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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 in the past 12 months?

7

N No Go to Q11
Y Yes
↓

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

8

_____ 9 Not applicable - haven't moved.

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

10

Q4. How many bedrooms are there? _____

11

Q5. How many bathrooms are there? _____

12

Q6. How many toilets are there? _____

13

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

15

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

17

Q9. How many children who have not started school yet live in the house/flat (please include any children at kindergarten)? _____

19

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

20

0 Very good
1 OK
2 Poor
3 Very poor

Please comment

Q11. Is your house/flat airconditioned?

21

N No
Y Yes

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

22

- 0 Not heated at all
- 1 Electric bar radiator and/or blow heater
- 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?

23

N No Go to Q17

Y Yes



Q14. What type of pool is it?

24

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

Q15. Does it have a perimeter fence?

25

Y Yes

N No

9 Not applicable - no pool

Q16. Does it have a locked gate?

26

Y Yes

N No

8 No fence

9 Not applicable - no pool

Q17. Do you have your own garden?

27

N No Go to Q19

Y Yes



Q18. Does it have a lockable gate?

28

N No

Y Yes

9 Not applicable - no garden

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

29

N No Go to Q21

Y Yes



Q20. How often do you take your child there?

30

- 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?

31

N No Go to Q24
Y Yes
↓

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

32

Y Yes
N No
9 Not applicable - no car

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

33

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?

34

Y Yes Go to Q27
N No
↓

Q25. Do you have any social contact with him?

35

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

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

36

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

Q27. Are you receiving a Supporting Mother's Pension or Unemployment Benefits?

37

Y Yes
N No

Q28. Is the child's father working at present?

38

Y Yes
N No
9 Don't know

Q29. What is his occupation? (Please describe the work he does in detail eg "glueing soles to shoes" not "works in shoe factory".)

40

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

Q30. Are you (the mother) currently in paid employment?

41

- Y Yes
- N No

Q31. 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".)

43

Job

Hours/Week

45

1.

Description:

.....

2.

Description:

.....

Any comments?

Q32. Who looks after your child/children while you are working?

46

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

STRICTLY CONFIDENTIAL

Q33. What is your total family income (before tax) per year now?

47

- 0 less than \$7,000
- 1 \$7,000-11,999
- 2 \$12,000-23,999
- 3 \$24,000-35,999
- 4 more than \$36,000
- 5 Unknown

Number of people this income supports: Adults (over 14 yrs): _____

Children: _____

49

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

Q34. How many cigarettes do you smoke a day now? 50

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

Q35. Does anyone else living in your house smoke cigarettes? 51

- N No Go to Q37
- Y Yes
- ↓

Q36. How much do they smoke? (If more than one other person at home smokes, please circle the total number of cigarettes smoked.) 52

- 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 at your home smoke any other substances? (Please include pipe or cigars, marijuana, etc.) 53

- 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? 55

Q38. Are there any pets at home? 56

- N No Go to Q40
- Y Yes
- ↓

Q39. Please indicate whether these animals come into the house (inside) or are kept outside all the time. 58

How many: cats - inside? _____ Outside _____

dogs - inside? _____ Outside _____

birds - inside? _____ outside _____

other pets - inside? What type? _____

63

- outside? What type? _____

64

Q40. Does your child have regular contact with any neighbours' or friends' pets?

--	--

66

Y Yes What type? _____
N No

Q41. Have any of the following happened to you in the past year? (Circle Y (Yes) or N (No) as appropriate)

N Y Pregnancy problems

67

N Y Death of a close relative
- which relative? _____

68

N Y Death of a close friend

69

N Y Separation or divorce

70

N Y Marital problems

71

N Y Problems with your children

72

N Y Your own job loss (not voluntary)

73

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

74

N Y Money problems

75

N Y Residential move

76

N Y Other (please describe)

77

Q42. From where did you get your knowledge and ideas about bringing up children and child development? (Circle any correct answers.)

78

- 1 Don't know
- 2 From my own experiences
- 3 From someone. Who (eg mother, friend)? _____
- 4 From books, magazines or talks
- 5 From a formal course (eg at Child Health Clinic)
- 6 From a tertiary level course (eg University)
- 8 Other. Please comment:

.....

