Identifying Number — Region | Case No.

1=Mother
2=Father

Parent's Questionnaire

Section — **Page**

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Appendices

I Residential and occupational pre-interview questionnaire

FIXED February 1993
P A McKinney
E Roman

Identifying Number | | | | | | |

EPIDEMIOLOGICAL SURVEY
Consent Form

Parents Name ______________________________

Address ______________________________

____

____

I consent to be interviewed about my child's and my residential, occupational and medical and similar aspects of my family history.

In accordance with the Data Protection Act (Section 29) 1984, I understand that

(i) the data custodian for the above study is responsible for the data collected herein

(ii) the data are not communicated to third parties

Signature ______________________________ Date ____________

Interviewer's signature ______________________________ Date ____________

I agree to this interview being tape recorded

Parents signature ______________________________ Date ____________

Identifying Number (Region | Case No.)

Personal Details

Thank you for agreeing to help us with this study. Most of the questions I am going to ask you are about your life, work and health, and about ....'s childhood.

Time started (24 hr clock) Hr Min

Can I stress again that all your answers will be treated in the strictest confidence and the information will not be passed to anyone outside the study.

Index child

Sheet no.

Total sheets

First name ______ Last name ______

Address at interview ______

Date of Diagnosis or 'Pseudodiagnosis'

Sex

Postcode

Date of Birth

NHS No.

Mother (or Surrogate)

Title ______ First name ______

Parent ID

Last name ______

All previous names ______

Name when .... was born

Current address ______

Postcode

NHS No.

Father (or Surrogate)

Parent ID

Title ______ First name ______

Last name ______

Current address ______

Postcode

Identifying Number

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GP Details

Parent ID 1=Mother 2=Father ☐

May I have (or confirm) the name and address of the GP you are **currently** registered with.

Name ______________________________

Address ______________________________

____

____

Is ....registered with the same GP? 1=yes 2=no ☐

If No:

[illegible]e ______________________________

Address ______________________________

____

____

I would also like to check which GP ....was registered with 6 months ago.

Name ______________________________

Address ______________________________

____

____

Identifying Number Region Case No.

Section I **General background** Mother/Father

Parent ID 1=Mother 2=Father

1a) So that I can make this interview as short as possible and collect the right information, may I ask if you are the natural mother/father of ....? 1=yes 2=no 9=NK

b) *If no: then ask* When did ....first live with you? *date* Mth Yr *or* *age of child* Yrs Mths

If mother/father is not the biological parent limited questions to be asked: see separate instructions

2a) Has ....ever lived away from you for longer than six months? 1=yes/ 2=no/ 9=NK

If yes:

b) Why was this ______________________________

Please could you tell me when this was: *from* date Mth Yr *or* age Yr Mth

to date Mth Yr *or* age Yr Mth

Why was this ______________________________

Please could you tell me when this was: *from* date Mth Yr *or* age Yr Mth

to date Mth Yr *or* age Yr Mth

Total number of times away

Identifying Number Region Case No

Section I **General background** Mother/Father Parent ID 1=Mother 2=Father

May I ask you some general questions about yourself?

Day Mth Yr

3. What is your date of birth?

4. Would you currently describe yourself as circle 1=married/ 2=cohabiting/ 3=widowed 4=separated/ 5=divorced/ 6=single?

5. How would you describe yourself

circle 1=White/ 2=Black-Caribbean/ 3=Black-African/ 4=Black-'Other'/ 5=Indian/ 6=Pakistani/ 7=Bangladeshi/ 8=Chinese/ 9=any 'other' ethnic group

If other:

How would you describe yourself? ______________________________

yrs

6. How old were you when you left school ?

7. Do you have any educational qualifications such as: 1=yes 2=no 9=NK

CSEs / 'O' levels / 'O' Grades / GCSEs / or their equivalents?

Highers / 'A' levels or their equivalents?

Any higher or professional qualifications?

If yes:

What are these qualifications? ______________________________

____

8. Do you own or rent your current home? 1=owner/ 2=tenant/ 3=other/ 9=NK

If other: *Specify* ______________________________

____

If tenant:

Who do you rent it from? 1=council/ 2=housing association/ 3=private/ 4=other/ 9=NK

If other: *Specify* ______________________________

Identifying Number — Region | Case No.

Section I **General background** Mother/Father Parent ID 1=Mother 2=Father

9. Do you have a paid job at present? 1=yes / 2=no / 9=NK

   If no: go to Page 7

   If yes: What is your job?______________________

10. Are you.......................................1=employed / 2=self-employed / 9=NK

11. What does the organisation you work for make or do?______________________

.. employed:

12. Do you manage or supervise other people? 1=yes / 2=no / 9=NK

    If yes: How many (*fill in actual number)*

If self employed:

13. Do you have any employees? 1=yes / 2=no / 9=NK

    If yes: How many (*fill in actual number)*

CODING Socio-economic Group (SEG)

Social class (SC)

Identifying Number — Region | Case No.

Section II **Residential history: 1** Mother/Father Parent ID 1=Mother 2=Father

Please go through the addresses section of the pre-interview questionnaire and confirm dates and correct where necessary. Then ask the following Residential history 1, 2 & 3 about each place of residence in turn, starting with the year before....................was BORN.

DO NOT REPEAT FOR BOTH MOTHER AND FATHER IF INFORMATION THE SAME

Day Mth Yr

Fill in after interview
Total number of residences about which details taken

Moved in (Mth Yr) Moved out (Mth Yr) Postcode Residence No

1. Was .... living with you at this address 1=yes/ 2=no/ 9=NK

2. What type of accommodation did you have? Was it a...?

   circle 1=House or bungalow/ 2=Maisonette/ 3=Flat/ 4=Caravan/ 5=Boat/ 6=bedsit/ 7=Other

