

NATIONAL SURVEY OF HEALTH AND DEVELOPMENT

STRICTLY
CONFIDENTIAL

M.R.C. Unit,
London School of Economics,
Houghton Street,
London, W.C.2.

H1A
1965

Ref. No.

Name

and

Address

You remember that you are one of this group of 5,000 people that we have followed up since they were born in March 1946.

This year we would like just a little information so that we can keep in touch and keep our records up to date.

All you have to do to answer the questions is to write the answer in the space provided. If we have given you a choice of answers, all you do is put a circle round the number next to the right answer like this:

Yes 1
No ①

Everything you tell us is kept very strictly confidential. We keep complete secrecy and we never mention anyone by name in any reports we write.

When you have answered the questions, just fold the form, put it in the special envelope and post it. You don't need to put a stamp on.

PERSONAL INFORMATION

1. Is this your correct name and permanent address?

(If it is not correct, please write the new or corrected address here. If you are a girl and are now married, please put your married name.)

New name: _____
(if married)

New address: _____

(temporary address in pencil)

2. Are you.....Married? -- 1 -- (date of marriage 196)

Engaged? -- 2 -- [date of marriage, if fixed 196 MARAG65

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 give the following details about each accident, starting with the earliest)

	ACCIDENT 1	ACCIDENT 2	ACCIDENT 3
What sort of injury? (i.e. burn, cut, broken bone etc.)			
What part was hurt?			
When did it happen?			
Where was it treated?			
Who by?			
What sort of scar or trouble does it still give you?			
How did the accident happen?			
Where did it happen?			

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?	

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

H1RETM Yes 1
No 0
HOOP65

(if "yes")

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

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

Please give the name of the doctor and his address.

Dr _____

8. (a) Have you seen a family Doctor in the National Health Service since this time last year? Yes 1
 No 0 (skip to Q9)
H1RETM

(if "yes")

(i) About how many times did you attend the Doctor's surgery?

(ii) About how many times did the Doctor visit you at home?

(b) (if total more than 2)

Were these visits all about the same time, or were they spread out at intervals?
 (Tick the box against the right answer - more than one if necessary)

	TICK	REASON FOR VISITS
All grouped within a few weeks during a period of acute illness or disability		
Spread over a period of 1 - 3 months		
Spread throughout the year		
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

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

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. When we last contacted you, you were in the occupation we have written in red. What are you doing now?

- If you are still doing the same work at the same firm, write "still there".
- If you have been promoted or changed your work but still work at the same firm, write your new job and "same firm".
- If you have left that job, fill in the date of leaving in column 5 and write why you left in column 6, then give the details of any jobs you have done since.
- If you are not working (from choice) write "not working".
- If you are out of work, write "unemployed".
- If you are a full-time student please give the name of the college and the course.

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
EVCL65 Yes, correspondence 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

15. Has anything important happened to you in the last year that we haven't asked about?

16. Are you willing to be interviewed next time or would you prefer to answer the questions directly by post?

Interview 1
By post 2

Today's date:.....

THANK YOU VERY MUCH FOR CONTINUING TO HELP