

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

Ref. No.

FOR THOSE WHO HAVE MOVED

Name

New Address

Address

.....

School

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.

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. All information she gives will, of course, be ABSOLUTELY CONFIDENTIAL.

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 purpose of the present examination is to bring the medical and social history up to date, to obtain further information about the school absences, and to check information previously noted.

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 eight years of their lives only 8% of 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 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. For this reason, and also to reduce the amount of clerical work, this 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.

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 NO ANSWER IS GIVEN, OR IF A QUESTION DOES NOT APPLY, STRIKE IT THROUGH.

- 1. (a) Person interviewed. Mother PIA4 1
Other, namely.....
(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? At home WCLA4 1
With relatives..... 2
Adopted..... 3
Residential nursery..... 4
Ill in hospital..... 5
Elsewhere, namely.....

I. ACCIDENTS

- 4. Last accident recorded.
(a) Type.....

Age when injured..... yrs.

(Since this accident, or since SEPTEMBER, 1953)

- (b) Has this child had an accident Yes 1
in which he was BURNT No 0
or 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 SEPTEMBER 1953.

(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)

- (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 SEPTEMBER, 1953)

- (b) Has this child been an IN-PATIENT in a HOSPITAL or NURSING HOME since SEPTEMBER 1953 when he was 7 years 6 months old? Yes.....1
No.....0
No answer.....x

(If "yes")

- (c) Please give the following details about each admission:

(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	Length of stay in 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) Has this child attended a School Clinic or Out-Patient Department of a Hospital since SEPTEMBER, 1953? Yes **SCOPA4**.....1
No.....0

(If "yes")

- (b) Name of hospital or clinic.....
Address.....

8. This child's clinic attendances up to September 1953 are recorded in red below. Can you please give us the following information about each one of these, and ALSO ABOUT ANY THAT HAVE TAKEN PLACE SINCE SEPTEMBER, 1953, INCLUDING THOSE RECORDED IN 7 (a) and 7 (b) opposite.

(If nothing recorded in red there has been no clinic attendance before SEPTEMBER 1953.)

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
		.....19....	.....19....		1	2	3	4
		.....19....	.....19....		1	2	3	4
		.....19....	.....19....		1	2	3	4
		.....19....	.....19....		1	2	3	4

V. SCHOOL ABSENCES

9. (a) The school absence record for this child shows that he was away from school for more than one week on the following occasions during the last year. Could you give us further information about these absences which are recorded in red below:

Absence Number	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						
2						
3						
4						
5						
6						

VI. BED WETTING

A 4

- Is this child dry by night? Never wet.....0
 Wet occasionally.....1
 Wet several nights a week.....2
 Wet every night.....3

NIW54
 NIL

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

PEN854

VII. GENERAL HEALTH AND BEHAVIOUR

11. (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

MEAR

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

(If "yes")
 (b) Please give your reasons for worrying

13. (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.

VIII. SCHOOLING

PTMA4

14. (a) Have you met this child's present class teacher or head teacher? Yes, class teacher.....1
 Yes, head teacher.....2
 Yes, both.....3
 Neither.....0

(If "yes")
 (b) Did you ever discuss this child's school progress with either of them? Yes, with class teacher.....1
 Yes, with head teacher.....2
 Yes, with both.....3
 No.....0

15. (a) Does this child's school have a Parent-Teacher association? Yes.....1
 No.....0
 Don't know.....2

(If "yes")
 (b) Do you or your husband belong to it? Yes.....1
 No.....0
 No answer.....x

16. (a) Have you a particular school in mind for this child when he reaches the age of 11? Yes.....1
 No.....0

(If "yes")
 (b) Please give the name of this school.
 (School Nurse please say whether school mentioned is—)

FSCH54
 Grammar School.....1
 Secondary Modern.....2
 Technical.....3
 Fee Paying.....4

(c) What are your reasons for wishing this child to go to this school?
 WIRA4

(If no particular school in mind)
 (d) Which of the following types of school would you prefer him to go to? Grammar.....1
 Secondary Modern.....2
 Technical.....3
 Fee Paying.....4
 Don't know.....x

Not a library variable

(e) What are your reasons for wishing him to go to this type of school?

