	Region	Case P	No.		
Identifying Number					

1=Mother 2=Father

## Parent's Questionnaire

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## **Appendices**

Residential and occupational pre-interview questionnaire

1.16	Child	Health	Study
Un	CHIRC	THAILL	C:UCY

Instructions	for Our	

		 	_	
Identifying Number		İ		

## EPIDEMIOLOGICAL SURVEY Consent Form

Parents Name	<u> </u>	·	<u> </u>	· · · · · · · · · · · · · · · · · · ·		·
Address	· ,	, · ·				
				<u>- 1                                   </u>	·	
<del></del>						
I consent to be intervie aspects of my family	•	ild's and my	residential,	occupational and	medical and	similar
In accordance with th	e Data Protection	n Act (Sectio	n 29) 1984,	I understand tha	at	
(i) the data cus	todian for the ab	ove study is	responsible	for the data coll	ected herein	
(ii) the data are	not communicat	ed to third pa	arties			
		*				
Signature				· · · · · · · · · · · · · · · · · · ·	Date	
Interviewer's signatur	re				Date	
I agree to this intervie	w being tape rec	orded				
Parents signature					Date	and the second

			, , ,	1
Personal Details				
Thank you for agreeing to help us with this study. Most of you are about your life, work and health, and about			Hr	Min
700 are about your me, work and neath, and about	•	Time started		
Can I stress again that all your answers will be treated will not be passed to anyone outside the study.		24 hr clock) dence and	the infor	mation
ndex child		: :	Sheet no.	
irst name Last name		<b>.</b> ***	otal sheets	
Address			otal sheets	
t interview	Date of Diagnosis or 'Pseudodiagnosis'			
		.=	Sex male letema	ie
cstcode				
CSICOUE				
ate of Birth				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
HS No.				
Mother (or Surrogate) itle First name  ast name	Il previous names		Parent ID	
	ame when			
urrent odress	ane wien	was be	, ,	
	<u> </u>			
ostcode				
HS No.				
ather (or Surrogate)				
			Parent ID	
itle First name				
ast name				1 .
urrent ddress		e di s		
<u>, , , , , , , , , , , , , , , , , , , </u>				
				4.
ostcode				

UK Child I	Health Study	y: Page 3				1 1, 1 :	identi	ifying Numi	per Region	c	sse No.		T-
GP Deta	ils						· · · · · · · · · · · · · · · · · · ·			P	arent II	1=Mother 2=Father	
May I have	(or confirm)	the name	and addre	ess of the	GP you	are curre	ently regis	tered with	1.	i kaji.			
Name Address			44	-									
·				· , <u></u>	<del></del>					<del></del>			
. <del></del>							<u> </u>			·			
s		regi:	stered with	h the sam	e GP?							l∍yes 2=no	
<i>f No</i> :													
ddress _		<u>_</u>		· · · · · · · · · · · · · · · · · · ·					<del></del>				
<del>-</del>											· .		
would also	like to checl	k which Gf	•			- 4	was regi	istered w	th 6 mor	nths ago.			
lame	· 			·	. i.			· <del></del>					
ddress				· .	i.	ite i ee		<del></del> -			· 1. ·		
· · · · · · · · · · · · · · · · · · ·				_									.1.

UK Child Health	Study: Page 4				toentifying Nu	mber Region	Case No.	
Section I	General ba	ackground	Mothe	r/Father		P	arent ID	1=Moth 2=Fath
	can make this i ou are the natur					e right inform	ation,	1=yes 2=no 9=NK
•							Mch	Yr
) If no: then	ask When	n did	first	live with y	ou?	date		T
					•	or	Yrs	Mths
	erikan Paramanan					age of child		
sss/s_s	:	-1	is limiteral es		. bo selved			-Ai
mother/tath	er is not the bio	ogicai paren	t iimitea qu	estions to	o de asked.	: see separa	ite instruc	tions
•			4. 41.					
a) Has	<b>ev</b> er l	ived away fro	m you for l	onger tha	n six mont	hs? 1=y	es/ 2=no/	9=NK
f yes:								
					en de la companya de La companya de la companya de			Birothin
) Why was	this							
				date			age	
lease could y	ou tell me whe	n this was:	from			or		TT
			*.	Man	Yr	<b>.</b>	Yr	Mch
				date			age	_
		A. A	to			or		
				Mih	Yr	<b>-</b>	Yr	Mth .
								120 00 00 00 00 00 00 00 00 00 00 00 00 0
hy was this								
		2		date			age	
lease could y	ou tell me whe	n this was:	from			. or		
				Mth	Yr	ا <b>ـ</b> ن	Y.	Mth
				date		_	age	
			to			or		
				Mth	YF	٦	Yr	Mth
					- <del>-</del>			

	General background	Mother/Father	Parent ID	1≕Mother 2≖Father
May I ask you	u some general questions abo	ut yourself?	Day Mth	Yr
3. What is yo	our date of birth?	egenda er element filozofik. Berlinder		
			4 · · · · · · · · · · · · · · · · · · ·	annais.
I. Would you	u currently describe yourself as	No.	ed/ 2=cohabiting/ 3=wido	<b>*</b> 0000000 <b>*</b>
. How woul	d you describe yourself			
eircl	1=White/ 2=Black-Caribbean/ 3 7=Bangladeshi/ 8=Chinese/ 9=a	=Black-African/ 4=Black-'Other'/ 5=iny 'other' ethnic group	Indian/ 6=Pakistani/	
f other :				<del></del>
How would ye	ou describe yourself?	<u></u>		
				yrs
6. How old w	vere you when you left school '			
7. Da ven ba	we are advectional evalification	no cuph oo:		l=yes 2=no
. Do you na	ave any educational qualification	ilis sucii as.		9=NK
	CSEs.	/ 'O' levels / 'O' Grades / GCSI	Es / or their equivalen	ts?
		Highers / 'A' lev	els or their equiv <b>ale</b> n	ts?
		Any higher or pro	ofessional qualification	ns?
			,	السبا ا
es:				
es:	se qualifications?			
es:	se qualifications?			
	in the second se	1-rounor/ 2	tenant/ 3-other/ 9-NK	
3. Do you ov	vn or rent your current home?		=tenant/ 3=other/ 9=NK	
3. Do you ov	vn or rent your current home?	1=owner/ 2:		
3. Do you ow	vn or rent your current home?			
3. Do you ov	vn or rent your current home?  Specify			
3. Do you ov  If other:  If tenant:	vn or rent your current home?  Specify			:NK
B. Do you ov  If other:  If tenant:	vn or rent your current home?  Specify			-NK
B. Do you ov  If other:  If tenant:  Who do y	vn or rent your current home?  Specify			:NK
B. Do you ov  If other:  If tenant:  Who do y	vn or rent your current home?  Specify  : you rent it from?			

Section 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
If no: go	to Page 7				q.
If yes: W	/hat is your job?				
	· .				<del></del> -
0 Are vou			l=employed / 2=	self-employed / 9=	NK 🗍
o. Alo you	19		-ciripioyed / Zz	sen-endibyed / s=	··· Ш
1. What doe	es the organisation you work f	or make or do?			
omployed:		:			
employed:					
2. Do you m	anage or supervise other peo	ople?		1=yes / 2=no / 9=	NK
<i>If yes:</i> Ho	ow many (fill in actual number)				
self employ	∕ed:	e ta la estada e la companya de la c			
·	ave any employees?			1=yes / 2=no / 9=	NK
<b>,</b>				1-y007 E=1107 0=1	
If yes: Ho	ow many (fill in actual number)				
· · · · · · · · · · · · · · · · · · ·					
/ <del></del>					
		CODING S	ocio-economic	Group (SEG)	
				<b>.</b>	<u></u>
		. <b>.</b>	Sc	cial class (SC)	
			Section (Fig. )		

