

Birth to Ten: Developmental laterality Three Year Assessment 1993

LATERALITY

31. Which hand does the mother prefer to use for writing?

D.K.	left	1	right	2	50
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32. Which hand does the mother prefer to use for brushing her teeth?

D.K.	left	1	right	2	51
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33. Which hand does the father prefer to use for writing?

D.K.	left	1	right	2	52
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34. Which hand does the father prefer to use for brushing his teeth?

D.K.	left	1	right	2	53
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Although the caregiver may be able to respond to the laterality questions, it would be preferable to observe the child's responses to a set of tasks.

35. Which hand does the child use to:

a) eat with a spoon

left	1	right	2	both	3	54
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b) hold up a cup

left	1	right	2	both	3	55
------	---	-------	---	------	---	----

c) pick up a toy (small car)

left	1	right	2	both	3	56
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d) pick up a button

left	1	right	2	both	3	57
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36. Which foot does the child use to:

a) Kick a ball

left	1	right	2	both	3	58
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b) balance on one foot

left	1	right	2	both	3	59
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37. Which eye does the child prefer to look through a tube

left	1	right	2	60
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38. Which hand does the child use to:

pick up a sweet

left	1	right	2	both	3	61
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The examiner should have a cardboard tube (the inside of a paper towel roll).

Demonstrate this by holding this up to his/her own eye. Hand it to the child (note whether it is grasped with the right, left or both hands). Encourage the child to look at the examiner. Note preferred eye. Check if child can see with other eye.

39. Handedness

left	1	right	2	both	3	62
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40. Footedness

left	1	right	2	both	3	63
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41. Eye

left	1	right	2	both	3	64
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44. Has your child ever hit its head by:
(Specify the number of incidents)

falling from the bed, cot, carrycot or pram	Yes	No			26-27
falling from some other height	Yes	No			28-29
falling while running, walking	Yes	No			30-31
falling while being fed, changed or bathed	Yes	No			32-33
had an object falling on his/her head	Yes	No			34-35
been hit on the head	Yes	No			36-37
been involved in a car accident as passenger or while being wheeled or carried	Yes	No			38-39

A) INCIDENT Number 1: _____

How old was the child at the time of incident #1?

0-6 months	1	
greater than 6, up to 12m	2	
greater than 12, up to 18m	3	
greater than 18, up to 24m	4	
greater than 24, up to 30m	5	
greater than 30, up to 36m	6	
greater than 36, up to 42m	7	40

Who was looking after the child at the time of incident #1 and how old was the person?

Person: _____ Age: _____

Person		Age	
			41-44

After incident #1, did the child:

a) lose consciousness	Yes	No	45
If yes, for how many hours			46-47
b) seem dazed for a while	Yes	No	48
c) vomit	Yes	No	49
d) show bruising or injury on the head	Yes	No	50

Who was looking after the child at the time of incident #2 and how old was the person?

Person: _____ Age: _____

Person	Age
	10-13

After incident #2, did the child:

a) lose consciousness

Yes	No	
		14

If yes, for how many hours _____

15-16

b) seem dazed for a while

Yes	No	
		17

c) vomit

Yes	No	
		18

d) show bruising or injury on the head

Yes	No	
		19

If yes, indicate where:

front	1	back	2	crown	3	temple	4	left	5	right	6	
												20

e) complain of headache

f) fit

Yes	No	
		21

g) other symptoms

please specify _____

Yes	No	
		22

Yes	No	
		23

24-25

What kind of action was taken?

please specify _____

		26-27

none

Yes	No	
		28

home remedy

Yes	No	
		29

chemist

Yes	No	
		30

traditional healer

Yes	No	
		31

private doctor

Yes	No	
		32

TPA clinic

Yes	No	
		33

well-baby clinic

Yes	No	
		34

hospital

Yes	No	
		35

C) INCIDENT Number 3: _____

How old was the child at the time of incident #3?

0-6 months	1	
greater than 6, up to 12m	2	
greater than 12, up to 18m	3	
greater than 18, up to 24m	4	
greater than 24, up to 30m	5	
greater than 30, up to 36m	6	
greater than 36, up to 42m	7	36

Who was looking after the child at the time of incident #3 and how old was the person?

Person: _____	Age: _____	Person	Age
			37-40

After incident #3, did the child:

a) lose consciousness

Yes	No	41

If yes, how many hours _____

42-43

b) seem dazed for a while

Yes	No	44

c) vomit

Yes	No	45

d) show bruising or injury on the head

Yes	No	46

If yes, indicate where:

front	1	back	2	crown	3	temple	4	left	5	right	6	47

e) complain of headache

f) fit

Yes	No	48

g) other symptoms please specify _____

Yes	No	49
Yes	No	50

51-52

What kind of action was taken?
 please specify _____

		53-54
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none	Yes	No		55
home remedy	Yes	No		56
chemist	Yes	No		57
traditional healer	Yes	No		58
private doctor	Yes	No		59
TPA clinic	Yes	No		60
well-baby clinic	Yes	No		61
hospital	Yes	No		62

D) INCIDENT Number 4:

How old was the child at the time of incident #4

0-6 months	1		
greater than 6, up to 12m	2		
greater than 12, up to 18m	3		
greater than 18, up to 24m	4		
greater than 24, up to 30m	5		
greater than 30, up to 36m	6		
greater than 36, up to 42m	7		63

Who was looking after the child at the time of incident #4 and how old was the person?

Person: _____	Age: _____	Person	Age
			64-67

After incident #4, did the child:

a) lose consciousness	Yes	No		68
				69-70
If yes, how many hours _____				
b) seem dazed for a while	Yes	No		71
c) vomit	Yes	No		72
d) show bruising or injury on the head	Yes	No		50

Card 5

5	1																			
																		2-8		

If bruising or injury, indicate where:

front	1	back	2	crown	3	temple	4	left	5	right	6	
												9

- e) complain of headache
- f) fit
- g) other symptoms
please specify _____

Yes	No		
Yes	No		
Yes	No		12

13-14

What kind of action was taken?
please specify _____

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15-16

none	Yes	No		
home remedy	Yes	No		17
chemist	Yes	No		18
traditional healer	Yes	No		19
private doctor	Yes	No		20
TPA clinic	Yes	No		21
well-baby clinic	Yes	No		22
hospital	Yes	No		23
	Yes	No		24

INCOME:

Income is a sensitive question to many people. However, it is very important for BTT to have an idea of your monthly income. We would appreciate if if you could answer the following 2 questions.

44. Do those supporting the child earn monthly:

Between R1 and R500	1	Between R501 and R1000	2	
More than R1000	3	Don't know	4	25

ANY NOTES / REMARKS OR OTHER COMMENTS ABOUT THE CHILD
BY THE INTERVIEWER

No comments

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