

Section 1

Here are some questions for you that are similar to some of the questions asked in previous years. 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 3 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 3 year old child in the car?

27

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

FAMILY - STRICTLY CONFIDENTIAL

Q24. Have you had any further children since this child (your 3 year old) was born?

28

N No
Y Yes

If yes, how many? _____

29

What are their birthdays?

Q25. Is the father of this child (your 3 year old) living with you?

30

Y Yes Go to Q29
N No
↓

Q26. Do you have any social contact with him?

31

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

Q27. Does he provide any financial support for the care of your child?

32

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

Q28. Do you have another partner who lives with you?

33

Y Yes
N No

Q29. Are you receiving a Supporting Mother's Pension or your partner Unemployment Benefits?

34

Y Yes
N No

Q30. Is your partner working at present?

35

- Y Yes
- N No
- 9 Don't know

Q31. What is his occupation? (Give title of job also, eg carpenter, salesman, etc.)

37

.....

.....

Q32. Are you (the mother) currently in paid employment?

38

- Y Yes
- N No

Q33. 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".)

40

Job Hours/Week

42

1.

Description:

.....

2.

Description:

.....

Any comments?

Q34. Who looks after your child/children while you are working?

43

- 0 Friend/relative
- 1 Paid baby sitter
- 2 Child care centre (either near home or at work) - see Q35.
- 3 Take child to work
- 9 Not applicable - not working

Q35. How often does your child attend child care or day care?

44

- 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

Is this at

- 1 a child care centre
- 2 family day care

STRICTLY CONFIDENTIAL

Q36. What is your total family income (before tax) per year now? 45

- 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: _____

47

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

Q37. How many cigarettes do you smoke a day now? 48

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

Q38. Does anyone else living in your house smoke cigarettes?

40

- N No Go to Q40
- Y Yes
- ↓

Q39. How much do they smoke? (If more than one other person at home smokes, please circle the total number of cigarettes smoked.)

50

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

Q40. Does anyone at your home smoke any other substances? (Please include pipe or cigars, marijuana, etc.)

51

- 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?

53

Q41. Do you have gas cooking in your home?

54

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

Q42. Are there any pets at home?

55

N No Go to Q44
Y Yes
↓

Q43. Please indicate whether these animals come into the house (inside) or are kept outside all the time.

How many: cats - inside? _____ Outside _____

57

dogs - inside? _____ Outside _____

59

birds - inside? _____ outside _____

61

other pets - inside? What type? _____

62

- outside? What type? _____

63

Q44. Does your child have regular contact with any neighbours' or friends' pets?

65

Y Yes What type? _____
N No

Q45. Have any of the following happened to you in the past year? (Circle Y (Yes) or N (No) as appropriate)

N Y Pregnancy problems

66

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

67

N Y Death of a close friend

68

N Y Separation or divorce

69

N Y Marital problems

70

N Y Problems with your children

71

N Y Your own job loss (not voluntary)

72

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

73

N Y Money problems

74

N Y Residential move

75

N Y Other (please describe)

76

Section 2

These are questions about your child after 2 years 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

Q46. Did you breast feed your child after 2 years of age?

1

N No Go to Q50
Y Yes
↓

Q47. Are you still breast feeding?

2

0 Yes, regularly
1 Yes, on occasions
2 No

Q48. At what age did you stop breast feeding? months

4

88 Haven't stopped

Q49. At what age did you first give your child any milk other than breast milk? _____ months

6

88 Haven't yet

Q50. Do you restrict your child's diet in any way?

7

N No
Y Yes. Describe:

.....

.....

Q51. Does your child have any unusual reactions to certain foods?

8

N No
Y Yes. Describe:

.....

Q52. 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 _____

Q53. Have you noticed any chewing, swallowing or feeding difficulties with your child? 9
 N No
 Y Yes. Describe:

Q54. How often does your child have a bowel action? 10
 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.) 11
 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? 12
 N No
 Y Yes

Q57. Is your child still in nappies at night? 13
 N No
 Y Yes

Q58. How often does your child wet the bed at night?