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Section 2

These are questions about your child since birth. 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

Q43. Did you breast feed your baby?

7

N No Go to Q47
Y Yes
↓

Q44. Are you still breast feeding?

8

0 Yes, regularly
1 Yes, on occasions
2 No

Q45. At what age did you stop breast feeding? months

--	--

10

88 Haven't stopped

Q46. At what age did you first give your child any milk other than breast milk? _____ months

--	--

12

88 Haven't yet

Q47. What milks have you fed your baby? (*Please circle any appropriate answers.*)

--	--

14

0 Breast
1 Formula, which ones?
2 Cow's milk
3 Soy milk
4 Goat's milk
5 Other. *Describe:*

Q48. Did your baby have any feeding difficulties?

15

N No
Y Yes. *Describe:*

Q49. Did your baby ever suffer from colic? (Colic is regarded as unexplained episodes of crying for several hours each day, often with drawing up of legs, as though the baby is in pain.)

16

Y Yes
N No
9 Don't know

Q50. At what age did you first give your baby solids? _____ months

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18

Q51. What milks does your child drink now? (Please circle any appropriate answers.)

--	--

20

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

Q52. Have you noticed any swallowing difficulties with your child?

21

- N No
- Y Yes. Describe:
-

Q53. Do you restrict your child's diet in any way?

22

- N No
- Y Yes. Describe:
-
-

Q54. Does your child have any unusual reactions to certain foods?

23

- N No
- Y Yes. Describe:
-

Q55. 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 _____

Q56. Did your child vomit or regurgitate feeds frequently (most feeds) in the first 4 months of life?

24

N No Go to Q58

Y Yes



Q57. Was this bad enough to require:

25

- Thickened feeds? N No Y Yes

- a doctor's visit? N No Y Yes

26

Q58. Did your child vomit or regurgitate feeds frequently (most feeds) after the first 4 months of life?

27

N No Go to Q60

Y Yes



Q59. Was this bad enough to require:

28

- Thickened feeds? N No Y Yes

- a doctor's visit? N No Y Yes

29

Q60. How often does your child soil his/her nappy (have a bowel action)?

30

- 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

Q61. Can you describe what your child's bowel actions (pooh) are usually like now? (*Please circle the single best response.*)

31

- 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

Q62. Have you had to give your child any special diet or treatment for constipation?

32

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

- Q63. Where does your child usually sleep? 33
- 1 In his/her own room
 - 2 With other children
 - 3 With parents
- Q64. When did your baby start sleeping through the night? 35
 months or weeks 88 Hasn't yet
- Q65. How often does your child wake at night now? 36
- 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
- Q66. At what age did your baby first 38
- smile? weeks. 88 Hasn't yet
 - sit up without help? months. 40
 - babble (make "bububub" and "dadada" sounds)? months. 42
88 Hasn't yet
 - crawl? months. 44
 - pull himself/herself to a standing position? months. 46
88 Hasn't yet
 - walk, holding on to furniture? months. 48
 - walk without help? months. 50
 - say his/her first words with meaning (do not include mama or
 dada)? months. 52
88 Hasn't yet.
 - show that he/she was going to be left or right handed? months. 54
88 Hasn't yet
- Q67. How old was your child when his/her first tooth appeared? 56
 months.

Q71. Has your child had any accidents or injuries 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:

94

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99

.....

100

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105

.....

106

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111

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6

7

Q72. Has your child needed to be admitted to any hospital since leaving the maternity hospital? (Please list each and every admission separately. Check diary to jog your memory.)

N No

Y Yes which hospital(s)?

--	--	--

10

what for

11

--	--	--	--	--

16

which hospital(s)?

--	--	--

19

what for

20

--	--	--	--	--

25

which hospital(s)?

--	--	--

28

what for

29

--	--	--	--	--

34

35

Q73. Is your child taking any prescription medicine now?

N No

Y Yes which medicine(s)

--	--

37

.....

38

Q74. Is your child taking any non-prescription (over the counter) medicines now (including vitamins, pain killers, tonics and health food products)?

N No

Y Yes which medicine(s)

--	--

40

.....

