b. Is this				<input type="checkbox"/>	12
1 Often enough?					
2 Too often?					
3 Not often enough?					
4 Other. Please explain _____					
<b>Item III</b>					
a. How many people can you count on in times of need? _____				<input type="checkbox"/>	13



## Item IV

- a. How many people in your neighbourhood do you think would be able to help you in taking care of your children for a couple of hours if needed? \_\_\_\_\_

14

## Item V

- a. How happy are you in the way your partner lets you know what he feels or thinks?

15

- 1 Happy  
2 Not happy  
3 Other. Please explain \_\_\_\_\_

## Item VI

- a. Is there anyone (not including your partner) over 14 years old with whom you have regular talks? This can be someone inside or outside the home.

16

- 1 Yes  
2 No

- b. Who do you talk to most? \_\_\_\_\_

17

- c. How happy are you with your talks with this person?

18

- 1 Happy  
2 Not happy  
3 Other. Please explain \_\_\_\_\_

## Item VII

- a. Do you belong to any social, religious, educational or political organization?

19

- 2 No - Go to Section 4.  
1 Yes  
↓

- b. If yes, how often do you attend meetings for each organization?

20

- c. For church members: Are you a member of any committee or do you have any other duties in your church?

21

- 1 Yes  
2 No

**Section 4**

Here is the 2 year old version of the Infant Monitoring Questionnaire. Please read each item concerning your child's development and tick the most appropriate answer.

At this age level many toddlers are less than cooperative when we ask them to do things. You may need to try several of the following activities to see what your child does. You may need to try more than one time. Because you will have a few days in which to complete this questionnaire you will have time to try out these activities when he is willing to cooperate.

**I. COMMUNICATION** (Please try the activity if you are not sure.)

- |   | Yes                      | Some-<br>times           | Not<br>Yet               |                          |   |
|---|--------------------------|--------------------------|--------------------------|--------------------------|---|
| 1. Without your pointing or looking at it first, does your child point to a picture when you ask him, "Where is the dog?" or "Show me the kitty.?"  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 |
| 2. If you point to a picture of a dog (or kitty, shoe, ball, etc.) and ask him, "What is this?", does your child name at least one picture correctly?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 |
| 3. Does your child put two or three words that are different ideas together such as "Daddy bye," "car go home," "shut door," or "kitty gone"? (Don't count word combinations that are one idea such as "bye, bye," "all right," "What's that?", etc.)<br>Please give an example: .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 |
| 4. Does your child make sentences that are three or four words long?<br>Please give an example: .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 |
| 5. When you ask "What is your name?", does your child tell you his first and last name?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5 |
| 6. Does your child use at least two words like "me," "I," "mine," and "you" correctly?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6 |
| 7. Without giving him clues by pointing or using gestures, can your child carry out at least <b>three</b> of these kinds of directions?<br>a. "Put the block on the table."      d. "Find your coat."<br>b. "Close the door."                      e. "Take my hand."<br>c. "Give the ball to me."                f. "Get your book." | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7 |

**II. GROSS MOTOR** (Please try the activity if you are not sure.)

- |  |                          |                          |                          |                          |   |
|--|--------------------------|--------------------------|--------------------------|--------------------------|---|
| 1. Does your child walk down stairs if you hold on to one of his hands?                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8 |
| 2. Does your child walk up or down at least two steps by himself if he holds onto the railing or wall? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9 |



- |   |                          |                          |                          |                          |    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|----|
| 3. Does your child hop on one foot at least 2 or more hops? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|----|



\* The content of this questionnaire was largely derived from the Revised Gesell and Amatruda Developmental and Neurological Examination (Knobloch, Stevens, & Malone, 1980) and the Revised Parent Developmental Questionnaire (Knobloch, Stevens, & Malone, 1980).

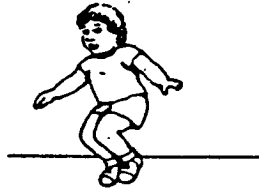
4. When you show him how to kick a large ball, does your child try to kick it by either walking into it or stepping on it? (If your child is already kicking the ball, check "Yes" for this item.)
- |  |                          |                          |                          |                             |
|--|--------------------------|--------------------------|--------------------------|-----------------------------|
|  | Yes                      | Some-<br>times           | Not<br>Yet               |                             |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 11 |



5. Without holding onto anything for support, can your child kick a ball by swinging his leg?
- |  |                          |                          |                          |                             |
|--|--------------------------|--------------------------|--------------------------|-----------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 12 |
|--|--------------------------|--------------------------|--------------------------|-----------------------------|