14

- 0 Often - most nights
- 1 Sometimes - once a week or more
- 2 Occasionally - less than once a week
- 3 Rarely - less than once a month
- 4 Never

15

Q59. Have you had to give your child any special diet or treatment for constipation in the past year?

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

Q60. Where does your child usually sleep?

16

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

Q61. How often does your child wake at night now?

17

- 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

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

18

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

Q63. Does your child

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

19

- stutter/stammer? Yes No

20

Describe:

.....

.....

Q64. At what age did your child first say his/her first word (do not include mama or dada)? _____

21

Q65. Please write down at least five of your child's longest and best sentences or phrases. Try to make these as different as possible. Write down what your child says exactly as he/she says it (eg if your child says "that a dog" please write this down rather than adding in extra words eg that is a dog).

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

Q66. Does your child ask questions? (eg What's this?)

22

N No
Y Yes. Please give examples:

.....
.....

Q67. Does your child use sentences of at least 4-5 words (eg "I can do that")?

23

N No
Y Yes

Q68. Does your child connect sentences together (eg "I carry this and you carry that", "I get the book and I come back")?

24

N No
Y Yes

Q69. Do you think your child has a problem understanding what other people say?

25

N No
Y Yes

Q70. This question is about how your child plays. Please read through the different descriptions of children's play and circle which one best describes how your child most commonly plays with toys.

26

- a. Places toys in mouth, or bangs toys.
- b. Child pretends to go to sleep or drinks from a cup or spoon. Play is mostly directed at toys in relation to themselves.
- c. Plays by pretending to act out daily experiences eg meal times, bath times. Acts out little sequences eg puts food in pan, stirs and eats.
- d. Pretends to be people outside the home eg doctor, Batman, Ninja Turtles, ballerina, brides, princess.

Q71. Without giving him/her clues by pointing or using gestures, can your child carry out these directions? 27

"Give me the car and the ball".
"Put down the car and give me the ball".

N No
Y Yes

Q72. 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)? 28

N No
Y Yes Describe

Q73. Does your child dribble/drool when doing any of the following? (Please circle any appropriate answers). 29

- 0 Sitting
- 1 Concentrating
- 2 Playing
- 3 Feeding
- 4 Speaking

Q74. Does food regularly fall from your child's mouth while he/she is eating? 30

N No
Y Yes

Q75. How often do you read a story to your child? 31

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

Comments:

If you had half an hour spare, what would you do with your child?

.....
.....

Q76. Has your child had any immunisations in the past 12 months? 32

N No
Y Yes. Describe:

Q77. Where does your child receive his/her immunisation? (Circle any appropriate answers)

33

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

Q78. 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:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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39

.....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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45

.....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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51

.....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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57

.....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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63

.....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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69

Q79. Has your child ever had (in his/her life)

- otitis media (middle ear infection)?

70

N No

Y Yes How many times? ____

- glue ear?

71

N No

Y Yes

- fits (convulsions or seizures)?

72

N No

Y Yes How many times? ____

- urine infections?

73

N No

Y Yes How many times? ____

Q80. 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: 79

..... 85

..... 91

Q81. 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.)

N No
 Y Yes which hospital(s)? 1

what for 4

which hospital(s)? 10

what for 13

which hospital(s)? 19

what for 22

which hospital(s)? 28

what for 31

which hospital(s)? 37

what for 38

Q82. Is your child taking any prescription (including creams and lotions) medicine now, either regularly or on occasions?

N No
 Y Yes which medicine(s) 40

.....

Q83. 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? 41

N No
Y Yes which medicine(s)

43

.....