Q75. Has your child had any skin rashes, dermatitis or eczema which lasted more than a couple of days? 41

N No
Y Yes Describe:

Q76. Does your child usually cough when he/she gets a cold? 42

Y Yes
N No

Q77. Does he/she cough frequently even without colds? 43

Y Yes
N No

Q78. Does your child seem congested or bring up phlegm (spit) from his/her chest with colds? 44

Y Yes
N No

Q79. Has he/she had an attack of coughing, congestion or bringing up phlegm lasting for more than 1 week? 45

Y Yes
N No

Q80. Has your child's chest ever sounded wheezy or whistling
- when he/she has a cold? Yes No 46

- occasionally even without a cold? Yes No 47

- most days or nights? Yes No 48

- after exercise/vigorous play? Yes No 49

Q81. Has he/she ever been short of breath with this wheezing? 50

Y Yes
N No
9 Never wheezed

Q82. How many colds would you say your child has had in the past year? 51
.....

Q83. Did your child have a frequent blocked or runny nose in the first 4 months of life (more than a few days on at least 2 occasions)?

52

N No Go to Q85
Y Yes



Q84. Was this blocked nose bad enough to frequently:

- interfere with feeding? N No Y Yes

53

- require medicine/drops? N No Y Yes

54

Q85. Has your child had a blocked or runny nose after 4 months of age (more than a few days on at least 2 occasions)?

55

N No Go to Q87
Y Yes



Q86. Has this blocked nose been bad enough to frequently:

- interfere with feeding? N No Y Yes

56

- require medicine/drops? N No Y Yes

57

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

58

N No
Y Yes

Q88. Has anyone ever 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 ever taken your child to a paediatrician? (Do not include the Raine Study)

63

N No
Y Yes Who?

Q90. Have you ever taken your child to your local doctor (GP)?

64

N No
Y Yes Who?

Q91. Have you ever taken your child to a Child Health Clinic?

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. How would you rate the overall health of your child?

67

- 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)

					4
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Section 3

This is a section called the Toddler Temperament Scale. The questions are about what your child is doing now (over the past few weeks), not what he/she has been doing in the past.

Please circle the most appropriate response to each statement.

Do not write
in this column

	Almost never	Rarely	Variable, usually does not	Variable, usually does	Frequently	Almost always	
Q1. Your child gets sleepy at about the same time each evening (within 1/2 hour).	1	2	3	4	5	6	<input type="checkbox"/> 7
Q2. Your child fidgets during quiet activities (story telling, looking at pictures)	1	2	3	4	5	6	<input type="checkbox"/> 8
Q3. Your child takes feedings quietly with mild expression of likes and dislikes.	1	2	3	4	5	6	<input type="checkbox"/> 9
Q4. Your child is pleasant (smiles, laughs) when first arriving in unfamiliar places.	1	2	3	4	5	6	<input type="checkbox"/> 10
Q5. Your child's initial reaction to seeing the doctor or Infant Welfare Sister is acceptance.	1	2	3	4	5	6	<input type="checkbox"/> 11
Q6. Your child pays attention to games with parent for no more than a minute or so.	1	2	3	4	5	6	<input type="checkbox"/> 12
Q7. Your child's bowel motions come at different times from day to day (over one hour difference).	1	2	3	4	5	6	<input type="checkbox"/> 13
Q8. Your child is fretful on waking up (frowns, complains, cries).	1	2	3	4	5	6	<input type="checkbox"/> 14
Q9. Your child's initial reaction to a new baby sitter is rejection (crying, clinging to mother etc).	1	2	3	4	5	6	<input type="checkbox"/> 15
Q10. Your child reacts to a disliked food even if it is mixed with a preferred one.	1	2	3	4	5	6	<input type="checkbox"/> 16
Q11. Your child accepts delays (for several minutes) for desired objects or activities (snacks, rewards, gifts).	1	2	3	4	5	6	<input type="checkbox"/> 17
Q12. Your child moves little (stays still) when being dressed.	1	2	3	4	5	6	<input type="checkbox"/> 18

