

**STRICTLY
CONFIDENTIAL**

MARCH 1952

SCHOOL NURSE'S INTERVIEW WITH MOTHER

NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN

INSTITUTE OF CHILD HEALTH (UNIVERSITY OF LONDON)
SOCIETY OF MEDICAL OFFICERS OF HEALTH
and
POPULATION INVESTIGATION COMMITTEE

Symptoms Count: SY52

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

P.A.....S.....L.E.A.....SER.....

Name
(Surname first in block letters)

Address

School.....

FOR THOSE WHO HAVE MOVED

New Address

L.E.A.....

School.....

IF THE FAMILY HAS MOVED TO ANOTHER AUTHORITY PLEASE ENTER THE NEW ADDRESS AND THE NAMES OF THE NEW L.E.A. AND NEW SCHOOL IN THE SPACE PROVIDED. IF THE CHILD CANNOT BE TRACED PLEASE ENTER THE LAST ADDRESS AND ANY OTHER INFORMATION THAT MIGHT HELP US TO TRACE HIM. IN EITHER CASE RETURN THE FORM TO WHOMEVER HAS BEEN DELEGATED BY THE SCHOOL MEDICAL OFFICER TO RECEIVE IT.

Approach to the Mother

Remind her that in 1946, 1948 and 1950 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.

Purpose of this inquiry

This child was enrolled at birth in a national survey which is being made by a Joint Committee of the Institute of Child Health, the Society of Medical Officers of Health and the Population Investigation Committee. Details of health and development have been recorded at two yearly intervals during the pre-school years and it is hoped that, during the primary school period, a clinical examination will be made by the School Doctor each year and a record of illnesses made each term by the School Nurse. The aim of the present examination is to bring the medical and social history up to date, to check information previously noted, and to record the clinical state of the child. This will complete our information for the whole of the pre-school period.

The children in this sample are representative of all births in England, Wales and Scotland in March 1946. They are drawn from all social classes and during the first six years of their lives only 5% of the original sample have been lost. The value of this inquiry depends on information being obtained for every possible survey child. The Joint Committee are therefore most anxious that this form should be completed.

This form refers to the past medical history and to the home and family background of the child. A clinical examination form is being completed by the School Doctor. When following the future progress of this child a very much briefer record card will be used.

How to fill in this form.

Six thousand Mothers scattered all over the country, are being interviewed, and it is therefore important that the many hundreds of Health Visitors and School Nurses who are seeing them should record their findings in a comparable way. For this reason, and also to reduce the amount of clerical work, this form has been framed as a series of questions, many of which can be answered by one of several printed alternatives. All that is required is to put a circle round the number opposite the printed answer that most nearly describes your findings. If no alternative fits please write the answer in the space directly under the question. Similarly if you feel that any printed answer, though applicable, does not fully explain your findings, we should be most grateful for any further information you can give us. When a question does not apply it should be struck through. When either you or the Mother is unable to answer a question, this fact should be recorded in the space directly under the question.

In order to ensure that this information is obtained in the same way by the many people taking part in the survey, it is important that the wording and order of this form should be adhered to.

COMPLETED FORMS SHOULD BE RETURNED TO THE SCHOOL MEDICAL OFFICER AND NOT DIRECTLY TO THE JOINT COMMITTEE

THIS INQUIRY REFERS THROUGHOUT TO THE CHILD BORN IN MARCH 1946. RING WITH A SOFT PENCIL THE CODE NUMBER OPPOSITE THE MOTHER'S ANSWER. IF NO ANSWER IS GIVEN RECORD THIS FACT UNDER THE QUESTION. IF A QUESTION DOES NOT APPLY, STRIKE IT THROUGH.

If this child has died please state

(a) Date of death.....

(b) Cause of death (if known)

(For all living children)

1. (a) Parent or relative interviewed

Mother1

Father2

Both parents.....3

Other person, namely.....

No one.....0

(b) If mother not interviewed, please give reasons

PIAN3

I. ACCIDENTS

2. (a) Last accident recorded in 1950. Type.....

Age when injured.....yrs.

