

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.	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 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 seven 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.

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

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

- If this child has died please state
 - Date of Death
 - Cause of Death (if known)

TIND2

SOURCE OF INFORMATION

- If this child is living but the form cannot be completed please state the reason here :
.....
.....
- Parent or relative attending with child

Mother	1
Father	2
Both parents	3
Other person, namely	
No one	0

PAINV D2

COLDS, SORE THROAT, ETC.

- (a) Does this child breathe with his mouth open in the day time ?

Yes	1
No	0

BRE 53

- (b) Does he snore at night ?

Always snores	2
Sometimes snores	1
Never snores	0

SNOR 53

URTS
53

- (c) How often has he had a snuffly or running nose during the last year ?

Continually	3
Frequently (4 or more)	2
Occasionally (3 or less)	1
Never	0

SNUF 53

- (d) Has he had a sore throat during the last year ? If so, how many has he had ?

..... sore throats	
No sore throats	0

SORE 53

TONSILS

(Previous information entered in red)

- 5. (a) Have this child's tonsils been removed? Yes 1 No 0

TONM 46-53

(If "yes")

- (b) Where were they removed? Hosp. (I.P.) 1 Hosp. (O.P.) 2 At home 3

TONW 46-53

- (c) Why were they removed?

- (d) Has his condition been better, worse or unchanged since their removal? Better 1 Worse 3 Unchanged 2

TONB 53

(If "better" or "worse")

- (e) Please say in what ways

(If tonsils not removed.)

- (f) Has anyone suggested that his tonsils should be removed? Yes, doctor 1 Yes, other person, namely 0 No 0

TONO 53

(If "yes")

- (g) Why was this suggested?

- (h) Is he on a waiting list for tonsillectomy? Yes 1 No 0

TONL 53

ASTHMA

- 6. (a) Has this child, during the last year, had an attack of asthma? Yes 1 No 0

(If "yes")

- (b) How frequent are his asthmatic attacks? NOTD2

NOTD2

- (c) How long do they last? HLALD2 hours

HLALD2

- (d) Has a doctor been consulted about his asthma? Doctor consulted 1 No doctor consulted 0

DRCND2

- (e) Has the cause of the attacks been investigated? Yes, at hospital 1 Yes, by family doctor 2 No investigation 0

INVGD2

- (f) Name and address of hospital where investigated

Name

Address

- (g) What treatment is being given?

COUGHS

- 7. (a) Has this child during the last year had attacks of coughing when he has NOT got a cold? Yes, continually 1 Yes, sometimes 1 No 0

LRI 53

- (b) When he coughs, is it at night only, in the day only or both in the day and night? Night only 1 Day only 2 Both day and night 3

LRID 53

TEETH

TEE 53

- 8. (a) How many times has this child been seen by a dentist during the last year? times Not seen by a dentist 0

HEART

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

HTT 53

(If "yes")

- (b) Did this treatment lead to any restriction of his activities? Yes, namely

HTR 53

No restriction of activities 0

ABDOMEN

ABPND2

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

ABD53

(If "yes")

- (b) Was a doctor called in or was he taken to hospital? Doctor called in 1 Taken to hospital 2 Neither 0

- 11. (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)? Yes RCVMD2 1 No 0

RCVMD2

(If "yes")

- (b) About how often does he have these attacks? Less than once a month 1 More often 2

SIF53

HEARING

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

HEAMD2

(If "sometimes deaf")

- (b) Is he hard of hearing when he has colds? Yes 1 No 2

COLE53

FITS AND CONVULSIONS

- 13. (a) Has this child, during the last year, had a fit or convulsion or lost consciousness? Yes, fits, etc. FITD1 1 No fit or convulsion 0

NOFITD2

(If "fit or convulsion")

- (b) How many fits or convulsions has he had during the last year? fits or convulsions

FTOCD2

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

GENERAL HEALTH

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

(If "yes".)

(b) Please give your reasons for worrying

BEHAVIOUR

15. (a) Are you in any way worried about this child's habits or behaviour? Yes 1 No 0

(If "yes".)

(b) Please give your reasons for worrying

B. EXAMINATION

16. Pulse rate at beginning of examination PUE53 per minute

NASAL PASSAGES

17. (a) Is there a nasal discharge? Yes 1 No 0

(If "yes".)