   If other: *Specify* ______________________

3. On which floor was the main living area? 0=basement/ 1=ground/ 2=1st floor/ 3=above first floor/ 4=other

   If other: *Specify* ______________________

4. On which floor was your bedroom? 0=basement/ 1=ground/ 2=1st floor/ 3=above first floor/ 4=other

   If other: *Specify* ______________________

5. Did you have double glazing in the living area? 1=yes/ 2=no/ 9=NK

   If yes: was it there when you moved in? 1=yes/ 2=no/ 9=NK

   If no: can you remember when it was installed? Mth & Yr

6. Did you have double glazing in any of the bedrooms? 1=yes/ 2=no/ 9=NK

   If yes: was it there when you moved in? 1=yes/ 2=no/ 9=NK

   If no: can you remember when it was installed? Mth & Yr

7. Did you have central heating in the living area? 1=yes/ 2=no/ 9=NK

   If yes: was it there when you moved in? 1=yes/ 2=no/ 9=NK

   If no: can you remember when it was installed? Mth & Yr

8. Did you have central heating in any of the bedrooms? 1=yes/ 2=no/ 9=NK

   If yes: was it there when you moved in? 1=yes/ 2=no/ 9=NK

   If no: can you remember when it was installed? Mth & Yr

9. Was the water supply to this house 1=mains/ 2=spring water/ 3=well water/ 7=other/ 9=NK

   If other: *Specify* ______________________

10. Has the house at this address been demolished? 1=yes/ 2=no/ 9=NK

Identifying Number Region Case No.

Section II **Residential history: 2** Mother/Father Parent ID 1=Mother 2=Father

Residence No.

11. How many rooms were there?

12. How many adults lived there?

13. How many children lived there?

14. Did .... always sleep on the 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 most time was spent

Did .... share a bedroom with anyone for more than one month including yourself? 1=yes/ 2=no/ 9=NK

If yes:

with whom?
(specify name and relationship)

and when was this? *from* (age of index) Yr & Mth *to* (age of index) Yr & Mth

<or> *from* (date) Mth & Yr *to* (date) Mth & Yr

with whom?
(specify name and relationship)

and when was this? *from* (age of index) Yr & Mth *to* (age of index) Yr & Mth

<or> *from* (date) Mth & Yr *to* (date) Mth & Yr

with whom?
(specify name and relationship)

and when was this? *from* (age of index) Yr & Mth *to* (age of index) Yr & Mth

<or> *from* (date) Mth & Yr *to* (date) Mth & Yr

with whom?
(specify name and relationship)

and when was this? *from* (age of index) Yr & Mth *to* (age of index) Yr & Mth

<or> *from* (date) Mth & Yr *to* (date) Mth & Yr

with whom?
(specify name and relationship)

and when was this? *from* (age of index) Yr & Mth *to* (age of index) Yr & Mth

Identifying Number Region Case No.

Section II **Residential history: 3** Mother/Father Parent ID 1=Mother 2=Father

16. Was this house ever chemically treated for woodworm, wet or dry rot or any other conditions while you were living there?

Residence No.

1=Yes 2=No 9=NK

If No: go to Q23

17. Please can you tell me when it was treated? date (Month, Year) or age (Years, Month)

18. Can you remember why the house was treated?

19. Did you treat the house yourself? 1=Yes 2=No 9=NK

If No: ask Q20

20. What was the name of the firm who carried out the treatment?

21. Can you remember the name of the product?

22. Did you evacuate the house after treatment? 1=Yes 2=No 9=NK

If Yes:

For how many days

If a past address (ie NOT present/current address)

23. Do you know anyone who now lives at this address? 1=Yes 2=No 9=NK

If Yes record detail including nature and relationship (eg friend, relative etc)

Response to queries (if appropriate)

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

Identifying Number | Region | Case No

Section III **Employment history** Mother/Father Parent ID 1=Mother 2=Father

Please go through the employment section of the pre-interview questionnaire (Appendix I), confirm jobs and dates recorded, and correct where necessary. Show card listing exposures as below.

Then ask the following about each job in turn.

I would like to ask you some more details about each of your jobs.

Did your job as .... ever involve you in handling or being exposed to:

show prompt card and code answers on the pre-interview questionnaire

None	0
Solvents, degreasers or cleaning agents such as benzene, toluene or carbon tetrachloride?	1
Paints, lacquers, paint removers, turpentine products or thinners?	2
Dyes or pigments?	3
Petrol, petroleum products or paraffin?	4
Lead or compounds containing lead?	5
Fertilizers, pesticides, fungicides or herbicides?	6
Radioactive materials, X-rays or any other form of ionizing radiation?	7
Wood dust/Sawdust?	8
Not known	9

Fill in after interview

Section III **Employment history** Mother/Father **Detail** **Number of sheets** [ ][ ]

Identifying Number (Region | Case No.)

Section III **Employment history** Mother/Father **Exposure record** *Page:* Parent ID 1=Mother 2=Father

To be completed for any job where an exposure is reported.
Complete record for each exposure.

Fill in after interview
Total Number of Job Exposures

1. Do you remember the names of the materials involved? *(specify)* ______ Job No.

Exp.No.

2. Did you yourself work with ... *(as above)* 1=Yes 2=No 9=NK

3. Please can you describe in detail your contact with ... ? ______

4. Over what period was this? *date from* Mth Yr *to* Mth Yr

or age Mth Yr *to* Mth Yr

If exposure is to ionizing radiation:

5. During this time were you monitored for exposure to radiation? 1=Yes 2=No 9=NK

If yes: How? circle 1=film badge/ 2=blood tests/ 3=film badge and blood test/4=other/ 9=NK

If other: *Specify* ______

---

1. Do you remember the names of the materials involved? *(specify)* ______ Job No.

Exp.No.

2. Did you yourself work with ... *(as above)* 1=Yes 2=No 9=NK

3. Please can you describe in detail your contact with ... ? ______

4. Over what period was this? *date from* Mth Yr *to* Mth Yr

or age Mth Yr *to* Mth Yr

If exposure is to ionizing radiation:

5. During this time were you monitored for exposure to radiation? 1=Yes 2=No 9=NK

If yes: How? circle 1=film badge/ 2=blood tests/ 3=film badge and blood test/4=other/ 9=NK

If other: *Specify* ______

Identifying Number: Region | Case No. [ ][ ][ ][ ][ ][ ][ ]

Section IV **General health** Mother/Father **Illness** Page 1 Parent ID 1=Mother 2=Father [ ]

Do you suffer from, or have you ever suffered from, any of the following illnesses:

1=Yes
2=No
9=NK

Illness	No.	
Diabetes	1	[ ]
Thyroid disease	2	[ ]
Rheumatoid arthritis	3	[ ]
Pernicious anaemia	4	[ ]
Asthma	5	[ ]
Multiple sclerosis	6	[ ]
Epilepsy	7	[ ]
Glandular fever	8	[ ]
Leukaemia or lymphoma	9	[ ]
Other cancer or tumour	10	[ ]
Have you ever had a blood transfusion?	11	[ ]

1=Yes
2=No
9=NK

If Yes: Did you have a blood test? [ ]

If Yes: Was the glandular fever confirmed? [ ]

If yes to any of these please complete a record for each condition and enter the total number of illnesses below

Total number of illness records following [ ][ ]

Identifying Number | Region | Case No.