No accident reported in first 4 yrs. 3 mths. of life.....0

(Since this accident, or since June 1950)

(b) Has this child had an accident in which he was BURNT or SCALDED, BROKE A BONE, or was BADLY CUT or BRUISED? Yes.....1 No.....0

(If "yes.") Please give the following details about each accident starting with the earliest:—

	Type of injury (enter as BURN, SCALD, BROKEN BONE, CUT, etc.)	Part or Parts injured	Age when injured (in years and months)	Treatment. Hosp. I.P., Hosp. O.P., Nursing Home, Own Home	If treated in own home, who gave treatment (Doctor, Nurse, other)	Details of any remaining scarring, disability or deformity
First Accident since June 1950	1					
Subsequent Accidents	2					
	3					

Number of accident as given above	DETAILS of how each ACCIDENT OCCURRED (if burnt by fire, say whether electric, gas, open fire or stove)	WHERE IT OCCURRED (Own Home, School, Street, etc.)
First Accident since June 1950	1	
Subsequent Accidents	2	
	3	

II. INFECTIOUS DISEASES

WHI 46-52

3. (a) Has this child been immunised against WHOOPING COUGH? If so, at what age? Immunised when.....mths. Not immunised.....0

(b) Has this child had WHOOPING COUGH, MEASLES, MUMPS or SCARLET FEVER since June, 1950, when he was 4 yrs. 3 mths. old?

(Attacks recorded in previous surveys are entered in red.)

	Whooping Cough	Measles	Mumps	Scarlet Fever
Yes	1	1	1	1
No	0	0	0	0

(If "yes.")

(c) Please give the following details:—

Disease	Age at onset (yrs. and mths.)	Where treated Hosp. I.P. Hosp. O.P. Nursing Home Own Home	If treated in own home who gave treatment (Doctor, Nurse, other)
Whooping cough			
Measles			
Mumps			
Scarlet fever			

(For all those who have had Whooping Cough.)

(d) Was there any doubt that it was Whooping Cough? Doubtful whooping cough...0 Certainly whooping cough...1

(e) How long did the cough last?weeks

III. HOSPITAL ADMISSIONS

Refer to separate Hospital Form

4. (a) Last hospital admission recorded in 1950. Illness..... Hospital.....

Age on admission.....yrs. Not admitted to hospital during first 4 yrs. 3 mths. of life...0

(b) Has this child been an INPATIENT in a hospital or nursing home since June, 1950, when he was 4 yrs. 3 mths. old? Yes.....1 No.....0

(If "yes.")

(c) Please give the following information about each admission. (When a single illness involves more than one admission give information separately for each period in hospital.)

INCLUDE all illnesses, etc., even if recorded earlier on this form.

Admission Number	Nature of illness	Operation (if any)	Age on admission (in yrs. and mths.)
1			
2			
3			

(d)

Admission Number (as above)	Name and address of hospital or nursing home	Hosp. Reg No. (if known)	Length of stay in hosp. or nursing home (in days)
1			
2			
3			

HBE = 1st Admission only

(For all children going to hospital.)

(e) Have you noticed any differences in the behaviour of this child since he came back home? Yes.....1 No.....0

(If "yes.")

(f) Please give details:

IV. OTHER CONDITIONS

5. Is this child frequently sick? If so, please say on what occasions. Not frequently sick.....0 Sick when travelling.....1 Sick when excited.....2 Sick when he over-eats.....3 Sick on other occasions, namely.....

SIK 52

6. (a) Are you in any way worried about this child's health? Yes.....1 No.....0

(If "yes.")

(b) Please give your reasons for worrying.....

7. Remarks on any illnesses or disabilities not recorded above:

V. BLADDER & BOWEL TRAINING

8. (a) Is this child dry by day? Never wet.....0 Sometimes wet.....1

DAW 52

(b) Is this child dry by night? Never wet.....0 Wet occasionally.....1 Wet several nights a week...2 Wet every night.....3

NIW 52

NIL

(If "wet.")

(c) How are you trying to get him dry? Punishments, namely.....

PEN 52

Rewards if dry, namely.....

Special treatment, namely.....

(If "dry.")

(d) How old was he when you left his napkins off at night?yrs.mths.

(grouped)

NAP 46-52

9. (a) How old was this child when you started to train him to be clean? From birth.....0mths. old

BOWA

(b) At what age did he first gain control of his bowels?mths. old

BOW 46-52

(grouped)

(c) Have you had any trouble with his cleanliness since then? Yes.....1 No.....0

LBT

(If "yes.")