Q84. Has your child had any skin rashes, dermatitis or eczema during the past year which lasted more than a couple of days? 44

N No
Y Yes Describe:

Q85. Does your child usually cough when he/she gets a cold these days? 45

Y Yes
N No

Q86. Does he/she cough frequently even without colds these days? 46

N No
Y Yes

Q87. Does he/she cough most days or nights, either all year round or at least part of the year (eg winter)? 47

N No
Y Yes

Q88. Does your child seem congested or bring up phlegm (spit) from his/her chest with colds? 48

N No
Y Yes

Q89. Has he/she had an attack of coughing, congestion or bringing up phlegm lasting for more than 1 week in the past 12 months? 49

N No
Y Yes How many times? ____

Q90. Has your child's chest ever sounded wheezy or whistling in the past 12 months?

- when he/she has a cold?

Yes No

50

How many times? _____

- occasionally even without a cold?

Yes No

51

How many times? _____

- most days or nights?

Yes No

52

- after exercise/vigorous play?

Yes No

53

Q91. Has he/she ever been short of breath with this wheezing?

- N No
- Y Yes
- 9 Never wheezed

54

Q92. How many colds would you say your child has had in the past year?

.....

55

Q93. Has your child had a blocked or runny nose in the past year (more than a few days on at least 4 occasions)?

- N No Go to Q96
 - Y Yes
- ⇓

56

Q94. Has this blocked nose been bad enough to frequently:

- require medicine/drops?

- N No
- Y Yes

57

Q95. Is this blocked/runny nose

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

58

Q96. Has anyone ever told you that your child has hay fever (allergic rhinitis)?

- N No
- Y Yes Who? _____

59

Q97. Does your child snore at night, even when he/she doesn't have a cold? 60

N No
Y Yes

Q98. Has anyone in the past year told you that your child has an allergy? 61

N No
Y Yes, Who? (eg doctor, child health nurse, naturopath, etc) . . . 62

To what? 64

Q99. Have you taken your child to a paediatrician in the past 12 months?
(Do not include the Raine Study) 65

N No
Y Yes Who?

Q100. Have you taken your child to your local doctor (GP) in the past 12 months? 66

N No
Y Yes Who?

Q101. Have you taken your child to a Child Health Clinic in the past 12 months? 67

N No
Y Yes Which one

Q102. Do you have any concerns or worries about your child? 68

N No
Y Yes

What are they? 69

.

.

.

Q103. How would you rate the overall health of your child?

0 Excellent (nearly always well)

1 OK, could be better (mostly well)

2 So-so (he/she is ill as often as he/she is well)

3 Poor (seldom well)

Section 3

This is called the Family Assessment Device; it was developed in Canada to give an idea of how families work together. Please circle the most correct answer.

Item I

Below are statements about families and family relationships. Tick the category which best describes your family (only people living in your house). *(Please circle one)*

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Planning family activities is difficult because we misunderstand each other	1	2	3	4
b. In times of crisis we can turn to each other for support	1	2	3	4
c. We cannot talk to each other about sadness we feel	1	2	3	4
d. Individuals (in the family) are accepted for what they are	1	2	3	4
e. We avoid discussing our fears and concerns	1	2	3	4
f. We express feelings to each other	1	2	3	4
g. There are lots of bad feelings in our family	1	2	3	4
h. We feel accepted for what we are	1	2	3	4
i. Making decisions is a problem in our family	1	2	3	4
j. We are able to make decisions about how to solve problems	1	2	3	4
k. We don't get on well together	1	2	3	4
l. We confide in each other	1	2	3	4
m. Drinking is a source of tension or disagreement in our family	1	2	3	4

Item II

The following list describes some of the ways people feel at different times. (*Circle one of each item.*)

During the past few weeks, how often have you felt:

	Always	Sometimes	Never
a. on top of the world?	2	1	0
b. very lonely or remote from other people?	2	1	0
c. particularly excited or interested in something?	2	1	0
d. depressed or very unhappy?	2	1	0
e. pleased about having accomplished something?	2	1	0
f. bored?	2	1	0
g. proud because someone complimented you on something?	2	1	0
h. so restless you couldn't sit long in a chair?	2	1	0
i. that things were going your way?	2	1	0
j. upset because someone criticized you?	2	1	0

Item III.

