

FINAL INTERVIEW WITH MOTHER

Symptoms: SY61

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
USHER INSTITUTE, WARRENDER PARK ROAD, EDINBURGH, 9

Ref. No.

FOR THOSE WHO HAVE MOVED

Name

New Address

Address

L.E.A.

School

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 is the last home visit in connection with the National Survey of Child Health; and its purpose is to bring the medical and social history up to date and to fill in gaps in our information about the child's progress at school and the job he/she will enter on leaving school. We are also asking about the parents' health including questions both on known illnesses and on their general well-being. This proves to be important in relation to the health and adjustment of their children. During the 15 years of this survey we have kept in touch with over 90 per cent of the parents and children. As the value of this inquiry depends on information being obtained for every possible survey child we hope that on this last occasion all forms will be completed.

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 **PIA7** 1
Other, namely

(b) If mother not interviewed because she was ill, refused, etc., please give the reason.

If this child has died, please state.

2. Date of death

(For all living children)

3. Where is this child now living? At home **WCLA7** 1
With relatives 2
Special School or Institution 3
Ill in hospital 4
Elsewhere, namely

I. ACCIDENTS

4. Last accident recorded.

(a) Type

Age when injured yrs.

(Since this accident, or since JANUARY 1957)

(b) Has this child had an accident in which he was Yes 1
No 0

**BURNT or SCALDED,
BROKE A BONE, was
BADLY CUT or BRUISED,
or INJURED by a
CHEMICAL or POISON?**

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

| | Type of injury (enter as BURN, SCALD, BROKEN BONE, CUT, POISON, 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 | 1 | | | | | |
| Second | 2 | | | | | |

| Number of accident as given above | DETAILS of how each ACCIDENT OCCURRED (if burnt by fire, say whether electric, gas, open fire or oil stove) | WHERE IT OCCURRED (Own Home, School, Street, etc.) |
|-----------------------------------|---|--|
| First Accident | 1 | |
| Second | 2 | |

II. ILLNESSES
 Refer to separate hospital form

5. (a) Details of last Hospital Admission Recorded in this Survey.
- Illness
 Hospital
 Age
- (If nothing recorded there has been no admission before January 1957)
- (b) Has this child been an IN-PATIENT in a HOSPITAL or NURSING HOME since JANUARY 1957 when he was ten years and nine months old?
- Yes 1
 No 0
 No answer X

(If "yes")
 (c) Please give the following details about each admission :

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

| Admission No. | Name and Address of Hospital or Nursing Home | Length of stay in Hospital or Nursing Home | Name of Doctor or Specialist in charge of Child |
|---------------|--|--|---|
| 1 | | | |
| 2 | | | |

(All Mothers)
 6. Apart from hospital admissions, have you been worried since January 1957 about any of the following :

- (a) This child's GENERAL HEALTH? Yes worried 1
 Not worried 0

(If worried) Please give details

- (b) This child's NERVOUSNESS (including nervous habits and excessive fears)? Yes worried 1
 Not worried 0

(If worried) Please give details

MLAR

- (c) This child's BEHAVIOUR (including outbursts of violence, destructiveness, pilfering, wandering away or defiance of control)? Yes worried 1
 Not worried 0

(If worried) Please give details

- (All Mothers)
 7. (a) Has this child attended Out-patients at a hospital clinic for nervous or disturbed behaviour, since January 1957? Yes 1
 No 0

(If "yes") **OPDB57-61**

(b) What was the name of the clinic?

(c) What were the symptoms?

III. SCHOOLING

- (All Mothers)
 8. (a) During the last year, have you or your husband met this child's class teacher or head teacher? Yes, mother only 1
 Yes, father only 2
 Yes, both mother and father 3
 No, neither 0

MCT 60/61
PARS
PARPS

(If "yes")
 (b) What did you discuss with them? Child's school progress 1
 When child should leave school 2
 Child's future jobs 3
 Other, namely

PROT61

- (All Mothers)
 9. Since this child started at secondary school how many different schools has he/she attended? schools
 one only 1
NOS

10. (a) Are you satisfied that the school this child is now attending is suited to his/her abilities? Yes 1
 No 0
SAT61

(If "no")
 (b) In what ways is it not suited to the child's ability?

(c) What kind of school do you think this child should have gone to?

