

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
At the LONDON SCHOOL OF ECONOMICS, 13 ENDSLEIGH STREET, LONDON, W.C.1

Form with fields: Ref. No., Name, Address, School, and 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.

Approach to the Mother

Remind her that in previous years 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 year.

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.

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 nine years of their lives only 8% of the original sample have been lost.

How to fill in this form.

Five 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.

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 THE CODE NUMBER OPPOSITE THE MOTHER'S ANSWER. IF A QUESTION DOES NOT APPLY, STRIKE IT THROUGH.

- 1. (a) Person interviewed. Mother PIA5
(b) If mother not interviewed because she was ill, refused, etc., please give reasons.

If this child has died, please state.

- 2. (a) Date of death
(b) Cause of death (if known)

(For all living children)

- 3. Where is this child now living? WCLA5
At home
With relatives
Adopted
Residential school
Ill in hospital
Elsewhere, namely

See BRC

I. ACCIDENTS

- 4. Last accident recorded.
(a) Type
Age when injured

(Since this accident, or since OCTOBER, 1954) See Accident file

- (b) Has this child had an accident in which he was BURNED, SCALDED, BROKE A BONE, or was BADLY CUT or BRUISED?

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

Table with 7 columns: Accident number, Type of injury, Part or Parts injured, Age when injured, Treatment, If treated in own home, Details of any remaining scarring.

Table with 3 columns: Number of accident as given above, DETAILS of how each ACCIDENT OCCURRED, WHERE IT OCCURRED.

## II. INFECTIOUS DISEASES

5. (a) Please give the following information about any attacks of WHOOPING COUGH, MEASLES, MUMPS or SCARLET FEVER this child has had since OCTOBER 1954.

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

Disease	Age at onset (years and months)	Where treated Hosp. IP Hosp. OP 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 since October 1954)

- (b) Was there any doubt that it was whooping cough? Doubtful.....0  
Certain.....1

- (c) How long did the whooping cough last? ..... weeks

- (d) Details of complications, if any? .....

## III. ADMISSIONS TO HOSPITAL

Refer to separate Hospital form

6. (a) Details of last Hospital Admission Recorded in this Survey. Illness.....  
Hospital.....  
Age.....

(If nothing recorded there has been no admission before OCTOBER, 1954)

- (b) Has this child been an IN-PATIENT in a HOSPITAL or NURSING HOME since OCTOBER 1954. Yes.....1  
No.....0

(If "yes")

- (c) Please give the following details about each admission including any accidents or infectious diseases noted in Sections I or II.

(When a single illness involves more than one admission give information separately for each period in hospital)

Admission No.	Nature of illness	Nature of operation performed (if any)	Date of Admission
1			
2			

Admission No. (as above)	Name and Address of Hospital or Nursing Home	Name of Doctor or Specialist in Charge of Child
1		
2		

## IV. SCHOOL CLINIC AND OUT-PATIENT DEPARTMENT ATTENDANCES

7. (a) Details of last Clinic Attendance Recorded in this Survey. Name of Clinic.....  
Reason for attending.....  
Age.....

- (b) Has this child attended a School Clinic or Out-Patient Department of a Hospital since OCTOBER 1954? Yes.....1  
No.....0

(If "yes")

- (c) Please give the following details about each Clinic attended.

Name of School Clinic or Out-Patient Dept.	Reason for attending	Date of FIRST attendance (month and year)	Date of LAST attendance (month and year) (if still attending strike through)	Number of attendances	Present condition			
					cured	improved	un-changed	worse
See clinic card		.....19....	.....19....		1	2	3	4
		.....19....	.....19....		1	2	3	4

## V. SCHOOL ABSENCES

8. Please complete the information given below about the child's absences during the past year. (Only absences of more than one week are recorded)

Absence Number	Information from School Absence Record			Please give these additional details		
	Period of Absence		Reason for Absence	If child was ill		Remarks
	From	To		Where treated Hospital I.P. Hospital O.P. Nursing Home Own Home	If treated at home who gave treatment? (Doctor, Chemist, Nurse, Other)	
1	See absence cards and summaries					
2						
3						

## VI. BED WETTING

- 9.(a) Is this child now dry by day? Never wet.....0  
DAW55  
Sometimes wet.....1

- (b) Is this child now dry by night? Never wet.....0  
NIW55  
NIL  
Wet occasionally.....1  
Wet several nights a week.....2  
Wet every night.....3

(If "wet")

- (c) How are you trying to get him dry? PEN855

VII. GENERAL HEALTH AND BEHAVIOUR

10. Are you in any way worried about this child's health? Yes .....1  
No.....0  
(If "yes")  
(b) Please give your reasons for worrying  
.....  
See worries list  
.....
11. (a) Are you in any way worried about this child's behaviour? Yes .....1  
No.....0  
(If "yes") MLAR  
(b) Please give your reasons for worrying  
.....  
.....
12. (a) Are you in any way worried about this child's progress at school? Yes .....1  
No.....0  
(If "yes")  
(b) Please give your reasons for worrying.  
.....  
.....