Section II	Residential	history: 1	Mother/Father		Paren	t ID	1=Mother 2=Father
Residential history turn, starting with the	1, 2 & 3 about each plac e year before FOR BOTH MOTHER A	ce of residence in was BORN.	questionnaire and confirm Day Mth	Fill in To	where necessar after interview tal number o out which de	v of reside	nces
Moved in	rz Mc	ed out	Postcode				sidence No
1. Was		living	g with you at this a	ddress	1:	=yes/ 2	=no/ 9=NK
2. What type		·	/e? Was it a? ow/ 2=Maisonette/ 3=Fl		Boat/ 6=beds	:it/ 7=O1	ther [
If other:	Specify			···-			· .
	oor was the mai	<u>-</u>		=ground/ 2=1stfloor/	3=above first f	loor/ 4=0	ther
If other:	Specify		·				[
I. On which fl	oor was your be	droom?	0=basement/ 1:	ground/ 2=1st floor/	3=above first fi	loor/ 4=0	ther
If other:	Specify	<u> </u>				·	<u></u>
5. Did you hav	ve double glazing	g in the living	area?		1=	=yes/ 3:	=no/ 9=NK
-		_		and the second second			Ĺ
If ves: w	as it there when	you moved in	17		1:	=yes/ 2	=no/ 9=NK
	as it there when		· · · · · · · · · · · · · · · · · · ·				=no/ 9=NK
ff r	<i>no:</i> can you reme	ember when it	was installed?		Mth & Yr		=no/ 9=NK
ff r		ember when it	was installed?		Mth & Yr		=no/ 9=NK ==no/ 9=N ==no/ 9=
If r.	no: can you reme	ember when it	was installed? bedrooms?		Mth & Yr	yes/ 2:	
If r.  Did you hav  If yes: w	no: can you reme	ember when it g in any of the you moved in	was installed? bedrooms?		Mth & Yr	=yes/ 2=	=no/ 9=NK
If no section of the	no: can you reme we double glazing as it there when	ember when it g in any of the you moved in ember when it	was installed? bedrooms?  was installed?		Mth & Yr	=yes/ 2=	=no/ 9=NK
If r.  Did you have  If yes: w  If n  Jin n  Did you have	no: can you reme we double glazing as it there when no: can you reme we central heating	ember when it g in any of the you moved in ember when it g in the living	was installed? bedrooms?  was installed? area?		Mth & Yr la la Mth & Yr	=yes/ 2= =yes/ 2	=no/ 9=NK =no/ 9=NK =no/ 9=NK
If room in the second s	ve double glazing as it there when to can you remede central heating as it there when	ember when it g in any of the you moved in ember when it g in the living you moved in	was installed? bedrooms?  was installed? area?		Mth & Yr  1=  Mth & Yr  1=  1=	=yes/ 2= =yes/ 2= =yes/ 2=	=no/ 9=NK =
If res. w.  If yes: w.  If yes: w.  If yes: w.  If yes: w.  If res.	ve double glazing as it there when to: can you remeded to central heating as it there when to: can you remeded.	ember when it g in any of the you moved in ember when it g in the living you moved in ember when it	was installed? bedrooms?  was installed? area?  was installed?		Mth & Yr  la  Mth & Yr  la  Mth & Yr  la  Mth & Yr	=yes/ 2= =yes/ 2= =yes/ 2=	=no/ 9=NK
If rooms.  Did you have a second of rooms.  If yes: we see the second of rooms.	ve double glazing as it there when to can you remede central heating as it there when	ember when it g in any of the you moved in ember when it g in the living you moved in ember when it	was installed? bedrooms?  was installed? area?  was installed?		Mth & Yr  la  Mth & Yr  la  Mth & Yr  la  Mth & Yr	=yes/ 2= =yes/ 2= =yes/ 2=	=no/ 9=NK =no/ 9=NK =no/ 9=NK
If rooms.  Did you have from the second of t	ve double glazing as it there when to: can you remeded to central heating as it there when to: can you remeded.	ember when it g in any of the you moved in ember when it g in the living you moved in ember when it g in any of the	was installed? bedrooms? was installed? area? was installed? bedrooms?		Mth & Yr  1:  Mth & Yr  1:  Mth & Yr  1:  1:	=yes/ 2= =yes/ 2= =yes/ 2= =yes/ 2=	=no/ 9=NK
If rooms.  Did you have find yes: when the find you have find you have find you have find yes: when the first yes: yes: when the first yes: yes: yes: yes: yes: yes: yes: yes:	ve double glazing as it there when the central heating as it there when as it there when the can you remedes can you remedes can you remedes central heating	ember when it g in any of the you moved in ember when it g in the living you moved in ember when it g in any of the you moved in	was installed? bedrooms? was installed? area? was installed? was installed? e bedrooms?		Mth & Yr  1:  Mth & Yr  1:  Mth & Yr  1:  1:	=yes/ 2= =yes/ 2= =yes/ 2= =yes/ 2=	=no/ 9=NK
If rooms.  Did you have from the second of t	ve double glazing as it there when the central heating as it there when as it there when the can you remeded to you remeded to can you remeded to can you remeded to you you remeded to you you remeded to you you you you you you you you you yo	ember when it g in any of the you moved in ember when it g in the living you moved in ember when it g in any of the you moved in ember when it	was installed? bedrooms? was installed? area? was installed? e bedrooms? ? was installed?	s/ 2=spring water/ 3:	Mth & Yr  la  Mth & Yr  la  Mth & Yr  la  Mth & Yr  la  Mth & Yr	=yes/ 2= =yes/ 2= =yes/ 2= =yes/ 2= =yes/ 2=	=no/ 9=NK

UK Child Health S	tudy: Page 8		Identifying Number	case No.	· ·
Section II	Residential history: 2	Mother/Fathe	r	Parent ID	1=Mother 2=Father
				Residenc	e No.
1. How many r	ooms were there?				-
2. How many a	dults lived there?				
3. How many c	hildren lived there?				
4. Did	always sleep on	the same floor of t	he house?	l=yes/	2=no/ 9=NK
If yes: which	n floor	0=basement/	1=ground/ 2=1st floor/ 3=	above first floor/ 4	l=oth <b>er</b>
	here most time was spen				
	share a bedroom		ore than one month	. l=yes/	2=no/ 9=NK
notuding yourself		with anyone for in	ore than one mont		<u>L</u>
If yes:					:
with whom? (specify name and	relationship)				
and when wa	as this? from (age of index)	Yr & Mth	to (age of inc	dex ) Yr & Mth	
	<or> from (date) I</or>	With & Yr	to (da	te) Mth & Yr	
with whom?					
(specify name and			T I		
and when wa	as this? from (age of index)	Yr & Mtn	to (age of inc	lex) Yr & Mth	
	<or> from (date) N</or>	Ath & Yr	<i>to</i> (da	e) Mth & Yr	
with whom? (specify name and	relationship)				
and when wa	as this? from (age of index)	Yr & Mth	to (age of inc	lex) Yr & Mth	
	<or>     from (date) N</or>	Ath & Yr	to (dat	e) Mth & Yr	
with whom?	ing diagram of the second of t			.· ·	
(specify name and	relationship)				
and when wa	as this? from (age of index)	Yr & Mth	to (age of ind	lex) Yr & Mth	
	<or> <pre>from (date) h</pre></or>	Ath & Yr	to (dat	e) Mth & Yr	
with whom? (specify name and	relationship)				
and when wa		Yr & Mth	to (age of ind	lex) Yr & Mth	
anu when wa	is unis?				

Section II	Residential history: 3	Mother/Father	·	Parent ID	1=Mother 2=Father
	ouse ever chemically treated for wonditions while you were living there		ot Alexander	Residence N	o
No: go to Q2	<b>23</b>		Month Year	1≃ <b>Yes</b> 2=N Ye	o 9=NK
7. Please can	you tell me when it was treated?	date		or age	
8. Can you rer	member why the house was treate	d?			
Did you trea	at the house yourself?			1=Yes 2=No	o 9=NK
No: ask Q20					
). What was th	ne name of the firm who carried ou	t the treatment?			
	P. C. C.	<u> </u>	· · · · · · · · · · · · · · · · · · ·	· 	
· .					
1. Can you ren	nember the name of the product?				
			·		
2. Did you eva	acuate the house after treatment?			l=Yes 2=No	9=NK
				* - * * * * * * * * * * * * * * * * * *	
If Yes	<b>5:</b>				
For he	ow many days				
a past addres	s (ie NOT present/current address	s)	<u> </u>		
3. Do you kr	now anyone who now lives at this	address?		l=Yes 2=No	9=NK
-	etail including nature and relationsh		etc)	e participation of the second	
		· · · · · · · · · · · · · · · · · · ·			<del></del>

"We are planning to make measurements in houses where you have lived before

Section III	Employment history	Mother/Father	·		=Mother 2=Father
<u> </u>	-				
ease go th	rough the employment sections and correct where neces	tion of the pre-interviessary. Show card lis	iew questionnai sting exposures	re (Appendix I), confirπ as below.	n jobs and
hen ask the	e following about each job ii	n turn.	ere jahr hiller		
		en e			
would like to	o ask you some more detail	s about each of you	r jobs.		
id your job a	ase	ver involve you in ha	andling or being	exposed to:	
how promp	ot card and code answers	on the pre-intervie	w questionnaiı	re :	
				. None	∍ 0
Solve	nts, degreasers or cleaning	agents such as ber	nzene, toluene (	or carbon tetrachloride	? 1
	Paints.	lacquers, paint rem	overs, turpentin	e products or thinners'	? 2
				<b>.</b>	
				Dyes or pigments	? 3
•			Petrol, petroleu	m products or paraffin?	? 4
			Lead or comp	ounds containing lead?	? 5
		Fortilizar	a postinidas fu		
		Ferunzer	s. pesucides, iu	ngicides or herbicides?	? 6
	Radioactiv	ve materials, X-rays	or any other for	m of ionizing radiation?	? 7
				Wood dust/Sawdust?	? 8
				Not knowr	
				NOURHOW	
: 	atterne en e			Fill in after i	nterview
ection III	Employment history	Mother/Father	Detail	Number of sheets	

: [h

Section III Employment I	nistory Mother/Father Ex	posure record	Page:	Parer	nt ID 1=M	other ather
To be completed for any job Complete record for each exp	•	The second secon	interview mber of Jo	b Expo	sures	
. Do you remember the nam	nes of the materials involved?	? (specify)	<b>37//</b> 2:		Job No.	
. Did you yourself work with	(as above)			l=Yes	Exp.No.	9=NK
Please can you describe in	n detail your contact with?			<u></u>	_	at .
					<del>-</del>	
			<del></del>	·	- -	· 2015년 및 1
Over what period was this	? date from	to	Mil Yr		- 🔛	
	A 44 14	-	<u> 105 _ 75</u>	_		
	or age	to				ja ja
· -	diation:					
. During this time were you	diation: monitored for exposure to rac	iidiation?	eve			
During this time were you fyes: How?	diation: monitored for exposure to rac	i∟ diation? ests/ 3=film badge al	nd blood test	/4=other/		
S. During this time were you fyes: How?	diation: monitored for exposure to rac terile 1=film badge/ 2=blood to	diation? ests/ 3=film badge al	nd blood test	/4=other/		
S. During this time were you fyes: How?	diation: monitored for exposure to rac terile 1=film badge/ 2=blood to	diation? ests/ 3=film badge al	nd blood test	/4=other/	9=NK	
If other: Specify  Do you remember the name.  Did you yourself work with	diation: monitored for exposure to rac necle 1=film badge/ 2=blood to nes of the materials involved? (as above)	diation? ests/ 3=film badge al	nd blood test	/4=other/	9=NK Tob No. Exp.No.	9=NK
i. During this time were you fyes: How?  If other: Specify  Do you remember the name.  Did you yourself work with	diation: monitored for exposure to rac tende 1=film badge/ 2=blood to the materials involved?	diation? ests/ 3=film badge al	nd blood test	/4=other/	9=NK Tob No. Exp.No.	∂ = NK
i. During this time were you fyes: How?  If other: Specify  Do you remember the name.  Did you yourself work with	diation: monitored for exposure to rac necle 1=film badge/ 2=blood to nes of the materials involved? (as above)	diation? ests/ 3=film badge al	nd blood test	/4=other/	9=NK Tob No. Exp.No.	9 = NiX
i. During this time were you fyes: How?  If other: Specify  Do you remember the name.  Did you yourself work with	diation: monitored for exposure to rac necle 1=film badge/ 2=blood to nes of the materials involved? (as above)	diation? ests/ 3=film badge al	nd blood test	/4=other/	9=NK Tob No. Exp.No.	9 = NiX
During this time were you fyes: How?  If other: Specify  Do you remember the name.  Did you yourself work with	monitored for exposure to race terms and the second	diation? ests/ 3=film badge al	nd blood test	/4=other/	9=NK Tob No. Exp.No.	9 = N.X
During this time were you fyes: How?  If other: Specify  Do you remember the name.  Did you yourself work with	monitored for exposure to race terms and the second second terms and the second second terms are second to the second terms	diation? ests/ 3=film badge al	and blood test	/4=other/	9=NK Tob No. Exp.No.	9=NK
During this time were you fyes: How?  If other: Specify  Do you remember the name.  Did you yourself work with Please can you describe in	monitored for exposure to race terms and the second second terms and the second second terms are second to the second terms	diation? ests/ 3=film badge al	nd blood test	/4=other/	9=NK Tob No. Exp.No.	9 = NX

