

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

SYMPTOMS SY57

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.

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.

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 ten 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 A QUESTION DOES NOT APPLY, STRIKE IT THROUGH.

1. (a) Person interviewed.

Mother **PIA6**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 ?

WCLA6
At home.....1
With relatives.....2
Adopted.....3
Residential school4
Ill in hospital.....5
Elsewhere, namely.....

I. ACCIDENTS

4. Last accident recorded.

(a) Type.....

Age when injured.....yrs.

(Since this accident, or since OCTOBER, 1955)

(b) Has this child had an accident Yes1
in which he was BURNT No0
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 :

	Type of injury (enter as BURN, SCALD, BROKEN BONE, CUT, 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 stove)	WHERE IT OCCURRED (Own Home, School, Street, etc.)
First Accident	1	
Second	2	

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 OCTOBER 1955.

(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	WHO	WHOT	
Measles	MEAS	MEAT	
Mumps	MUM	MUMT	
Scarlet Fever	SCAF	SCART	

(For all those who have had whooping cough since October 1955)

- (b) Was there any doubt that it was whooping cough ? Doubtful.....0
Certain1

- (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 OCTOBER, 1955)

- (b) Has this child been an IN-PATIENT in a HOSPITAL or NURSING HOME since OCTOBER 1955 ? Yes.....1
No0

(If "yes")

- (c) Please give the following details about each admission including any accidents or infectious diseases noted in Sections I or II.

(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	Name of Doctor or Specialist in Charge of Child
1		
2		

IV. SCHOOL CLINIC AND OUT-PATIENT DEPARTMENT ATTENDANCES

(Include child guidance and all other clinics wherever held)

7. (a) Details of last Clinic Attendance Recorded in this Survey. Name of Clinic.....
Reason for attending.....
Age.....

- (b) Has this child attended a School Clinic or Out-Patient Department of a Hospital since OCTOBER 1955? Yes.....SCOPA6
No0

(If "yes")

- (c) Please give the following details about each Clinic attended.

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

V. SCHOOL ABSENCES

8. Please complete the information given below about the child's absences during the past year. (Only absences of more than one week are recorded)

Information from School Absence Record				Please give these additional details		
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						

VI. SCHOOLING

9. (a) During the last year have you or your husband met this child's class teacher or head teacher ? Yes, both.....PTMA6
Yes, class teacher.....1
Yes, head teacher.....2
Neither.....0

(If "yes")

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

PROT57

10. (a) Until what age do you want this child to stay at school ?

ALS57
.....years

- E31 (b) Do you have any specific ideas on the job you would like this child to do on leaving school ? Yes.....1
No.....0

(If "yes")

JOP57

What are they ?

SCHOOLING (continued)

11. (a) Which of the following types of school do you NOW wish your child to go to ?
- Grammar1
Secondary modern.....2
Technical3
Comprehensive6
Fee paying.....4
- Other, namely.....
- (Alternative answers for Scotland)
- Senior Secondary.....1
Junior Secondary.....2
Fee paying.....3
Other, namely.....

TYP57

- (b) Have you changed your mind since this question was asked last year ?
- Yes1
No0

CTYP57

- (If "yes")
- (c) Why have you changed your mind.....

12. (a) Are you in any way worried about this child's progress at school ?
- Yes1
No0

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

VII. HOBBIES AND OUTSIDE INTERESTS

13. (a) Has this child any hobby or special interest ?
- Yes1
No0

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

14. (a) Does he belong to any club or organisation outside school ?
- Yes1
No0

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

15. (a) Does this child go to Church or Sunday School ?
- Yes1
No0

- (If "yes")
- (b) What Church or Sunday School does he go to ?

SUN57

16. (a) At what time does this child go to bed at night ?p.m.
(b) At what time does this child get up in the morning ?a.m.

