UK	Child	Health	Study:	Page	1
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1	Region	Case I	No.		5.	
Identifying Number						
	i			1 1	1 1	

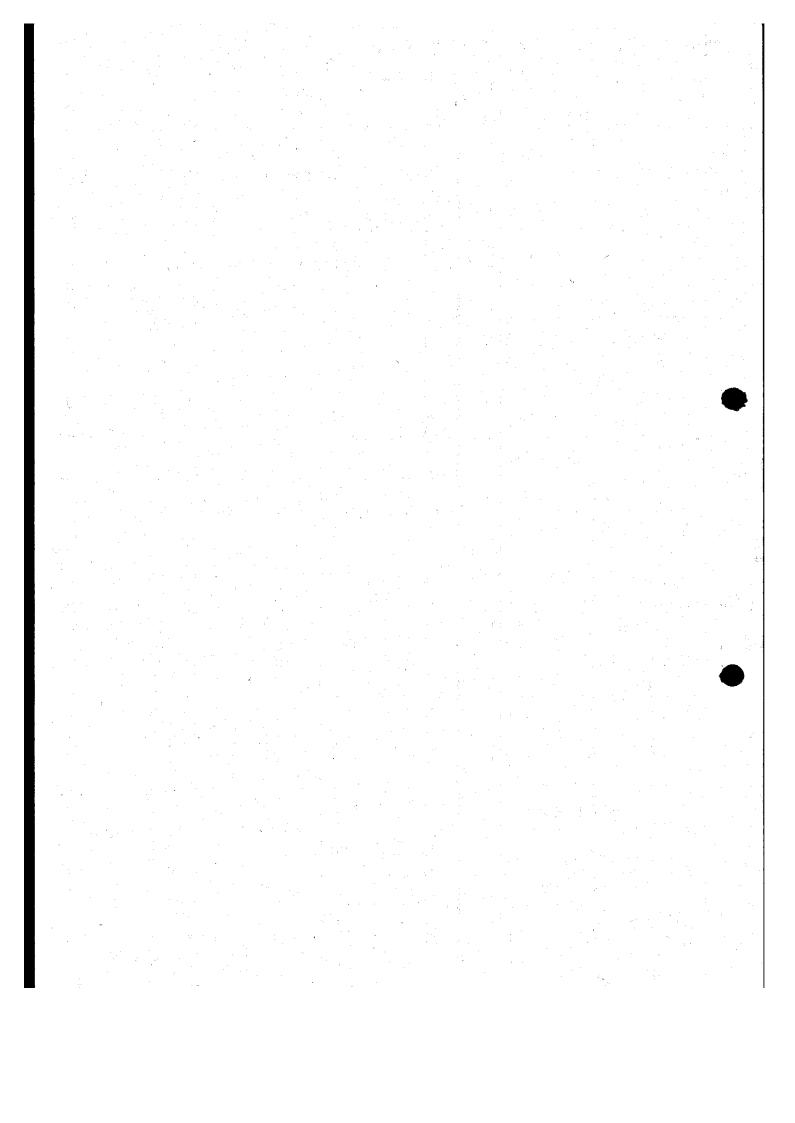
1=Mother | 2=Father |

Parent's Questionnaire

Se	ction	Pa	age
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Appendices

Residential and occupational pre-interview questionnaire



Identifying Number	

EPIDEMIOLOGICAL SURVEY Consent Form

Parents Name				<u> </u>	1		· .	· .
Address								
				2				
: * · · · · · ·			2				w .	
I consent to be in aspects of my fa		•	and my resi	dential, oc	cupational a	nd medical ar	d similar	
In accordance w	ith the Data I	rotection Ac	t (Section 2	9) 1984, I	understand t	hat		
(i) the da	ta custodian f	or the above	study is res	ponsible fo	r the data co	ollected herei	n	
(ii) the da	ta are not con	nmunicated to	third parti	es				ings.
Signature						Date		
e e e e e e e e e e e e e e e e e e e		1945 1948 1948						
Interviewer's sig	gnature			·		Date		
					et al estado de la composição de la comp			
l agree to this in	terview being	tape recorde	đ					
Parents signature	e			·		Date		

	dy: Page 2	lder	ntifying Number	1 1		
Personal Details	S					
Thank you for agre	eeing to help us with this study.	Most of the que	stions I am goi	ng to ask		
ou are about you	r life, work and health, and abo	ıt	's childhood. T	ime started	Hr M	in
				24 hr clock)		_
	n that all your answers will be		strictest confid	dence and	the informa	ation
will not be passed	d to anyone outside the study					
ndex child						1
				•	Sheet no.	
irst name	Last name			To	otal sheets	
Address It interview		· [ate of Diagnosis			<u>1</u>
		or 'F	seudodiagnosis'			
					Sex	
<u> — — — — </u>				i er	mela lafemale:	
ostcode						
Late of Birth		=	1. to			
ate of Birth						
HS No.				er er		
lother (or Surrog	ate)					
tle Fi	rst name		A Committee of the Comm			
					Parent ID	
ast name		All previous	names		i	
			names	•		
urrent				•		
urrent				•		· · · · · ·
urrent				•		· .
urrent				•		
urrent idress				•		
orrent Idress				•		
orrent Idress				•		
estcode				•		
estcode IS No.				•		
estcode IS No. ather (or Surrogate	nte)			•	m	
estcode AS No. Ather (or SurrogateFirst name	nte)			•	m	
estcode HS No. ather (or Surrogative	nte)			•	m	
estcode HS No. Sther (or Surrogate Finame Intent	nte)			•	m	
ostcode HS No.	nte)			•	m	
estcode HS No. ather (or Surrogative	nte)			•	m	
ostcode HS No. ather (or Surrogatile Finame	nte)			•	m	