Section IV **General health** Mother/Father **Illness** Page ...... Parent ID 1=Mother 2=Father

Please complete for each illness listed on previous page.

illness no.

1. Condition? ______

2. What treatment did you have? ______

3. Can you remember the date this condition began? date (month, year)

or:-

How old were you when this condition began age (year, month)

4. Were you treated : 1=as a hospital inpatient/ 2=as an outpatient/ 3=by your GP/ 4=other/ 9=NK

If other: *Specify* ______

5. Which hospital did you attend when the treatment began *(if appropriate)*?

Name: ______

Address: ______

______

Who was the consultant *(if appropriate)*? ______ Hospital code

Please complete for each illness listed on previous page.

illness no.

1. Condition? ______

2. What treatment did you have? ______

3. Can you remember the date this condition began? date (month, year)

or:-

How old were you when this condition began age (year, month)

4. Were you treated : 1=as a hospital inpatient/ 2=as an outpatient/ 3=by your GP/ 4=other/ 9=NK

If other: *Specify* ______

5. Which hospital did you attend when the treatment began *(if appropriate)*?

Name: ______

Address: ______

______

Who was the consultant *(if appropriate)*? Hospital code

Identifying Number Region Case No.

Section V **X-ray history** Mother/Father Page 1 Parent ID 1=Mother 2=Father

I have already asked you about illnesses you may have had. I would like to ask you more specifically about any x-rays and investigations you may have had at any time in your life

(mothers) BEFORE you became pregnant with ....
(fathers) BEFORE .... was born

Have you had any of the following...?

1=Yes
2=No
9=NK

Item	No.	
Fluoroscope - *eg*, pictures taken of your lungs while you are breathing swallowing or moving	1	
IVP or intravenous pyelogram - *ie*, x-rays of your kidneys	2	
Barium meal - *ie*, x-rays of your stomach taken after swallowing a glass of chalky liquid	3	
Cholecystogram - *ie*, x-rays of your gall bladder taken after swallowing a glass of thick liquid	4	
Barium enema - *ie*, x-rays taken after a tube has been passed up your back passage and fluid poured in	5	
A venogram - *ie*, x-rays of a vein after dye has been injected	6	
A lymphangiogram - *ie*, x-rays taken of different parts of the body after dye has been injected	7	
An angiogram or arteriogram - *ie*, x-rays of your heart or blood vessels taken after a tube has been passed into your arm or groin	8	
Radioactive or isotope injections with pictures or x-rays taken afterwards	9	
Radiotherapy - *ie*, treatment with x-rays	10	
A CAT scan - *ie*, x-rays of your head or body taken inside a machine where the equipment rotates around you	11	
An NMR or MRI (magnetic resonance imaging) scan - *ie*, where you are put inside a large magnet	12	
(Mothers only) Salpingiogram or insufflation - *ie*, where x-rays are taken of your fallopian tubes after dye has been injected	13	
(Mothers only) A mammogram - ie, an x-ray of your breast	14	
(Mothers only) Pelvimetry in relation to previous pregnancies	15	
Chest x-rays	16	
X-rays to show possible broken bones	17	
Skull x-rays	18	
Any other x-rays or x-ray investigations - (specify) (Excluding dental x-rays)	19	

If yes to 1-15 and 19 please complete an x-ray record for each examination/investigation
Do not complete further records for 16 to 18.

Total number of x-ray records following

Identifying Number Region Case No.

Section V **X-ray history** Mother/Father **Detail** Page ...... Parent ID 1=Mother 2=Father

X-ray No.

1. Type of X-ray or investigation
2. How many times have you had this investigation?
3. When was this? *date* *month* *year* *or age* *year* *month*
4. What part of your body was X-rayed?
5. Which hospital did you attend? *hospital code*

X-ray No.

1. Type of X-ray or investigation
2. How many times have you had this investigation?
3. When was this? *date* *month* *year* *or age* *year* *month*
4. What part of your body was X-rayed?
5. Which hospital did you attend? *hospital code*

X-ray No.

1. Type of X-ray or investigation
2. How many times have you had this investigation?
3. When was this? *date* *month* *year* *or age* *year* *month*
4. What part of your body was X-rayed?
5. Which hospital did you attend? *hospital code*

X-ray No.

1. Type of X-ray or investigation
2. How many times have you had this investigation?
3. When was this? *date* *month* *year* *or age* *year* *month*
4. What part of your body was X-rayed?
5. Which hospital did you attend? *hospital code*

Identifying Number (Region | Case No.)

Section VI **Social habits** Mother/Father

Parent ID (1=Mother, 2=Father)

I now have some questions about smoking.

1=Yes
2=No
9=NK

1. Have you ever regularly smoked at least one..........a day for at least a year?

cigarettes	
cigars	
a pipe	

Cigarettes= manufactured or hand rolled

If yes ask questions below; if no - go to next section

		Cigarettes	Cigars	Pipe
1. How old were you when you started smoking?	age	yrs	yrs	yrs
2. Do you still smoke?	1=yes/ 2=no/ 9=NK			
2a. ***If yes:***				
i) On average how many did you smoke per day one year **before**........................was born?		no.	no.	oz/wk
ii) How many one year **after**........................was born?		no.	no.	oz/wk
iii) How many one year ago?		no.	no.	oz/wk
2b. ***If no:***				
When did you stop smoking?	age	yrs	yrs	yrs
ii) Was that **before**........................was born?	1=yes/ 2=no/ 9=NK			
If yes:				
2ba.i) On average how many did you smoke per day one year **before**........................was born?		no.	no.	oz/wk
If no:				
2bb.i) On average how many did you smoke per day one year **before**........................was born?		no.	no.	oz/wk
ii) How many one year **after**........................was born?		no.	no.	oz/wk

Identifying Number Region Case No.