(d) How old was he when the trouble started?mths. old

TITAN3

(e) How long did it last? Still sometimes dirty.....9

TTLAN3

10. (a) How frequent are this child's motions? More than once a day.....1 Usually once a day.....2 Usually less than once a day 3

MOT52

(b) Do you give this child laxatives? Once a week or more often...2 Less than once a week.....1 Never.....0

LAX 52

(If "yes.")

(c) Why do you give him laxatives? Hard stools.....1 Other reason, namely.....

VI. HABITS

11. (a) Has this child any habits such as thumb sucking, nail biting, nose picking, tics or general fidgetiness? **HAB52**
HABR52
- No habits of this type.....0
 Sucks thumb.....1
 Bites nails.....2
 Picks nose.....3
 Other habits, namely.....

- (If "habits.") **HABE52**
- (b) How are you trying to cure him of these habits? **PHA52**
- Punishments, namely.....
 Rewards, namely.....
 Special treatment, namely.....
 Not trying to cure him.....0

12. (a) Are you in any way worried about this child's habits or behaviour? Yes.....1
 No.....0

- (If "yes.") **MEAR**
- (b) Please give your reasons for worrying.....

VII. SLEEP AND PLAY

13. (a) Has he any favourite toy which he takes to bed? Yes, namely.....
TOB 52 None.....0

- (b) During the last year, have you or any member of your household ever had to go to this child because of his nightmares or disturbed sleep? Never.....0
 Occasionally.....1
 Several nights a week.....2
 Every night.....3

- (For those who have had to go to their child at night.) **NIG51/52**
- (c) Who usually goes to the child? Mother.....1
NIGP 51/52 Father.....2
 Other person, namely.....

14. (a) What are this child's favourite toys?
- (b) What are his favourite games?

- (c) With whom does he usually play when not at school? By himself.....0
 With brothers and sisters.....1
 With school fellows.....2
PLAW 52 With others, namely.....

- (If "by himself.") **PLA 52**
- (d) Why does he play by himself? From choice.....1
 No children living nearby.....2
 Shyness.....3
 Other reason, namely.....

- (All children.)
- (e) Where does he usually play when not at school? Summer Winter
 In the house1.....1...
PLAPS 52 In the yard or garden 2.....2...
 In the street3.....3...
PLAPW 52 In park or open space 4.....4...
 Elsewhere,5.....5...

VIII. THE DWELLING

15. Type of dwelling. Whole house or bungalow...1
DWEL52 Self-contained flat2
 Tenement3
 Unfurnished rooms.....4
 Furnished rooms.....5
 Other, namely.....

16. (a) Ownership of dwelling. Council.....1
OWN52 Parents of the child.....2
 Relative.....3
 Other, namely.....

- (b) Approximate age of dwelling. Built before 1919.....1
DWED52 Built 1919-1939.....2
 Built since 1939.....3

IX. THE HOUSEHOLD

SIB, SIR (Ross. indirect)
 17. (a) Parents and their children living in this household. **INF52**
 (Please start with the youngest and end with the oldest. INCLUDE THE PARENTS AND THIS CHILD). **AD52**
CH 52
FAM52
FAT52

Christian Name	Sex	Age	
		years	months

(b) Other members of the household (lodgers, relatives, domestics, etc.).

Relationship to mother of this child (e.g. mother-in-law, sister, lodger, etc.)	Sex	Approximate age

- (c) Total in household. **HOU .52**.....persons)
CROW 46-57)
CROW 52)
18. Total rooms occupied by all the members of the household listed in 17 (a) and (b) above.)

Bedrooms	Living rooms (include kitchen only if used as a living room, exclude scullery)		Total
	Own living rooms	Living rooms shared with other households	
BEDR52	LIVR 52	LIVRS52	ROOM52

19. (a) Does this child sleep in a room by himself or in a room with others? By himself.....1
SLAN3 With others.....2

- (If "with others.")
- (b) Who else sleeps in his room? (Please give names and ages.) **BYBY52**
- (c) Does he sleep in his own bed or with others? (If with others please give names and ages.) **BYBY52**

X. THE MOTHER'S WORK

20. (a) Have you been in paid work (either inside or outside the home) since June, 1950, when this child was 4 yrs. 3 mths. old? Yes.....1
WK52 No.....0

(If "yes.") (b) Please give the following details of each period of employment. (The last employment noted in 1950 is entered in red.)