UK Child Health Study: Page 3	alth Study: Page 3 Case		ise No.			
, ,			Identifying Number			
GP Details	·			P	arent ID 2	=Mother ==Father
May I have (or confirm) the name	e and address of the		ntly registered with.			
Address						
·			<u></u>	<u> </u>		
lsregi	istered with the same	GP?		en e		l=yes 2=no
<i>If No</i> : Name						
dress		<u> </u>				
would also like to check which GI	P	**************************************	.was registered with 6	months ago.		
Name	·	· · · · · · · · · · · · · · · · · · ·				
Address		s 2 2 4				
· · · · · · · · · · · · · · · · · · ·						

					Hegion		
				eriniyirig.			1=Mother
Section I General back	ground	Mothe	r/Father			Parent ID	2=Father
				. F. C.			
	•						1=yes
1a) So that I can make this inter may I ask if you are the natural m					right info	rmation,	2=no 9=NK
						Mth	Yr
) If no: then ask When did	d	first	live with y	ou?	date		
				•	or	Yrs	Mths
					age o child	<i>'</i>	
					0,,,,0	<u> </u>	
f mother/father is not the biologic	cal parent l	limited qu	estions to	be asked:	see sepa	rate instruc	tions
.			•, ,				
a) Hasever lived	away from	you for k	onger that	n six months	s? 1=	:yes/ 2=no/ 9	=NK
							ب ا
'yes:							
					¥		
) Why was this		<u> </u>	*			· .	
	•		date			age	
lease could you tell me when this	s was:	from			or		
			Min	Yr		Y.F	Mch
			date			age	
		to			or		
			Mch	7:		Yr	Mch
/hy was this					<u></u>		
week and the second sec			date			age	
ease could you tell me when this	s was:	from			or		
			Mth	, Y.E.		Xt.	Mch
			date			age	
							$\overline{}$
		to			or		
		to	X: =	Yr	or	Yr	Mch
		to	M: E			Yr	Mch
		to	M: E	Total number		Yr	Mch
		to	M: E			Yr	Mch
		to	M: E			Yr	Mch
		to	M: E			Yr	Mch

Section I	General background	Mother/Father	Parent ID	1=Mother 2=Father
flav í ask you	some general questions abou	ut yourself?		
•	ur date of birth?		Day Mth	Yr
. What is yo	ui date oi biiui:			<u> </u>
. Would you	currently describe yourself as		d/ 2=cohabiting/ 3=widov	VIIIIIII
		4=sepa	rated/ 5=divorced/ 6=sing	JI 0 ?
. How would	you describe yourself			
circle	1=White/ 2=Black-Caribbean/ 3= 7=Bangladeshi/ 8=Chinese/ 9=ar	Black-African/ 4=Black-'Other'/ 5=Iny 'other' ethnic group	ndian/ 6=Pakistani/	
other:		and the second s		
low would you	u describe yourself?			
				yrs
. How old we	ere you when you left school?			
,	,			
Do you have	e any educational qualification	ns such as:		1=yes 2=no 9=NK
	CSEs /	'O' levels / 'O' Grades / GCSE	s / or their equivalents	5?
		Highers / 'A' leve	els or their equivalents	s?
		_	essional qualifications	
yes:				
•	qualifications?			
				·
D				
•	or rent your current home?	the state of the s	tenant/ 3=other/ 9=NK	
If other: Sp	pecify			
	· .			
If tenant:				
Who do you	rent it from?	1=council/ 2=housing association	/ 3=private/ 4=other/ 9=N	ık

ection I	General background	Mother/Father	Parent ID	1=Mother 2=Father
. Do you ha	ve a paid job at present?		1=yes / 2=no / 9=	nk
<i>If no:</i> go	to Page 7			
<i>If yes:</i> W	hat is your job?			
. Are you	***************************************	1=emplo	oyed / 2=self-employed / 9=N	γ κ □
			en de la companya de Companya de la companya de la compa	
. What doe	s the organisation you work fo	r make or do?		
<u>, </u>				•
employed:				
. Do you m	anage or supervise other peop	ole?	1=yes / 2=no / 9=N	ık 🗍
		en e		<u></u>
If yes: Ho	w many (fill in actual number)			
self employ	ed:			
Do you ha	ve any employees?		1=yes / 2=no / 9=N	к
If ves: Ho	w many (fill in actual number)		_	
, 555. 1.10	Williamy (mi in abloat homber)			لــــــــــــــــــــــــــــــــــــــ
			(S	Sienes Willen
		CODING Socio-eco	onomic Group (SEG)	
			Social class (SC)	
				· 1.

