

**STRICTLY
CONFIDENTIAL**

COMP50

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SECOND FOLLOW-UP SURVEY

L.A. Number

Serial Number.....

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS
POPULATION INVESTIGATION COMMITTEE
INSTITUTE OF CHILD HEALTH

At the LONDON SCHOOL OF ECONOMICS, HOUGHTON STREET, LONDON, W.C.2

Mother's Name If she has moved what is her present address?

Address

In what M. & C.W. Authority is it?

IF SHE HAS MOVED TO ANOTHER M. & C.W. AUTHORITY RETURN THIS FORM AT ONCE TO WHOEVER HAS BEEN DELEGATED BY YOUR MEDICAL OFFICER OF HEALTH, TO RECEIVE IT.

Approach to the Mother.

Remind her that in 1946 and 1948 she gave us most valuable information about herself and her child. We now want to find out what progress her child has made during the last two years. All information she gives will, of course, be ABSOLUTELY CONFIDENTIAL.

How to fill in this form.

This inquiry refers throughout to the CHILD BORN IN MARCH, 1946.

The questions are printed in heavy type and the mother's answers in light type. Instructions to the interviewer are in italics.

Some questions are pre-coded and should be answered by putting a ring with a soft pencil round the code number or letter opposite the mother's answer. If her answer does not fit any alternative, write it below the question itself. If the mother refuses or is unable to answer any question ring 'X' or 'XX' for "no answer". If a question does not apply to this child ring 'Y' or 'YY' for "does not apply". EVERY QUESTION SHOULD BE ANSWERED. Before leaving the mother please check through the questionnaire to make sure that this has been done.

If this child has died, please try to obtain all the details you can about his health up to the date of his death. However, use your own judgment in leaving out any questions that might cause embarrassment.

Before you interview this mother read through the questionnaire and answer as many questions as possible from your records and those of the Infant Welfare Centre. Check with the mother when you interview her all the answers you have obtained from the records.

If a mother refuses to be interviewed, try to find out her reasons and write them in the space provided. Then fill in as much as you can from the records and RETURN THE FORM WITH THE OTHERS YOU HAVE COMPLETED.

When you have completed your interviews, hand the questionnaires to whoever has been delegated by your Medical Officer of Health to receive them.

QUESTIONNAIRE

(Ring with a soft pencil the code number opposite the mother's answer)

Christian Names of child BORN IN MARCH 1946.....National Registration No.....

1. If mother not interviewed because she was ill, refused, etc., give reasons.....

See illness records

2. If this child has died, please state:-
(a) Age at death.....years.....months.
Question does not apply YY
No answer.....XX

(b) Cause of death (as given on death certificate).....

(For all living Children)

3. Where is this child now living? At home.....1
With relatives.....2
Adopted.....3
Residential nursery.....4
Ill in hospital.....5
Elsewhere, namely.....6
No answer.....X

See BRC

I. ACCIDENTS

4. Has this child ever had an accident in which he was BURNT or SCALDED, BROKE A BONE, or was BADLY CUT or BRUISED?

(Only record accidents treated in hospital (in-patients and out-patients), nursing home or by Doctor or District Nurse).

	Burns or Scalds	Broken Bones	Bad Cuts or Bruises
Yes	1	1	1
No	2	2	2
No Answer	X	X	X

(If "Yes," please give the following details about each accident in turn, starting with the earliest and ending with the most recent. Any accidents recorded in the 1948 survey are entered in red. Please check this information and fill in any gaps).

	Type of injury (enter as BURN, SCALD, BROKEN BONE, CUT, BRUISE, or combination of these)	Part or Parts injured	Age when injured (in years and months)	Treatment: Hosp. I.P., Hosp. O.P., Nursing Home, Doctor, Nurse	Name and Address of Hospital, Nursing Home, Doctor or Nurse giving treatment	(If in-patient) Length of stay in Hospital or N. Home (in days)
First Accident	1					
Subsequent Accidents	2					
	3					
	4					

Number of accident as given above	Details of how each ACCIDENT OCCURRED (if burnt by fire, say whether electric, gas, open fire or stove)	Details of remaining Scarring, Disability or Deformity
First Accident	1	
Subsequent Accidents	2	
	3	
	4	

II. INFECTIOUS DISEASES

5. Has this child ever had WHOOPING COUGH, MEASLES or MUMPS?

	Whooping Cough	Measles	Mumps
Yes	1	1	1
No	2	2	2
No Answer	X	X	X

converted codes

COL49/50

COLM49/50

COLF49/50

COLO49/50

(See A6

(If "Yes," please give the following details)

DISEASE	Age at onset (in years and months)	Treatment :- Hospital I.P. Hospital O.P. Nursing Home, Doctor, Other.
WHOOPING COUGH		
MEASLES		
MUMPS		

III. DISCHARGE FROM EARS

6. Has this child ever had discharge of pus from his ears? Yes1
No2
No answerX

(If "Yes," please give the following details.)