- (All Mothers)
 11. At what age do you want this child to leave school? **SLA** years

12. (a) Does your husband also want the child to leave then? Yes 1
 No 0

SLHV61

(If "no")
 (b) At what age does he want him/her to leave? years

- (All Mothers)
 13. (a) Do you wish this child to go to a University or Technical College for full-time study? Yes, University 1
 Yes, Technical College 2
FS
 No, neither 0

- (b) Does your husband agree with this? Yes 1
FSH
 No 0

IV. EMPLOYMENT ON LEAVING SCHOOL

14. (a) With whom have you or your husband discussed the sort of job this child should do on leaving school? No one 0
 Careers master at school 1
 Class teacher or headmaster 2
 Youth employment officer 3
 Other, namely

(Ring more than one answer if necessary)

JADP

(If discussed)
 (b) What advice were you given?

- (All Mothers)
 15. What job is this child actually going to take when he/she leaves school? **JGM**

(Please give exact description of job, e.g. "motor mechanic" NOT "engineer")

16. Why is he/she taking this job rather than any other?

17. If he/she is to succeed in this job is it necessary to study full-time or part-time after leaving school? Yes, full-time 1
 Yes, part-time day 2
JFSM
 Yes, part-time night 3
 No need to study 0

18. (a) What sort of job do you yourself think this child is best fitted for (even if it is not the one he/she is going to take up)? **This part not in punching.**

(Please give exact description of job)

JFM

(b) Why do you think this is the right sort of job?

- (c) Does your husband agree this is the right job? Yes 1
 No 0

(If "no")
 (d) What job does he think this child should do?

(All Mothers)

19. (a) Would you advise your children against taking a job that required full-time or part-time study after leaving school? Advise against full-time study 1
Advise against part-time study 2
Would not advise against either 0

FSA61

(If "advise against")

- (b) Would you advise against it even if this further study cost you nothing? Yes 1
No 0
Does not apply Y

VPS61

(All Mothers)

20. Would you advise your children against taking any of the following types of job: A routine office job 1
An unskilled manual job 2
A domestic job 3
An outdoor job 4
A dirty job 5
A job behind a counter 6
Would not advise against any of these 0

(Ring more than one answer if necessary)

JREM8

21. What jobs are this child's OLDER brothers and sisters now doing?

| Name | Age | Exact Description of Present Occupation |
|------|-----|---|
| | | |
| | | |
| | | |

MAS61
NMS61
SEAR61

No older brothers or sisters 0

22. (a) How do your children's opportunities on leaving school compare with your own and your husband's at the same age? Much better 0
Better 1
The same 2
Worse 3
Much worse 4

(If "better")

- (b) In what ways are they better?

JPC

(If "worse")

- (c) In what ways are they worse?

(PLEASE SHOW THE MOTHER THE FOLLOWING QUESTION AND FILL IT IN WITH HER)

23. Below there are six things which are important in choosing a job. Put (1) against the thing you think is MOST important, (2) against the second MOST important and so on. Make sure that each has a number.

(Please give your own views — there is no right order)

- JSEM Security ()
JGPM Good pay ()
JIWM Interesting work ()
JPWM Being able to take pride in one's work ()
JOBM Being one's own boss ()
JPRM Good prospects ()

NOW CONTINUE TO ASK THE MOTHER QUESTIONS AS BEFORE Not from here

V. PARENTS' HEALTH FHS61
MHS61

"Husband" refers to present husband, i.e. not necessarily the father of this child

24. Do you or your husband suffer from any of the following complaints? Wife Husband Neither

HC61

- ASTHMA, ECZEMA or HAY FEVER 1 2 0
CHRONIC COUGH 1 2 0
RHEUMATISM IN THE JOINTS 1 2 0
ANAEMIA 1 2 0
NERVES 1 2 0
HEART TROUBLE 1 2 0
KIDNEY TROUBLE 1 2 0

WC61

- OTHER, NAMELY Wife
Husband

25. Have you or your husband any chronic disability such as deafness, bad sight, arthritis, or any physical handicap? If so, please give details. Wife WCD61
No chronic disability 0
A chronic disability, namely
Husband HCD61
No chronic disability 0
A chronic disability, namely

26. (a) Have either you or your husband been an in-patient in any hospital since 1946 (since marriage if remarried since 1946)? Yes, wife only 1
Yes, husband only 2
Yes, both husband and wife 3
No, neither 0

(If "yes")

- (b) Please give the reason for admission and approximate time in hospital:

| Wife | | |
|------|--------|-------------------|
| Year | Reason | Weeks in Hospital |
| | | |
| | | |
| | | |

HSW46-61

| Husband | | |
|---------|--------|-------------------|
| Year | Reason | Weeks in Hospital |
| | | |
| | | |
| | | |

HSH46-61

(All Mothers)

27. (a) Has your husband ever been unable to get work or had to give up his work for three months or more because of illness? Yes 1
No 0

HWKA7

(If "yes")

- (b) When did he go off work? 19...