(b) Is it watery or mucopurulent? NAD53 Watery 1 Mucopurulent 2

(All children.)

(c) Is there a post-nasal discharge hanging down behind the uvula? PND53 Yes 1 No 0 Not seen, child gags Y

(d) Are this child's nasal passages obstructed? Yes, by adenoids 1 Yes, by catarrh 2

Other causes, namely ONP53 Not obstructed 0

THROAT AND TONSILS

18. (a) Colour of pillars of fauces. Congested 1 Not congested 0 Not seen, child gags Y FAU 53

(b) Tonsils. Present and intact 1 Remnants 2 Removed 0 Not seen, child gags Y TONP53

(If tonsils present.)

(c) Size of tonsils. Meet in mid line 1 Buried and atrophic 2 All other sizes 3 TONG 53

(d) Crypts. Contain pus 1 Do not contain pus 2 No crypts seen 3 Concretions 4 TONC53

(e) Tonsillar glands. Palpable 1 Not palpable 0 TONX 53

(f) In your opinion should this child's tonsils be removed? Yes 1 No 0 Undecided 2 TONY 53

(If "yes".)

(g) Please give your reasons

LUNGS

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

(If "abnormal signs".)

Please describe PULM53

HEART

RHYS53 RHYL53

20. Please examine this child standing up and lying down.

(a) Rhythm Standing Lying Regular 0 0 Irregular 1 1

(If "irregular".)

Please describe the nature of the irregularity

MURS53 MURL53

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

(If "murmur(s)".)

Please describe, giving timing and location

(All children.)

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

CARD53

ABDOMEN

21. Is there any evidence of hernia or weakness of the inguinal canal? Yes 1 No 0 IMP53

(If "yes".)

Please describe

22. 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

TESA53

NAP53

MISCELLANEOUS MN53 LYMA53 LYMG53

23. Lymphatic glands Neck Axilla Groin
(Exc. tonsillar glands)
Palpable 1 1 1
Not palpable 0 0 0

24. Skin. SKA53 No obvious abnormality 0
Septic spots or boils 1

Other abnormalities, namely

25. Nails and fingers. No abnormality 0
Bitten nails 1
Clubbed fingers 2
Other, namely

NAB53

26. Orthopaedic defects. None 0
Defect 1

ORT53

(If "defect".)

Please give details

PHYSICAL MEASUREMENTS

27. Present weight. (In underpants or knickers only and WITHOUT SHOES.
If this is impossible please list the clothes in which he was weighed)
CTHSD2
WT53, NWT53 NIWT53 st. lbs.

Scales used. SCLSD2 Beam balance 1
Spring balance 2

28. 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.]
HT53 ft. NHT53 ins. NIH53 (To nearest quarter inch.)

Height measurer used 1
Measured against wall 2

SPEECH

29. (a) Speech. SPHD2 No abnormality 0
Stammering 1
Dyslalia 2

Structural speech defect, namely

(If "stammering", "dyslalia" or other defect.) STHPYD2
(b) Does this child, in your opinion, need speech therapy? Yes 1
No 0

EARS

RAM53 LAM53

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

RAD53 LAD53

AMD53

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

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

HEAR53

GLA

EYES GLA53

31. (a) Squint. SQU53 Does not squint 0
Concomitant squint 1
Paralytic squint 2

SQU52/61

(b) Visual acuity.

	Without glasses	With glasses
Right eye	SNER53	
Left eye	SNEL53	

If acuity not measured please state reason SNE53

(c) Eye defects not noted above EYO53

HANDEDNESS

32. Which hand does this child use to write/draw with? Right hand 1
Left hand 2
Either hand 3

HAN53

33. Remarks on other abnormalities or deformities not reported above

DEF52

34. Pulse rate at end of examination PUL53 per minute.

ASSESSMENTS

35. (a) Alertness and activity. Average 2
Above average 3
Below average 1
Apathetic 0
(b) Physical development. Average 1
Superior 2
Inferior 0

ALE53

PHDVD2

REL53

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

Queries arising out of the last Medical Examination :—

Name of Doctor making Examination
School doctor 1
Family doctor 2

Date of Examination DAD2

Time taken for this interview

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