Section II	Residential history: 1	Mother/Father	Parent ID	1=Mother 2=Father
eside <mark>ntial history 1</mark> m, sta rting with th e	the addresses section of the pre-interview 1, 2 & 3 about each place of residence in 1) year beforewas BORN. FOR BOTH MOTHER AND FATHER THE SAME	questionnaire and confirm dates Day Mch Yr	Fill in after interview Total number of reside about which details ta	ences
Moved_in	Moved out	Postcode	Re	sidence No
1. Was	living	with you at this addres	l=yes/ 2	eno/ 9=NK
2. What type o	of accommodation did you hav	e? Was it a? .		
6	circle 1=House or bungalo	w/ 2=Maisonette/ 3=Flat/ 4=0	Caravan/ 5=Boat/ 6=bedsit/ 7=0	ther
If other:	Specify		·	
3. On which flo	oor was the main living area?	0=basement/1=ground	3/ 2=1st floor/ 3=above first floor/ 4=o	ther
If other:	Specify			
		0≃basement/ 1=ground	9/ 2=1st floor/ 3=above first floor/ 4=o	ther [
If other:	Specify			
. Did you hav	e double glazing in the living a	ırea?	l=yes/ 2	=no/ 9=NK
If yes: wa	as it there when you moved in	?	l=yes: 3	=no/ 9=NK
If n	o: can you remember when it	was installed?	Mch & Yr	
. Did you have	e double glazing in any of the	bedrooms?	l= yes/ 2	=no/ 3=NK
If ves: wa	s it there when you moved in:	2	:=ves/ 2	=no/ 9=NK
-	·		Min & Yr	
	o: can you remember when it			
Did you have	e central heating in the living a	irea?	1=yes/ 2	:no/ 9=NK
If yes: wa	s it there when you moved in?	?	l=yes/ 2	=no/ 9=NK
If no	can you remember when it v	was installed?	Min & Yr	
Did you have	e central heating in any of the	bedrooms?	1=yes/ 2	=no/ 9=NK
<i>If yes:</i> wa	s it there when you moved in?	?	1=yes/ 2	=no/ 9=NK
-	can you remember when it v		Mch & Yr	
	-	was mistalled!		
	er supply to this house	1≟mains/ 2=spi	ring water/ 3=well water/ 7=other/ 9=	NK Z
If other:	Specify			

CONTINUE TO ASK RESIDENTIAL HISTORY: 2 FOR EACH ADDRESS IN WHICH THE CHILD HAS EVER LIVED

UK Child Health Study: Page	3 8		Identifying Number	Case No.	
Section II Reside	ntial history: 2	Mother/Father		Parent ID	1=Mother 2=Father
				Residence	No.
I1. How many rooms we	re there?		,		
2. How many adults live	d there?				
3. How many children liv	ved there?				
4. Did	always sleep on the	e same floor of the	house?	1=yes/	2=no/ 9=NK
If yes: which floor		0=basement/ 1	=ground/ 2=1st floor/	3=above first floor/ 4	other
If no: floor where mo:	st time was spent				
Did	share a bedroom w	ith anvone for mor	re than one mo	nth 1=yes/	2=no/ 9=NK
cluding yourself?					_
If yes:			e de la companya de La companya de la co		
with whom?					
with whom? (specify name and relationship				. •	
and when was this?	from (age of index) Yr 8	& Mth	to (age of	index) Yr & Mth	
	<or> from (date) Mth 8</or>	2 Vr		(date) Mth & Yr	
	1012 11011 (1111)			(January 111)	
with whom? (specify name and relationship)	· · · · · · · · · · · · · · · · · · ·				
and when was this?	from (age of index) Yr 8	& Mth	to (age of	index) Yr & Mth	saman saman sam
and when was uns:					
	<or> from (date) Mth 8</or>	& Yr	to	date) Mth & Yr	
with whom? (specify name and relationship)					
, ,	. —				
and when was this?	from (age of index) Yr 8	s Mth	to (age of	index) Yr & Mth	
	<or> from (date) Mth 8</or>	B. Yr	to (date) Mth & Yr	
with whom? (specify name and relationship)					
and when was this?	from (age of index) Yr &	L Mth	to (age of	index) Yr & Mth	
	<or> from (date) Min 8</or>	S Yr	to (date) Mth & Yr	
with whom?		<u> </u>			
(specify name and relationship)	·			· · · · · · · · · · · · · · · · · · ·	
and when was this?	from (age of index) Yr &	Mth	to (age of	index) Yr & Mth	
	<or> from (date) Mth 8</or>	Yr	to (date) Mth & Yr	

Section II	Residential history: 3	Mother/Father		Pai	rent ID	1=Mother 2=Father
	se ever chemically treated for wo ditions while you were living there		rot		sidence No	<u></u>
f No: go to Q23			Month	l=Y Year	(es 2=No Yea	9=NK
7. Please can y	ou tell me when it was treated?	date		orag	је 🔲	
• 			- •			
8. Can you rem	ember why the house was treated	i? 				
·						· ·
9. Did you treat	the house yourself?			1=Y	es 2=No	9=NK
No: ask Q20			Hagina da			
0. What was the	name of the firm who carried out	the treatment?		taken in		
		· .		· · · · · · · · · · · · · · · · · · ·		
1. Can you reme	ember the name of the product?					
<u></u>			•			
2. Did you evac	uate the house after treatment?			1=Y	es 2=No	9=NK
If Yes:						ГТ
For hov	v many days					
a past address ((ie NOT present/current address)		- -			
3. Do you kno	w anyone who now lives at this a	address?		1=Y	es 2=No	9=NK
Yes record deta	il including nature and relationshi	p (eg friend, relative	e etc)			L