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 full) No.	Name (in full) No.
1 ID of pregnancy	P	P	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 = miscarriage, 20+ wks = stillbirth)	1=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	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?	1=male 2=female 9=not known	1=male 2=female 9=not known	1=male 2=female 9=not known
7 What was the baby's birthweight?	lbs, ozs gm	lbs, ozs gm	lbs, ozs gm
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	1=yes 2=no 9=not known day mth yr	1=yes 2=no 9=not known day mth yr
12 Cause of death Place (town)	ICD	ICD	ICD

Identifying Number Region Case No.

Section VII **Obstetric history** Other children

Page ....

1=Mother 1

1. Have you ever had any adopted, step, long term foster children or any other children living with you for longer than three months? 1=yes/ 2=no/ 9=not known

If no: go to Page 19

2. *If yes:* How many?

(Please complete for each child)

Name ______________________ Child number

i) Was he/she: circle 1=adopted/ 2=step/ 3=foster/ 4=other

If other: specify ______________________

ii) Date of birth day/ mth/ yr

iii) Sex 1=male/ 2=female

iv) When did he/she first live with you? date (month, year) or age (year, month)

v) Does he/she live with you now? 1=yes/ 2=no/ 9=NK

vi) *If no:* when did he/she leave? date (month, year) or age (year, month)

Name ______________________ Child number

i) Was he/she: circle 1=adopted/ 2=step/ 3=foster/ 4=other

If other: specify ______________________

ii) Date of birth day/ mth/ yr

iii) Sex 1=male/ 2=female

iv) When did he/she first live with you? date (month, year) or age (year, month)

v) Does he/she live with you now? 1=yes/ 2=no/ 9=NK

vi) *If no:* when did he/she leave? date (month, year) or age (year, month)

Identifying Number — Region | Case No. | | | | | | |

Section VIII **Index pregnancy** Page 1

1=Mother | 1 |

I would like to ask you now in more detail about your pregnancy with ....

1. What type of antenatal care did you have? 1=hospital/ 2=shared/ 3=GP/ 4=none 5=other/ 9=NK ☐

   If other: specify ______________________

2. Which GP and consultant looked after you during the pregnancy?

   GP ______________________ Consultant ______________________

   Address ______________________ Hospital ______________________

   ______________________ ______________________

   Hospital code

3. At any time during the pregnancy were you admitted to hospital for **any** reason including emergency admissions 24 hours *before* delivery? 1=yes/ 2=no/ 9=NK ☐

If no: go to Q4 Page 20

If yes: *complete for each admission*

---

i) Why was this? ______________________

ii) When was this (weeks since LMP)? weeks from ☐☐ to ☐☐

iii) Which hospital? ______________________

iv) Who was the consultant? ______________________ Hospital code

---

i) Why was this? ______________________

ii) When was this (weeks since LMP)? weeks from ☐☐ to ☐☐

iii) Which hospital? ______________________

iv) Who was the consultant? ______________________ Hospital code

---

Total number of admissions ☐☐

Identifying Number — Region | Case No.

Section VIII **Index pregnancy** Page 2

1=Mother 1

4. Have you ever had any difficulty in becoming pregnant? 1=yes 2=no 9=NK
If no: go to Q6
If yes:
5. Were you treated for infertility in the six months before your pregnancy with .... ? 1=yes 2=no 9=NK

What treatment did you have? (1=yes 2=no 9=NK)

- Surgery or other treatment for blocked tubes
- Clomid/Clomiphene tablets
- Pergonal injections
- Oestrogen treatment
- Other hormones
  - Specify ______
- IVF / GIFT / Assisted conception
- Any other
  - Specify ______

When did the treatment first start? Mth Yr

Who was your GP? ______

Address ______

______

Which hospital did you attend? ______

______ Hospital code

Who was your consultant? ______

6. Did you use any form of contraception in the six months before you became pregnant with ....?
If no: go to Q7 Page 21
If yes: how many months before you became pregnant did you stop?

	1=yes 2=no 9=NK	Stopped Months
Mini-pill (progesterone)		
Pill		
IUD/coil		
Diaphragm/cap/condom		
If yes: with spermicide		
Spermicide alone		
Depo provera injection		

Identifying Number Region Case No.

1=Mother 1

7. In the 3 months before or during your pregnancy did you take any of the following drugs or medicines?

1=yes
2=no
9=NK

	Anti-sickness pills (excluding vitamins)	1	
	Anti-epileptic tablets?	2	
Antibiotics or antibacterial drugs such as	Penicillin	3	
	Chloramphenicol	4	
	Erythromycin	5	
	Septrin or other sulphonamides	6	
	Other	7	
Tranquilizers, anti-depressants, sleeping or nerve pills such as	Valium	8	
	Mogadon	9	
	Other	10	
	Hormone, steroid tablets or injections (excluding the pill)	11	
	Phenobarbitone or other barbiturates	12	
	Did you receive any vaccinations during your pregnancy?	13	

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

Identifying Number | Region | Case No.

Section VIII **Index pregnancy** Drug/vaccinations detail Page 4 1=Mother 1

Please may I have more detail of these medicines

Total number of drug records following *(fill in after interview)*

Drug No.

Drug? ____________________

When did you take it? (weeks before or after LMP) from to

Why was this? ____________________

Drug No.

Drug? ____________________

When did you take it? (weeks before or after LMP) from to

Why was this? ____________________

Drug No.

Drug? ____________________

When did you take it? (weeks before or after LMP) from to

Why was this? ____________________

Drug No.

Drug? ____________________

When did you take it? (weeks before or after LMP) from to

Why was this? ____________________

Identifying Number (Region | Case No.) | | | | | | |

Section VIII **Index pregnancy** Illness Page 5

1=Mother [1]

8. We are interested in illnesses which you may have had during your pregnancy with..................................
Did you have any of the following?

	1=Yes 2=No 9=NK	Weeks of pregnancy since LMP From	To	From	To
German Measles					
Measles					
Chickenpox					
Shingles					
Mumps					
Glandular fever					
Pneumonia					
Influenza					
Cystitis or kidney infections					
Any other infection specify					

9. During the pregnancy did you have any other illnesses or conditions requiring visits to your doctor?

1=yes / 2=no / 9=NK [ ]

If yes:

What was wrong? ______________________

When was this (weeks since LMP)? from [ ] to [ ]

What treatment did you have?______________________

What was wrong? ______________________

When was this (weeks since LMP)? from [ ] to [ ]

What treatment did you have?______________________

What was wrong? ______________________

When was this (weeks since LMP)? from [ ] to [ ]

What treatment did you have?

