

**STRICTLY
CONFIDENTIAL**

MARCH 1952

**It is hoped that the
Mother &/or Father
will be present at
this examination**

EXAMINATION BY THE SCHOOL DOCTOR

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
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.

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 medical history and clinical examination only. Details of the home conditions and of certain past illnesses and accidents are being recorded by the School Nurse or Health Visitor on a separate sheet.

How to fill in this form.

Six thousand children scattered all over the country, are being given this examination, and it is therefore important that the many hundreds of doctors who are examining them should record their findings in a comparable way. For this reason, and also to reduce the amount of clerical work, this examination 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 the Doctor 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 these many medical histories are obtained in the same way it is important, when questioning the parent 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

If this child has died please state
(a) Date of Death.....
(b) Cause of Death (if known).....
.....

If this child is living but the form cannot be completed please state the reason here:
.....
.....

A. MEDICAL HISTORY

**Put a circle round the code 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.**

1. Parent or relative attending with child. Mother **PID1**.....1
Father2
Both parents.....3
Other person, namely
No one.....0

3. (a) Do any members of the household (other than this child) have continual or repeated colds, sore throats, coughs or catarrh? Yes, colds.....1
Yes, sore throats.....2
Yes, coughs3
Yes, catarrh.....4
No one0
COLO 52

COLDS, SORE THROAT, ETC.
(2. (a) Does this child breathe with his mouth open in the day time? **BRE 52** Yes.....1
No.....0
((b) Does he snore at night? Always snores2
SNOR 52 Sometimes snores1
Never snores0
((c) How often has he had a snuffly or running nose during the last year? **SNUF 52** Continually.....3
Frequently (4 or more).....2
Occasionally (3 or less).....1
Never.....0
((d) Has he had a sore throat during the last year? If so, how many has he had? **SORE 52**sore throats
No sore throats.....0

(If "yes.")
(b) Please say which members of the household suffer from them (giving names and ages).

Name	Age	State whether cold, sore throat, cough or catarrh

URTS 52 (

TONSILS

4. (a) Have this child's tonsils been removed? **TONM 52** Yes.....1
 No.....0
- (If "yes.")
 (b) Why were they removed?.....
- (c) Has his condition been better, worse or unchanged since their removal? **TONB 52** Better.....1
 Worse.....3
 Unchanged.....2
- (If "better" or "worse.")
 (d) Please say in what ways.....

- (If tonsils not removed.)
 (e) Has anyone suggested that his tonsils should be removed? **TONO 52** Yes, doctor.....1
 Yes, other person, namely.....
 No.....0
- (If "yes.")
 (f) Why was this suggested?.....

- (g) Is he on a waiting list for tonsillectomy? **TONL 52** Yes.....1
 No.....0
- (If not on waiting list.)
 (h) Why is he not on a waiting list?.....

COUGHS

5. (a) Does this child ever have attacks of coughing when he has NOT got a cold? **LRI 52** Yes, continually.....2
 Yes, sometimes.....1
 No.....0
- (For those with coughs.)
 (b) Has a doctor been consulted about his coughing? **LRIT 52** Doctor consulted.....1
 No doctor consulted.....0
- (c) When he coughs, is it at night only, in the day only or both in the day and night? **LRID 52** Night only.....1
 Day only.....2
 Both day and night.....3
6. (a) Has this child, during the last year, had an attack of asthma? **ASTHD1** Yes.....1
 No.....0
- (If "yes.") **FOAD1**
 (b) How frequent are his asthmatic attacks?.....
- (c) Has a doctor been consulted about his asthma? **DRCND1** Doctor consulted.....1
 No doctor consulted.....0
- (d) Has the cause of the attacks been investigated? Yes, at hospital.....1
 Yes, by family doctor.....2
 No investigation.....0
INVD1
- (If "investigated.")
 (e) What was the result of the investigation?.....

- (f) What treatment is being given?.....

TEETH

7. (a) How many times has this child been seen by a dentist during the last year? times
 Not seen by a dentist.....0
DEN 52
- (b) How many of his teeth have been extracted?teeth
 None extracted.....0
TEX 52

HEART

8. (a) During the last year, has this child been treated for heart trouble? **HTT 52** Yes.....1
 No.....0
- (If "yes.")
 (b) Did this treatment lead to any restriction of his activities? **HTR52** Yes, namely.....

- No restriction of activities...0

ABDOMEN ABPND1

9. (a) Has this child had any attacks of abdominal pain during the last year? Yes.....1
 No.....0
- (If "yes.")
 (b) Was a doctor called in or was he taken to hospital? **ABD 52** Doctor called in.....1
 Taken to hospital.....2
 Neither.....0
10. (a) Has this child, during the last year, had recurrent attacks of vomiting (i.e. out of sorts at least 12 hours and at least one vomit)? **RCVMD1** Yes.....1
 No.....0
- (If "yes.") **CIRTD1**
 (b) About how often does he have these attacks? **SIF52** Less than once a month.....1
 More often.....2

SPECIAL SENSES

11. (a) Is this child hard of hearing sometimes, or all the time? **HEAM52** Sometimes deaf.....1
 Always deaf.....2
 Normal hearing.....0
- (If "sometimes deaf")
 (b) Is he deaf when he has colds? **COLE 52** Yes.....1
 No.....2
- (If "always deaf.")
 (c) When did you first suspect he was hard of hearing? At.....years old
- (d) What made you suspect it?.....
- (e) Has he been treated for deafness? **HEAT 52** Yes.....1
 No.....0
- (If "yes.")
 (f) What treatment (Medical, Surgical or Educational) was given?.....