JA Cilio nealtr	h Study: Page 12			lden	tifying Number	Case No.	
Section IV	General health	Mother/Father	lilne	e <b>s</b> s	Page 1	Parent ID	1=Mother 2=Father
Do you su	ffer from, or have you	ever suffered from, a	ny of the	followi	ing illnesses:	1	
				l=Yes		The state of the s	
				2=No 9=NK	•		
	en e	Diabetes	1				
1							
		Thyroid disease	2				
•	F	Rheumatoid arthritis	3				
			Ū				
		Pernicious anaemia	4				
			_				
		Asthma	5				
· · · · · · · · · · · · · · · · · · ·		Multiple sclerosis	6			er egit i	1 00 m
v v							
		Epilepsy	7				l=Yes 2=No
		Glandular fever	8		If Yes:		9=NK
<b>*</b>			-		Did you have a b	lood test?	
					If Yes:		
			4.		Was the glandula confirmed?	ir iever	
	Leuka	emia or lymphoma	9		•	en karan da br>Karan da karan da ka	
	Othe	r cancer or turnour	10				talija Li
	H	ave you ever had a					
		blood transfusion?	11				
		Section 1					
	of these please complet						

Total number of illness records following

	: - + + + + + + + + + + + + + + + + + +		dentifying Number			
ction IV General health	Mother/Father	iliness	Page	Par	ent ID	1=Mother 2=Father
Please complete for each illness	s listed on previous pag	je.				
1. Condition?		· · ·		illness	no.	
2. What treatment did you have	9?					
Can you remember the date	this condition began?		dace	<b>-</b>	month	year
or:- How old were you whe	n this condition began		eg:	₹	year	month
4. Were you treated :	1=as a hospital inp	atient/ 2=as a	n outpatient/ 3=by you	r GP/ 4≖othe	r/ 9=NK	
If other: Specify  5. Which hospital did you attend						
trame:						<del></del>
A status as						
Address:			•			· · · · · ·
Address:  Who was the consultant (if appr			Hospita			
9	opriate)?	:				
Who was the consultant (if appr	opriate)?	ie.				
Who was the consultant (if appropriate for each illness	opriate)?s listed on previous pag	1 <b>e</b> .	Hospita		no.	
Who was the consultant (if appropriate for each illness  1. Condition?	opriate)? s listed on previous pag	1 <b>e</b> .	Hospita	l code	mont	h year
Who was the consultant (if appropriate for each illness  1. Condition?  2. What treatment did you have	opriate)?  is listed on previous page?  this condition began?	1 <b>e</b> .	Hospita	l code	mont year	
Who was the consultant (if appropriate for each illness)  1. Condition?  2. What treatment did you have  3. Can you remember the date  or:-	opriate)?  is listed on previous page?  this condition began?	ie.	Hospita	l code	year	
Who was the consultant (if appropriate for each illness)  1. Condition?  2. What treatment did you have  3. Can you remember the date  or:-  How old were you when  4. Were you treated:  If other: Specify	opriate)?  is listed on previous page  this condition began?  this condition began  1=as a hospital inp	ie. atient/ 2=as ar	date age	iliness	year	
Who was the consultant (if appropriate for each illness)  1. Condition?  2. What treatment did you have  3. Can you remember the date  or:-  How old were you when  4. Were you treated:  If other: Specify  5. Which hospital did you attention	opriate)?  is listed on previous page  this condition began?  this condition began  1=as a hospital inp	atient/ 2=as ar	date age n outpatient/ 3=by your	iliness	year	

ection V X-ray history	Mother/Father	Page 1		Parent ID	1=Mc 2=Fa	
I have already asked you abo	ut illnesses you may l	have had. I would like	to ask you more	e specifically	about	i
any x-rays and investigations (mothers) BEFORE			en e			
(fathers) BEFORE	was born					1=Y
ave you had any of the following.	?					2=N: 9=N:
		oe - <i>eg</i> , pictures taken of	vour lungs while	vou are breat	nina	1
	1 123,0000		•	llowing or mo	_	1
		IVD os intervenous pus	ologenes io v sov	m of vour kide		,
		IVP or intravenous pye	elogram - le, x-ray	rs of your kildir	leys	2 [
Ba	rium meal - ie, x-rays of	your stomach taken afte	er swallowing a gla	ass of chalky i	iquid	3
		Cholecystogram -	ie virave of vour	aali bladder ta	ken	_
	A STATE OF THE STA		ter swallowing a g			4
	Banur	n enema - <i>ie</i> , x-rays take	en atter a tube has ur back passage a			5
		you	s. Daon paocago o	ina nara poore	~	
	, , , , , , , , , , , , , , , , , , ,	\ venogram - ie, x-rays o	f a vein after dye	has been injed	cted	6
		A lymphangiogran	n - <i>ie</i> , x-ravs taker	of different p	arts	
			ne body after dye			7
	An angiogr	am or arteriogram - ie, x	rave of vour bear	t or blood ves	ലേ	
	An anglogi	taken after a tube has				8
						_ [
	. Hadioactive o	or isotope injections with	pictures or x-rays	taken atterwa	arus	9 į
	g · · · · ·	Rad	iotherapy - <i>ie</i> , trea	itment with x-i	rays 1	0
	A CAT so	can - ie, x-rays of your he	and or body taken	incide a mad	nine	
	AUNIS		the equipment re			1
	4 - 475 /D - 14701			. <b>.</b>		
	AN NMH OF MHI	(magnetic resonance im		vnere you are ie a large mag		2
				-		
	(Mothers only) Salpin	ngiogram or insufflation	<ul> <li>ie, where x-rays</li> <li>tubes after dye</li> </ul>			2
		шюрка	in tabes after dye	new ocen myer	,	1
		(Mothers only) A mamn	nogram - ie, an x-	ray of your br	east 1	4
	(Moth	ners only) Pelvimetry in	relation to previo	ous pregnanc	cies 1	5
	, ==					1
		$(x,y) = (x-y) + (y-y) = \frac{y-y}{y}$	*	Chest x-	ays 1	o [
		Y	ays to show possi	ible broken bo	nes 1	7
		746	.,5 10 011011 10055			1
				Skull x-1	rays 1	8
		Any other x-ra	ys or x-ray investi	gations - (spe	cify)	1
				ling dental x-r		9
If yes to 1-15 and 19 please of	complete an visus roc	ord for each evaminat	ion/investigation			
Do not complete further red		old for each <b>exami</b> nati	o.v.ivesugauon			

UK Child Hea	ilth Study: Page 15	•			Region	Case No.	
	<u> </u>	6		Identifying Number			
Section V	X-ray history	Mother/Father	Detail	Page		Parent ID	1=Mother 2=Father
4 T ./V			!		,		X-ray No.
	ray or investigation _						
2. How many	times have you had	this investigation?	<u> </u>	<u> </u>			
3. When was	this?	eren eren eren eren eren eren eren eren	date	month yea		yea r ag <b>e</b>	r month
4. What part o	of your body was X-ra	yed?					
5. Which hos	pital did you attend?		·	hosp	ital cod	e	
ype of X-	ray or investigation				·		X-ray No.
2. How many	times have you had	this investigation?					
3. When was	this?		date	month yea		žge Veu	r month
1. What part o	of your body was X-ra	yed?————					
5. Which hos	pital did you attend?			nospy	ical code		
1. Type of X-	ray or investigation _						X-ray No.
2. How many	times have you had	this investigation?					
When was	this?		dase	month year		yea.	т топіл
4. What part o	of your body was X-ra	yed?		:		ν'	
5. <b>Which hos</b>	pital did you attend?			nospi	tal code		
I. Type of X-	ray or investigation				-		X-ray No.
2. How many	times have you had	this investigation?					
3. When was	this?	1	óac <b>e</b>	month year		yea:	month
4. What part o	of your body was X-ra	yed?			· · · · · · · · · · · · · · · · · · ·		
	pital did you attend?			hospi	tal code		

UK Child Health Study: Page 16		Identifying Number [		Region Case No.		· ·	
		/Gentury	911011001				
Section VI Social habits Mother/Fathe	r je			Pare	nt ID	1=Mother 2=Father	
now have some questions about smoking.  . Have you ever regularly smoked at least one.	a day	for at le	ast a year	?	cigarette	1 = Yes 2 = No 9 = NK	
igarettes= manufactured or hand rolled	antigen i de	aggir en			ciga a pip		
f yes ask questions below; if no - go to next s	ection	· • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·				
	e de la companya de La companya de la co	i jet s	Cigarettes		Cigars	<b>P</b> ipe	
. How old were you when you started smoking?		age		ſ			
				Ĺ	i		
. Do you still smoke?	l≐ye.	s/ 2≄no/	9 = NK				
a. <i>If yes:</i>			::0.	· ;	no.	02/WR	
On average how many did you smoke per day one year beforewas born?			no.	. [	10.	oz/wk	
How many one year afterwas l	oorn?	* *					
) How many one year ago?			no.		.0.	0Z/WK	
b. <i>If no:</i>			yrs	<u>ک</u>	/rs	Azs	
Vhen did you stop smoking?		<b>≥</b>					
Was that beforewas born?	1=yes	/ 2=no/ 9	P=NK				
If yes:	# · · · · · · · · · · · · · · · · · · ·		20	_	20	07/10	
ba.i) On average how many did you smoke pe one year <b>before</b> was born	•		no.		10.	oz/wk	
If no:		a <sup>*</sup>				( )	
bb.i) On average how many did you smoke pe one year beforewas born	-		r.o.	. <u>.</u>	10.	oz/wk	
			tiQ.	<u>:</u>	10.	oz/wk	
ii) How many one year <b>after</b> wa	as born?						