6. Does your child jump with both feet off the floor at the same time?
- |  |                          |                          |                          |                             |
|--|--------------------------|--------------------------|--------------------------|-----------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 13 |
|--|--------------------------|--------------------------|--------------------------|-----------------------------|



7. Does your child run well, being able to stop himself without bumping into things or falling?
- |  |                          |                          |                          |                             |
|--|--------------------------|--------------------------|--------------------------|-----------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 14 |
|--|--------------------------|--------------------------|--------------------------|-----------------------------|

**III. FINE MOTOR** (Please try the activity if you are not sure.)

1. Can your child thread a shoelace either through a bead, the hole at the end of a large, closed safety pin, or an eyelet of a shoe?
- |  |                          |                          |                          |                             |
|--|--------------------------|--------------------------|--------------------------|-----------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 15 |
|--|--------------------------|--------------------------|--------------------------|-----------------------------|



2. Does your child stack seven small blocks on top of each other by himself? (You could also use spools of thread, small boxes, or toys that are approximately one inch in size.)
- |  |                          |                          |                          |                             |
|--|--------------------------|--------------------------|--------------------------|-----------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 16 |
|--|--------------------------|--------------------------|--------------------------|-----------------------------|

3. Does your child turn pages of a book by himself? He may turn more than one page at a time.
- |  |                          |                          |                          |                             |
|--|--------------------------|--------------------------|--------------------------|-----------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 17 |
|--|--------------------------|--------------------------|--------------------------|-----------------------------|

4. Does your child hold a pencil or crayon with his fingers and thumb the way an adult does?
- |  |                          |                          |                          |                             |
|--|--------------------------|--------------------------|--------------------------|-----------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 18 |
|--|--------------------------|--------------------------|--------------------------|-----------------------------|



5. Does your child use a turning motion with his hand while trying either to turn doorknobs, wind up toys, twist tops, open or unscrew lids of small jars?
- |  |                          |                          |                          |                             |
|--|--------------------------|--------------------------|--------------------------|-----------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 19 |
|--|--------------------------|--------------------------|--------------------------|-----------------------------|

6. Does your child flip light switches off and on?
- |  |                          |                          |                          |                             |
|--|--------------------------|--------------------------|--------------------------|-----------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 20 |
|--|--------------------------|--------------------------|--------------------------|-----------------------------|

7. While standing, does your child throw a small ball with a forward arm motion? (Simply dropping the ball or letting the ball go does not count.)
- |  |                          |                          |                          |                             |
|--|--------------------------|--------------------------|--------------------------|-----------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 21 |
|--|--------------------------|--------------------------|--------------------------|-----------------------------|



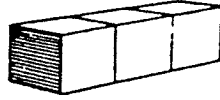
**IV. ADAPTIVE** *(Please try the activity if you are not sure.)*

 Yes                      Some-  
times                      Not  
Yet

1. When you line up four blocks (or little boxes to make a train), does your child try to copy you by lining up at least two blocks side by side?

22



2. After he watches you draw a line from the top of the paper to the bottom with a crayon, does your child try to copy you by drawing a single line on the paper in any direction? (Scribbling back and forth does not count.)

23



3. After he watches you draw a cross (+) on paper, does your child make one like yours?

24



4. If your child wants something he cannot reach, will he find and use something to stand on in order to reach it?

25

5. Does your child pretend objects are something else? For example, does your child hold a cup to his ear, pretending it is a telephone? Does he put a box on his head, pretending it is a hat? Does he use a block to stir food?

26

6. Without showing him how, does your child purposefully turn a small bottle upside down in order to dump out a small crumb (about the size of a pea) or Cheerio?

27

7. Does your child put things away where they belong? For example, does he know where his toys belong, that his blanket goes on his bed, that dishes go in the kitchen, etc.?

28

**V. PERSONAL-SOCIAL** *(Please try the activity if you are not sure.)*

1. Does your child use a cup or glass well enough so he can drink from it and put it down without tipping it over?

29

2. Can your child eat with a fork?

30

3. Does your child call himself "I" or "me" more often than using his own name?

31

4. Does your child copy the things you do around the house such as sweeping, dusting, hammering nails, etc.?

32

5. Does your child push a stroller, doll carriage or wagon with good steering, being able to back out of corners if he cannot turn?

33

6. When playing with a stuffed animal or doll, does your child pretend to feed or dress it?

34

7. If you have his clothes laid out, can your child get most of his clothes on by himself with you helping with more difficult parts like snaps and shoelaces?