	Almost never	Rarely	Variable, usually does not	Variable, usually does	Frequently	Almost always		
Q13. Your child continues an activity in spite of noises in the same room.	1	2	3	4	5	6	<input type="checkbox"/>	19
Q14. Your child shows strong reactions (cries, stamps feet) to failure.	1	2	3	4	5	6	<input type="checkbox"/>	20
Q15. Your child plays continuously for more than 10 minutes at a time with a favourite toy.	1	2	3	4	5	6	<input type="checkbox"/>	21
Q16. Your child ignores the temperature of food, whether hot or cold.	1	2	3	4	5	6	<input type="checkbox"/>	22
Q17. Your child varies from day to day in wanting a bottle or snack before bedtime at night.	1	2	3	4	5	6	<input type="checkbox"/>	23
Q18. Your child sits still while waiting for food.	1	2	3	4	5	6	<input type="checkbox"/>	24
Q19. Your child is easily excited by praise (laughs, yells, jumps).	1	2	3	4	5	6	<input type="checkbox"/>	25
Q20. Your child cries after a fall or bump.	1	2	3	4	5	6	<input type="checkbox"/>	26
Q21. Your child approaches and plays with unfamiliar pets (small dogs, cats).	1	2	3	4	5	6	<input type="checkbox"/>	27
Q22. Your child stops eating and looks up when a person walks by.	1	2	3	4	5	6	<input type="checkbox"/>	28
Q23. Your child seems unaware of differences in taste of familiar liquids (type of milk, different juices).	1	2	3	4	5	6	<input type="checkbox"/>	29
Q22. Your child moves about actively when he/she explores new places (runs, climbs or jumps).	1	2	3	4	5	6	<input type="checkbox"/>	30
Q25. Your child fusses or whines when bottom cleaned after bowel movements.	1	2	3	4	5	6	<input type="checkbox"/>	31
Q26. Your child smiles when unfamiliar adults play with him/her.	1	2	3	4	5	6	<input type="checkbox"/>	32

	Almost never	Rarely	Variable, usually does not	Variable, usually does	Frequently	Almost always		
Q27. Your child looks up from play when mother enters the room.	1	2	3	4	5	6	<input type="checkbox"/>	33
Q28. Your child spends over an hour reading books or looking at pictures.	1	2	3	4	5	6	<input type="checkbox"/>	34
Q29. Your child responds to frustration intensely (screams, yells).	1	2	3	4	5	6	<input type="checkbox"/>	35
Q30. Your child eats about the same amount of solid food at meals from day to day.	1	2	3	4	5	6	<input type="checkbox"/>	36
Q31. Your child remains pleasant when hungry and waiting for food to be prepared.	1	2	3	4	5	6	<input type="checkbox"/>	37
Q32. Your child allows face washing without protest (squirming, turning away).	1	2	3	4	5	6	<input type="checkbox"/>	38
Q33. The amount of milk or juice your child takes at mealtime is unpredictable from meal to meal (over 2 oz or 60 mls difference).	1	2	3	4	5	6	<input type="checkbox"/>	39
Q34. Your child practises physical activities (climbing, jumping, pushing objects) for less than 5 minutes.	1	2	3	4	5	6	<input type="checkbox"/>	40
Q35. Your child resists vigorously additional food or milk when full (spits out, clamps mouth closed, pushes away etc).	1	2	3	4	5	6	<input type="checkbox"/>	41
Q36. Your child plays actively (bangs, throws, runs) with toys indoors.	1	2	3	4	5	6	<input type="checkbox"/>	42
Q37. Your child ignores voices when playing with a favourite toy.	1	2	3	4	5	6	<input type="checkbox"/>	43
Q38. Your child initially approaches (moves towards) new visitors at home.	1	2	3	4	5	6	<input type="checkbox"/>	44
Q39. Your child plays outside on hot or cold days without reacting to differences in temperature.	1	2	3	4	5	6	<input type="checkbox"/>	45
Q40. Your child continues playing with other children for less than five minutes and then goes elsewhere.	1	2	3	4	5	6	<input type="checkbox"/>	46