13. (a) Does this child have difficulties in his relations with his brothers and sisters? Yes .....1  
No.....0  
No brothers or sisters.....y  
(If "yes")  
(b) What are these difficulties?  
.....  
.....
14. (a) Does this child have difficulties in his relations with other children at school? Yes .....1  
No.....0  
Don't know.....x  
(If "yes")  
(b) What are these difficulties?  
.....  
.....

VIII. THE MOTHER'S WORK not from here

15. (a) Have you been in paid work (either inside or outside the home) since OCTOBER, 1954 WK55 Yes ..... 1  
(If "yes") No.....0  
(b) Please give the following details of each period of employment.  
(The last employment recorded in this survey is entered in red)

Exact nature of work	No. of days worked per week	Time of leaving home	Time of getting back home	Date of taking job	Date of leaving job
WKT55			WRH55		
			WKH55		
From extraction sheets see file 67					

- (c) Who looks after this child when he comes home from school?  
no one EVMWC  
neigh. or friends  
sibs only  
F or relat. or Housekeeper Not from here
- Mother .....1  
Father .....2  
Other children .....3  
Grandparent.....4  
Other person, namely.....5  
No one .....0

IX. SCHOOLING

16. (a) During the last year have you or your husband met this child's class teacher or head teacher? Yes, both.....3 PTMAS  
Yes, class teacher.....1  
Yes, head teacher.....2  
Neither.....0  
(If "yes")  
(b) Did you discuss this child's school progress with either or both of them? Yes, with both.....3  
Yes, with class teacher.....1  
Yes, with head teacher.....2  
No.....0 PROT55
17. (a) In October 1954, you said you would like your child to go to School. Do you still wish him to go there? SCHOC55 Yes.....1  
No.....0  
(If "no")  
(b) Where would you now like him to go? TYP55 Grammar.....1  
Secondary Modern.....2  
Technical.....3  
Fee-paying.....4  
Do not know.....x

- (If "no" to question 17 (a))  
17. (c) Please give the name of the school if decided upon.  
..... NSCH55  
.....  
(d) Why have you changed your mind since last year?  
..... CTYP55  
.....  
.....
18. (a) Last October you had not yet chosen the school you wanted your child to attend. Have you done so now? SCHC55 Yes.....1  
No.....0  
(If "yes")  
(b) What type of school is it? TYP55 Grammar .....1  
Secondary Modern.....2  
Technical .....3  
Fee-paying.....4  
Do not know.....x  
(c) Please give the name of the school, if decided upon.  
..... NSCHN55  
.....

## X. CHECK ON PAST INFORMATION

This year we have asked fewer questions than in previous years because we wish to take the opportunity to inquire about special conditions that have been reported in earlier surveys, and to clear up any outstanding points. Please check carefully with the mother the details given below and supply additional information asked for if at all possible.


### INFORMATION GIVEN BY SCHOOL NURSE OR HEALTH VISITOR

(Please answer the following questions from your own knowledge. DO NOT ask the mother directly)

19. Please state from your OWN KNOWLEDGE whether the parents of this child are—
- Married & living together...1
  - Legally separated.....2
  - Divorced .....3
  - Permanently separated for other reasons.....4
  - Widowed .....5
  - Other, namely.....
  - .....
  - .....

CAB

See BS

CLC55

CLH55

- 20 (a) Are this child's shoes in a satisfactory or unsatisfactory state of repair? SH055
- Satisfactory.....1
  - Unsatisfactory.....0
- (b) Is this child's clothing in a satisfactory or unsatisfactory state of repair? CL055
- Satisfactory .....1
  - Unsatisfactory.....0

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

21. Please comment on any lack of facilities in the home (for example, shared W.C., Bathroom, etc., lack of running hot water, dampness or condensation, lack of services such as electricity, gas, water).

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.....

.....

22. Please comment on any circumstances in the family that may be relevant to the child's growth and health.

.....

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Date of interview..... COMPA5

Length of interview..... mins.

Name of School Nurse or Health Visitor.....