Identifying Number | Region | Case No.

Section VIII **Index pregnancy** X-rays / Ultrasound Page 6 1=Mother 1

1. **You have already told me about** the x-rays you have had before you became pregnant with ....
Can I just check, did you have any X-rays, or X-ray investigations, including dental X-rays, or X-rays to check the baby's position, while you were pregnant with .... ?

1=yes
2=no
9=NK

If no: go to Q2
If yes: *ask for each x-ray in turn*

Fill in after interview: Total x-rays during pregnancy

Which part of your body was x-rayed? ______

Why were you x-rayed? ______

When (weeks since LMP) ______

Where was the x-ray done? Hospital ______

Address ______

______ Hospital code

Which part of your body was x-rayed? ______

Why were you x-rayed? ______

When (weeks since LMP) ______

Where was the x-ray done? Hospital ______

Address ______

______ Hospital code

Which part of your body was x-rayed? ______

Why were you x-rayed? ______

When (weeks since LMP) ______

Where was the x-ray done? Hospital ______

Address ______

______ Hospital code

---

2. **Did you have any scans (by ultrasound) during this pregnancy?**

1=yes
2=no
9=NK

If no: go to Page 25
If yes:
How many did you have altogether: Total

Identifying Number — Region | Case No.

Section VIII **Index pregnancy** Smoking / Alcohol Page 7 1=Mother 1

May I have some further details about smoking:...

1. Did you smoke at any time during your pregnancy with ....; or in the 3 months before? 1=yes 2=no 9=NK

If no: go to Q4

2. ***If yes:*** Did you smoke 1=cigarettes / 2=cigars / 3=other

If other: specify________________________

3. How many (cigarettes, cigars) did you smoke per day? No.

Cigarettes = manufactured or hand rolled

Three months before

In the first three months

In the second three months

In the last three months

4. During your pregnancy or in the three months before did you drink alcohol? 1=yes 2=no 9=NK

If no: go to Page 26

If yes:

Did you drink ..... in the 3 months before, first 3 months, second 3 months or last 3 months?

If yes: On average how many drinks per week?

What was the most you drank in one day?

	3 months before			1st 3 months			2nd 3 months			Last 3 months		
	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	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
Beer / lager cider												
Wine												
Spirits												

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

Identifying Number — Region | Case No.

Section VIII **Index pregnancy** Hair Colourants Page 8 1=Mother 1

1. During your pregnancy or in the 3 months before did you highlight, tint or change the colour of your hair? 1=yes 2=no 9=NK

If no: go to Page 27

If yes:

2. Was your hair treated with:

	1=yes 2=no 9=NK	*If yes* (1=yes, 2=no, 9=NK)				1=Hair-dresser 2=Home 9=NK	Name of product	Code
		3 mths before	1st 3 mths	2nd 3 mths	last 3 mths			
Bleach								
Permanent tint								
Highlights								
Low lights								
Non-permanent tint								

If yes:

3. Was this in the 3 months before; first 3 months; second 3 months; or last 3 months?

4. Was the treatment done by a hairdresser or at home by you or a friend?

5. Can you remember the name of the product?

(permanent = 4-6 weeks, non-permanent = 3-4 shampoos)
(hairdresser = a professional working either in a shop or at a client's home)

If treated by a hairdresser ask for details

1. Name ____________

Salon ____________

Address ____________

____

____

____

Approx dates

2. Name ____________

Salon ____________

Address ____________

____

____

____

Approx dates

Identifying Number Region Case No.

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? 1=Hospital / 2=GP Unit / 3=Home / 4=Other

If other: specify ________________

Name (Hospital/GP Unit) ________________

Address (Hospital/GP Unit) ________________

________________ Hospital code

2. In total, how many days was .... in the hospital? days

3. Was the baby admitted to a special care baby unit (SCBU) after birth? 1=yes/2=no/9=NK

If yes:

What was wrong? ________________

How was he/she treated? ________________

How many days was .... kept in the special care unit? days

4. Did the baby have any illness or abnormality noted at birth, or shortly after? 1=yes/2=no/9=NK

If yes:

What was wrong? ________________

How was he/she treated? ________________

How many days old was .... at the time? days

5. Was the baby kept in hospital for any reason? 1=yes/2=no/9=NK

If yes:

What was wrong? ________________

How was he/she treated? ________________

Identifying Number | Region | Case No.

Section IX **Index child** Neonatal history **Breastfeeding** 1=Mother 1

1. DID YOU EVER BREASTFEED .... ? 1=Yes 2=No 9=NK

If no: *go to Q3*

If yes:

2. How old was .... when you gave your last breastfeed? Days or Weeks or Months

3. Did you ever use formula milk? 1=Yes 2=No 9=NK

If no: *go to Q5*

If yes:

4a) How old was .... when he/she had his/her first formula feed? Days or Weeks

4b) Was this soya based? 1=Yes 2=No 9=NK

5. Was .... ever given expressed breast milk from a milk bank? 1=Yes 2=No 9=NK

6. At what age did you introduce cow's milk? Yrs Mths

7. How old was .... when you first introduced solid food? Mths or Weeks

8. Did you sterilize .... bottles or feeding utensils? 1=Yes 2=No 9=NK

If no: *go to Q9*

If yes:

At what age did you stop sterilizing .... bottles and feeding utensils? Mths or Weeks

9. At what age did .... begin crawling or moving about? Mths or Weeks

Identifying Number Region Case No.

Section IX **Index child** Illness history **1st year**

1=Mother 1

We are particularly interested in any illness and infections that .... may have had in his/her first year of life. Did .... have any of the following under 3 months (and so on)

	1=yes 2=no 9=NK	If yes How often?	If yes How long DAYS: TOTAL	Consult GP 1=yes 2=no 9=NK	Prescribed Medication 1=yes 2=no 9=NK
1. Diarrhoea/vomiting					
under 3 months					
3-5 months					
6-11 months					
2. Ear infection					
under 3 months					
3-5 months					
6-11 months					
3. Colds					
under 3 months					
3-5 months					
6-11 months					
4. Persistent cough					
under 3 months					
3-5 months					
6-11 months					
5. Mouth infection					
under 3 months					
3-5 months					
6-11 months					
6. Eye infection					
under 3 months					
3-5 months					
6-11 months					
7. Influenza					
under 3 months					
3-5 months					

Identifying Number | Region | Case No.