	Almost never	Rarely	Variable, usually does not	Variable, usually does	Frequently	Almost always		
Q41. Your child continues to look at a picture book in spite of distracting noises (car horns, doorbell).	1	2	3	4	5	6	<input type="checkbox"/>	47
Q42. Your child wants a snack at a different time each day (over one hour difference).	1	2	3	4	5	6	<input type="checkbox"/>	48
Q43. Your child is pleasant (smiles) when put down for a nap at night.	1	2	3	4	5	6	<input type="checkbox"/>	49
Q44. When away from parent (play group, day care, baby sitter) the child takes several days to get used to the new situation (to show usual behaviour).	1	2	3	4	5	6	<input type="checkbox"/>	50
Q45. Your child speaks (or vocalizes) straight away to unfamiliar adults.	1	2	3	4	5	6	<input type="checkbox"/>	51
Q46. Your child reacts strongly (cries or screams) when unable to complete a play activity.	1	2	3	4	5	6	<input type="checkbox"/>	52
Q47. Your child enjoys running and jumping more than games done sitting down.	1	2	3	4	5	6	<input type="checkbox"/>	53
Q48. Your child notices wet clothing, and wants to be changed straight away.	1	2	3	4	5	6	<input type="checkbox"/>	54
Q49. Your child is irritable or moody throughout a cold or gastric upset.	1	2	3	4	5	6	<input type="checkbox"/>	55
Q50. Your child ignores parent's first call while watching a favourite TV program or while involved in some other activity.	1	2	3	4	5	6	<input type="checkbox"/>	56
Q51. Your child loses interest in a new toy or game within an hour.	1	2	3	4	5	6	<input type="checkbox"/>	57
Q52. Your child runs to get where he/she wants to go.	1	2	3	4	5	6	<input type="checkbox"/>	58
Q53. For the first few minutes in a new place (store, home or holiday place) your child is wary (clings to mother, holds back).	1	2	3	4	5	6	<input type="checkbox"/>	59
Q54. Your child takes daytime naps at differing times (over 1/2 hour difference) from day to day.	1	2	3	4	5	6	<input type="checkbox"/>	60

	Almost never	Rarely	Variable, usually does not	Variable, usually does	Frequently	Almost always		
Q55. Your child only shows a mild reaction when his/her play is interrupted by parent.	1	2	3	4	5	6	<input type="checkbox"/>	61
Q56. Your child accepts being dressed and undressed without protest.	1	2	3	4	5	6	<input type="checkbox"/>	62
Q57. Your child is outgoing with adult strangers outside the home.	1	2	3	4	5	6	<input type="checkbox"/>	63
Q58. Your child runs ahead when walking with the parent.	1	2	3	4	5	6	<input type="checkbox"/>	64
Q59. Your child's period of greatest physical activity comes at the same time of day.	1	2	3	4	5	6	<input type="checkbox"/>	65
Q60. Your child can be coaxed out of a forbidden activity.	1	2	3	4	5	6	<input type="checkbox"/>	66
Q61. Your child stops play and watches when someone walks by.	1	2	3	4	5	6	<input type="checkbox"/>	67
Q62. Your child goes back to the same activity after brief interruption (snack, trip to toilet).	1	2	3	4	5	6	<input type="checkbox"/>	68
Q63. Your child laughs or smiles when meeting other children.	1	2	3	4	5	6	<input type="checkbox"/>	69
Q64. Your child sits still while watching TV or listening to music.	1	2	3	4	5	6	<input type="checkbox"/>	70
Q65. Your child will avoid repetition of misbehaviour if punished firmly once or twice.	1	2	3	4	5	6	<input type="checkbox"/>	71
Q66. Your child continues to play with a toy in spite of sudden noises from outdoors (car horn, siren, etc).	1	2	3	4	5	6	<input type="checkbox"/>	72
Q67. Your child ignores dirt on himself/herself.	1	2	3	4	5	6	<input type="checkbox"/>	73
Q68. Your child's time of waking in the morning varies greatly (by 1 hour or more) from day to day.	1	2	3	4	5	6	<input type="checkbox"/>	74

