

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, 13 ENDSLEIGH STREET, LONDON, W.C.1.

Ref. No.

Name

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 enquiry.

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 survey are representative of all births in England, Wales and Scotland in March, 1946. They are drawn from all social classes and during the first ten years of their lives only 8 per cent. of the children in 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.

How to fill in this form.

Five 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

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

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. If a question does not apply, strike it through.

SURVIVAL

1. If this child has died please state

(a) Date of Death

(b) Cause of Death (if known)

(c) Address or Name of Hospital where death occurred

RID3

SOURCE OF INFORMATION

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

3. Parent or relative attending with child
Mother1
Father2
Both parents.....3
Other person, namely
No one.....0

PID3

ASTHMA

4. (a) Has this child, during the last year, had an attack of asthma ? Yes **ASTMD3**1
No0

(If "yes".)

(b) How frequent are his asthmatic attacks ? **FOAD3**

(c) How long do they last ? **HLALD3** hours

(d) Has a doctor been consulted about his asthma ? Doctor consulted1
No doctor consulted.....0

(e) Has the cause of the attacks been investigated ? **DRCND3**
INVGD3
Yes, at hospital1
Yes, by family doctor.....2
No investigation0

(f) Name and address of hospital where investigated

Name

Address

(g) What treatment is being given ?

TEETH

5. (a) How many times has this child been treated for teeth during the last year? **TEE57** times
 Not seen by a dentist 0

HEART

6. (a) During the last year, has this child been treated for heart trouble? **HTT57**
 Yes 1
 No 0

(If "yes".)
 (b) What treatment was given?

- (c) Did this treatment lead to any restriction of his activities? **HTR57**
 Yes, namely
 No restriction of activities.. 0

ABDOMEN

7. (a) Has this child had any attacks of abdominal pain during the last year? **ABD57**
 Yes 1
 No 0

(If "yes".)
 (b) Was a doctor called in or was he taken to hospital? **ABD57**
 Doctor called in 1
 Taken to hospital..... 2
 Neither 0

8. (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)? **SIF57**
 Yes 1
 No 0

(If "yes".)
 (b) About how often does he have these attacks? **SIF57**
 Less than once a month 1
 More often 2

(c) Are these attacks associated with any particular circumstances?
 If so, please give details

(All Children)

- (d) Has this child ever had jaundice or putty coloured stools? **JAU46-57**
 Yes 1
 No 0
 (If "yes".)
 Please give details

BEDWETTING

9. (a) Is this child now dry by night? **NIW57**
 Never wet 0
 Wet occasionally 1
 Wet several nights a week 2
NIL Wet every night 3

(If "wet".)
 (b) How are you trying to get him dry?

MENSTRUATION

10. Has this child started her periods? **MEN57**
 Yes 1
 No 0
 Does not apply Y

HEARING

11. (a) Is this child hard of hearing sometimes, or all the time? **HEAM57**
 Sometimes deaf 1
 Always deaf..... 2
 Normal hearing 0

(If "sometimes deaf".)
 (b) Is he hard of hearing when he has colds? **HEAM57**
 Yes 1
 No 2

FITS AND CONVULSIONS

12. (a) Has this child, during the last year, had a fit or convulsion or lost consciousness? **HEAM57**
 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?
 fits or convulsions

- (c) Did they occur during an illness or while he was in normal health? **HEAM57**
 During an illness 1
 While in normal health 2

GENERAL HEALTH

13. (a) Are you in any way worried about this child's health? **HEAM57**
 Yes 1
 No 0

(If "yes".) **See worries list**
 (b) Please give your reasons for worrying.....

X-RAY

14. Please give the following details of any X-rays (including mass miniature radiography) this child has ever had.

Approx. age	Reason for X-ray	Part X-rayed	Approximate number of exposures
	XRT		

B. EXAMINATION

15. Pulse rate at beginning of examination **PUE57** per minute

THROAT AND TONSILS

16. (a) Colour of pillars of fauces. **FAU57**
 Congested 1
 Not congested..... 0
 Not seen, child gags..... Y

(b) Tonsils. **TONP57**
 Present and intact 1
 Remnants 2
 Removed 0
 Not seen, child gags..... Y

(If tonsils present.)
 (c) Size of tonsils. **TONG57**
 Meet in mid line..... 1
 Buried and atrophic..... 2
 All other sizes..... 3

- (d) Crypts. **TONC57**
 Contain pus 1
 Do not contain pus..... 2
 No crypts seen..... 3
 Concretions 4

(e) Tonsillar glands. **TONX57**
 Palpable 1
 Not palpable..... 0

(f) In your opinion should this child's tonsils be removed? **TONY57**
 Yes 1
 No 0
 Undecided 2

(If "yes".)
 (g) Please give your reasons.....

TEETH

17. Please describe the condition of the **FIRST PREMOLAR TEETH**

Number missing
Number filled
Number decayed, not filled
Number non-carious

BREAST DEVELOPMENT

18. Are there any signs of breast development? Yes 1
No 0
Does not apply Y
BRD57

LUNGS

19. Are there any abnormal signs present in the lungs? Abnormal signs present 1
No abnormality detected 0
PULM57

(If "abnormal signs".)

Please describe

HEART

Please examine this child standing up and lying down.

20. (a) Position of cardiac impulse
MURS57 MURL57

(b) Murmurs. Standing Lying
No murmur heard 0 0
Murmur(s) heard 1 1

(If "murmur(s)".)

Point of maximum intensity?

Timing of the murmur?

Is there a palpable thrill?

If so, where?

(All children.)