Taking things all together, how would you say things are for you these days?

- 1 Very happy
- 2 Reasonably happy
- 3 Not too happy

Item IV.

And how would you say things are for your spouse/partner?

- 1 Very happy
- 2 Reasonably happy
- 3 Not too happy
- 4 No spouse/partner

Item V.

Here are some situations you may encounter. How sure are you that you can manage when... (*Circle the one that is best for you.*)

	Not at all sure	A little sure	Some what sure	Quite sure	Very sure
a. you meet a person for the first time?	1	2	3	4	5
b. you are in a place you don't know anything about?	1	2	3	4	5
c. you have new work to do?	1	2	3	4	5
d. you have to get something done and there is a lot of pressure?	1	2	3	4	5
e. you have to work out a problem with an authority?	1	2	3	4	5
f. you have to work out a problem with your child(ren)?	1	2	3	4	5
g. you have to talk in front of people?	1	2	3	4	5
h. you have to do something for the first time?	1	2	3	4	5
i. you have to travel to a new place by yourself?	1	2	3	4	5
j. you have to work out a problem with your friend?	1	2	3	4	5
k. you have trouble solving a problem?	1	2	3	4	5
l. you feel very unhappy?	1	2	3	4	5
m. you lose something important?	1	2	3	4	5
n. you have to do things people expect you to do?	1	2	3	4	5
o. you have to figure out something by yourself?	1	2	3	4	5
p. you have to make an important decision?	1	2	3	4	5
q. someone counts on you to do something important?	1	2	3	4	5
r. you are bored and want to find something interesting to do?	1	2	3	4	5
s. things are going wrong?	1	2	3	4	5
f. you become elderly?	1	2	3	4	5
u. you have to work out a problem with your relatives?	1	2	3	4	5
v. you have done something wrong?	1	2	3	4	5

Section 4

Here is the 3 year old version of the Infant Monitoring Questionnaire. Please read each item concerning your child's development and tick the most appropriate answer. The questions apply to both boys and girls, even though sometimes words such as he or she will be used.

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

- | | Yes | Some-
times | Not
Yet |
|---|--------------------------|--------------------------|--------------------------|
| 1. When looking at a picture book, does your child tell you what is happening in the picture? For example, "dog barking," "girl running," "boy eating," "baby crying." You may ask, "What is the dog (girl, boy, baby) doing?" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. When you ask him to point to his nose, then his eyes, hair, hands, feet, ears, mouth, tummy, etc., does your child point to at least <i>seven</i> body parts correctly? He can point to parts of himself, you or a doll. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does your child make sentences that are three or four words long? Please give an example:

_____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Show your child how a zipper on a coat can move up and down, saying, "See, this goes up and down." Put the zipper in the middle and ask your child to move the zipper "down." Return the zipper to the middle and ask your child to move the zipper "up." Do this several times, placing the zipper in the middle before asking him to move it up or down. Does your child consistently move the zipper up when you say "up" and down when you say "down?" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Without giving him help by pointing or using gestures, ask your child to "put the shoe <i>on</i> the table" and "put the book <i>under</i> the chair." Can your child carry out both of these directions correctly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. When you ask, "What is your name?" does your child tell you both his first and last name? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. While standing, does your child throw a ball <i>overhand</i> by raising his arm to shoulder height and throwing it forward? (Dropping the ball, letting the ball go, or throwing the ball underhand does not count). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|



- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 2. Does your child walk <i>up</i> stairs the way an adult does, alternately using only one foot on each step? He may hold onto the railing or wall. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|



- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 3. 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"/> |
|---|--------------------------|--------------------------|--------------------------|



** The content of this questionnaire was derived from the Revised Gesell and Amatruda Developmental and Neurological Examination (Knobloch, Stevens, & Malone, 1980), the Revised Parent Developmental Questionnaire (Knobloch, Stevens, & Malone, 1980), the Bayley Scales of Infant Development (Bayley, 1969), and the Ordinal Scales of Psychological Development (Uzgiris & Hunt, 1975).