Exact nature of work	Approx. hrs. per week	Date of taking job	Date of leaving job
WKT 52	WKH 52		

- (c) Who looked after this child while you were working?
- (d) Were you satisfied with the care he received? Yes.....1
 No.....0

XI. SUBSEQUENT PREGNANCIES

21. (a) Have you been pregnant since June, 1950, when this child was 4 yrs. 3 mths. old? Yes.....1 No.....0

SIB & SIR

(If "yes.") (b) Please give the following details for each pregnancy:— (The date of the last confinement noted in 1950 is entered in red.) (Ross.)

Date of delivery (mth. and yr.)	Sex of child	Birth weight (to nearest ½ lb.)	Result of delivery (live birth, stillbirth or miscarriage)	If not surviving please give age at death

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

XII. SEPARATION FROM MOTHER

22. (a) What is the longest time you have been separated from this child? SET46-52 SEA 52mths. old Never separated.....0

- (If "separated.") (b) Why were you separated from him? (c) Was the child at home during this period of separation? Yes.....1 No.....0

SEP 52

SEK

- (If "yes.") (d) Who looked after him at home?

Relationship	Sex	Age

- (If not looked after at home.) (e) Where did he go to? Grandparents.....1 Other relative or friends.....2 Hospital.....3 Residential nursery.....4 Elsewhere, namely.....

SEJ52

XIII. EDUCATION OF FATHER & MOTHER MED

23. (a) Those educated in England and Wales? Mother Father FED MEDLS FEDLS

- (b) Those educated in Scotland? Type of School Mother..... Father..... (c) At what age did you/your husband leave school? Mother.....yrs Father.....yrs

MAGELS

FAGELS

Education after leaving School

(Include art, needlework, cookery, handicrafts, etc., as well as technical and academic education.) MEF FEF

24. (a) After leaving school did you/your husband attend any classes or take any courses at a night school, technical school, university, training college or correspondence college? No further education.....0 Night, technical or commercial school { Full-time...1 Part-time...2 Teacher's training college.....3 University { Full-time...4 Part-time...5 Correspondence college.....6 Other, namely.....

(If education after leaving school)

	Mother	Father
(b) Main subject studied		
(c) Length of course		
(d) Age when course finished		
(e) Degrees, diplomas or certificates obtained	MOQUA	FAQUA

XIV. 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.)

25. (a) What is your husband's occupation? OG 52 (b) In what industry does he work? IND 52 (c) Does he:— (i) Earn a weekly wage? (ii) Earn a monthly salary? (iii) Work for himself or employ less than 10 people? (iv) Employ 10 or more people? (d) If your husband's work regularly keeps him away from home for 24 hours or more at a time, please give details. PAW 50-61

XV. SCHOOL NURSE'S COMMENTS

WILL SCHOOL NURSES PLEASE FILL IN THIS SECTION FROM THEIR OWN KNOWLEDGE OF THE FAMILY

26. (a) Is this child's clothing in a satisfactory or unsatisfactory state of repair? CLO 52 (b) Are this child's shoes satisfactory or unsatisfactory? SHO 52

Please compare (c) the cleanliness of this child, and (d) the cleanliness of this home with the standard of others in your care.

	Average	Among the most clean	Among the least clean
(c) Cleanliness of the child	1	2	3
(d) Cleanliness of the home	1	2	3

CLC52 (c) CLW52 (d)

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. FAC 52

28. Please state from your OWN KNOWLEDGE whether the parents of this child are:— CAB Married and living together...1 Legally separated.....2 Divorced.....3 Permanently separated } ...4 for other reasons } Widowed.....5 Other, namely.....
29. Please give your assessment of the state of repair of the dwelling. REP 52 Average.....1 Very good.....2 Bad.....3

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

31. Please comment on any questions which you feel may have been unreliably answered

ALL QUESTIONS SHOULD BE ANSWERED (OR STRUCK THROUGH IF NOT APPLICABLE). PLEASE SEE THAT THIS HAS BEEN DONE.

- Date of Interview COMP52 Length of Interview.....mins. Name of School Nurse or Health Visitor.....