UK Child Heal	th Study: Page 17	and the second second		Region	Case No.		
0,1 0,1110			Identifying Number				
Section VII	Obstetric history	Pregnancies	Page			1=Mother	1

ONLY TO BE ASKED OF NATURAL MOTHER OF INDEX CHILD ........

I would like to ask a few questions about all your pregnancies, including any ectopics, miscarriages, stillbirths, terminations and abortions, starting with the first.

		Name (in full) No.	Name (in fuil) No.	Name (in fuil) No.
1	ID of pregnancy	P	Р	P
2	When did the pregnancy end?	day mth yr	day mth yr	day mth yr
3	How many weeks did the pregnancy last?	weeks	weeks	weeks
4	Was this a (<20 wks = miscamage, 20+ wks = stillbirth)	1=live birth 2=miscarriage 3=still birth 4=termination/abortion 5=ectopic 6=hydatiform mole	l=live birth 2=miscarriage 3=still birth 4=termination/abortion 5=ectopic 6=hydatiform mole	1=live birth 2=miscarriage 3=still birth 4=termination/abortion 5=ectopic 6=hydatiform mole
5	How was the baby delivered? (if appropriate)	1=normal 2=assisted 3=caesarian 9=not known	1=normal 2=assisted 3=caesarian 9=not known	1=normal 2=assisted 3=caesarian 9=not known
6	What sex was the baby?	l=male 2≂female 9=not known	l≃male 2=female 9=not known	l=male 2=female 9=not known
7	What was the baby's birthweight?	lbs, ozs	lbs, ozs	lbs, ozs
8	Did this baby have the same father as?	1=yes 2=no 9=not known	1=yes 2=no 9=not known	1=yes 2=no 9=not known
9	Was there anything wrong with the baby noted during pregnancy, at birth, or shortly after?	1=yes 2=no 9=not known	1=yes 2=no 9=not known	1=yes 2=no 9=not known
10	) If yes: describe			
		ICD	ICD	ICD
11	Is he/she alive and well [do not ask for index child]  If no: date of death	1=yes 2=no 9=not known day mth yr	l=yes 2=no 9=not known day mth yr	1=yes 2=no 9=not known day mth yr
12	? Cause of death	ICD	ICD	ICD
i	Place (town)	*.	1	1

ection	VII	Obstetric history	Other children	Page		1=	Mother
		ver had any adopted, step			=yes/ 2=no/ 9=not	known	
any oti <i>10:</i> go		nildren living with you for k age 19	onger than three month	s?		_	
		v many?					
Please d	omple	ete for each child)					
			en jaron eta				
			t e e				
	Name	9			_ Child number		+
	i) Wa	as he/she:		circle 1=adopted/	2=step/ 3=foster/ 4	=other	manun
	if oth	ner: specify					
	ii) Da	ate of birth		day/ mth/	уг		
					<u> </u>		$\overline{\Box}$
	iii) S	ex				e/ 2=female	
	iv) W	/hen did he/she first live w	vith you?	month year	or age	year n	nonth
	•		L		<u>L</u> ,		
	v) Do	oes he/she live with you n	ow?		1=yes/ 2=no/ 9=	:NK	
				month year		year π	nonth
	VI) <i>II</i>	no: when did he/she leav	date		or age		
	Name	. ·			Child number		
		as he/she:		4		<u> </u>	$\forall$
				circle 1=adopted/	2=step/3=foster/4	≔otrier	
	If oth	er: specify					
	ii) Da	ate of birth		day/ mth/	yr		
	iii) Se	<b>ov</b>			1=ma	le/ 2=female	
	, <b>U</b> .	<b>~</b>		month year			onth
	iv) W	/hen did he/she first live w	rith you? date		or age		
					· L.		
	v) Do	oes he/she live with you n	ow?	And the state of	1=yes/ 2=no/ 9=	∙NK	
	مع اند			month year	<u> </u>	ear m	onth
	VI) <i>IT</i>	no: when did he/she leav	e! date		or age		

UK Child Health Study: Page 19		ic	dentifying Numb	per Region		Case No.			
Section VIII Index pregnancy	Page 1	<u> </u>					1=1	lother	1
would like to ask you now in more deta	ail about your	pregnancy	with	*****					
What type of antenatal care did you h	nave?	1=hospit	al/ 2=shared/	3=GP/ 4	=none	5=other/	9=NK [		
If other: specify		·		-	. · ·				
. Which GP and consultant looked after	er you during	the pregna	ncy?						
GP		Consultar	nt	·	· ·	· .	<del>.</del>		
Address	<u> </u>	Hospital	· · · · · · · · · · · · · · · · · · ·	· · · ·	<del></del> ,	<u> </u>			i N
			Hospita	al code					
. At any time during the pregnancy we	re you admitt	ted to hospi	tal		1=yes	/ 2=no/ 9	enk [		
for any reason including emergency a no: go to Q4 Page 20 yes: complete for each admission	admissions 2	4 nours <i>bei</i>	ore deliver	y r				. ,	
i) Why was this?									
ii) When was this (weeks since LMP)	?				from		weeks		
iii) Which hospital?					to				
iv) Who was the consultant?		<u> </u>		Hospital	code				
	**	,		····					
i) Why was this?					🎚		weeks		
ii) When was this (weeks since LMP)	?				from				
iii) Which hospital?				- 	to				
iv) Who was the consultant?				Hospital	code				
			num <b>ber</b> of	admis	sions				

			·		<u></u>	<u> </u>	$\perp$
Section VIII	Index pregnan	cy Page 2				1=Mother	[
1. Have you ever the second of		y in becoming pregnan	t?			2=no 9=N	_
-	eated for infertility in	n the six months before	your pregnancy v	vith?		2=no 9=N1	L
Vhat treatment	did you have?	Surgery or other tre	atment for blocked	tubes	1:	≂yes 2=no	, 9 <u>-</u> [
		Clomid/Clomiphene	tablets				Γ
		Pergonal injections					r F
		Oestrogen treatmer					L
		Other hormones					L
		Specify					L
		IVF / GIFT / Assiste	d conception			• . 	
		Any other	· · · · · · · · · · · · · · · · · · ·				L
	and the second of the second o	Specify					L
		ореспу			Mth	Yr	<u> </u>
Vhen did the tro	eatment first start?						$\perp$
Vho was your (	GP?			<u> </u>			
Addres	ss						
$\label{eq:constraints} \hat{\boldsymbol{x}}_{i} = \hat{\boldsymbol{x}}_{i} + \boldsymbol{x$				1	e to with		
/hich hospital (	did you attend?						
men noophar	——————————————————————————————————————			Hospital code			
ho was vour				2			
mic was your c	consultant?		<u> </u>				

UK Child Health	Study: Page 21	letone	til dem bloomber	Region	Case No	)		
		icen	tifying Number					
Section VIII	Index pregnancy	Drugs and vaccinations	Page 3			<del></del>	1=Mc	other
7 In the 3 mont	hs before or during your (	pregnancy did you take any of	f the follow	ina druas (	or mec	licine	<b>s</b> ?	
	no boloto er dattilg your ,	·		ing unage i	000		٠.	
							1=y 2=n	
							9=N	
			1 A	_:_!	_:!!-			
				sickness   excluding vitar	-	1		
			(e	axistioning vital	minsj		_	_
							_	_
			Anti-epile	eptic table	ets?	2		İ
							Γ	$\neg$
	Antibiotics or antibacte	erial drugs such as		Penici	illin	3		
			Chlo	rampheni	ical	4		Ī
			Cilio	rampheni	COI	4	L	╛
				Erythromy	/cin	5		٦
				_ ,,	•		<u> </u>	닉
		Septrin o	r other su	lphonamic	aet	6		- 1
								ጘ
				Otl	her	7		╛
				1				
	Tranquilizers, anti-dep	ressants, sleeping or nerve	nills such	as Vali	um	8		٦
* * * * * * * * * * * * * * * * * * *			p 000.		<b></b>		<u> </u>	4
				Mogad	not	9		
	PW Common						<u> </u>	╡
				Ot	her	10		
							-	_
		Hormone, ster	nid tablete	or injecti	one	11	_	$\neg$
· ·		Homione, Stel		excluding the		1 1		
				formound nu	c piii)			_
		Phenobarbitor	ne or other	r barbitura	ates	12		
							<u> </u>	
	Did you	u receive any vaccinations of	during you	r pregnan	cy?	13		
							$\sqsubseteq$	_

If yes to any drug or vaccination in Q7: complete a record: Page 22

UK Child Health	Study: Page 22		Identifying Nur	nber Region	Case No.
Section VIII	Index pregnancy	Drug/vaccinations	detail Page	<u> </u>	1=Mother
lease may I h	ave more detail of these	e medicines 1	otal number		rds following ter interview)
Drug?					Drug No.
	did you take it? (weeks	before or after LMP)			from to
Why w	as this?				Drug No.
Drug?					from
	did you take it? (weeks as this?	before or after LMP)			to
Drug?					Drug No.
	did you take it? (weeks	before or after LMP)			from to
Why w	as this?				Drug No.
Drug?					
When	did you take it? (weeks	before or after LMP)			from
Why w	as this?				

