

STRICTLY
CONFIDENTIAL

1969/70

H4

NATIONAL SURVEY OF HEALTH AND DEVELOPMENT
(Medical Research Council)

M.R.C. Unit,
London School of Economics,
Houghton Street,
London, W.C.2.

Ref. No. _____

Name and Address _____

(if changed)

Name _____

Address _____

Will you please bring this information on marriage and children up-to-date

Date of marriage _____ 196

CHILDREN

If engaged, date of marriage, if fixed _____ 19

Name	Sex	Date of birth	Name of hospital etc. where born

For Girls

If engaged, what will be your surname after marriage? _____

Are you (or your wife) expecting a baby? Yes 1
No 0

(If 'Yes') What is the expected date of birth? _____

How to complete this form

Please complete this form yourself. If you have any difficulty you should get someone to help you, but it is important that the answers should be yours.

Either write your answer in the box or space provided or put a circle round the number which is correct, for example:

Were you born in March 1946? Yes 1
No 0

If you wish to add any comments, please do so below the questions. We enclose a special envelope for the return of this form; it does not need a stamp.

HOUSING

1. Where are you living?

- At home with your parents 1
 - With your in-laws 2 IH4
 - In lodgings/hostel (some meals provided) 3
 - In furnished flat/rooms (no meals provided) 4
 - In unfurnished house/flat you rent 5
 - In a house/flat you are buying 6
- If none of these, please give details
-

GENERAL HEALTH

2. (a) The last accident we have recorded for you was _____

We have no accidents recorded for you for a long time.

Have you had any accident ^{since then} since you left school in which you were burnt or scalded, you broke a bone, you were badly cut or bruised, or injured by a chemical?

- Yes 1
- No 0

(b) (if "yes" please give the following details about each accident, starting with the earliest)

	ACCIDENT 1	ACCIDENT 2
What sort of injury? (i.e. burn, cut, broken bone etc.)		
What part was hurt?		
When did it happen?		
Where was it treated?		
Who by?		
What sort of scar or trouble does it still give you?		
How did the accident happen?		
Where did it happen?		

3. (a) The last hospital admission we have recorded for you was _____

We have no hospital admissions recorded for you for a long time.

Have you been in hospital as an in-patient since then/since you left school?

Yes 1
No 0

(b) (If 'Yes')

What hospital was it?

When did you go in?

What were you in hospital for?

How long were you in hospital?

What was the doctor's name who looked after you?

4. Have you attended a hospital out-patient department or clinic since this time last year? **H4RETM**

Yes 1
No 0

(If 'Yes')

What hospital/clinic was it?

When did you go first?

Why did you go?

5. Apart from what you have just put in questions 2, 3 and 4, have you consulted a doctor since this time last year?

Yes 1 **H4RETM**
No 0

(If 'Yes')

REASON FOR VISITS (Use one line for a series of visits in connection with the same complaint)	NUMBER OF VISITS	
	At Doctor's surgery	At your home
EXAMPLE GOUT	4	1

6. Have you been off work or indoors through accident or illness since this time last year?

Yes 1

No 0

(If "yes")

APPROXIMATE DATE	NATURE OF ACCIDENT, ILLNESS	TIME OFF WORK

EMPLOYMENT

7. (a) Are you now..... Working full-time 1
 Working part-time 2.....how many hours a week?
 A full-time housewife 3
 A full-time student 4
 Not working (from choice) 5
 Unemployed 6
 None of these, but

(b) Since your 21st birthday have you been out of work for more than a week? (That is, actually looking for work; do not include holidays or time off due to illness).

Yes 1

No 0

(c) (If 'Yes')

	APPROXIMATE DATES	LENGTH OF TIME UNEMPLOYED	WHY WAS THIS?	DID YOU REGISTER AS UNEMPLOYED?
1st Occasion				
2nd Occasion				
3rd Occasion				

- (d) When we last contacted you, you were in the occupation we have written in red. Please bring the record up-to-date with the details of all the jobs you have done since, finishing with what you are doing now. If you have been promoted or changed your work within the same firm, please give the details. If you are still in the same job, please write "still there."

If you are a full-time student, please give the name of the college and the course, if the information in red is not correct.

Job No.	Type of job (i.e. what do YOU do?)	Type of firm (i.e. what do THEY do?)	Date started (Month, year)	Date left (Month, year)	Reason for leaving

8. Please describe in detail what you do in your job, what training you have had, and what responsibilities you have.

EDUCATION

9. (a) Have you been taking any part-time day or evening classes, a correspondence course, or studying at home since September 1968? If so, please fill in details of what you did last year and of what you are registered for or intend to register for this year.

College Year	Name of COLLEGE or of CORRESPONDENCE COURSE	Name of COURSE or SUBJECTS STUDIED	Day, Evening, Home or Correspondence
Oct.-Sept. 1968/9			
Oct.-Sept. 1969/70			
(b) What exams have you passed?			
(c) What exams are you finally aiming at through part-time study?			
(d) How will passing these exams affect your future?			
(e) What assistance do you get from your employer to make part-time study easier?			

GENERAL

10. On recent questionnaires many of you wrote at length about yourselves and your opinions of life in general. We are still most interested to hear what is happening to you, whether this is inside or outside the special topics we have covered in this questionnaire.

COMPH4

TODAY'S DATE: IH41

PLEASE CHECK THAT YOU HAVE ANSWERED ALL THE QUESTIONS THAT APPLY TO YOU.

PLEASE POST THE FORM DIRECTLY TO US
IN THE SPECIAL ENVELOPE - YOU DON'T NEED A
STAMP AS WE WILL PAY THE POSTAGE.

THANK YOU VERY MUCH FOR ALL YOUR HELP