Age at first attack (years and months)	Age when ear finally ceased discharging	Treatment :- Hospital I.P. Hospital O.P. Nursing Home, Doctor, Other
DISE46-50		DISH46-50

DISL46-50 length of attack

VI. HOSPITAL AND NURSING HOME IN-PATIENT TREATMENT

(Include all illnesses, etc., even if recorded earlier in this questionnaire, i.e., accidents, infectious diseases and discharging ears.)

Refer to separate Hospital Form p113

9. Has this child ever been an IN-PATIENT in Hospital or in a Nursing Home? Yes1
No2
No answerX

(If "Yes," please give the following details about each ADMISSION. When a single illness involves more than one admission, give separate information about each period in Hospital.)

	Nature of illness	Nature of Operation performed (if any)	Age on admission (in years and months)	Name and Address of Hospital or Nursing Home	Length of stay in Hosp. or N. Home	Details of any remaining disability from this illness (Put NONE if child completely recovered)	Length of stay in Convalescent Home (if any)
First Admission							
Subsequent Admissions	2						
	3						
	4						
	5						
	6						

HVI

(For all children going to hospital.)

HBE - 1st Admission only

(a) Have you noticed any differences in the behaviour of your child since he came back home? If so, please give details

Yes, namely HBE46-50 Not wanted
..... No rubric card

No 2 Question does not apply...Y No answer..... X

10. Remarks on any illnesses or disabilities not recorded above.

IV. COLDS

(i.e. running or blocked nose even if there is no other complication.)

7. Please give the following details about COLDS in your family since CHRISTMAS, 1949. COLH 49/50

	Continual Colds	Frequent Colds; 4 or more	Occasional Colds less than 4	No Colds	No answer
This Child	1	2	3	4	X
Mother	1	2	3	4	X
Father	1	2	3	4	X
Other children aged.....	1	2	3	4	X
.....	1	2	3	4	X
.....	1	2	3	4	X
.....	1	2	3	4	X

V. CIRCUMCISION

(Male children only. Code Y or YY for females)

8. Has this child been circumcised? Yes1
No2
Question does not apply...Y
No answerX

(If "Yes.")

(a) At what age was he circumcised? CIRC 46-50months
Question does not apply...YY
No answerXX

(b) Were there any complications? Yes1
No2
Question does not apply...Y
No answerX

(If "Yes")

Please give full details of complications and treatment.

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

VII. SLEEPING ARRANGEMENTS

11. Does this child sleep in a room by himself or in a room with others?
 By himself.....1
 With others.....2
 No answer.....X

(If "with others")

- (a) Who sleeps in his room? (include this child)

SLEP50

Parents	No.
Children under 10	
Males 10 or over	
Females 10 or over	
Question does not apply	Y
No answer	X

- (b) Does he sleep in his own bed or with others?
 Own bed.....1
 With children under 10.....2
 With parents.....3
 With others over 10.....4
 Question does not apply...Y
 No answer.....X

SLED50

12. (a) Do you take him up and 'pot' him at night before you yourself go to bed?
 Yes always.....1
 Yes sometimes.....2
 Never.....3
 No answer.....X

POT50

- (b) Is he dry by night?
 Not wet during last 4 weeks...1
 Wet occasionally.....2
 Wet several nights a week...3
 Wet every night.....4
 No answer.....X

NIW50

NIL

VIII. THIS CHILD'S HABITS

13. (a) Do you find any difficulty in getting him to eat?
 Yes.....1
 No.....2
 No answer.....X

EAT50

- (b) What did this child have for each meal yesterday?