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

CARD57

(d) Do you consider that this child shows any evidence of rheumatic heart disease? Yes 1
No 0
Doubtful 2
RHH57

(If "yes")

Please describe

(e) Are there any other manifestations of rheumatic disease
RHO57

(All children.)

(f) Do you consider that this child shows any evidence of congenital heart disease? Yes 1
No 0
Doubtful 2
CONG57

(If "yes")

Please describe

ABDOMEN

21. (a) Is there any abdominal distention? Yes 1
No 0
ABDI57

(b) Are there any palpable masses? No 0
Yes, liver palpable 1
Yes, spleen palpable 2
Yes, foeces palpable 3
Yes, other masses, namely

PAM57

(c) Is there any evidence of umbilical hernia? Yes 1
No 0
UMH57

(d) Is there an impulse on coughing when a finger is inserted into the inguinal canal? Yes 1
No 0
IMP57

(e) Is any pigmented pubic hair visible? Yes 1
No 0
DH57

(f) Has this child been circumcised? Yes 1
No 0
Does not apply Y
CIRC46-57

22. (a) Are both testicles in the scrotal sac? Yes, both 1
Left only descended 2
Right only descended 3
Neither descended 4
Question does not apply Y
TESA57

(If "not descended")

(b) Can the testicle(s) be drawn down into the scrotal sac? Yes 1
No 0

TESB57

MISCELLANEOUS

23. Lymphatic glands Neck Axilla Groin
(Exc. tonsillar glands)

Palpable 1 1 1
Not palpable 0 0 0

24. Skin. **SKA57** No obvious abnormality 0
Septic spots or boils 1

Other abnormalities, namely

25. Nails and fingers. No abnormality
Bitten nails 1
Clubbed fingers 2
Other, namely

NAB57

26. Orthopaedic defects. None 0
Defect 1

(If "defect".)

Please give details

27. Remarks on other abnormalities or deformities not reported above

DEF57

28. Pulse rate at end of examination per minute.
PUL57

PHYSICAL MEASUREMENTS CTHSD3

29. Present weight. (In underpants or knickers only and WITHOUT SHOES. If this is impossible please list the clothes in which he was weighed) **WT57 NWT57 NIWT57**

..... st. lbs. ozs.

Scales used. **SCLSD3** Beam balance 1
Spring balance 2

30. Present standing height. (WITHOUT SHOES.)

[“The most accurate results are obtained if heels, shoulders and buttocks touch an upright wall, and the child looks straight ahead so that the lower border of the orbit and the external auditory meatus are in the same horizontal plane. The child should be told to make himself as tall as possible without lifting his heels from the ground. A deep breath should be taken as this helps to bring him up to his maximum height.”
Report of C.M.O., Ministry of Education, 1950/51, p. 61.]

..... ft. **HT57** ins. (To nearest quarter inch.)

NHT57 NIH57 Height measurer used 1

Measured against wall 2

MEUD3

SPEECH

31. (a) Speech. No abnormality..... 0
SPHD3 Stammering.....1
Dyslalia.....2

Structural speech defect, namely..... STHPYD3

(If "stammering", "dyslalia" or other defect.)

(b) Does this child, in your opinion, need speech therapy? Yes.....1 No.....0

(If "yes")

(c) What arrangements have been made to give him speech therapy.....

EYES

32. (a) Squint. Does not squint.....0
SQU52/61 SQU57 Concomitant squint.....1
Paralytic squint.....2

GLA (b) Does this child wear glasses? Yes.....0 No.....1
GLA57

(c) Visual acuity.

Table with 2 columns: Without glasses, With glasses. Rows: Right eye (SNER57, SNERG57), Left eye (SNEL57, SNELG57)

(d) Eye defects not noted above :..... EYO57

EARS

33. (a) External Auditory Meatus. Right Left
RAM57 LAM57
AMD57 Mucoid discharge.....1.....1
Purulent discharge...2.....2
Wax.....3.....3
Clear.....0.....0
Other, namely.....

(b) Drums.

AMD57
(cont.)

Right Left
Intact.....0.....0
Indrawn.....1.....1
Perforated.....2.....2
Obscured by wax.....3.....3
Other conditions, namely.....

HEARS

52, 53 (c) (What is your assessment of this child's hearing?) Average or good.....3
57 (HEAR57 Poor.....2
Very poor.....1

(If hearing is "poor")

(d) Does he wear a hearing aid? HEA57

LATERALITY

34. Eye Dominance EYD57

Give this child a white card (about 8" x 5") in the middle of which a hole approximately 1/4" in diameter has been cut. Ask him to stand several feet from you, to raise the card at arm's length, and to look at you through the hole, BOTH EYES BEING KEPT OPEN. Please note which eye you can see through the hole. Repeat three times.

Always right eye.....1
Always left eye.....2
Sometimes right, sometimes left.....3

LATS

35. Hands HAN57

(a) Which hand does this child use to write with or draw with?

Right.....1
Left.....2
Either.....3

LATS
HANS

(b) Ask the child to pick up a ball placed directly in front of him, and to throw it as accurately as possible into a box. Note which hand is used. Repeat three times.

HANB57
Always right hand.....1
Always left hand.....2
Sometimes right, sometimes left.....3

HANS

ASSESSMENTS

36. (a) Alertness and activity.

Average.....2
Above average.....3
Below average.....1
Apathetic.....0

ALE57

(b) Physical development.

Average.....1
Superior.....2
Inferior.....0

PD3

CHECK ON PAST INFORMATION

Large empty rectangular box for past information.

Name of Doctor making examination.....

School Doctor.....1
Family Doctor.....2

PEXD3

Date of Examination..... DAD3

Time taken for this interview.....