4. Can your child balance on one foot for about 1 second without holding onto anything?

Yes	Some- times	Not Yet
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



5. Does your child jump with both feet off the floor at the same time?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------



6. Does your child jump forward at least 6 inches with both feet at the same time?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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III. FINE MOTOR (*Please try the activity if you are not sure.*)

1. After she watches you draw a line from the top of the paper to the bottom with a pencil or crayon, ask your child to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a vertical direction?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Parent's
Line

Count as "YES"

Count as "NO"



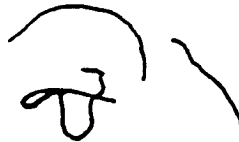
2. After she watches you draw a line from one side of the paper to the other side, ask your child to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Parent's
Line

Count as "YES"

Count as "NO"



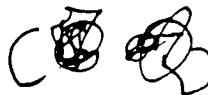
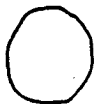
3. After she watches you draw a single circle, ask your child to make a circle like yours. Do not let your child trace your circle. Does your child copy you by drawing a circle?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Parent's
Circle

Count as "YES"

Count as "NO"



4. When drawing, can your child hold a pencil or crayon between her fingers and thumb like an adult does?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5. Does your child try to cut paper with scissors, making the blades go up and down? (Child does not necessarily need to cut paper, but does need to get the blades to move up and down while holding onto the paper with the other hand. It is all right to show your child how to use scissors.)



6. 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?



Yes Some-
times Not
Yet

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

1. When you point to the figure below and ask your child "What is this?", does your child say a word that means a person? Responses such as "snowman," "boy," "man," "girl," "Daddy" are correct. Please write your child's response here.



2. When you say "Listen. Say 5-8," does your child repeat the two numbers in correct order? Do not repeat these numbers again. If necessary, try another pair of numbers saying, "4-9". Your child must repeat one pair of 2 numbers for you to answer "YES" to this question.

3. When you say "Listen. Say 5-8-3," does your child repeat these three numbers in the correct order? Do not repeat these numbers again. If necessary, try another series of numbers, saying "6-9-2". Your child must repeat one series of 3 numbers for you to answer "YES" to this question.

4. With your child watching, line up four objects (such as blocks, pennies, cars) in a row. Give the same four objects to your child and ask him to line them up in a row. Does your child line up the four objects in a row?



5. Show your child how to make a bridge with blocks, boxes or cans, like this: Does your child copy you by making one like it?



6. If your child wants something he cannot reach, will he find something such as a chair or box to stand on to reach it?

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

1. When he is looking in a mirror and you ask "Who is in the mirror?", does your child say "Me" or his own name?

2. Using these exact words, ask "Are you a boy or a girl?" Does your child answer correctly?

- | | Yes | Some-
times | Not
Yet |
|--|--------------------------|--------------------------|--------------------------|
| 4. Does your child put on a coat or jacket completely by herself, finding the armholes correctly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does your child push a stroller, doll carriage or wagon with good steering, being able to back out of corners if she cannot turn? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does your child take turns by waiting while another child or adult takes a turn? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

VI. OVERALL

1. Do you think your child hears all right? ___ Yes ___ No
 Explain: _____
2. Do you think your child is talking like other children her age? ___ Yes ___ No
 Explain: _____
3. Can you understand most of what your child says? ___ Yes ___ No
 Explain: _____
4. Do you think your child walks, runs and climbs like other children her age? ___ Yes ___ No
 Explain: _____
5. Is there anything about your child that worries you? ___ Yes ___ No
 Explain: _____
6. Has your child had any medical problems since the last questionnaire? ___ Yes ___ No

Please indicate the date you completed this questionnaire:

____/____/____