(grouped) GET57

VIII. GENERAL HEALTH AND BEHAVIOUR

17. (a) Are you in any way worried about this child's behaviour ?
- Yes1
No0

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

MLAR

GENERAL HEALTH AND BEHAVIOUR (continued)

18. (a) Has this child any habits such as thumb sucking, nail biting, nose picking, ties or general fidgetiness ?
- No habits of this type.....0
Sucks thumb1
Bites nails2
Picks nose3
Other habits, namely.....
- (b) During the last year, have you or any member of your household ever had to go to this child because of his nightmares or disturbed sleep ?
- Never0
Occasionally.....1
Several nights a week.....2
Every night3

HAB57 [deleted]

HABE57

HABR57

NIG 56/57

IX. DOMESTIC HELP

19. Who helps you with the housework or children ?
- Regularly Occasionally

- Husband .. 1 1
This child .. 2 2
Other children .. 3 3
Grandparents.. 4 4
Other relations or friends .. 5 5
Paid help .. 6 6
Not helped at all 0 0

HFC 50&57

HAL 50&57

X. OCCUPATION OF PRESENT HUSBAND

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

E32 (indirectly)

- (b) In what industry does he work ?

- (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 you husband's work regularly keeps him away from home for 24 hours or more at a time, please give details.

PAW50-61

PAW57

XI. SUBSEQUENT PREGNANCIES

21. Please give the following details for each pregnancy since October, 1954 :—

(If none please strike through)

Date of delivery (mth. and yr.)	Sex of child	Birth weight (to nearest ½ lb.)	Result of delivery (live birth, stillbirth or miscarriage)	If not surviving please give age at death
SIR				
SIR				
(Ross)				

- (If now pregnant) Expected date of delivery.....

XII. THE MOTHER'S WORK

22. (a) Have you been in paid work (either inside or outside the home) since OCTOBER, 1955 ?
- Yes1

- (If "yes")
- (b) Please give the following details of each period of employment.
- No.0

(The last employment recorded in this survey is entered in red)

From Working Mothers Extr. Sheets

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
WKT57			WRH57		
			WKH57		

XIII. THE HOUSEHOLD AND DWELLING

23. (a) Ownership of dwelling. Council1
OWN57 Parents of the child.....2
OWN 48,57,61 Relative3
OWN 48&57 Other, namely.....
.....

24. (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. HOU57persons
CROW46-57 CROW57
CROW46-61 = COHS 57
COH57

25. Total rooms occupied by all the members of the household listed in 24 (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	
			CROW46-57
			CROW57
			ROOM57

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

(If "with others")

(b) Who else sleeps in his
room? (Please give names and ages).
BYBY5

(c) Does he sleep in own bed or Own bed.....0
with others? (If with others, With others, namely.....
please give names and ages).
BYBY57

27. (Is your kitchen shared with another Yes1
household? No0
COH57 (KITS57
AML57 (No kitchen.....Y

28. Is there a bathroom for your Yes1
use? BATS57 No.....0

29. How do you obtain hot water? Running hot water1
Gas or electric copper.....2
COH57 (HWAT57 Boiling kettles3
AML57 (Other, namely
.....

30. Where does this child do his home- In the living room with other
work? members of the family.....1
HOME57 In a separate room.....2
Elsewhere, namely.....
.....

AD57 31. Does mother think that this dwelling Yes1
CH57 lacks any essential amenities that No0
FAM57 would help you in bringing up
FAT57 your children?
INF57 (If "yes", please give details)
.....
.....
.....

INFORMATION GIVEN BY SCHOOL NURSE OR HEALTH VISITOR

INFB57 (Please answer the following Questions from your own knowledge. DO NOT ask the mother directly.)

ADB57 32. (a) Is any member of this child's Yes1
CHB57 family or household known to No0
OTH57 have tuberculosis? TB57 UnknownX
(If "yes")

(b) Please state the name and Name
relationship Relationship
Relationship

(c) Was B.C.G. Vaccination offered to this child and if so, was it accepted?
Offered and accepted.....1
Offered, not accepted.....2
Not offered3
UnknownX
Not applicableY

33. Does this family possess any of Telephone.....1
the following? Car2
Television.....3
None of these.....0

34. Please give your assessment of Average.....1
the state of repair of the Very good.....2
dwelling. REP57 Bad3

35. Please state from your OWN Married & living together...1
KNOWLEDGE whether the Legally separated.....2
parents of this child are— Divorced3
CAB Permanently separated
for other reasons.....4
Widowed5
Other, namely
.....

Date of interview. COMPA6
Length of Interview.....mins.
Name of School Nurse or Health Visitor.....