				<u> </u>
Section III	Employment history	Mother/Father	Parent ID	1=Mother 2=Father
Please go thi	rough the employment se	ction of the pre-interview question	nnaire (Appendix I), cont	firm iohs ai
		cessary. Show card listing exposu		, , , , , , , , , , , , , , , , , ,
Then ask the	following about each job	in turn.		
			rijes i sama kalendarija. Ngjarjan	
would like to	ask vou some more deta	ils about each of your jobs.		
	-	• •		
iid your job a	as	ever involve you in handling or be	eing exposed to:	
how promp	t card and code answer	s on the pre-interview question	naire	
			No	one 0
Solver	nts, degreasers or cleanin	g agents such as benzene, tolue	ne or carbon tetrachloric	de? 1
		:		
	Paints	, lacquers, paint removers, turpe	ntine products or thinner	rs? 2
			The product of thinks	
			Dyes or pigment	ts? 3
			Dyoo or pigment	
		Petrol petro	oleum products or paraffi	in2 4
			Param	
		l ead or co	empounds containing lea	طې <u>چ</u>
		Lead of Co	mpounds containing lear	.d? 5
		Fertilizers necticides	s, fungicides or herbicide	
		r oranzers, pesticides	, langicides of Herbicide	es? 6
	Badioacti	ve materials, X-rays or any other	form of inciding and astro	-0 7
	7 14010401	To materials, X rays or any other	Torm or tonizing radiation	n? 7
			Mand down	
			Wood dust/Sawdus	st? 8
			Not know	wn 9
				_

Section III Employment history Mother/Father Detail Number of sheets

Section III Employment history Mother/Father Expos	ure record	Page:	Pare	ent ID 2	Mother Father
To be completed for any job where an exposure is reported. Complete record for each exposure.	Fill in afte Total N	r interview umber of		osures	
. Do you remember the names of the materials involved? (sp	pecify)			Job No.	
				Exp. No.	
2. Did you yourself work with (as above)			l=Yes	2=No	9=NK
3. Please can you describe in detail your contact with ?					
	•				
					
			<u> </u>		
Over what period was this? date from Over what period was this?	to	Mth	Ť		
Mth Yr		Mth	Y		
or age	to				
exposure is to ionizing radiation:					
yes: How? circle 1=film badge/ 2=blood tests/ 3	3≖film badge a	ind blood te		-	
•	3≖film badge a			-	
	3≖film badge a			Job No.	[
yes: How? circle 1=film badge/ 2=blood tests/ 3 If other: Specify	3≖film badge a			r/ 9=NK	[
yes: How? circle 1=film badge/ 2=blood tests/ 3 If other: Specify Do you remember the names of the materials involved? (sp	3≖film badge a		est/4=other	Job No.	
yes: How? circle 1=film badge/ 2=blood tests/ 3 If other: Specify Do you remember the names of the materials involved? (sp Did you yourself work with (as above)	3≖film badge a		est/4=other	Job No.	
yes: How? circle 1=film badge/ 2=blood tests/ 3 If other: Specify Do you remember the names of the materials involved? (sp Did you yourself work with (as above)	3≖film badge a		est/4=other	Job No.	
yes: How? circle 1=film badge/ 2=blood tests/ 3 If other: Specify Do you remember the names of the materials involved? (sp Did you yourself work with (as above)	3≖film badge a		est/4=other	Job No.	
yes: How? circle 1=film badge/ 2=blood tests/ 3 If other: Specify Do you remember the names of the materials involved? (sp Did you yourself work with (as above) Please can you describe in detail your contact with?	a=film badge a	and blood to	est/4=other	Job No.	
If other: Specify Do you remember the names of the materials involved? (sp Did you yourself work with (as above) Please can you describe in detail your contact with? Over what period was this? date from	a=film badge a	Mth	l=Yes	Job No.	
If other: Specify Do you remember the names of the materials involved? (sp Did you yourself work with (as above) Please can you describe in detail your contact with?	a=film badge a	Mth	1=Yes	Job No.	
### Circle 1=film badge/ 2=blood tests/ 3 ### If other: Specify Do you remember the names of the materials involved? (sp Did you yourself work with (as above) Please can you describe in detail your contact with? Over what period was this? date from	a=film badge a	Mth	l=Yes	Job No.	
### Do you remember the names of the materials involved? (sp. Did you yourself work with (as above) Please can you describe in detail your contact with? Over what period was this? date from Mth Yr Mth Mth Mth Mth Mth Yr Mth Mth	to	Mth	l=Yes	Job No. Exp.No. 2=No	