	Almost never	Rarely	Variable, usually does not	Variable, usually does	Frequently	Almost always		
Q69. Your child has moody "off" days when he/she is irritable all day.	1	2	3	4	5	6	<input type="checkbox"/>	75
Q70. Your child reacts mildly (frown or smile) when another child takes his/her toy.	1	2	3	4	5	6	<input type="checkbox"/>	76
Q71. Your child stays with a routine task (dressing, picking up toys) for 5 minutes or more.	1	2	3	4	5	6	<input type="checkbox"/>	77
Q72. Your child stops eating and looks up when he/she hears a sudden noise (telephone, doorbell).	1	2	3	4	5	6	<input type="checkbox"/>	78
Q73. Your child sits still (moves little) during procedures like hair brushing or nail cutting.	1	2	3	4	5	6	<input type="checkbox"/>	79
Q74. Your child shows much bodily movement (stomps, writhes, swings arms) when upset or crying.	1	2	3	4	5	6	<input type="checkbox"/>	80
Q75. Your child is pleasant (smiles, laughs) during face washing.	1	2	3	4	5	6	<input type="checkbox"/>	81
Q76. Your child's initial reaction at home to approach by strangers is acceptance (looks at them, reaches out).	1	2	3	4	5	6	<input type="checkbox"/>	82
Q77. Your child is hungry at dinner time.	1	2	3	4	5	6	<input type="checkbox"/>	83
Q78. Your child continues to get into forbidden areas or objects in spite of parents' repeated warnings.	1	2	3	4	5	6	<input type="checkbox"/>	84
Q79. Your child stops to examine new objects thoroughly (5 minutes or more).	1	2	3	4	5	6	<input type="checkbox"/>	85
Q80. Your child ignores smells (cooking, smoke, perfume) whether pleasant or not.	1	2	3	4	5	6	<input type="checkbox"/>	86
Q81. Your child looks up from an activity when he/she hears the sounds of children playing.	1	2	3	4	5	6	<input type="checkbox"/>	87
Q82. When your child is put to bed, he/she falls asleep after about the same length of time.	1	2	3	4	5	6	<input type="checkbox"/>	88

	Almost never	Rarely	Variable, usually does not	Variable, usually does	Frequently	Almost always		
Q83. Your child greets babysitter loudly with much expression of feeling whether positive or negative.	1	2	3	4	5	6	<input type="checkbox"/>	89
Q84. Your child is moody for more than a few minutes when corrected or disciplined.	1	2	3	4	5	6	<input type="checkbox"/>	90
Q85. Your child sits still (little squirming) while travelling in car or stroller.	1	2	3	4	5	6	<input type="checkbox"/>	91
Q86. Your child watches TV for less than 10 minutes then turns to another activity.	1	2	3	4	5	6	<input type="checkbox"/>	92
Q87. Your child is shy (turns away or clings to mother) on meeting another child for the first time.	1	2	3	4	5	6	<input type="checkbox"/>	93
Q88. Your child is still shy of strangers after 15 minutes.	1	2	3	4	5	6	<input type="checkbox"/>	94
Q89. Your child frets or cries when first learning a new task (dressing self, picking up toys).	1	2	3	4	5	6	<input type="checkbox"/>	95
Q90. Your child sits quietly in the bath.	1	2	3	4	5	6	<input type="checkbox"/>	96
Q91. Your child practises a new skill (throwing, building, drawing) for 10 minutes or more.	1	2	3	4	5	6	<input type="checkbox"/>	97
Q92. Your child ignores differences in taste or consistency of familiar foods.	1	2	3	4	5	6	<input type="checkbox"/>	98
Q93. For the first 2 or 3 times in new places, your child sleeps poorly (restless, wakeful).	1	2	3	4	5	6	<input type="checkbox"/>	99
Q94. Your child is fearful of being put down in an unfamiliar place (supermarket cart, new stroller, playpen) with parent present.	1	2	3	4	5	6	<input type="checkbox"/>	100
Q95. Your child frowns or complains when left to play by self.	1	2	3	4	5	6	<input type="checkbox"/>	101
Q96. Your child accepts within 10 minutes (feels at home, at ease) new surroundings (home, shop, play area).	1	2	3	4	5	6	<input type="checkbox"/>	102
Q97. Your child looks up from play when the telephone or doorbell rings.	1	2	3	4	5	6	<input type="checkbox"/>	103

Section 4

					5
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This is a section called the Infant Monitoring Questionnaire, which is designed to assess your child's overall development.