Breakfast	
Dinner	
Tea or high tea	
Last thing at night	

- (c) Do you give him food between meals?
 Yes.....1
 No.....2
 No answer.....X

FOO50

14. (a) Where does this child usually play?
 In the house.....1
 In the yard or garden.....2
 In the street.....3
 In park or open space.....4
 Elsewhere, namely.....5
 No answer.....X

PLAP50

- (b) With whom does he usually play?
 By himself.....1
 With brothers and sisters...2
 With other children.....3
 Other, namely.....4
 No answer.....X

PLAW50

15. What is the longest time you have been separated from this child?
 ...days when he was separated.....Y
 Never separated.....Y
 No answer.....X

SED46-50

SEA46-50

X. NURSERIES, ETC.

17. Has this child ever been to a source not discovered

- Day Nursery L.A.1 Residential Nursery.....7
 NUC46-50 Factory.....2 Daily Minder (Registered with L.A.).....8
 Private.....3 Other, namely.....9
 Nursery School L.A.4 None of these.....0
 Private.....5 No answer.....X
 Nursery Class.....6

Only

(Please give the following details about all children taken to any of these)

TYPE OF NURSERY, ETC. (Put code given in Question 17 above)	AGE OF THIS CHILD AT		Hours per day spent at Nursery, etc.
	First attending	Ceasing to attend	

XI. THE MOTHER

18. Who helps you with the care of this child and with the housework?

	Husband	Other children	Grandparents or in-laws	Other relations or friends	Daily help, char or domestic	Trained Nannie	Not helped at all	No Answer
Child (regular help)	1	2	3	4	5	6	0	X
Child (occasional help)	1	2	3	4	5	6	0	X
Housework (regular help)	1	2	3	4	5	6	0	X
Housework (occasional help)	1	2	3	4	5	6	0	X

CHS50

HFC50&57

HAL50&57

OHC50

RHH50

OHH50

19. Have you been in paid work (either inside or outside the home) since the birth of this child in 1946?
 Yes.....1
 No.....2
 No answer.....X

WK50 from Working Mothers

(If "Yes," please give the following details of each period of employment.)

Exact nature of work	Approx. hrs. per week	Date of taking job	Date of leaving job
WKT50	WKH50		

20. Have you been pregnant since 1946? (i.e. AFTER the birth of this child).
 Yes.....1
 No.....2
 No answer.....X

(If "Yes," please give the following details of each pregnancy.)

Date of delivery (month and year)	Sex of child	Birth weight (to nearest 1/4 lb.)	Result of delivery (live birth, still birth or miscarriage)

Extracted

SIB, SIR (Ross. indirect)

(If now pregnant.) Expected date of delivery.....

XII. OCCUPATION OF PRESENT HUSBAND

(i.e. not necessarily the father of this child)

(If Unemployed, ill, dead, etc., this information should relate to the last job.)

21. (a) What is your husband's occupation. OGS0 from lists

- (b) In what industry does he work? IND50

(c) Does he:-

- (i) Earn a weekly wage?P
 (ii) Earn a monthly salary?Q
 (iii) Work for himself or employ less than 10 people?R
 (iv) Employ 10 or more people?S

- (d) If your husband's work regularly keeps him away from home for 24 hours or more at a time, please give details

PAW50-61 PAW50

IX. WELFARE CENTRES

(These questions refer only to child born in March 1946)

16. (a) When did you last take this child to a Welfare Centre? month.....19

(Ask all mothers even if they have not taken this child to a centre.)

- (b) How long does it (or would it) take you to get to the Welfare Centre?
 minutes
 No answer..... XX

IWCT

- (c) How do you (or would you) get there?
 Walk.....1
 Special bus or car provided by local authority.....2
 Bus or Tram.....3
 Other, namely.....4
 No answer.....X

BYBY50

XIII. THE HOUSEHOLD

22. Constitution of the household (i.e., all those whom the mother looks after).

	This Mother's own children, self and husband	Others (including step and adopted children other relations, lodgers, domestics)	TOTAL
Less than 5 years	INF50	INFB50	INFA50
5 years to 14 years 11 months	CH50	CHB50	CHA50
15 years and over			
TOTAL IN HOUSEHOLD	FAT50	OTH50	HOU50

(a) Which grandparents, if any, live in this household?

GP50

Wife's mother.....1
 Wife's father.....2
 Husband's mother.....3
 Husband's father.....4
 No grandparent.....5
 No answer..... X

23. Rooms occupied by this household.

Bedrooms	Living Rooms (include Kitchen only if used as Living Room, exclude Scullery)		Total
	Own Living Rooms	Shared Living Rooms	
BEDR50	LIVR50	LIVRS50	ROOM50

CROW46-57 CROW 46-61
 CROW50

XIV. MEASUREMENTS (derived)

24. Birth weight of this child. RBWAN2 lbs. ozs.
 (This is asked to test the mother's memory. So please do not answer from your records or correct an answer you know to be wrong.)