UK Child Health	h Study: Page 12		tde	antitying Number	egian Casa No.		T
Section IV	General health	Mother/Father	Iliness	Page 1	Parent	ID 1=Moth	# [
Do you su	ffer from, or have you	ever suffered from, a	ny of the follow	wing illnesses:			
			1=Ye	es			
			2=No 9=NI				
		1	. 3=81	`			
		Diabetes	1				
		Thyroid disease	2]			
		Thyroid discase		_			
				7			;
	F	Rheumatoid arthritis	3		444		
			<u> </u>	_j ·		4 - 2 - 4	
		Pernicious anaemia	, [ן		• •	
		remicious anaemia	4				
			and an experience	•			
		Asthma	5		A second		
				.			
. The second second			_	1			
		Multiple sclerosis	6				
		Epilepsy	7	1			,
			` L	J		1=Yes 2=No	
			. ·	1		9=NK	
		Glandular fever	8	If Yes:			
			:	, Did you hav	e a blood test?		
				ff Yes:		-	
				Was the gla	ndular fe ver		
				confirmed?			
	Leuka	emia or lymphoma	9	, .			
	$= \frac{1}{2} \left(\frac{e^{-2\pi i \pi i \pi}}{e^{-2\pi i \pi}} \right) = e^{-2\pi i \pi} \left(\frac{e^{-2\pi i \pi}}{e^{-2\pi i \pi}} \right) = e^{-2\pi i \pi}$. <u> </u>				
	Other	cancer or tumour	10				
			لسا ۱				
		ve you ever had a		1			
		blood transfusion?	11				
			· · · · · · · · · · · · · · · · · · ·			and the second	
•							
If yes to any o	of these please complete	a record for each con	dition and enter	r the total numb	er of illnesses b elo)W	
			Total auch				
	and the second second		i otal numbe	r of illness rec	oras tollowing		<u> </u>
					e e e		
V							
				<u>4</u> 			
	$\frac{1}{2} \left(\frac{d^2}{dt^2} + \frac{1}{2} \frac{dt^2}{dt^2} + \frac{1}{2} \frac{dt^2}{dt^2} + \frac{1}{2} \frac{dt^2}{dt^2} \right) = 0$				T		
				X			

ection IV	General health	Mother/Father	Illness	Page		Pa	rent ID	1=Mother 2=Father
Please o	omplete for each illness	listed on previous pa	ge.				<u> </u>	
						illness	no.	
1. Condi	tion?							

2. What	treatment did you have	?						
							month	year
3. Can y	ou remember the date	this condition began?	•		date			
0	r: •		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				year	month
	How old were you wher	this condition began	$\tau = \tau$		age			
* * * * * * * * * * * * * * * * * * * *						, to 144		
	you treated:	1=as a hospital inp					r/9=NK	L
· · · · · · · · · · · · · · · · · · ·	other: Specify	` ` <u> </u>	<u> </u>					
5. Which	hospital did you attend	when the treatment b	egan (if appr	opriate)?				
Name:			·		·.		· · · · · · · · · · · · · · · · · · ·	
Address.								
			<u> </u>	·			W. W	
Who was	the consultant (if appro	priate)?		Hos	spital c	ode 🎆		
Please co	mplete for each illness	listed on previous par	16					
7 72250 00	inplete for each initial	noted on provided pag				liness	no.	THE
1. Condit	:0	The second of the second	eg er er er er er					
	lon :							
	ion?				.			
2. What t	reatment did you have	}					<u>XIIIIIIIX</u> III	
2. What t		?					толсі	ı year
					dase		толей	g year
	reatment did you have? ou remember the date t				date		month	
3. Can yo	reatment did you have? ou remember the date t	his condition began?			da:e açe			
3. Can yo	reatment did you have? ou remember the date t	his condition began?						
3. Can yo	reatment did you have? ou remember the date t	his condition began?	atient/ 2=as an	outpatient/ 3=b	a çe	P/ 4=othe	year	
3. Can yo	reatment did you have? ou remember the date to How old were you when you treated:	his condition began?		-	a çe	P/ 4=othe	year	
3. Can yo	reatment did you have? ou remember the date to How old were you when you treated:	his condition began? this condition began 1=as a hospital inp		•	a çe	P/ 4=othe	year	
3. Can your on the state of the	reatment did you have? ou remember the date to dow old were you when you treated: other: Specify hospital did you attend	his condition began? this condition began 1=as a hospital inp		•	a çe	P/ 4=othe	year	
3. Can yo	reatment did you have? ou remember the date to the control of the	his condition began? this condition began 1=as a hospital inp	egan <i>(if appr</i>	•	a çe	P/ 4=othe	year	