Section IX **Index child** Illness history **1st year** *continued* 1=Mother 1

	1=yes 2=no 9=NK	If yes How often?	If yes How long DAYS: TOTAL	Consult GP 1=yes 2=no 9=NK	Prescribed Medication 1=yes 2=no 9=NK
8. Measles					
under 3 months					
3-5 months					
6-11 months					
9. Mumps					
under 3 months					
3-5 months					
6-11 months					
10. German measles					
under 3 months					
3-5 months					
6-11 months					
11. Chicken pox					
under 3 months					
3-5 months					
6-11 months					
12. Whooping cough					
under 3 months					
3-5 months					
6-11 months					
13. Any other infection specify					
under 3 months					
3-5 months					
6-11 months					
14. Cold sores/Herpes					
under 3 months					
3-5 months					
6-11 months					
15. Tonsilitis					
under 3 months					
3-5 months					
6-11 months					

Identifying Number: Region | Case No.

Section IX **Index child** Illness history **1 year pre-diagnosis** 1=Mother 1

1. **CASES ONLY**
Did.................have any of the following infections after her/his____birthday (Day Month Year)
and before she/he was diagnosed (Day Month Year) and if so can you remember when?

CONTROLS
Has.................had any of the following infections since her/his____birthday (Day Month Year)
and if so can you remember when?

	1=yes 2=no 9=NK	*If yes:* WHEN		Consult GP 1=yes 2=no 9=NK	*If yes:* WHEN		Consult GP 1=yes 2=no 9=NK
		Mth	year		Mth	year	
Diarrhoea and vomiting							
Ear infection							
Measles							
Mumps							
German measles							
Chickenpox/ Shingles							
Whooping cough							
Influenza							
Pneumonia							
Other serious chest infection							
Cold sores/Herpes							
Tonsilitis							

Identifying Number — Region | Case No.

Section IX Index child Vaccinations

1=Mother 1

Ask questions 2-4.
Please check immunizations on record card or book and transfer details to vaccination record on Page 33.

1. Record card seen (fill in by interviewer) 1=Yes 2=No 9=NK

2. Did .... have all the recommended immunizations during the first few years of life? 1=Yes 2=No 9=NK

If no:

3. Which ones were missed or not given and why was this?

Name ______________________

Reason ______________________

Name ______________________

Reason ______________________

Name ______________________

Reason ______________________

4. Did .... ever have any other vaccinations, for example for a foreign holiday? 1=Yes 2=No 9=NK

If yes:

Which ones were they?

(i) Name ______________________

(ii) How old was he/she at the time? Yrs Mths

(i) Name ______________________

(ii) How old was he/she at the time? Yrs Mths

(i) Name ______________________

(ii) How old was he/she at the time? Yrs Mths

(i) Name ______________________

Yrs Mths

(ii) How old was he/she at the time?

Identifying Number — Region | Case No.

Section IX **Index child** Vaccination record

1=Mother 1

Details on this form were taken from
1 - mother's record card / 2 - GP record card / 3 - clinic record card / 4 - other / 9 - NK

If other: specify__________

Details recorded at interview — 1=Yes 2=No 9=NK

"Triple Vaccination"

	Diphtheria/ tetanus/ whooping cough (Day Month Year)	HIB (Day Month Year)	Diphtheria tetanus (Day Month Year)	Polio drops (Day Month Year)
Dose 1				
Dose 2				
Dose 3				
Booster				

Other vaccinations

Immunization	Date given (Day Month Year)		Date given (Day Month Year)
Smallpox		Mantoux testing for BCG	
BCG		Tetanus (booster)	
Measles		Polio (booster)	
Measles/Mumps/Rubella		HIB (single dose)	
Rubella (alone)		Other _____ dose 1	
		_____ dose 2	

Identifying Number — Region — Case No.

Section IX **Index child** Illness history 1=Mother 1

Does .... have, or has he/she ever had: *: date of diagnosis*
(CASES: before the diagnosis of his/her current illness)
(CONTROLS: up to the time of interview)

1=Yes
2=No
9=NK

Diabetes	1	
Thyroid problems	2	
Glandular fever	3	

1=Yes
2=No
9=NK

If YES:
Did he/she have a blood test?

If YES:
Was the glandular fever confirmed?

Tonsils and/or adenoids removed	5	
Epilepsy	6	
Other conditions requiring regular visits to clinics or hospital	7	

Total illness records following

Identifying Number — Region | Case No.

Section IX **Index child** Illness history continued

1=Mother 1

Please complete one for each illness recorded on Page 34.
May I have more details of these illnesses.

1 Condition ______ illness no.

2 When was it first diagnosed? date (Mths, Yrs) or age (Yrs, Mths)

3 How was it treated? ______

4 Was .... treated as a hospital inpatient, an outpatient or by the GP?
(Please record as appropriate)

1=inpatient
2=outpatient
3=GP
4=other
9=NK

GP ______ Address ______

Consultant ______ Hospital ______

hospital code

---

1 Condition ______ illness no.

2 When was it first diagnosed? date (Mths, Yrs) or age (Yrs, Mths)

3 How was it treated? ______

4 Was .... treated as a hospital inpatient, an outpatient or by the GP?
(Please record as appropriate)

1=inpatient
2=outpatient
3=GP
4=other
9=NK

GP ______ Address ______

Consultant ______ Hospital ______

hospital code

Identifying Number — Region | Case No.