Child H	lealth Study: Page	23			Identifying	Number	Region	— <u> </u>	150 No.	_	Т
ection V	/III Index p	regnancy	Illness	Page 5						1=N	Aother
	e interested in illi ave any of the fo		h you may	have had o	luring your	pregn	ancy w	vith	*****	*******	
	t g W			1=Yes 2=No 9=NK	Weeks o	of pregr		ince l	LMP From		то
G	erman Measles		.,,,,,						<del></del>		
М	easles										
С	hickenpox										
	hingles		<u> </u>		<del> </del>	_		1			
	lumps	,				<del> </del>		<del>                                     </del>			
<b>—</b>	landular fever			<del>                                     </del>		1		1	<del></del> _	-	
<del></del>	neumonia				····	<del>                                     </del>		1			<del> , .</del>
	fluenza		<del></del>	-			· · · ·	1			
	ystitis or kidney in	fections		<del>  -  </del>			. —				
<b>├</b>	ny other infection pecify					1					
sp	the pregnancy o	did you have	any other	illnesses or	· conditions	s requir			your =		- 1
During		<u> </u>			conditions	s requir					- 1
During res:	the pregnancy o	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		conditions	s requir			2=no		- 1
During res:	the pregnancy of	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		conditions	s requir			2=no	/ 9=N	- 1
During ves: W	the pregnancy of the pregnancy of the the pregnancy of the the pregnancy of the the pregnancy of the the pregnancy of the the pregnancy of the the pregnancy of the the pregnancy of the the pregnancy of the the pregnancy of the the pregnancy of the the pregnancy of the pregnancy	reeks since L	.MP)?		· conditions	s requir			2=no	/ 9=NF	- 1
During ves: W	the pregnancy of	reeks since L	.MP)?		· conditions	s requir			2=no	/ 9=NF	- 1
During  ves:  W  W	the pregnancy of the pregnancy of the the was wrong? Then was this (work that treatment displayed)	eeks since L	.MP)?		conditions	s requir			2=no	/ 9=NF	- 1
During  ves:  W  W	the pregnancy of the pregnancy of the the pregnancy of the the pregnancy of the the pregnancy of the the pregnancy of the the pregnancy of the the pregnancy of the the pregnancy of the the pregnancy of the the pregnancy of the the pregnancy of the the pregnancy of the pregnancy	eeks since L	.MP)?		· conditions	s requi			2=no	/ 9=NF	- 1
During  ves:  W  W	the pregnancy of the pregnancy of the the was wrong? Then was this (work that treatment displayed)	reeks since L	.MP)?		conditions	s requir			2=no	/ 9=NF	- 1
During  ves:  W  W	the pregnancy of the was wrong? Then was this (work) that treatment display that was wrong?	reeks since L	.MP)?		· conditions	s requi			2=no	/ 9=NF	- 1
During  ves:  W  W  W	the pregnancy of the was wrong? Then was this (work) that treatment display that was wrong?	reeks since Lid you have?	.MP)?			s requi			2=no	/ 9=NF	- 1
During  ves:  W  W  W	the pregnancy of the was wrong? Then was this (when was this wrong? Then was this (when was this	reeks since Lid you have?	.MP)?			s requi			2=no	/ 9=NF	- 1
During  ves:  W  W  W	the pregnancy of the was wrong? Then was this (when was this wrong? Then was this (when was this	eeks since Lid you have?	.MP)?			s requi			2=no	/ 9=NF	- 1
During  ves:  W  W  W	the pregnancy of the was wrong? Then was this (what treatment did what was wrong? Then was this (what treatment did what treatm	reeks since Lid you have?	.MP)?			s requir			2=no	/ 9=NF	- 1
During  ves:  W  W  W	the pregnancy of the was wrong? Then was this (what was wrong? Then was this (what treatment distributed was wrong? That was wrong?	reeks since Lid you have?	.MP)?			s requii			2=no  f  f	/ 9=NF	- 1

Section VIII	Index pregnancy	X-rays / Ultrasound	Page 6			1
Can I just check, did	told me about the x-rays you h I you have any X-rays, or X-ra sition, while you were pregnar	ly investigations, including de	ental x-rays,	or X-rays to	1=yes 2=no 9=NK	
f no: go to Q2 f yes: ask for each		Fill in after interview: Total	x-rays durir	ng pregnand	су	
Which part of your	body was x-rayed?		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
Why were you x-ray	yed?		<del> </del>	·		
When (weeks since	LMP)					
Where was the x-ra	y done? Hospital					
	Address		<u>:</u>			
			Hospital code			
Which part of your	body was x-rayed?		·.			
Why were you x-ray			-			
When (weeks since	LMP)					$\overline{}$
Where was the x-ra	y done? Hospital	<u> </u>				
	Address			<u></u>		
	9		Hospital code			
hich part of your	body was x-rayed?		<u> </u>			
Mhy were you x-ray						
Vhen (weeks since	LMP)					$\overline{\exists}$
Vhere was the x-ra	y done? Hospital					
	Address				· .	
			Hospital code			
. Did you have a	ny scans (by ultrasound) (	during this pregnancy?			1=yes 2=no	_
f no: go to Page 2	<u>.</u>	We have the second of the seco			9=NK	لــــ

UK Child	Health Study: P	age 25					Identify	ying Numb	Region Br	Ca	se No.		
Section	VIII Inde	k pregi	nancy	Smo	king / A	Alcohol	<u> </u>		F	age 7		1=Mot	ner 1
May I ha	ve some furth	er detail	s about	smokin	ig:		<u> </u>					3	
1. Did yo	ou smoke at any	time du	ıring yol	ır pregna	ancy wit	h		; o	r in the	3 montl	ns befo	1=ye 0 <b>re?</b> 2=nc 9=NK	,
	: Did you smo	oke						1=cigar	ettes / 2	2=cigars	/ 3=otl	her	<u> </u>
					If of	t <b>her:</b> sp	ecify						
3. How	many (cigarett	es, ciga	rs) did y	ou smo	ke per	day?			Three	e month	ne hefo	No.	
Cigai	rettes = manuf	actured	or hand	d rolled			•	lr		st three		<u> </u>	
								in the	e secor	nd three	mont	hs	
								. Ir	the la	st three	mont	hs	
<b>If no:</b> go <b>If yes:</b>	g your pregnai to Page 26 Did you drink . On average ho	in th	e 3 moi	nths bef	ore, firs					or last	3 mon	1=ye 2=no 9=NK	
•	What was the	•	-	·									
. [		3 mont	hs befor	e	1st 3 r	months		2nd 3 r	months		Las	st 3 mor	iths
		1=yes 2=no 9=NK	If yes units/ per week	If yes max units/ per day	1=yes 2=no 9=NK	If yes units/ per week	If yes max units/ per day	2=no 9=NK	If yes units/ per week	If yes max units/ per day	1=yes 2=no 9=NK	If yes units/ per week	If yes max units/ per day
	Beer / lager cider			_									
	Wine												

1	3 monte.	ns beloi	e	15t 3 1	montus		2nd 3	montus		La	St 3 mor	itns
	1=yes 2=no 9=NK	If yes units/ per week	If yes max units/ per day	1=yes 2=no 9=NK	If yes units/ per week	If yes max units/ per day	2=no	If yes units/ per week	If yes max units/ per day	2=no 9=NK	If yes units/ per week	If yes max units/ per day
Beer / lager cider												
Wine												
Spirits									_			

(1 drink (unit of alcohol) = half pint beer / 1 glass wine / 1 measure of fortified wine or spirits)

UK Child Health S	tudy: P	age 26			4		Identifying Number	Region	Case No.	·	1
			<del></del>			·				<u> </u>	
Section VIII	Inde	x pregi	nancy	H	air Colo	urants		Page 8		1=Mother	1
During your p     of your hair?	regrial	ncy or in	the 3 п	nonths	before d	id you hiç	ghlight, tint or	change the	e coloui	. 1=yes 2=no 9=NK	
If no: go to Pag	e 27				*						
If yes:											
2. Was your hair	treate	ed with:									
	l=yes	If yes	(1=yes,	2=no, 9:	=NK)	l=Hair-	Name of produc	et		Code	
	2=no 9=NK	3 mths before	1st 3 mths	2nd 3 mths	last 3 mths	dresser 2=Home 9=NK					
Bleach											
Permanent tint						. <u> </u>					
Highlights											
Low lights					_						
Non-permanent tint								···			
If yes:  3. Was this in the  4. Was the treate								3 months?			
5. Can you reme	mber	the nam	e of the	produc	rt?	sa, in					
					4						
permanent = 4-6 hairdresser = a							ient's home)				
f treated by a ha	irdres	ser ask	for deta	ils							
. Name						2. Name	e <u> </u>	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		·	<u>-</u>
Salon			- <del></del>			Salor	ı <u>-</u>		1 11		<u>.</u>
Address						Addre	ess				_
			<u> </u>		:				· .		_
				·	<u> </u>		· ·		·	<u> </u>	
en en en en en en en en en en en en en e								er.			_

UK Child Health Study: Page 27	Identifying N	Region lumber	<u> </u>	tae No.		Т
Section IX Index child	Neonatal history				1=Mother	1
I would like to ask you about's !	birth and early childhood					
1. Where was born?  If other: specify	1=Hospital / 2=	GP Unit /:	3=Home	/ 4=Othe	er <sup>°</sup>	
Name (Hospital/GP Unit)	2 1	·	·	· · ·		
Address (Hospital/GP Unit)				<del></del>		
		Hospital	code			
2. In total, how many days was	in the hospital?		. 1 <u>.</u>	đ	ays	
3. Was the baby admitted to a special care to	paby unit (SCBU) after birth	?	1≖ye:	s/2=no/9=	=NK	
If yes:					e de la companya de l	
What was wrong?		·				
How was he/she treated?						
How many days was kept	in the special care unit?			<b>d</b> .	ays	
1. Did the baby have any illness or abnorma	lity noted at birth, or shortly	after?	1=ye:	s/2=no/9=	=NK	
<b>If yes:</b>				, 3		
what was wrong?						
How was he/she treated?						
	the second section of the second			a.	ays	
How many days old was a	at the time?		· · · · · · · · · · · · · · · · · · ·			<u></u>
6. Was the baby kept in hospital for any reas	son?		1=yes	s/2=no/9=	=NK	
f yes:						
What was wrong?						
How was he/she treated?	t w		s it			