PLEASE MAKE ARRANGEMENTS FOR THE MOTHER TO BRING THIS CHILD TO BE WEIGHED EITHER AT THE INFANT WELFARE CENTRE OR WHEREVER ELSE SCALES MAY BE AVAILABLE.

NIOW

25. (a) Present weight (WITHOUT CLOTHES). WT50 lbs.
 (Give to nearest QUARTER POUND.)

Clothes worn, if any NHT50 NIH50

(b) Present standing height (WITHOUT SHOES) HT50 feet inches
 (Give to NEAREST INCH.)

XV. HEALTH VISITOR'S COMMENTS

WILL HEALTH VISITORS PLEASE FILL IN THIS SECTION FROM THEIR OWN KNOWLEDGE OF THE FAMILY. WE HOPE THAT THE ANSWERS TO THESE QUESTIONS WILL ENABLE US TO SEPARATE THE VERY GOOD AND THE INEFFICIENT MOTHERS FROM THE LARGE GROUP OF "AVERAGE" MOTHERS. SO, IN QUESTIONS 26 (c, f) & (g) WHICH ASK FOR ASSESSMENTS, THIS MOTHER SHOULD BE COMPARED WITH ALL THE OTHERS IN YOUR CARE AND PUT AS "AVERAGE" (IN RESPECT OF 'CARE', 'CLEANLINESS' ETC.) UNLESS SHE IS AMONG THE BEST OR AMONG THE WORST MOTHERS YOU HAVE TO DEAL WITH.

CARE OF CHILD AND HOME

26. (a) Do you know this family as well as or less well than the majority of other families in your care? KNOH50

(b) Have you found this Mother willing or unwilling to accept your advice and help? ADV50

(c) How does the Mother's management and understanding of this child compare with the standard among other mothers in your care? MAN50
 (This question refers to mother's sympathy and understanding, NOT to cleanliness of child or home)

(d) Is this child's clothing in a satisfactory or unsatisfactory state of repair? CLO50

(e) Are this child's shoes of satisfactory or unsatisfactory size and type. SHO50

Please compare (f) the cleanliness of this child and (g) the cleanliness of this home with the standard of others in your care.

	Average	Among the most clean	Among the least clean	No Answer
(f) Cleanliness of child	1	2	3	X
(g) Cleanliness of home	1	2	3	X

27. Please give details of any special lack of facilities in this dwelling which makes it difficult for this Mother to bring up her child or manage her home.

28. Please state from your own knowledge whether the parents of this child are

Living together.....1
 Legally separated.....2
 Otherwise separated.....3
 Divorced.....4
 Widowed.....5
 Other, namely.....6
 No answer.....X

See BS, BRC, etc

INFANT WELFARE SERVICES

29. (a) Does this Local Authority have a Toddlers' clinic to which this child could be taken? Yes1
 No2
 No answer.....X

(b) How many times has this child been to a Toddlers' clinic or welfare centre in 1948 and 1949? 1948 IWC48/49 times
 1949 IWC48/49 times
 (If never taken put "0")

(c) Please give number of visits paid by Health Visitors to this child in 1946, 1947, 1948 and 1949. (Put "0" if no visits.)

	Number of Visits			
	1946	1947	1948	1949
By Health Visitor making this interview	HV46	HV47	HV48	HV49
By other Health Visitors				

HVT
 46-49

THE DWELLING

30. (a) Type of dwelling? DWEL50

Whole house1
 Self-contained flat2
 Part of house (all amenities but no front door).....3
 Unfurnished rooms.....4
 Furnished rooms.....5
 Other, namely.....6
 No answer.....X

(If flat or part of house)

(b) On which floor is this dwelling? Floor
 Question does not apply.....Y
 No answer.....X

31. (a) Ownership of dwelling OWN50

Owner occupier.....1
 Private landlord.....2
 Council.....3
 Other, namely.....4
 No answer.....X

(b) Approximate age of dwelling DWED50

Built before 1919.....1
 Built 1919-1939.....2
 Built since 1939.....3
 No Answer.....X

32. Please give your assessment of the state of repair of the dwelling REP50

Average1
 Very good2
 Bad3
 No Answer.....X

33. Is there a yard or garden attached to this dwelling where this child can play? YARD50

Yes1
 No2
 No answer.....X

PLEASE COMMENT FREELY ON THE STATE OF REPAIR OF THE DWELLING:—

DAAN2
 Date of Interview.....
 Time taken.....