Section V	X-ray his	story	Mother/Father	Page 1		Parent ID		ather	
			ut illnesses you may			re specifically	abou	rt	
		-	you may have had at you became pregnar	•	ie	,			
			was born	K MIGI			-	1=	:Ye
Have you had	any of the f	ollowing	.?					2≃! 9≃!	
	7		Fluoroscop	e - <i>eg</i> , pictures take	n of vou r lungs while	e vou are breati	nina		_
	•	-		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		allowing or mov		1	L
				IVP or intravenous	pyelogram - ie, x-ra	vs of vour kidn	evs	2	\lceil
				• •		•	-		Ē
		Bar	ium meal - ie, x-rays of	your stomach taken	after swallowing a g	lass of chalky li	quid	3	L
		*		Cholecystogran	n - ie, x-rays of your				_
					after swallowing a	glass of thick liq	iuid	4	L
			Barium	enema - ie, x-rays t	aken after a tube ha	s been passed	up		_
	•	. ,		•	your back passage	and fluid poured	ni b	5	L
				venogram - <i>ie</i> , x-ray	s of a vein after dye	has been injec	ted	6	L
	and the second s	V N		A homohanging	ram - <i>ie</i> , x-rays take	n of different no	erte.		
	•				f the body after dye			7	
			An angiogra	m or arteriogram - <i>ie</i>	Y-mus of your box	t or blood woo	alc		
				taken after a tube ha				8	
		•	Radinactive of	isotope injections w	ith nichtene or v.e	takan aftanını			Γ
			nauoacive o	soupe I jectors w	in pictures or x-ray:	taken allerwai	US ;	9	
				R	adiotherapy - ie, trea	atment with x-ra	rys 10	o	L
			A CAT sca	n - ie, x-rays of your				1	
	•			who	ere the equipment r	otates around y	ou 1:	1	L
			An NMR or MRI (I	magnetic resonance				1	_
		•			insi	ie a large magr	net 12	2	_
1		. (Mothers only) Salping					1	_
				failop	ian tubes after dye	has been inject	ed 13	3	L
en e			(Mothers only) A mar	n mogram - i e, an x-	ray of your brea	ast 14	4	
			(Mothe	rs <i>only)</i> Pelvimetry i	n relation to previ	ous pregnanci	es 16	5	Γ
•		. '		y,ury 1	remueit to provi			ſ	\vdash
			*.		V	Chest x-ra	ys 16	3	_
	e de la companya de l			×	rays to show poss	ble broken bon	es 17	, [Γ
					, 0.1011 p000			ſ	_
						Skull x-ra	ys 18	3 į	
		· ·		Any other x-	rays or x-ray investi			_ [$\overline{}$
					(Exclud	ling dental x-ray	/s) 19	}	<u>_</u>
			mplete an x-ray recor	d for each examina	ation/investigation				
Do not co	mpiete furt	ner reco	rds for 16 to 18.	Total num	ber of x-ray recor	de followine			
					21 21 21 12y 10001	·-···y	<u> </u>		

UK Child Hea	ith Study: Page 15		•	: 	Region	Case No.	
Section V	X-ray history	Mother/Father	Detail	Identifying Nu Page		Parent ID	1=Mother
							2—Father
1. Type of X-	ray or investigation _					·	X-ray No.
2. How many	times have you had	this investigation?					
3. When was	this?		đate	month	year	or age	month
4 Mhat nad a	of your body was X-ra	ved?					
4. What part o	or your body was A-ra	yeu:		<u> </u>			
5. Which hos	pital did you attend?				hospital co	ode	
1. Type of X-ı	ray or investigation _		*.				X-ray No.
How many	times have you had t	his investigation?					
3. When was	this?		date	month	year	year or age	month
I. What part of	f your body was X-ray	yed?		14	<u></u>	te.	
5. Which hosp	oital did you attend?			·	ospital co	de	
						,	X-ray No.
. Type of X-ra	ay or investigation _	· · · · · · · · · · · · · · · · · · ·	· 				_
:. :How many	times have you had the	his investigation?	* .			en en en	
. When was t	this?		dace	month	year	or age	month
. What part of	your body was X-ray	/ed?		<u> </u>			
	ital did you attend?	· · · · · · · · · · · · · · · · · · ·		h	ospital co	de	
		, *		· .			X-ray No.
. Type of X-ra	ay or investigation	<u>-</u>					
. How many t	times have you had th	nis investigation?		· · · · ·			
. When was t	this?			month	year	year	month
			date			or age	
. What part of	your body was X-ray	red?		·			
. Which hosp	ital did you attend?		·	h	ospital co	de	

Cigarettes Cigars Pipe yrs yrs yrs	UK Child Health Study: Page 16	Identifying Number	<u>L</u>	<u> </u>				
1. Have you ever regularly smoked at least one	Section VI Social habits Mother/Father		F	arer	nt ID			
1. Have you ever regularly smoked at least onea day for at least a year? Cigarettes= manufactured or hand rolled cigarettes cigarettes appe	I now have some questions about smoking.						2=No	
Cigarettes manufactured or hand rolled appe	Have you ever regularly smoked at least onea day	y for at least a yea	ar?	Ē		igaret	_	
If yes ask questions below; if no - go to next section Cigarettes Cigars Pipe yrs yrs yrs yrs yrs 2. Do you still smoke? layes / 2=no / 9=NK 2. Do you still smoke? layes / 2=no / 9=NK 3. If yes: 3. On average how many did you smoke per day one year before	Cigarettes= manufactured or hand rolled					ciga	ars	
Cigarettes						api	pe	
1. How old were you when you started smoking? 2. Do you still smoke? 2. Do you still smoke? 2. If yes: 3. On average how many did you smoke per day one year before	If yes ask questions below; if no - go to next section				· .			
1. How old were you when you started smoking? 2. Do you still smoke? 2. If yes: (i) On average how many did you smoke per day one year before		_	es	v	-	ars		pe
2a. If yes: i) On average how many did you smoke per day one year beforewas born? ii) How many one year afterwas born? iii) How many one year ago? 2b. If no: When did you stop smoking? ii) Was that beforewas born? If yes: 2ba.i) On average how many did you smoke per day one year beforewas born? If no: 2bb.i) On average how many did you smoke per day one year beforewas born?	How old were you when you started smoking?]	Ĺ				
2a. If yes: i) On average how many did you smoke per day one year beforewas born? ii) How many one year afterwas born? iii) How many one year ago? 2b. If no: When did you stop smoking? ii) Was that beforewas born? If yes: 2ba.i) On average how many did you smoke per day one year beforewas born? If no: 2bb.i) On average how many did you smoke per day one year beforewas born?								
ii) On average how many did you smoke per day one year beforewas born? iii) How many one year afterwas born? iii) How many one year ago? 2b. If no: When did you stop smoking? If yes: 2ba.i) On average how many did you smoke per day one year beforewas born? If no: 2bb.i) On average how many did you smoke per day one year beforewas born? If no: 2bb.i) On average how many did you smoke per day one year beforewas born?	2. Do you still smoke?	es/ 2=no/ 9=NK						
one year before	2a. <i>If yes:</i>	no.		<u> </u>	٥.		oz/wi	C
ii) How many one year after							07/2	
How many one year ago?	ii) How many one year afterwas born?			. [[
When did you stop smoking? I = yes / 2 = no / 9 = NK	iii) How many one year ago?	no.]	n	0.		oz/wi	
When did you stop smoking? If yes: 2ba.i) On average how many did you smoke per day one year before	2b. <i>If no:</i>	yrs	· .	<u> </u>	rs		yrs	
If yes: 2ba.i) On average how many did you smoke per day one year before	When did you stop smoking?	age]	L.				
2ba.i) On average how many did you smoke per day one year beforewas born? If no: 2bb.i) On average how many did you smoke per day one year beforewas born?	i) Was that beforewa s born?	s/ 2=no/ 9=NK						
one year beforewas born? If no: 2bb.i) On average how many did you smoke per day one year beforewas born?	If yes:	no.		n).).		oz/w)	ι
2bb.i) On average how many did you smoke per day one year beforewas born?								
one year before was born?	If no:	no.	·,	n	o	_	oz/w)	<u>. </u>
	ii) How many one year afterwas born?	no.]	n			oz/w)	