- (12. (a) Has this child ever complained of earache? **EARD1** Yes.....1
 No.....0
- ((If "yes.")
 ((b) How old was he when he first complained? **EARA 46-52**years
- ((c) How many attacks of earache has he had during the last year? **EARN 51-52** Frequent (more than 2).....2
 Occasional (2 or less).....1
 None.....0
- (13. (a) Has this child ever had discharge of pus from his ears? **EARP 46-52** Yes.....1
 No.....0
- ((If "yes.")
 ((b) Please give the following details:—
 (Attacks recorded in earlier surveys are entered in red.)

Age at Attack	Duration of Discharge in weeks	Where treated Hos. I.P. Hos. O.P. Nursing Home Own Home	If treated at home, who gave treatment (Doctor, Nurse, other)

14. (a) Does this child squint or has he ever squinted? **SQD1** Always squints.....3
 Sometimes squints.....2
 Used to squint.....1
 Never squints.....0
- (If "squint.")
 (b) How old was this child when squint was first noticed? **SOHOD1**years
- (c) Has treatment been given and if so, what treatment? **SQTTD1** No treatment given.....0
 Treatment given, namely.....

FITS AND CONVULSIONS

15. (a) Has this child, during the last year, had a fit or convulsion or lost consciousness? **FITD1** Yes, fits, etc.....1
 No fit or convulsion.....0
- (If "fit or convulsion.")
 (b) How many fits or convulsions has he had during the last year? **NOFITD1**fits or convulsions
- (c) Did they occur during an illness or while he was in normal health? **FITIHD1** During an illness.....1
 While in normal health.....2

B. EXAMINATION

16. Pulse rate at beginning of examination PUE 52
per minute

APPEARANCE

17. (a) Hair colour. HCO 52
 Red1
 Blond.....2
 Light brown.....3
 Dark brown.....4
 Black.....5

(b) Skin colour. SK 52
 Rosy cheeked.....1
 Pale2
 Swarthy.....3
 Freckled4
 Other, namely.....

(c) Eye colour. EYC 52
 Blue.....1
 Brown2
 Other.....3

(d) Nails and fingers. NAB 52
 No abnormality.....0
 Bitten nails.....1
 Clubbed fingers.....2
 Other, namely.....

PHYSICAL MEASUREMENTS

Give measurements AS RECORDED by the apparatus used and as accurately as these allow. (in most cases this will be to the nearest QUARTER POUND and to the nearest QUARTER INCH.)

18. Present weight. CTHSD1
(In underpants or knickers only and WITHOUT SHOES. If this is impossible please list the clothes in which he was weighed.....)
st.lbs.ozs. NIWT52

Scales used. SCLSD1
 Beam balance.....1
 Spring balance.....2

19. Present standing height. (WITHOUT SHOES.)
(If no height measurer is available and a ruler is used to mark the position of the top of the head, please make sure that this is level when viewed from the side.)
ft.ins. (To nearest quarter inch.)
NIH52

NASAL PASSAGES

20. (a) Is there a nasal discharge? Yes.....1
 No.....0
(If "yes.")

(b) Is it watery or mucopurulent? NAD52
 Watery1
 Mucopurulent2

(All children.)

(c) Is there a postnasal discharge hanging down behind the uvula? PND 52
 Yes.....1
 No.....0
 Not seen, child gags.....Y

(d) Are this child's nasal passages obstructed? ONP52
 Yes, by adenoids.....1
 Yes, by catarrh.....2
 Other causes, namely
 Not obstructed.....0

THROAT AND TONSILS

21. (a) Colour of pillars of fauces. FAU 52
 Congested.....1
 Not congested.....0
 Not seen, child gags.....Y

(b) Tonsils. TONP 52
 Present and intact.....1
 Remnants.....2
 Removed0
 Not seen, child gags.....Y

(If tonsils present.)

(c) Size of tonsils. TONG 52
 Meet in mid line.....1
 Buried and atrophic.....2
 All other sizes.....3

(d) Crypts. TONC 52
 Contain pus.....1
 Do not contain pus.....2
 No crypts seen.....3
 Concretions4

(e) Tonsillar glands. TONX 52
 Palpable.....1
 Not palpable.....0

(f) In your opinion should this child's tonsils be removed? TONY 52
 Yes.....1
 No.....0
 Undecided2

(If "yes.")

(g) Please give your reasons.....