(Ask all who wish their child to go to a Grammar School)

17. (a) If this child failed to get a place in a Grammar School, would you send him to: TGRF
 Secondary Modern.....1
 Technical.....2
 Fee Paying.....3
 Don't know.....4

(Ask all who prefer other than Grammar School)

- (b) If this child were offered a place in a Grammar School, would you accept it? GRAP
 Yes.....1
 No.....0
 Don't know.....2

(If "no")

- (c) What are your reasons for not wishing him to go to a Grammar School? GRR

18. (a) Please give the following information about the schools now attended by this child's brothers and sisters. (If no older brothers or sisters please strike through this question.) SCTS54

Name of Child	Age (yrs.)	Name of School	Type of School				
			Primary	Gram-mar	Sec. Mod.	Technical	Fee Paying
			1	2	3	4	5
			1	2	3	4	5
			1	2	3	4	5

- (b) Are any of your children now attending classes or taking courses at a night school, university, training college or correspondence college? (If no older brothers or sisters please strike through this Question.) FUES54

Name of Child	Age (yrs.)	Type of course or college attending				
		Night or Commercial Part Time	Technical Full Time	Teachers Training College	Univer-sity	Other, namely
		1	2	3	4	
		1	2	3	4	

IX. PLAY AND HOBBIES

19. (a) Has this child any hobby or special interest? Yes.....1
 No.....0

(If "yes")
 (b) What is it? HOB54

20. (a) Does he belong to any club or organisation outside school? Yes.....1
 No.....0

(If "yes")
 (b) What organisation(s) does he belong to? CLB54

X. THE DWELLING

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

DWEL54

22. (a) Ownership of dwelling. Council.....1
 Parents of the child.....2
 Relative.....3
 Other, namely.....

OWN 54

- (b) Approximate age of dwelling. Built before 1919.....1
 Built 1919-1939.....2
 Built since 1939.....3

DWED54

XI. THE HOUSEHOLD

23. (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	Age	
		Years	Months

(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

(c) Total in household. **CROW 54** **HOU54**
CROW 46-61 persons
CROW 46-57

24. Total rooms occupied by all the members of the household listed in 22 (a) and (b).

Bedrooms	Living rooms (include kitchen only if used as a living room, exclude scullery)		Total CROW 46-61 CROW 54 ROOM54
	Own living rooms	Living rooms shared with other households	

25. (a) Does this child sleep in a room by himself or in a room with others?
 By himself **SLA4** 1
 With others 2

(If "with others")
 (b) Who else sleeps in his room? (Please give names and ages). **BYBY54**

(c) Does he sleep in own bed or with others? (If with others, please give names and ages).
 Own bed 0
 With others, namely
BYBY54

XII. THE MOTHER'S WORK

26. (a) Have you been in paid work (either inside or outside the home) since SEPTEMBER 1952 when this child was six years six months old?
 Yes 1
 No
WK54

(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	Approximate hours per week	Date of taking job	Date of leaving job
WKT54	WKH54		

XIII. SUBSEQUENT PREGNANCIES

27. Please give the following details for each pregnancy since September, 1952:—

(The date of the last confinement noted is entered in red.)

Date of delivery (mth. and yr.)	Sex of child	Birth weight (to nearest ¼ lb.)	Result of delivery (live birth, stillbirth or miscarriage)	If not surviving please give age at death

SIB
 SIR
 (Rose indirect)

(If now pregnant) Expected date of delivery

XIV. FAMILY HISTORY

(School Nurse—these questions on family history are of the greatest importance in this inquiry, and we hope that the answers to all of them can be obtained.)

28. (a) Date of (first) marriage. 19.....

(b) What was your own occupation before marriage? **MOM**

29. (a) What is your husband's occupation now? **OG54** ..
 (If unemployed, ill, dead, etc., this information should relate to the last job.)

(b) In what industry does he work? **IND54**

(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

30. (a) Is your OWN father— Working 1
 Retired 2
 Dead 3
MGL54

(b) In what industry does (or did) he work? **MGI54**
 (If dead or retired, please give his last MAIN job.)

(c) Does (or did) he— (i) Work for himself? a
 (ii) Work for an employer? b
MGJ54
 taken from lists

31. (a) Is your HUSBAND'S father Working 1
 Retired 2
 Dead 3
PGL54

(b) In what industry does (or did) he work? **PGI54**
 (If dead or retired, please give his last MAIN job.)

(c) Does (or did) he (i) Work for himself? a
 (ii) Work for an employer? b
PGJ54
 taken from lists

INFORMATION GIVEN BY SCHOOL NURSE OR HEALTH VISITOR
 (Please answer the following questions from your own knowledge. DO NOT ask the mother directly.)

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

33. 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

QUERIES ARISING FROM EARLIER SURVEYS

.....

COMPA4

Date of Interview
 Length of Interview mins.
 Name of School Nurse or Health Visitor