OK Child He	ealin Study. Page 20		Identifying	Number							
Section IX	Index child	Neonatal history	Breastfeeding	3					1≕Mc	other	1
ı. DID YOL	U EVER BREASTF	EED	?		1=1	es.	2=No	o 9≃	NK		
If	no: go to Q3										
If	yes:					; ri		**.			
. How old		when you gave	e your last	rs	or	Wee	ks	0:	Г	Month	s
		en de la segui de la companya de la companya de la companya de la companya de la companya de la companya de la La companya de la co									
. Did you	ı ever use formula ı	milk?	<del>"</del> ,		1=%	es	2≠No	9=i	NK .		_
lf .	no: go to Q5										
	yes: a) How old was formula feed?	whe	n he/she had his/her	first		Day	ys	01	٢	veeks	
<b>4</b> b	o) Was this soya b	ased?			1=Y	'es	2=No	> 9=1	NK		
Was	ev	er given expressed t	oreast milk from a mi	ik bank	? 1=Y	'es	2=Nc	9=	NK	. [	
				100				Yrs		Mth	s
. At what	age did you introd	uce cow's milk?		,	٠.						
	and Edward (1996) Carry State (1996)					Mtl	ıs		,	Weeks	s
How old	d was	when you first	introduced solid food	<b>i</b> ?				0:	r		
									•		
Did you	sterilize	bottles or fe	eeding utensils?		1=Y	es!	2=No	9=1	NK	Į	
. <b>If</b> i	no: go to Q9				1						
	yes:		in the state of th			Mtl	ıs	آـــ	Γ	Weeks	5
	what age did you eding utensils?	stop sterilizing	bottles	and				°	r [		_
						Mtl	ns			week:	5
. At what	age did beg	gin crawling or movin	ng about?					0	r		

	cularly interested				ve had in his/her	first year of life
Did ha	ave any of the foll	owing under 3 r	nonths (and so	On)	Consult GP	Prescribed
		2=no 9=NK	How often?	How long DAYS: TOTAL	1=yes 2=no 9=NK	Medication 1=yes 2=no
1. Diarrhoea	/vomiting				* * * * * * * * * * * * * * * * * * * *	9±NK
u	nder 3 mo <b>nths</b>					
3	-5 months					
6	-11 months					
2. Ear infect	ion	ar e				
บ	nder 3 months					
3	-5 months					
. 6	-11 months					
3. Colds						
u.	nder 3 months				- L	
3	-5 months					
6-	-11 months					
				L		
I. Persistent	_					
	nder 3 months					
	-5 months	<u> </u>				-
D.	-11 months					
5. Mouth infe	ecti <b>on</b>				e de la companya de l	
	nder 3 months					
3	-5 months					
6	-11 months					1 mag gr
6. Eye infect	ion	<u> </u>				
_	nder 3 months					
3-	-5 months					
6-	-11 months					

UK Child Health Study	: Page 30			Identifying Number	Case No.	
Section IX Index	child	Illness history	1st ye	ar continued		1=Mother 1
		1=yes 2=no	If yes How often?	If yes How long	Consult GP l=yes	Prescribed Medication
		9=NK		DAYS: TOTAL	2=no 9=NK	1=yes 2=no
8. Measles		<del></del> 3			<del></del>	9=NK
under 3	months					
3-5 mon	ths					
6-11 mo	nths					
		و لیا دست		•		L
9. Mumps					<u> </u>	
under 3	months					
3-5 mont	hs					
6-11 moi						·
_						
ს. German measie	s					
under 3	nonths					
3-5 mont				A service of the serv		<b> </b>
6-11 mor			[5.8 <b>*</b> ]		<b>-</b>	·
<b>0</b> 1.7 mo.						
11. Chicken pox	gret s					
under 3 i	nonths					
3-5 mont					<b>-</b>	<del>                                     </del>
6-11 mor		-				<b>-</b>
0-11 11101						
12. Whooping coug	h	we -				
under 3 r						
3-5 mont					:	
6-11 mor		<del>  -  </del> .				·
0-17 11101	1013					
13. Any other infec	tion spec	ifv				
under 3 r						
3-5 mont						<del>                                     </del>
6-11 mor						
0-1111101	1015					
14. Cold sores/Herp	es			<del></del>		<del></del> -
under 3 r				.  _		
3-5 mont						
6-11 mor						
<b>3</b> , , <b>0</b> 1						
15. Tonsilitis		<del></del>	<del></del>		<del>[</del>	<del></del> -
under 3 r	nonths					
3-5 mont	hs					

UKC	hild Heal	th Study: Page 31	*			Identifyi	ng Number	Hegion	Case	No.		] .s
Sect	ion IX	Index child	Illness his	tory	1 ye	ar pre-d	iagnosi	s		1=M	other 1	
1.		S ONLY	of the followi	na infa	tions after	r hor/hic	birth	day	Day	Month	Year	_  
		fore she/he was o	_	Day	Month	Year	_		an you re	member v	vhen?	لــ ة
	CONTE		of the following	ng infec	tions since	e her/his_	<u>b</u> irth	iday	Day	Month	Yea	15 

and if so can you remember	when?	Ū					
	1=yes 2=no 9=NK	If ye	88:	Consult GP 1=yes 2=no	If ye WHEN	28:	Consult GP 1=yes - 2=no
		Mth	year	9=NK	Mch	year	9=NK
Diarrhoea and vomiting							
Ear infection							
Measles							
Mumps							
German measles							
Chickenpox/ Shingles							
Whooping cough							
Influenza							
Pneumonia	<u> </u>						
Other serious chest infection							
Cold sores/Herpes				<u> </u>			
Tonsilitis				<u></u>			

. Record								L
lease che. Record								=
. Did			cord card or book and tra	ansfer details to v	accination	record o	n Page 33	3
	d card	seen (fill in by inter	viewer)			1=Yes	2=No 9=NF	
по:	of life	?	the recommended imm		the first	1=Yes	2=No 9=NK	
. Which	ones v	vere missed or not	given and why was this	?				1
, ,	Name				<u> </u>			L
F	Reason		<u></u>	<del></del>	<del></del>	<u>.                                    </u>		
1.14	Name	10 (10 S) 10 S		a e		. •		Ī
F	Reason						<u> </u>	
	lame					<u> </u>		l
F	Reason							
Did		over hove any oth	er vaccinations, for exar	anlo for a foreign	holiday2	7-W A	N- 0 NW	Γ
. <i>D</i> IU		ever have any our	er vaccinations, for exam	ripie ioi a loreigii	rioliuay :	I=ies 2	=No 9=NK	L
yes:								
Which	ones v	vere they?					**************************************	
(i	i) Na	me						1
(i	ii) Ho	w old was he/she	at the time?			Yrs	Mt	hs T
						<b>L_</b>	<u> </u>	
(i	) Na	me			· .			
(i	ii) Ho	w old was he/she	at the time?			Yrs	Mt	hs T
•						<b>L</b>		
(i	) Na	me	and the second second					
(i	ii) Ho	w old was he/she	at the time?			Yrs	Mt	hs
					4	<u> </u>		$\perp$

/::\

Mths

Yrs

JK Child Health Study: !			Identifying Number				
Section IX Inde	ex child	Vaccination record				1=Mother	1
etails on this form w - mother's record ca		om ecord card / 3 - clinic re	cord card / 4 - other	/ 9 - NK			
fother: specify							
etails recorded at int	terview			1=Yes 2=1	No 9=NK		
Triple Vaccination"	* <i>:</i>			¥ :			
Diphtheria/ tetanus/		HIB	Diphtheria tetanus		Polio	drops	
whooping o		Day Month Year	Day Month	Vest	Day	Month Y	<b>627</b>
ose 1	T T	Say Month Tear				Tonen :	
)	<del></del>		L <del>L</del> L	<del>-                                    </del>		<del></del>	
ose 2							7
000 2	<del></del>		· <del>I</del>	<del></del>		<del></del>	
ose 3							
ooster				<del></del>		· · · · ·	$\top$
				<del></del>	<del></del>	<del>L_</del> _ \	
ther vaccinations							
munization	Date g	iven		Date g	iven		
er v	Day			Day		th Y	ear
malipox			Mantoux testing for BC	G			
			Tetanus		<del>-                                    </del>		
CG			(booster)				
leasles			Polio (booster)				
			HIB				
leasles/Mumps/Rube	ella		(single dose)			l	
					·		<del></del>

<b>UK Child Health</b>	Child Health Study: Page 34	·	1.4	Region		Case No	<u> </u>		
			identifying Number						
Section IX	Index child	Illness history					1	=Mother	1
<del></del>									
	-			,					· · · · ·
	have, or has he		: date of diagn	osis					
	re tne diagnosis of i up to the time of int	nis/her current illness <sub>)</sub> enriew)	,						
JON THOLS.	up to the time of the	ciview)							
		1 "	1=Yes 2=No						
			9=NK						
		Diabetes 1							
		Figneres !							
	7	hyroid problems 2		. :				1=Yes	
								2=No 9=NK	
		Glandular fever 3	If YES:						
			Did he/	she ha	ave a	bloo	d test?	· Ц	
			If YES:	•					
en en en en en en en en en en en en en e			Was the		dulai	feve	r		
			confirm						
	Tonsils and/or ac	lenoids removed 5				1			
		Epilepsy 6							
		Epilepsy o							
	Other conditions	requiring regular							
		linics or hospital 7							
					,				
							•		
		_					A + 1		
	Total illness r	ecords following							
		<u> </u>							