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

- | | Yes | Sometimes | Not Yet | |
|---|--------------------------|--------------------------|--------------------------|-----------------------------|
| 1. Does your baby play at least one nursery game if you ask him to without showing him the activity yourself? For example, "bye, bye," "pat-a-cake," "peek-a-boo," "so big," etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 7 |
| 2. Does your baby follow one simple command such as "Come here," "Sit down," "Put that down" or "No" without you using gestures? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 8 |
| 3. Without pointing to them or looking at them yourself, does your baby look at things around the house when you ask, "Where is the light?" ... shoe, ... ball, ... TV, ... kitty, etc? Any one thing counts as correct. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 9 |
| 4. A "word" is a sound used consistently to mean a person, object or group of objects. Does your baby say three words? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 10 |
| 5. When your baby wants something, does your baby tell you by either pointing to it or looking at it? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 11 |
| 6. Does your baby put two or three words that are different ideas together, such as "Daddy, bye," "go, car," "shut door," or "kitty gone"? (Don't count word combinations that are one idea such as "bye, bye," "all gone," "all right," "what's that," etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 12 |
| 7. Does your baby shake his head when he means "no" or "yes"? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 13 |

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

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|-----------------------------|
| 1. Does your baby walk along furniture or the crib rail while holding on with only one hand? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 14 |
| 2. While standing and holding on to the railing or furniture, does your baby bend down and pick up a toy from the floor and then return to a standing position? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 15 |
| 3. While holding onto furniture or the crib rail, does your baby let himself down with control (not flopping down)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 16 |
| 4. Does your baby walk up or down stairs if you hold onto one hand? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 17 |
| 5. Can your baby take several steps without tipping or falling if you hold both hands just to balance him? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 18 |



- | | | | | |
|---|--------------------------|--------------------------|--------------------------|-----------------------------|
| 6. Does your baby take several steps with one hand held just for balance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 19 |
|---|--------------------------|--------------------------|--------------------------|-----------------------------|



** 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).

7. Without having to pull himself up on something first, does your baby get up in the middle of the floor and take several steps alone? Yes Some-times Not Yet 20

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

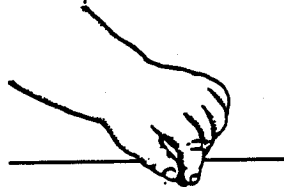
1. Does your baby try to turn the pages of either a book or magazine? 21
2. After one or two tries does your baby pick up a piece of string (could be attached to a toy) between the side of the first finger and the thumb? 22



3. Does your baby pick up a crumb or Cheerio easily with the tips of his thumb and a single finger (usually the first)? He may rest his arm or hand on the table while doing it. 23



4. Without resting his arm or hand on the table, does your baby pick up a crumb or Cheerio easily with the tip of his thumb and a single finger (usually the first)? 24



5. Does your baby put a small toy down gently, without dropping it, then take his hand off it? 25
6. Does your baby stack 4 small (1 inch) blocks or toys on top of each other? 26
7. Does your baby throw a small ball with a forward motion? 27

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

1. If you drop a small toy into a box or cup first, does your baby copy you by trying to put a small toy in although he may not let go of it? 28
2. Does your baby put two small toys into either a cup or box, one after the other? 29



3. Does your baby bang two small toys together in the air like a pat-a-cake motion? 30
4. After you have made a back and forth scribble on a paper with a crayon, does your baby try to copy you? 31
5. After he watches you make a line from the top of the paper to the bottom with a crayon, does your baby try to copy you by making a single line on the paper in any direction? (Scribbling back and forth does not count.) 32
6. Does your baby look for a small toy he watches you hide either under a piece of paper or a cloth? Be sure the toy is completely hidden. 33
7. Does your baby poke at or try to get out a crumb or Cheerio that is inside a clear bottle? 34

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

- | | Yes | Some-
times | Not
Yet | |
|--|--------------------------|--------------------------|--------------------------|-----------------------------|
| 1. When you hold out your hand and ask for a toy, does your baby offer it to you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 35 |
| 2. When you hold out your hand and ask for a toy, does your baby let go of it into your hand? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 36 |
| 3. Does your baby play ball with you by either rolling or throwing the ball to you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 37 |
| 4. Does your baby play with a doll or stuffed animal by hugging it? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 38 |
| 5. Does your baby use a cup or glass well enough that he can drink from it and put it down without tipping it over? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 39 |
| 6. When dressing him, does your baby help you by pushing his arm through a sleeve once his arm is started in the hole of the sleeve? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 40 |
| 7. When dressing him, does your baby help you by lifting his foot for either his shoe, sock or pant leg? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 41 |

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