Section IX **Index child illness history** Asthma/ Eczema Page 1

1=Mother 1

1. Has your child *ever* had wheezing or whistling in the chest at any time? (1=yes 2=no 9=NK)

(CASES: prior to diagnosis)
(CONTROLS: *up to the time of interview*)

Day Month Year — date of diagnosis

If no: go to Q7
If yes:

2. When did this first start? date (Mths Yrs) or age (Yrs Mths)

3. In the 12 months following this, how many attacks of wheezing did .... have?

No. attacks	Code
None	0
1-3	1
4-12	3
12 or more	4
NK	9

4. During this same 12 months, how often on average was ....'s sleep disturbed?

How often	Code
Never	0
less than 1 night/week	1
1 or more nights/week	2
NK	9

5. During this same 12 months was the wheezing severe enough to limit ....'s speech to only one or two words at a time between breaths? (1=yes 2=no 9=NK)

6. Has your child's chest sounded wheezy during or after exercise? (1=yes 2=no 9=NK)

7. Has your child *ever* had asthma? (1=yes 2=no 9=NK)

8. Has your child *ever* had an itchy rash which was coming and going for at least 6 months? (1=yes 2=no 9=NK)

(CASES: prior to diagnosis)
(CONTROLS: *up to the time of interview*)

Day Month Year — date of diagnosis

If no: go to Q14
If yes:

9. When did this first start? date (Mths Yrs) or age (Yrs Mths)

10. Has this itchy rash affected any of the following places at any time? folds of the elbows, behind the knees, in front of the ankles, under the buttocks or around the neck, ears or eyes? (1=yes 2=no 9=NK)

11. Has .... ever been kept awake at night by this itchy rash for one or more nights a week? (1=yes 2=no 9=NK)

12. Has this rash cleared completely at any time? (1=yes 2=no 9=NK)

If no: go to Q14
If yes:

13. When was this? date (Mths Yrs) or age (Yrs Mths)

14. Has .... *ever* had eczema? (1=yes 2=no 9=NK)

Identifying Number — Region | Case No.

Section IX **Index child** X-ray history Page 1 1=Mother 1

1. CASES Did.......................... have a blood transfusion before he/she was diagnosed? Date of diagnosis

CONTROLS Has.......................... ever had a blood transfusion?

If no: go to Q2
If yes: 1=yes 2=no 9=NK

i Why was it done? ______

ii When was it done? date Mths Yrs or age Yrs Mths

iii Where was it done? Hospital ______

Address ______ hospital code

2 Has .... ever had any of the following types of X-rays or investigations?
(CASES ONLY: before the diagnosis of their current illness)

date of diagnosis

1=yes 2=no 9=NK

Chest x-rays	1	
Skull x-rays	2	
X-rays for possible broken bones	3	
Dental x-rays	4	
Intravenous pyelogram or IVP - that is, where a number of x-rays of the kidneys are taken after an injection	5	
Barium meal - that is stomach x-rays taken after swallowing a glass of chalky liquid	6	
Barium enema - that is, x-rays taken after a tube is passed up the back passage and fluid poured in	7	
Radioactive or isotope injections with pictures taken afterwards	8	
Cardiac catheterisation - ie, where a small tube is fed through the arteries to the heart, dye is injected and x-ray pictures taken	9	
A CAT scan - ie, x-rays of the head or body taken inside a machine where the equipment rotates around	10	
An NMR or MRI (magnetic resonance imaging) scan - ie, where you are put inside a large magnet	11	
Any other x-rays or investigations involving x-rays	12	

If yes to any of these please complete an x-ray record for each exposure

Identifying Number — Region — Case No.

Section IX **Index child** X-ray record Page

1=Mother 1

<Fill in record for each x-ray child received>

1. Type of X-ray?________________ *X-ray No.*
2. How many times did .... have this investigation?________________
3. What was the reason for the x-ray? ________________
4. When was this? date Mths Yrs or age Yrs Mths
5. What part of her/his body was X-rayed?________________
6. Where were x-rays done? Hospital________________ hospital code

---

1. Type of X-ray?________________ *X-ray No.*
2. How many times did .... have this investigation?________________
3. What was the reason for the x-ray? ________________
4. When was this? date Mths Yrs or age Yrs Mths
5. What part of her/his body was X-rayed?________________
6. Where were x-rays done? Hospital________________ hospital code

---

1. Type of X-ray?________________ *X-ray No.*
2. How many times did .... have this investigation?________________
3. What was the reason for the x-ray? ________________
4. When was this? date Mths Yrs or age Yrs Mths
5. What part of her/his body was X-rayed?________________
6. Where were x-rays done? Hospital________________ hospital code

---

1. Type of X-ray?________________ *X-ray No.*
2. How many times did .... have this investigation?________________
3. What was the reason for the x-ray? ________________
4. When was this? date Mths Yrs or age Yrs Mths
5. What part of her/his body was X-rayed?________________

Identifying Number | Region | Case No. |

Section IX Index child Social history Page 1

1=Mother 1

1. I would just like to recap: can I confirm whether there were any children living in the house when .... was born?

1=any
2=none
9=NK?

If some: How many?

2. We are interested in whether .... during his/her first year of life regularly came into contact with any other babies or children from outside the household, for example: at mother and toddler groups; or meetings with neighbours? *["regularly"=once/week, or more often]*

Age	1=yes/ 2=no/ 9=NK	*If yes:* describe	Code
Under 3 months			
3-5 months			
6-11 months			

3. Did .... ever regularly go to any of the following pre-school groups or activities?

	1=yes/ 2=no/ 9=NK	Under 1 year 1=yes/ 2=no/ 9=NK	Age first attended (years/months) yrs mths	No. of sessions per week	Total children in group
Childminder					
Day nursery					
Mother and toddler group					
Playgroup					
Nursery school					
Tumble Tots/ gym club					
Swimming					
Other pre-school group *specify*					

4. When did .... start F/T school? date Mths Yrs or age Yrs Mths

Identifying Number (Region | Case No.): | | | | | | | |

Section IX **Index child** Social history Page 2

1=Mother 1

ASK QUESTIONS ON THIS PAGE IF INDEX CHILD DIAGNOSED BEFORE COMPLETING FIRST YEAR AT F/T SCHOOL

5. For this question we are only interested in **older** children who lived with .... before he/she went to full time school. Please may I have their names, starting with the eldest *(record names).*
Then ask: Was *(name)* at home when .... was under three months *(etc)*

Date of birth of index: | | | | | | |

Name________________________ Pregnancy no. or child no. | | | Date of birth | | | | | | |

	Index Age						
	Under3 mths	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*							
Attending preschool group 1=yes 2=no 9=NK							

Age started F/T school | | | | | (yrs, mth)

Name________________________ Pregnancy no. or child no. | | | Date of birth | | | | | | |

	Index Age						
	Under3 mths	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*							
Attending preschool group 1=yes 2=no 9=NK							

Age started F/T school | | | | | (yrs, mth)

Name________________________ Pregnancy no. or child no. | | | Date of birth | | | | | | |

	Index Age						
	Under3 mths	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*							
Attending preschool group 1=yes 2=no 9=NK							

Age started F/T school | | | | | (yrs, mth)

Identifying Number: Region | Case No.