UK Child Health	Study: Page 35		Identifying	Number Felia	Case N	·	
		· N	i ceruiyang	Number			
Section IX	Index child	Illness history	continued			1= <b>M</b> o	ther 1
	ete one for each illne ore details of these il	ss recorded on Page Inesses.	34.				
	W			i	llness no		
Condition			Mths	Yrs		<i>liilli</i> (rs	Mths
: When was it	t first diagnosed?		date		or age		FICHS
			<u> </u>		L	1	
How was it t	treated?			*			
						1=inpatien 2=outpatie	
		hospital inpatient, an	outpatient or by	y the GP?		3=GP 4=other	
(Please recor	rd as appropriate)		en en en en en en en en en en en en en e			9=NK	
GP_			Address		·.	· · · · · · · · · · · · · · · · · · ·	
			de la <del>-</del>				·
				•			
Consu	ultant		Hospital				_
				hospital co	ode		
4				<u>i</u>	llness no		
Condition							
			Mths	Yrs	,	rs	Mths
! When was it	t first diagnosed?		date		or age		l
				¥ .			
How was it t	reated?					l=inpatie	<u> Sandani</u>
	treated as a lord as appropriate)	hospital inpatient, an	outpatient or by	y the GP?		2=outpation 3=GP 4=other 9=NK	
•							
GP			Address				_
•			. ·				<del></del>
Const	ultant	· .	Hospital				· · ·

A Company of the Comp

UK Child Health Study: Page 36			Identifying N	lumber Regi		e No.	
Section IX Index child illness histo	ry Asthma	e/ Eczer	na Pa	ige 1			1=Mother 1
Has your child ever had wheezing or warmen and the state of the s	histling in th	ne chest	at any tin	ne?		<u> </u>	1=yes
(CASES: prior to diagnosis) (CONTROLS: up to the time of interview)	Day	Month	Year				2=no 9=NK
		of diagn	osis				
If no: go to Q7 If yes:			Mths	Yrs		Yrs	Mths
2. When did this first start?		date		·	or age		
3. In the 12 months following this, how many attacks of wheezing did	have?					None 1-3 4-12 12 or	more 4
During this same 12 months,     how often on average was's sle	eep disturbe	d?				NK Iten an 1 night ore nights	
					NK	ove ingres	9
<ol> <li>During this same 12 months was the was to limit's speech to only one or to</li> </ol>			•	oreaths?			1=yes 2=no 9=NK
5. Has your child's chest sounded wheez	during or a	ifter exe	rcise?				1=yes 2=no
7. Has your child ever had asthma?							9=NK
3. Has your child ever had an itchy rash v	vhich was c	oming a	nd going f	or at leas	st 6 mont	hs?	1=yes 2=no
	Day	Month	Year				9=NK
(CASES: prior to diagnosis) (CONTROLS: up to the time of interview)		of diagno					
f no: go to Q14	date	or <b>dra</b> gne	Mths	Yrs		Yrs	Mths
Yes:  O. When did this first start?		đate			or age		Mens
10. Has this itchy rash affected any of the folds of the elbows, behind the knees, or around the neck, ears or eyes?				ne buttoc	ks		1=yes 2*no 9=NK
1. Has ever been kept awake at ni	ght by this it	tchy rast	for one	or more r	nights a w	reek?	1=yes 2=no 9=NK
2. Has this rash cleared completely at any	time?						1=yes 2=no 9=NK
f no: go to Q14 f yes:			Mths	Yrs		Yrs	Mths
3. When was this?		date			or age		
4. Has ever had eczema?						ajai n	1=yes 2=no

UK Child Health	Study: Pag	ge <b>37</b>		Identifying N	Number Region	Case No.	7
Section IX	Index	child	X-ray history	Page 1		1	-Mother
I. CASES	Did		have a blood transfi	raion hafara ha/aha	una diamanada	Date of dia	gnosis
					was diag losed!		L
		************	ever had a blood	ransiusion?			_
f no: go to Q2 f yes:	•					1=yes 2=no 9≈	NK
		,					
Why was it o	done?			<u></u>			
When was it	done?			Mths	Yrs	Yrs	Mth
				date	or	age	
ii Where was i	it done?	Hospital_	- <del></del>			•	
and the second		Address_		2002-00-0	hospital code		
						endada en en en en en en en en en en en en en	<u>msmaqui</u>
Has	ever h	ad any of th	he following types o	of X-rays or investi	gations?		
			sis of their current ill		ganono.		1: 2:
		<del></del>	<del></del>			<b></b>	<u>.</u> و
:date	of diagnosis					Chest x-rays	'
						Skull x-rays	2
				Y-rayo	for possible br	oken honos	3 [
				∧-iays	ior possible bi	OVER DOLLES	۲
					D	ental x-rays	4
	Intrav	enous ovel	logram or IVP - that	t is, where a numb	er of x-ravs of	the kidnevs	Ĺ
			<b>.</b>		are taken after	-	5
	Rarium m	neal - that i	s stomach x-rays ta	kan aftar swallow	ing a glace of c	shallov liguid	L E [
	Denum II	ieai - uial i	a atomach Arays to	men diter SwallOw	ing a glass of C	maiky liquiu	٠. [
			Barium enema	- that is, x-rays ta		•	·
		e e e e e e e e e e e e e e e e e e e		up the back pa	assage and flui	d poured in	7
			Radioactive or isoto	ope injections with	pictures taker	afterwards	8
	· ·	unding			Lad Abaccasis 41:		L
	G a	ardiac cathe			TOO TOPOLION TO		
			eterisation - ie, whe the he				9 F
			the he	eart, dye is injecte	ed and x-ray pic	tures taken	9 [
			the he	eart, dye is injecte ie, x-rays of the he	ed and x-ray pice	ken inside a	L
			the he	eart, dye is injecte	ed and x-ray pice	ken inside a	L
			the he A CAT scan - m An NMR	eart, dye is injecte ie, x-rays of the he achine where the tor MRI (magnetic	ed and x-ray pice ead or body tal equipment rota resonance im	ken inside a ates around aging) scan	10
			the he A CAT scan - m An NMR	eart, dye is injecte ie, x-rays of the he achine where the	ed and x-ray pice ead or body tal equipment rota resonance im	ken inside a ates around aging) scan	10
			the he A CAT scan - m An NMR	eart, dye is injecte ie, x-rays of the he achine where the tor MRI (magnetic	ed and x-ray pice ead or body tall equipment rotal resonance imput inside a la	ken inside a ates around aging) scan arge magnet	10 [

UK Child Health Study: Page 38			Identifying Number	Region	Case	No.	_	
					<u> </u>	<u> </u>		
Section IX Index child	X-ray record	Page				1=	Mother	1
<fill child="" each="" for="" in="" re<="" record="" td="" x-ray=""><td>eceived&gt;</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></fill>	eceived>							
1. Type of X-ray?						X-ray No.		
2. How many times did	have this investigation	n?			. <u> </u>			$\Box$
3. What was the reason for the x-ray?								
4 M/L			Mths Y	rs		Yrs	Mtl	is
<ol><li>When was this?</li><li>What part of her/his body was X-raye</li></ol>	nd2	date		or	age		20000	
o. What part of hei/his body was A-raye	:U!	<u></u>				o saaaaan maa		
6. Where were x-rays done? Hospital_		, e :	hospi	tal code				
1. Type of X-ray?						X-ray No.		
. How many times did	have this investigatio	n?						
3. What was the reason for the x-ray?								
4 14N	er i		Mths Y	rs		Yrs	Mth	15
4. When was this?	. <b></b>	date		or	age		71111111	
5. What part of her/his body was X-raye	<del></del>			<del></del>				
6. Where were x-rays done? Hospital_	· · · · · · · · · · · · · · · · · · ·		hospi	tal code				
1. Type of X-ray?				<u> </u>		X-ray No.		
2. How many times did	have this investigatio	n?						F
3. What was the reason for the x-ray?					<u> </u>			
A VAII- and a supple Abrica C		,	Mths Y	rs		Yrs	Mch	15
<ol> <li>When was this?</li> <li>What part of her/his body was X-raye</li> </ol>	d0	date		or	age		200000	
s. What part of heimis body was A-laye	:U f	<del>-</del>			manu			
6. Where were x-rays done? Hospital_		· <del></del>	hospi	tal code				
I. Type of X-ray?						X-ray No.		
2. How many times did			-					=
3. What was the reason for the x-ray?								
			Mths Y	rs		Yrs	Mt)	16 15
4. When was this?	.40	date		or	age		quare	
5. What part of her/his body was X-raye	ed?							
			٠.					Willi

	<u>-</u>							<u> </u>	4
tion IX	Index chi	ld So	cial history	Page 1				1=Mothe	H
			confirm wheth was b	er there were an	ıy children		. 2	=any =none =NK?	_
ome: How	many?								
any other	babies or o	children fr	om outside th	d <b>uring his/he</b> i e ho <b>useho</b> ld, for ek, or more oftel	example:				
Age	:	1=yes/ 2=no/ 9=NK	If yes: desc	ibe			C	ode .	
Under 3									
3-5 mont 6-11 mor	-		· .		<u> </u>				
	<u>'</u>		,						
		1= <b>yes/</b> 2=no/ 9=NK	Under 1 year 1=yes/ 2=no/ 9=NK	of the following   Age first atte (years/months)	nded	No. of sessions per week	Tot chi	al ldren group	
Child	lminder			yrs mtl					
	nursery								
	er a <b>nd</b> er group								
Play	group								
Nurs	ery school								
Tuml gym	ole Tots/ club								
Swim	nming								
	r pre-school		Ò						
	specify								٠٠.