35

## VI. OVERALL

1. Do you think your child hears alright? .....Yes .....No  36  
 Explain: .....
2. Do you think your child is talking like other toddlers? .....Yes .....No  37  
 Explain: .....
3. Can you understand most of what your child says? .....Yes .....No  38  
 Explain: .....
4. Do you think your child walks, runs and climbs like other toddlers? .....Yes .....No  39  
 Explain: .....
5. Is there anything about your child that worries you? .....Yes .....No  40  
 Explain: .....
6. Has your child had any medical problems in the last four months? .....Yes .....No  41  
 Explain: .....

## Section 5

## LANGUAGE DEVELOPMENT SURVEY

Please place a tick next to each word that your child says SPONTANEOUSLY (not just imitates or understands). It's okay to count words that aren't pronounced clearly or are in "baby talk" ("baba" for bottle).

<b>FOODS</b>	star	hospital	sleep	towel	boots	dirty	out
apple	street	library	stop	TV	coat	dry	please
banana	sun	park	take	window	dress	good	Sesame St
biscuit	tree	shop	throw		gloves	happy	shut up
bread		school	tickle	<b>PERSONAL</b>	hat	heavy	thank you
butter	<b>ANIMALS</b>	zoo	up	brush	jacket	hot	there
cake	bear		walk	comb	jumper	hungry	under
cereal	bee	<b>ACTIONS</b>	want	glasses	mittens	little	welcome
cheese	bird	bath	wash	key	nappy	mine	what
chewing gum	bug	breakfast	wee	money	pajamas	more	where
coffee	bunny	bring		notebook	pants	nice	why
chips	cat	catch	<b>HOUSEHOLD</b>	paper	shirt	pretty	woof/woof
cool drink	chicken	clap	bath	pen	shoes	red	yes
drink	cow	close	bed	pencil	slippers	stinky	you
egg	dog	come	blanket	penny	sneakers	that	yummy
food	duck	cough	bottle	tissue	socks	this	1,2,3 etc
grapes	elephant	cut	bowl	toothbrush		tired	
hamburger	fish	dance	chair	umbrella	<b>VEHICLES</b>	wet	
hotdog	frog	dinner	clock	watch	bike	white	
icecream	horse	do	cot		boat	yellow	
juice	monkey	down	cup	<b>PEOPLE</b>	bus	yucky	
lolly	pig	eat	door	aunt	car		
meat	puppy	fall	floor	baby	motorcycle	<b>OTHER</b>	A,B,C etc
milk	snake	feed	fork	boy	plane	away	
orange	tiger	finish	glass	daddy	stroller	booboo	
pizza	turkey	fix	knife	doctor	trailer	byebye	
sultana	turtle	get	light	girl	train	excuse	
soup		give	mirror	grandma	truck	me	
spagetti	<b>BODY PARTS</b>	go	pillow	grandpa		here	
tea	arm	have	plate	lady	<b>MODIFIERS</b>	hi, hello	
toast	bellybutton	hit	potty	man	allgone	in	
water	bottom	hug	radio	mummy	allright	me	
	chin	jump	room	own name	bad/naughty	meow	
<b>TOYS</b>	ear	kick	rubbish	pet name	big	my	
ball	elbow	kiss	sink	uncle	black	myself	
balloon	eye	knock	soap	Bert, Ernie	blue	night-night	
blocks	face	look	spoon		broken	no	
book	finger	love	stairs	<b>CLOTHES</b>	clean	off	
crayons	foot	lunch	table	belt	cold	on	
doll	hair	make	telephone	boots	dark		
picture	hand	nap					
present	knee	open					
slide	leg	outside					
swing	mouth	pattycake					
teddybear	neck	poo					
	nose	push					
<b>OUTDOORS</b>	teeth	read					
flower	thumb	ride					
footpath	toe	run					
house	tummy	see					
moon		show					
rain	<b>PLACES</b>	shut					
sky	church	sing					
snow	home	sit					

Please list other words your child uses here:

Does your child combine two or more words into phrases?

(eg "more cookie", "car byeby" etc) Yes..... No.....

Please write down five of your child's longest and best sentences or phrases

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Section 6**

On the next page you will find the Child Behaviour Checklist. It was developed in the United States to identify behaviour problems in 2-3 year old children and it has been found to be valid for Australian children also. It is not the same as the Toddler Temperament Scale (from last year), even though some of the questions will seem similar. Please complete only questions 1-100, as we have already asked you the other questions in previous sections.

Before moving on, please indicate the date you completed this questionnaire:

\_\_\_\_/\_\_\_\_/\_\_\_\_