- TLE46-61 For how long was he off work? months
What was the illness?

(All Mothers)

28. Will you answer the following questions on your GENERAL health?

- (a) Are you inclined to be moody? Yes 1
No 0
(b) Do you sometimes feel happy, sometimes depressed without adequate reason? Yes 1
No 0
(c) Does your mind often wander when you are trying to concentrate? Yes 1
No 0
(d) Do you have frequent ups and downs in mood either with or without apparent cause? Yes 1
No 0
(e) Are you sometimes bubbling over with energy and sometimes very sluggish? Yes 1
No 0
(f) Are you frequently "lost in thought" even when supposed to be taking part in a conversation? Yes 1
No 0

MPI61

29. How would you describe the state of your own health and that of your husband's? WH61 HH61

- Wife Husband
Excellent 1 1
Good 2 2
Average 3 3
Not very good 4 4
Bad 5 5

VI. THE MOTHER'S WORK

30. (a) Have you been in paid work (either inside or outside the home) since January 1957? Yes 1
No 0

(If "yes")

(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 |
|----------------------|-----------------------------|----------------------|---------------------------|--------------------|---------------------|
| WKT61 | | | WRH61 | | |
| | | | | | |
| | | | WKH61 | | |

VII. HUSBAND'S WORK

31. (a) What is your husband's occupation now? OG61

(b) In what industry does he work? IND61

(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 PAW61

VIII. PREGNANCIES

(All Mothers) 32. (a) Have you been pregnant since January 1957? Yes 1
No 0

(If "yes")

(b) Please give the following details for each pregnancy:—

| Date of delivery (mth. and yr.) | Sex of child | Birth weight (to nearest 1/4 lb.) | Result of delivery (live birth, stillbirth or miscarriage) | If not surviving please give age at death |
|---------------------------------|--------------|-----------------------------------|--|---|
| BDT | SIR, NS | SIB | (Ross) | |
| | | NB | BR | |

(If now pregnant) Expected date of delivery

IX. THE HOME AND FAMILY

33. (a) Parents and their children living in this household. (Please start with the youngest and end with the oldest. INCLUDE THE PARENTS AND THIS CHILD.)

| Christian Name | Sex | Approximate Age |
|----------------|-----|-----------------|
| FAMS61 | | |
| AD61 | | |
| CH61 | | |
| FAM61 | | |
| FAT61 | | |
| INF61 | | |

(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 |
|---|-----|-----------------|
| INFB61 | | |
| ADB61 | | |
| CHB61 | | |
| GP61 | | |

(c) Total in household HOU61 persons

34. Total rooms occupied by all the members of the household listed in (a) and (b).

| Bedrooms | Living rooms (include kitchen only if used as a living room, exclude scullery) | | Total |
|----------|--|---|--------|
| | Own Living rooms | Living rooms shared with other households | |
| | | | ROOM61 |

Date of interview CROW61 CROW46-61

35. Where does this child do his homework? In the living room with other members of the family 1
In a separate room 2
Other, namely

PREP61

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

(If "with others") SLOW61

(b) Who else sleeps in his room? (Please give names and ages.) BYBY61

(c) Does he sleep in own bed or with others? (If with others please give names and ages.) Own bed 0
With others, namely BYBY61

COH61(

37. Is your kitchen shared with another household? Yes 1
No 0
No kitchen Y

COH

KITS61

54/61(

38. Is there a bathroom for your use? Yes 1
No 0

BATS61

AML61(

39. How do you obtain hot water? Running hot water 1
Gas or electric copper 2
Boiling kettles 3
Other, namely

HWAT61

X. COMMENTS (BY SCHOOL NURSE OR HEALTH VISITOR)

40. Type of dwelling? Whole house or bungalow 1
Self-contained flat 2
Tenement 3
Unfurnished rooms 4
Furnished rooms 5
Others, namely

DWEL61

BIB

BDS

41. Ownership of dwelling? Council 1
Parents of the child 2
Relative 3
Other, namely OWN61
OWN48,57,61

42. Does this family possess any of the following? Telephone 1
Car 2
Television 3
None of these 0

TV61

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

CAB

QUERIES FROM PREVIOUS SURVEYS

Name of School Nurse or Health Visitor COMPA7