Section X	Family ille	ness F	Page 1		Identifying Num	:	Parent ID	1=Mother 2=Father
OTHER O	NLY Wea	re intereste	ed in certain ill	nesses that	tric history Pa		s brothers an	d sisters n
					bers of this ho			г
f no: go to					Ders of this fic	, a 3 c i l o l a :		L
<i>f yes:</i> How	many	11 -	I have their i <sib> ever b</sib>		ed with?			
Na	ame							
	regnancy umber:/(F1)							
		1=yes 2=no 9=NK	1=yes 2=no 9=NK	1=yes 2=no 9=NK	1=yes 2=no 9=NK	1=yes 2=no 9=NK	1=yes 2=no 9=NK	1=yes 2=no 9=NK
Diabete	es							
2 Thyroid	problems							
3 Rheum	atoid							
Arthritis	1							
4 Pernicio anaemi	1							
5 Multiple	Sclerosis							
6 Epileps	y .							
7 Glandul	ar fever							
			· .					
8 Leukaer Lympho								
9 Other ca	í							
10 Asthma								
		<u>-</u>	:				·.	
					era da esta de la companya del companya del companya de la company			
							orde following	

						it ID 1=Moth	er 「
Section X	Family illness	page 2			Paren	TID 2=Fath	er _
<i>Please comple</i> May I have mo	ete for each illness re ore details of these ill	<i>corded above.</i> nesses (only reco	ord details not a	Iready obtain	ed).		
Full name					Preg. No./	id	$oldsymbol{\perp}$
Condition					illness no.		
Date of birth		Date of					
		Place of	f death		Yr	rs Mi	ths
	when it was	-			. At		
Address when	diagnosed		· · · · · · · · · · · · · · · · · · ·				
Please recor	treated as a hos d as appropriate)					l=inpatient 2=outpatient 3=GP 4=other 9=NX	: <u> </u>
							
Consu	litant		Hospital _		·	·	
		:		Hospital	code		
ull name	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· :	· · · · · · · · · · · · · · · · · · ·	Preg. No./	id	
Condition		and the second second	ta et a	· · ·	illness no.		
e of birth.		Date of	death			-	
		Place of	death				
low old was	when it was	first diagnosed?			i Yr:	s Mt	hs
	diagnosed	-					<u> </u>
	treated as a hosp	oital inpatient, an	outpatient or by	/ the GP?		leinpatient 2=outpatient 3=GP	<u> </u>
•	as appropriate)	. * . *	Address			4=other 9=NK	_
		2.2					
			-				

Hospital code

Section XI	Employment in s	pecific industries	Mother/F	ather	P	arent ID 12	-Kather
		ne jobs that you have ha		SHOW (CHECK LIS	ST Yes No-2 NK+5	2
=				ř.			
		If yes: When?	Mth	Yr	to [Mth Yr	
2. What v	was your job?					l=ye	
3. Were	you monitored for radi	ation exposure?	· — — — ·			2=no 9=NK	
		film badge?				1=ye:	5 <u> </u>
		ed out on you?					
If ye	es: specify						
. Name			<u></u>	· .			
		If yes: When?	Mth	Yr	to	Mth Yr	
2. What w	vas your job?						
3. Were y	ou monitored for radia	ation exposure?				1-yes 2=no 9=NK	1 1
4. 11	f <i>yes:</i> Did you wear a	film badge?				1=ye: 2=no 9=NK	
5. Were a	ny other checks carrie	ed out on you?				1=ye: 2=no 9=NK	
. If ye	s: specify				***		
	·						
. Name							
	en e	If yes: When?	Mth	इस] to [Mth Yr	
2. What w	vas your job?						
3. Were y	ou monitored for radia	ation exposure?				1=yes 2=no 9=NK	
	' yes: Did you wear a	film badge?				1=ye: 2=no 9=NK 1=ye:	
		ed out on you?				2-50	1 1