UK Child Health Study: Page 40		·	<b>id</b> entifyi	ng Number			
Section IX Index child Social his	tory	Page	⊋2				1=Mother 1
ASK QUESTIONS ON THIS PAGE IF INDEX CH is. For this question we are only interested in older school. Please may I have their names, starting v	er children vith the elde	who lived est <i>(recor</i>	with d names).	Date of i	before h		
Then ask: Was (name) at home when		inder inre ancy no. or		. ,	dex	<del>_</del>	
Name	child n		· ·	Date of b	нтп		
We consider the second	Under3mths	3-5 mths	6-11 mths	1 yr	2 yrs	3 yrs	4 yrs
Was living at home 1=yes 2=no 9=NK If yes: continue column downwards							.,
Attending F/T school 1=yes 2=no 9=NK If under 1 year=yes: stop recording this page If yes in shaded box: stop column	12	-					
Attending preschool group 1=yes 2=no 9=NK							
Age started F/T school yrs mth		ancy no. or	<del></del>	Date of birth			
Name	child n	o. ————					
	Index Age Under3 mehs	3-5 mths	6-11 mths	1 yr	2 yrs	3 yrs	4 yrs
Was living at home 1=yes 2=no 9=NK If yes: continue column downwards	OF LOS STEPS	3-31MIS	6-11 mus	191	Zyis	Syls	4 yis
Attending F/T school 1=yes 2=no 9=NK If under 1 year=yes: stop recording this page If yes in shaded box: stop column							
Attending preschool group 1=yes 2=no 9=NK							
Age started F/T school yrs mith							
Name	Pregna child n	ancy no. or o.		Date of birth			
	Index Age Under3 mits	2 C	6-11 mths	1 1 100	2 100	3 100	4.000
Was living at home 1=yes 2=no 9=NK If yes: continue column downwards	Cross 3 mass	3-5 111115	6-11 mins	1 yr	2 yrs	3 yrs	4 yrs
Attending F/T school 1=yes 2=no 9=NK If under 1 year=yes: stop recording this page If yes in shaded box: stop column							7.00
Attending preschool group 1=yes 2=no 9=NK							
Age started F/T school yrs mth							

Section X  MOTHER ON ave had, inclu		re interested		nesses that		'st	prothers and	
ATHER ONL Ino: go to F Iyes: How r	Page 43	May	l have their r			ousehold?	1 <b>⇒yes 2=</b> no	9=NK
	egnancy				-			
Diabetes		l=yes 2=no 9=NK	l=yes 2=no 9=NK	1=yes 2=no 9=NK	l=yes 2=no 9=NK	1=yes 2=no 9=NK	1=yes 2=no 9=NK	1=yes 2=no 9=NK
2 Thyroid	problems							
3 Rheuma Arthritis	itoid							
4 Pernicion anaemia								
5 Multiple	Sclerosis							
6 Epilepsy								
7 Glandula						;		
8 Leukaen Lymphor								
9 Other ca or tumou	1							
10 Asthma								

Section X	Family illness	page 2		Parent ID 1=1	Mother Father
	ete for each illness re ore details of these illi		l details not already obta	ined).	-
Full name				Preg. No./id	
Condition				illness no.	
Date of birth		Date of de	eath		
		Place of c	leath	Yrs	Mths
low old was	when it was	first diagnosed?			Mens
ddress when	diagnosed	<del></del>		<u> </u>	
<u> </u>					
	treated as a hos d as appropriate)	pital inpatient, an o	utpatient or by the GP?	l±inpat: 2=outpat 3=GP	
			Address	4=other 9=NK	
· · .					
		<u> </u>			
Consu	Itant		Hospital		
			· · · · · · · · · · · · · · · · · · ·		
			Hospita	al code	
ull name				Preg. No./id	
condition		w w		illness no.	
ate of birth		Date of de	eath		
Ĺ					
L		Place of d	eath	<u> </u>	
ow old was	when it <b>wa</b> s	•	leath	Yrs	Mths
		first diagnosed?	leath	Yrs	Mths
	when it was	first diagnosed?	leath	Yrs	Mths
ddress when d	diagnosed	first diagnosed?	utpatient or by the GP?	l=inpati 2=outpat 3=GP	ent
ddress when d	diagnosed	first diagnosed?		l=inpati 2=outpat	ent
ddress when d	diagnosed treated as a hosp d as appropriate)	first diagnosed?	utpatient or by the GP?	l=inpati 2=outpat 3=GP 4=other	ent

Section XI	Employment in specific industries	Mother/Father	Parent ID 1=Mother 2=Father
ou have alr	eady told me about the jobs that you have he cally can I just check if you have ever done a	ad. ny work at: SHOW CH	IECK LIST Yes*1 Noa2 NKa9
f yes: Name			
2. What w	If yes: When?	Mth Yr	to Mth Yr
3. Were y	ou monitored for radiation exposure?		layes 2=no 9=NY i=yee D=no 9=NY
5. Were a	iny other checks carried out on you?	<u> </u>	lives Canc Penx
Name	<i>If yes:</i> When?	Mth Yr	to Mth Yr
3. Were y	ou monitored for radiation exposure?		1 = yes 2 = no 9 = NK 1 = yes 2 = no 5 = NK 1 = yes
	ny other checks carried out on you? s: specify		2=no 9=NK
. Name	<i>If yes:</i> When?	Mth Yr	to Mah Yr
	ras your job?our monitored for radiation exposure?		
			1≠yes

EQUEST FOR PERMISSION	Parent	ID 1=Mother 2=Father
give permission for my medical and related records to be examined for confidential use in the	YES	
K Child Health study.	L	l(initials,
	NO	
give permission for my children's medical and related records to be examined for	YES	. :
onfidential use in the UK Child Health study.	NO	(initials)
	.,,	
give permission for my present and previous employers to be contacted and asked for	YES	
formation about my work and my working environment.	NO	(initials)
		<u> </u>
	YES	
give permission for my hairdressing records to be examined		(initials)
gree to give a blood sample for research purposes.	YES NO	(initials)
	·	(initials)
gree to give a blood sample for research purposes.  gree for my children named below to give a blood sample for research purposes.	YES	
	YES[	(initials)
agree for my children named below to give a blood sample for research purposes.  NameName	YES[	
gree for my children named below to give a blood sample for research purposes.	YES[	
agree for my children named below to give a blood sample for research purposes.  NameName	YES NO YES NO	
agree for my children named below to give a blood sample for research purposes.  Name Name  Bame Name Name	YES NO [ YES NO [	
gree for my children named below to give a blood sample for research purposes.  Ame Name  Bame Name  LEASE READ CAREFULLY AND TICK AND INITIAL THE APPROPRIATE BOXE	YES NO YES NO	
gree for my children named below to give a blood sample for research purposes.  Ame Name  Bame Name  LEASE READ CAREFULLY AND TICK AND INITIAL THE APPROPRIATE BOXE gnature [	YES NO [ YES NO [	
gree for my children named below to give a blood sample for research purposes.  Ame Name  Bame Name  LEASE READ CAREFULLY AND TICK AND INITIAL THE APPROPRIATE BOXE gnature [	YES NO [ YES NO [	
gree for my children named below to give a blood sample for research purposes.  Ame Name  Bame Name  LEASE READ CAREFULLY AND TICK AND INITIAL THE APPROPRIATE BOXE gnature [	YES NO [ YES NO [	
gree for my children named below to give a blood sample for research purposes.  The same	YES NO [ YES NO [	
gree for my children named below to give a blood sample for research purposes.  The same	YES NO [ YES NO [	
gree for my children named below to give a blood sample for research purposes.  The same	YES NO [ YES NO [	

			A 4		<u> </u>	
ection XII	Further	information	Mother/Father		Parent ID	1=Mother 2=Father
se Parent	s Only			Month Year		V
		notice e was diagnosed		MOILI Year	or age	Year Month
			Mary San San		l=GP [	
From w	hom did you	ı first seek medid	cal advice?		2±Hospital 9=Other SPECIFY	
When v	vas this?		date	Month Year	or age	Month Year
What w	as the diagr	nosis made at thi	s visit?	4 1 E		
) •			diagnosis 1			
			2			
					· ·	= 22 H
	ing else you s on this into		3	or do you h	nave	
				or do you h	nave	
ntrol Pare	s on this into		II me about	or do you h	nave	
ntrol Pare	s on this into	erview.	II me about	or do you h	nave	
ntrol Pare you have a	nts Only any commen	erview.  Its on this interview.  Is only -	iew.		nave	
ntrol Pare	nts Only any commen	erview.  Its on this interview.  Is only -	iew.		nave	
ntrol Pare you have a	nts Only any commer	nts on this intervious only -	iew.			ies? 2=no 9=NK
ntrol Pare you have a	nts Only any commer	nts on this intervious only -	iew.  1 =yes Home telephone number			ies? 2≃no
ntrol Pare you have a ctory 1=yes 2=no 9=NK	nts Only any commer  Case Instal	erview.  Ints on this interviews only - lied after diagnosis to contact you if sion to send rade	iew.  1 =yes Home telephone number	ormation or to re-	solve any quer	ies? 2≃no
ntrol Pare you have a ctory 1=yes 2=no 9=NK	nts Only any commer  Case Instal	erview.  Ints on this interviews only - lied after diagnosis to contact you if sion to send rade	iew.  1=yes Home telephone number  we need further info	ormation or to re-	solve any quer	2=no 9=NK 1=yes 2=no

Was this interview taped?    Part   P	Was this interview taped?    Section No.   Peside	Interview	v Details Mother/Father						1=M 2=F	
Name of interviewer  Surrogate information  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  Family illness  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  Place of interview  Place of interview	Name of interviewer  Surrogate information  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  Family illness  If yes: specify relationship to index  Mode of interview  Family illness  If yes: specify relationship to index  Mode of interview  Place of interview  Place of interview  1-hace  1-colored  1-color	Was this i	nterview taped?			Regio	on No	2 = : 9 = :	no	
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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  Family illness  If yes: specify relationship to index  Mode of interview  Family illness  If yes: specify relationship to index  Mode of interview  Linane  Linan	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  Family illness  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  Family illness  If yes: specify relationship to index  Mode of interview  Family illness  If yes: specify relationship to index  Mode of interview		Residential history		•		1 1			
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Place of interview	Place of interview  If other: specify		If yes: specify relationship to index	,		<u> </u>	· .	[		
Place of interview	Place of interview  If other: specify		Mode of interview					····		
		Place of in						k=hosp:	ital	