

NATIONAL SURVEY OF HEALTH AND DEVELOPMENT

1965 INTERVIEW

STRICTLY
CONFIDENTIAL

H1

Ref. No.

Name

and

Address

WBTS20
REGLE

New name: _____
(if married)

New address: _____

(temporary
address
in pencil) _____

INSTRUCTIONS

The young man or woman named above is one of this national sample of 5,000 people who have been followed up since they were born in March 1946. This is the continuation of the survey with which school nurses and health visitors helped between 1946 and 1961. We have been in regular contact with the young people since 1961 and we have very full information about employment for those who started work before their eighteenth birthday, in 1964. This short interview is designed to help us to keep track of the survey sample, to provide us with the latest information about health and accidents, and to record details of changes of employment before the dates are forgotten.

Interviewers are asked to see the actual survey member named. If he/she is out, please try to make an appointment for a time when he/she will be at home. If he/she is away from home, in lodgings or at another temporary address at which he/she might be contacted by another interviewer, please pencil in the temporary address at the top of the form and return the form immediately to your Medical Officer of Health. If he/she has moved permanently, please insert the new address in ink and return the form immediately to your M.O.H. for reallocation. If the survey member is in hospital or some other institution, in the Armed Forces or abroad, so he/she is not available for interview by anyone, then any information which can be supplied by parents or relatives will be appreciated. In this case please ensure that the identity of your informant is recorded in question 15.

Please read this form through so that you are familiar with it, before setting out. In conducting the interview please ask the questions printed in bold type. Where two or more possible answers are provided please ring the code number opposite the correct one.

When you have completed the interview please return it to your Medical Officer of Health, to be forwarded to the National Survey of Health and Development, M.R.C. Unit, London School of Economics, Houghton Street, London W.C.2, by the end of May 1965.

INTRODUCTION

Please incorporate the following in your introductory remarks:

"All the people in the National Survey of Health and Development are now nineteen years old. A lot of information has been collected over the years about your health and about what you've been doing at school and at work. Out of all this some very important studies are being done about the way that young people grow up.

"I have been asked to see you just to keep in touch and to ask how you're getting on. This is meant to be the first of a series of very short visits which we hope to make each year at about this time. I have only a very few questions to ask you and they're quite straightforward.

"Of course, everything you say is kept strictly confidential. The staff of the Survey maintain a complete secrecy and no names are ever mentioned in reports."

PERSONAL INFORMATION

1. Is this your correct name and permanent address? (If not, insert correct details in space at top right. Include a DEFINITE move in near future. If in Armed Services please ask Service Number.)

2. Are you.....Married? -- 1 -- (date of marriage 196) MARAG65
Engaged? -- 2 -- [date of marriage, if fixed 196
Neither -- 0 [future married name, and address if known: _____

3. (If married)

Have you any children? Yes 1 (if "yes")
No 0

NAME	SEX	DATE OF BIRTH

NOCHIL65

GENERAL HEALTH

4. (a) The last accident we have recorded for you was ACCS65

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

Have you had any accident ^{since then}
in recent years 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 ask for the following details about each accident, starting with the earliest)

	ACCIDENT 1	ACCIDENT 2	ACCIDENT 3
Type of injury, (e.g. burn, scald, broken bone, cut etc.)			
Part or parts injured			
Date of injury			
Treatment (Hosp. I.P., Hosp. O.P., Nursing home, Own home)			
If in own home, who gave treatment? (Dr. Nurse, other)			
Details of remaining scarring, disability or deformity			
How accident occurred (if burnt by fire, say if electric, gas, open fire or oilstove)			
Where it occurred (own home, school, street etc.)			

5. (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 inpatient since then?/in recent years? Yes 1
No 0

HOAD65

(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?	

7. Are you registered with a Doctor?

Yes, in this district _____ 1
Yes, in home district
(if living away from home) _____ 2
Yes, in old district
(if recently moved) _____ 3
No _____ 0

6. Since January 1963, have you attended a hospital out-patient department or clinic?

H1RETM Yes 1
HOOP65 No 0
(if "yes")

What hospital/clinic was it?	
When did you go first?	
Why did you go?	

(Please ask the name of the doctor and his address. If the survey member does not know the address, or is unwilling to give it, please don't press the point. You may be able to supply the address from your own knowledge. We only wish to have this information as an extra means of tracing people who move.)

Dr _____

address confirmed (tick)

8. (a) Have you seen a family Doctor in the National Health Service since this time last year? H1RETM
(on own account)

Yes	1		At surgery	At home
No	0 (skip to Q9)	never	0	0
(if "yes")		once or twice	1	1
(i) About how many times did you attend the Doctor's surgery?		3 - 5 times	2	2
(ii) About how many times did the Doctor visit you at home?		6 - 10 times	3	3
(b) (if total more than 2)		More than 10 times	4	4

Were these visits all about the same time, or were they spread out at intervals?
 (circle the number applicable - more than one if necessary)

		REASON FOR VISITS
All grouped within a few weeks during a period of acute illness or disability	1	
Spread over a period of 1 - 3 months	2	
Spread throughout the year	3	
Further comment if necessary:		

9. Have you seen any other Doctor since this time last year? Yes 1
 For example a Doctor at work or a private Doctor? No 0

COMPLAINT	NUMBER OF VISITS	TYPE OF DOCTOR
(if "yes")		

10. Have you been off work through accident or illness since you started work? Yes 1
 since January 1963? No 0
NOWKIL65 (long enough to need a Doctor's certificate)

APPROXIMATE DATE	NATURE OF ACCIDENT, ILLNESS	TIME OFF WORK
	punched from extraction sheet	

EMPLOYMENT

11. (Our last information was that this survey member was in the occupation entered in red below. Ask "are you still _____?" and if he/she is still in the same job at the same firm, write "still there". If he/she has been promoted, or has a different job within the same firm, write the new job on the next line, and write "same firm" in column 3, with the date of the change in column 4. If he/she has left that job, ask the date of leaving, and fill in the details of any other jobs which he/she has had up to the present. If he/she is now unemployed, or not working from choice, write "unemployed" or "not working" as the last entry. If he/she is now a full time student, ask the name of the college and the nature of the course and supply these details. If he/she is in hospital, borstal, prison or any other institution, please record this fact.)

1 Serial no. of job	2 Type of job (i.e. what do YOU do?)	3 Type of firm (i.e. what do THEY do?)	4 Date started e.g. 1.7.63	5 Date left e.g. 15.8.63	6 Reason for leaving
	JOBNO65				

12. Have you been out of work at all since this time last year? **TNWK65** Yes 1
(i.e. looking for work) No 0

APPROXIMATE DATE	LENGTH OF SPELL	CIRCUMSTANCES

13. Have you been taking any part-time day or evening classes,
 a correspondence course, or studying at home since last September? No 0
 Yes, college 1
 Yes, correspondence **EVCL65** 2
 Yes, at home 3

Name of COLLEGE or of CORRESPONDENCE COURSE	Name of COURSE or SUBJECTS STUDIED	DAY or EVENING, or "HOME"

14. Queries arising from earlier surveys

END OF INTERVIEW

Please thank the survey member for his/her help over the years

15. Have you interviewed: *The survey member named?* 1
Parent? 2
Other, namely _____

16. Is the Doctor's address in Question 7 correct? Please confirm or correct.

17. Please use this space to comment on any unusual aspect of this young person's health, career, or personal circumstances not clearly brought out in the interview, but which you feel ought to be mentioned.

IH11

COMPH1

Signature of interviewer _____ Date of interview _____

Local Health Authority _____

THANK YOU VERY MUCH FOR YOUR HELP