SECULICIT FOR REPUBLICAN		·1	Parent ID 1=Mother	一
REQUEST FOR PERMISSION			-arentid _{2=Father}	
give permission for my medical and related records to be exam	nined for confidential use in t	he	YES	
JK Child Health study.			(initia	us)
			NO	
give permission for my children's medical and related rec	ords to be examined for		YES	
onfidential use in the UK Child Health study.			NO (initia	is)
	entronomico de la composición de la co Anticipación de la composición de la c			
	he contested and sales differ		VEC	
give permission for my present and previous employers to formation about my work and my working environment.	o be contacted and asked for		YES(initial	ls)
			NO	,
		5	YES	
give permission for my hairdressing records to be examin	ed		(initial	 s)
en e			NO	
agree to give a blood sample for research purposes.			NO (initial	s)
agree for my children named below to give a blood sampl	e for research purposes.		YES	,
ame N	ame	·	NO (initial	s)
	ame			
ame N	attle			
LEASE READ CAREFULLY AND TICK AND INITIA	L THE APPROPRIATE B	OXES		
gnature		_ Date		
ıll name			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
OCK CAPITALS)		- 1. (B)		
ddress				
		<u> </u>	es.	
			*	1.0

							1	1 1	1 1	
Section	n XII F	ırther infor	mation	Mother	/Father			Parent I	D	1=Mother 2=Father
		<u></u>								
: Case P	Parents Or	niy		egis (S e nse)		Month	Year		Yea	r Mon
		ou first notice e he/she wa			date			or age		
								1=GP 2=Hospital 9=Other		
2. Fi	rom whom	did you first	seek medi	cal advice	?			SPECIFY		
	. 19					Month 3	/ear		Mont	h Yea
3. W	Vhen was t	his?			date			or age		
4. W	Vhat was th	e diagnosis	made at th	is visit?						
) -				diagno	sis 1					1.3
	* *				2			*** ***		
										0.000
		else you wou this interviev		II me abou	3	······	you hav			
				II me abou	-	······				
				II me abou	-	······				
any com		this interviev		II me abou	-	······				
eny com	nments on	this interviev	N.		-	······				
eny com	nments on	this interviev	N.		-	······				
Control	nments on	Only Cases only	n this interv	iew.	It	······				
Control Oo you I	Parents C	Only Cases only	n this interv	iew.	it	······				1=yes
Control Oo you I	Parents (have any continuous)	Only Cases only	n this interv	iew.	Home telephone	······				1=yes 2=no 9=NK
control o you i	Parents On 1 Parents O have any O	Only Cases only	n this interv	iew. 1=yes 2=no 9=NK	Home telephone number	or do	you hav	e	eries?	2=no 9=NK
Control Oo you I	Parents On 1 Parents O have any O	Only comments or Cases only Installed aft	n this interv	iew. 1=yes 2=no 9=NK	Home telephone number	or do	you hav	e	eries?	2=no 9=NK 1=yes 2=no
control o you I	Parents on Parents on 1 Parents on 1 = yes	Only comments or Cases only Installed aft	n this interv er diagnosis	iew. 1=yes 2=no 9=NK we need fu	Home telephone number	ormation or	you hav	e ve any que		2=no 9=NK 1=yes
control control control control and you if and yo	Parents on Parents on 1 Pare	Only comments or Cases only Installed aft	n this interver diagnosis	iew. 1=yes 2=no 9=NK we need fu	Home telephone number	ormation or	you hav	e ve any que		2=no 9=NK 1=yes 2=no 9=NK
control Oo you I	Parents on Parents on 1 Pare	Only Cases only Installed aft	n this interver diagnosis	iew. 1=yes 2=no 9=NK we need fu	Home telephone number	ormation or	you hav	e ve any que		2=no 9=NK 1=yes 2=no

Avas this interview taped? Avastatis interview taped? Avastatis interview taped? Avastatis interviewer Avastatis interviewer Avastatis information Avastatis info	torview De	taile 1	/other/Fa	ther										1=Mother
As this interview taped? ame of interviewer ame of interviewer larged on No. Region No. Region No. Region No. Region No. Region No. I syes 2=no 9=NX Region No. Region Region No. Region Reg	iterview De	idiis i	/iothei/ra	u iei				W						
Residential history If yes: specify relationship to index Mode of interview Job history If yes: specify relationship to index Mode of interview General health If yes: specify relationship to index Mode of interview X-ray record If yes: specify relationship to index Mode of interview Social habits If yes: specify relationship to index Mode of interview Social habits If yes: specify relationship to index Mode of interview Family illness If yes: specify relationship to index Mode of interview Family illness If yes: specify relationship to index Mode of interview Ce of interview	as this inten	riew tapec	1?							. :	Regio	on No	2=no 9=NK	.]
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Mode of interview Family illness If yes: specify relationship to index Mode of interview i=nome 2=hospital 3=other	Soc	ial habits												
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Mode of interview i=home 2=hospital 3=other	Fan	nily illness											·	
i=home 2=hospital 3=other	If ye	es: specify	/ relationsl	hip to i nde x	r	 .			· .	٠.	· · ·			
ace of interview	Mod	le of inten	view			<u></u>							<u>-</u>	
	ce of intervie	e w										2	=hospita	1
	If of	her: spec	ify]≈othe	