TEETH

22. (a) How many teeth have been filled? TEF 46-52
 None filled.....0

(b) How many of his existing teeth are so carious that they require extraction? CAV 52
 None require extraction.....0
 UndecidedX

LUNGS

23. Are there any abnormal signs present in the lungs? PULM 52
 Abnormal signs present.....1
 No abnormality detected...0

(If "abnormal signs.")
 Please describe.....

HEART

24. Please examine this child standing up and lying down. RHYS 52 RHYL 52

(a) Rhythm Standing Lying
 Regular00
 Irregular.....11
(If "irregular.")
 Please describe the nature of the irregularity.....

(b) Murmurs. MURS 52 MURL 52
Standing Lying
 No murmurs heard.....00
 Murmur(s) present.....11

(If "murmur(s).")
 Please describe, giving timing and location.....

(All children.)

(c) Details of any other cardiac abnormalities not noted above.....
CARD 52

ABDOMEN

25. Is there any evidence of hernia or weakness of the inguinal canal? IMP 52
 Yes.....1
 No.....0

(If "yes.")
 Please describe.....

26. Is there any abnormality of the external genital organs? GEN 52
 Yes.....1
 No.....0

(If "yes.")
 Please describe.....

MISCELLANEOUS

27. Lymphatic glands LYMN 52 LYMA 52 LYMG 52
 Neck Axilla Groin
 Palpable *(Exc. tonsillar glands)*11
 Not palpable00

28. Skin SKA 52
 No obvious abnormality.....0
 Septic spots or boils.....1

Other abnormalities, namely.....

29. Orthopaedic defects. None.....0
 (If "defect.") Defect1
 Please give details.....

30. (a) Speech. SPHD1 No abnormality.....0
 Stammering1
 Dyslalia.....2

Structural speech defect, namely
 STHPYD1.....

(If "stammering," "dyslalia" or other defect.)
 (b) Does this child, in your opinion, need speech therapy? Yes.....1
 No.....0
 STAD1
 (c) Is he having, or have arrangements been made for him to have speech therapy? Therapy being given.....1
 Arrangements made.....2
 No provision available.....0

EARS

31. (a) External Auditory Meatus. Right Left
 Mucoid discharge.....11
 Purulent discharge.....22
 Wax.....33
 Clear00
 Other, namely.....

AMD 52

(b) Drums. Right Left
 Intact00
 Indrawn11
 Perforated22
 Obscured by wax.....33
 Other conditions, namely.....

HEARS 52, 53, 57

(c) What is your assessment of this child's hearing? Average or good.....3
 Poor.....2
 Very poor.....1
 HEAR 52

EYES

GLA

GLA 52

32. (a) Squint. SQU 52 Does not squint.....1
 Concomitant squint.....0
 Paralytic squint.....2

SQU 52/61

(b) Visual acuity.

	Without glasses	With glasses
Right eye	SNER 52	
Left eye	SNEL 52	

If acuity not measured please state reason.....
 SNEX 52

(c) Eye defects not noted above:
 EYO 52

CHECK OF PAST INFORMATION

39. THE FOLLOWING CONDITIONS WERE REPORTED IN EARLIER SURVEYS. PLEASE CHECK THEIR ACCURACY AND SUPPLY, IF POSSIBLE, THE ADDITIONAL INFORMATION ASKED FOR.

Condition	Age when reported	Additional information needed	Doctor's comments

ALL QUESTIONS SHOULD BE ANSWERED
 (OR CROSSED OUT IF NOT APPLICABLE.)
 PLEASE CHECK THAT THIS HAS BEEN DONE

LATERALITY

33. (a) Eye Dominance. Uses right eye.....1
 Uses left eye.....2
 Uses either.....3
 Will not co-operate.....0
 LATS
 EYD 52

(b) Handedness. Right hand.....1
 Left hand.....2
 Either hand.....3
 LATS
 HANS
 Which hand does this child use to write or draw with? HAN 52

(c) Footedness. (Give this child a ball to kick.) Right foot.....1
 Left foot.....2
 Either foot.....3
 FOOT 52

34. Remarks on other abnormalities or deformities not reported above

35. Pulse rate at end of examination. PUL 52.....per minute.

ASSESSMENTS

36. (a) Alertness and activity. Average.....2
 Above average.....3
 Below average.....1
 Apathetic.....0
 ALE 52

(b) Physical development. Average.....1
 Superior2
 Inferior.....0
 PD1

PARENTS' MEASUREMENTS

37. It would be of great value if the following information could be obtained about the parents of this child. It is realised that it may not be possible to get actual measurements in which case please give approximate figures.

	Mother	Father
Weight (in indoor clothes)	MWT 52st.lbs. * actual estimate	FWT 52st.lbs. * actual estimate
Height (deduct height of heels if measured in shoes)	MHT 52ft.ins. * actual estimate	FHT 52ft.ins. * actual estimate

*Cross out the one that does not apply.

(a) Age of father.....years

38. Estimate of the reliability of the medical history given by this mother. Probably reliable.....1
 Probably unreliable.....2
 Undecided.....0
 REL 52

Name of Doctor making Examination.....

Date of Examination.....DAD1

Time taken for this interview.....