

STRICTLY
CONFIDENTIAL

JANUARY, 1957
CONTROL CHILD

C. I

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.

Date of Birth

Name

Address in 1952

FOR THOSE WHO HAVE MOVED

New Address

School in 1952

Address in 1946

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.

Reason for examining this child.

This child was originally registered in the National Maternity Survey of 1946 but has not been followed since then. He is now one of those to be used as controls to see whether the health of the children who were kept in the survey has been in any way influenced by this fact. It has been suggested that children cannot be kept under observation without receiving preferential treatment, and we hope to see whether this has occurred in the present survey by comparing the medical histories and examinations of these control children with those who have been continuously observed.

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

A. MEDICAL HISTORY

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

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)

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

CLINICS

- 4. (a) Has this child ever attended any of the following special clinics or special hospital out-patient departments ?
E.N.T. 01
Asthma 02
Chest 03
Rheumatic 04
Heart 05
Minor ailments 06
General paediatric 07
Ophthalmic 08
Orthoptic 09
Remedial exerc. or orthopaedic 10
Sunlight or U.V.L. 11
Speech therapy 12
Child guidance 13
Other, namely
Never attended any of these 00
No answer XX

HOSPITAL AND NURSING HOME IN-PATIENT TREATMENT

5. Has this child ever been an IN-PATIENT in Hospital or in a Nursing Home ?
- Yes 1
 No 0
 No answer X

(If "Yes", please give the following details about each ADMISSION. When a single illness involves more than one admission, give separate information about each period in Hospital.)

	Nature of illness	Nature of Operation performed (if any)	Age on admission (in years and months)	Name and Address of Hospital or Nursing Home	Length of stay in Hosp. or N. Home	Details of any remaining disability from this illness. (Put NONE if child completely recovered)	Length of stay in Convalescent Home (if any)
First Admission 1							
Subsequent Admissions	2						
	3						
	4						
	5						
	6						

BEDWETTING

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

(If 'wet')

- (b) How are you trying to get him dry ?
-

GENERAL HEALTH

7. (a) Are you in any way worried about this child's health ?
- Yes 1
 No 2

(If "yes")

Please give your reasons for worrying

.....

X-RAYS

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

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

B. EXAMINATION

9. Pulse rate at beginning of examination per minute

THROAT AND TONSILS

10. (a) Colour of pillars of fauces.
- Congested 1
 Not congested 0
 Not seen, child gags Y
- (b) Tonsils.
- Present and Intact 1
 Remnants 2
 Removed 0
 Not seen, child gags Y
- (If tonsils present.)
- (c) Size of tonsils.
- Meet in mid line 1
 Buried and atrophic 2
 All other sizes 3

- (d) Crypts.
- Contain pus 1
 Do not contain pus 2
 No crypts seen 3
 Concretions 4
- (e) Tonsillar glands.
- Palpable 1
 Not palpable 0
- (f) In your opinion should this child's tonsils be removed ?
- Yes 1
 No 0
 Undecided 2

(If "yes".)

- (g) Please give your reasons
-

TEETH

11. Please describe the condition of the **FIRST PREMOLAR TEETH**
- Number missing
 Number filled
 Number decayed, not filled
 Number non-carious

BREAST DEVELOPMENT

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

LUNGS

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

(If "abnormal signs".)

Please describe

HEART

Please examine this child standing up and lying down.

14. (a) Position of cardiac impulse
- (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

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

(If "yes")

Please describe

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

(All children)

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

(If "yes")

Please describe

ABDOMEN

15. (a) Is there any abdominal distention? Yes 1
 No 0
- (b) Are there any palpable masses? No 0
 Yes, liver palpable 1
 Yes, spleen palpable 2
 Yes, faeces palpable 3
 Yes, other masses, namely
- (c) Is there any evidence of umbilical hernia? Yes 1
 No 0
- (d) Is there an impulse on coughing when a finger is inserted into the inguinal canal? Yes 1
 No 0

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

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

16. (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

(If "not descended")

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

MISCELLANEOUS

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

18. Skin. No obvious abnormality 0
 Septic spots or boils 1

Other abnormalities, namely

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

20. Orthopaedic defects. None 0
 Defect 1

(If "defect".)

Please give details

21. Remarks on other abnormalities or deformities not reported above

22. Pulse rate at end of examination per minute.

PHYSICAL MEASUREMENTS

23. Present weight.
 (In underpants or knickers only and WITHOUT SHOES. If this is impossible please list the clothes in which he was weighed)
 st. lbs. ozs.

- Scales used. Beam balance 1
 Spring balance 2

24. 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.ins. (To nearest quarter inch.)
 Height measurer used 1
 Measured against wall 2

SPEECH

25. (a) Speech. No abnormality.....0
 Stammering1
 Dyslalia2

Structural speech defect, namely.....

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

- (b) Does this child, in your opinion, need speech therapy? Yes1
 No0

(If "yes")

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

EYES

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

- (b) Does this child wear glasses? Yes1
 No0

(c) Visual acuity.

	Without glasses	With glasses
Right eye		
Left eye		

(d) Eye defects not noted above :

EARS

27. (a) External Auditory Meatus. Right Left
 Mucoid discharge11
 Purulent discharge22
 Wax33
 Clear00
 Other, namely.....

- (b) Drums. Right Left
 Intact00
 Indrawn11
 Perforated22
 Obscured by wax.....33
 Other conditions, namely.....

- (c) What is your assessment of this child's hearing? Average or good3
 Poor2
 Very poor1

(If hearing is "poor")

- (d) Does he wear a hearing aid? Yes1
 No.....0

LATERALITY

28. Eye Dominance
 Give this child a white card (about 8" x 5") in the middle of which a hole approximately 1/2" 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, [some- times left.....3

29. Hands.
 (a) Which hand does this child use to write with or draw with?
 Right1
 Left2
 Either3
 (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.
 Always right hand1
 Always left hand.....2
 Sometimes right, some- times left.....3

ASSESSMENTS

30. (a) Alertness and activity. Average2
 Above average.....3
 Below average.....1
 Apathetic.....0
 (b) Physical development. Average1
 Superior2
 Inferior0

Name of Doctor making examination.....

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

Date of Examination.....

Time taken for this interview.....