Section X **Family illness** Page 1 Parent ID 1=Mother 2=Father

MOTHER ONLY We are interested in certain illnesses that.....................................'s brothers and sisters may have had, including half brothers and sisters. *(Refer back to obstetric history Page 17 and go through pregnancies)*

FATHER ONLY Do you have any children who are not members of this household? 1=yes 2=no 9=NK

If no: go to Page 43

If yes: How many

May I have their names?

Has <*sib*> ever been diagnosed with .....?

Name							
Pregnancy number:/(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
1 Diabetes							
2 Thyroid problems							
3 Rheumatoid Arthritis							
4 Pernicious anaemia							
5 Multiple Sclerosis							
6 Epilepsy							
7 Glandular fever							
8 Leukaemia or Lymphoma							
9 Other cancer or tumour							
10 Asthma							

Identifying Number Region Case No.

Section X **Family illness** page 2 Parent ID 1=Mother 2=Father

Please complete for each illness recorded above.
May I have more details of these illnesses (only record details not already obtained).

Full name ______ Preg. No./id

Condition ______ illness no.

Date of birth Date of death

Place of death ______

How old was .... when it was first diagnosed? Yrs Mths

Address when diagnosed ______

Was .... treated as a hospital inpatient, an outpatient or by the GP?
(Please record as appropriate)

1=inpatient
2=outpatient
3=GP
4=other
9=NK

GP ______ Address ______

Consultant ______ Hospital ______

Hospital code

Full name ______ Preg. No./id

Condition ______ illness no.

Date of birth Date of death

Place of death ______

How old was .... when it was first diagnosed? Yrs Mths

Address when diagnosed ______

Was .... treated as a hospital inpatient, an outpatient or by the GP?
(Please record as appropriate)

1=inpatient
2=outpatient
3=GP
4=other
9=NK

GP ______ Address ______

Consultant ______ Hospital ______

Identifying Number — Region — Case No.

Section XI **Employment in specific industries** Mother/Father Parent ID 1=Mother 2=Father

You have already told me about the jobs that you have had.
More specifically can I just check if you have ever done any work at: ***SHOW CHECK LIST*** Yes=1 No=2 NK=9

If yes:

1. Name ______

If yes: When? Mth Yr *to* Mth Yr

2. What was your job? ______
3. Were you monitored for radiation exposure? 1=yes 2=no 9=NK
4. ***If yes:*** Did you wear a film badge? 1=yes 2=no 9=NK
5. Were any other checks carried out on you? 1=yes 2=no 9=NK

If yes: *specify* ______

---

1. Name ______

If yes: When? Mth Yr *to* Mth Yr

2. What was your job? ______
3. Were you monitored for radiation exposure? 1=yes 2=no 9=NK
4. ***If yes:*** Did you wear a film badge? 1=yes 2=no 9=NK
5. Were any other checks carried out on you? 1=yes 2=no 9=NK

If yes: *specify* ______

---

1. Name ______

If yes: When? Mth Yr *to* Mth Yr

2. What was your job? ______
3. Were you monitored for radiation exposure? 1=yes 2=no 9=NK
4. ***If yes:*** Did you wear a film badge? 1=yes 2=no 9=NK
5. Were any other checks carried out on you? 1=yes 2=no 9=NK

Identifying Number — Region | Case No.

REQUEST FOR PERMISSION

Parent ID 1=Mother 2=Father

I give permission for my medical and related records to be examined for confidential use in the UK Child Health study.

YES ☐ ______ (initials)
NO ☐

I give permission for my children's medical and related records to be examined for confidential use in the UK Child Health study.

YES ☐ ______ (initials)
NO ☐

I give permission for my present and previous employers to be contacted and asked for information about my work and my working environment.

YES ☐ ______ (initials)
NO ☐

I give permission for my hairdressing records to be examined

YES ☐ ______ (initials)
NO ☐

I agree to give a blood sample for research purposes.

YES ☐ ______ (initials)
NO ☐

I agree for my children named below to give a blood sample for research purposes.

YES ☐ ______ (initials)
NO ☐

Name ______ Name ______

Name ______ Name ______

PLEASE READ CAREFULLY AND TICK AND INITIAL THE APPROPRIATE BOXES

Signature ______ Date ______

Full name ______
(BLOCK CAPITALS)

Address ______

______

Identifying Number Region Case No.

Section XII **Further information** Mother/Father Parent ID 1=Mother 2=Father

Case Parents Only

1. When did you first notice ....became unwell before he/she was diagnosed? date Month Year or age Year Month

2. From whom did you first seek medical advice? 1=GP 2=Hospital 9=Other SPECIFY

3. When was this? date Month Year or age Month Year

4. What was the diagnosis made at this visit?

diagnosis 1. ______

2. ______

3. ______

Is there anything else you would like to tell me about.................... or do you have any comments on this interview.

______

______

______

Control Parents Only

Do you have any comments on this interview.

______

Ex-directory 1=yes 2=no 9=NK

Cases only - Installed after diagnosis 1=yes 2=no 9=NK

Home telephone number

May we have permission to contact you if we need further information or to resolve any queries? 1=yes 2=no 9=NK

May we have your permission to send radon detectors to you with instructions as to how to place them? **Please give out information sheet on Radon.** 1=yes 2=no 9=NK

Are you planning to move within the next 9 months? 1=yes 2=no 9=NK

hours mins

Identifying Number — Region | Case No.

Interview Details Mother/Father

1=Mother
2=Father

Was this interview taped? 1=yes 2=no 9=NK

Name of interviewer ____________ Region No.

Surrogate information 1=yes 2=no 9=NK

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 ____________

Place of interview 1=home 2=hospital 3=other

If other: specify ____________

Others present at interview ____________ 1=none 2=spouse-partner 3=other

If other: specify