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1955 School Nurse's Interview with Mother

closer:sourceFileName

nshd_55_iwm

Instrument Locations

- https://discovery.closer.ac.uk/files/instruments/nshd_55_iwm-86e5f8969e2b2a3954b3f40a907c1045.pdf

nshd_55_iwm

Label nshd_55_iwm	Location Sequence
Type Sequence	Order InOrderOfAppearance

s_intro_i

Name s_intro_i	Location Sequence › nshd_55_iwm
Type Statement	

Statement Text

STRICTLY CONFIDENTIAL

s_intro_ii

Name s_intro_ii	Location Sequence › nshd_55_iwm
Type Statement	

Statement Text

OCTOBER 1955

s_intro_iii

Name s_intro_iii	Location Sequence › nshd_55_iwm
Type Statement	

Statement Text

SCHOOL NURSE'S INTERVIEW WITH MOTHER

s_intro_iv	
Name	Location
s_intro_iv	Sequence › nshd_55_iwm
Type	
Statement	

Statement Text

NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN

s_intro_v	
Name	Location
s_intro_v	Sequence › nshd_55_iwm
Type	
Statement	

Statement Text

INSTITUTE OF CHILD HEALTH (UNIVERSITY OF LONDON) SOCIETY OF MEDICAL OFFICERS OF HEALTH and
POPULATION INVESTIGATION COMMITTEE At the LONDON SCHOOL OF ECONOMICS

qi_intro_i - intro i		
Name	Label	Location
qi_intro_i	intro i	Sequence › nshd_55_iwm
Type	Minimum Length	Maximum Length
Text		255

Question

Ref No.

qi_intro_ii - intro ii		
Name	Label	Location
qi_intro_ii	intro ii	Sequence › nshd_55_iwm
Type	Minimum Length	Maximum Length
Text		255

Question

Name

qi_intro_iii - intro iii		
Name	Label	Location
qi_intro_iii	intro iii	Sequence › nshd_55_iwm

Type Text	Minimum Length	Maximum Length 255
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Question

Address

qi_intro_iv - intro iv		
Name qi_intro_iv	Label intro iv	Location Sequence › nshd_55_iwm
Type Text	Minimum Length	Maximum Length 255

Question

School

FOR THOSE WHO HAVE MOVED		
Label FOR THOSE WHO HAVE MOVED	Location Sequence › nshd_55_iwm	
Type Sequence	Order InOrderOfAppearance	

qi_intro_v - intro v		
Name qi_intro_v	Label intro v	Location Sequence › nshd_55_iwm › FOR THOSE WHO HAVE MOVED
Type Text	Minimum Length	Maximum Length 255

Question

New Address

qi_intro_vi - intro vi		
Name qi_intro_vi	Label intro vi	Location Sequence › nshd_55_iwm › FOR THOSE WHO HAVE MOVED
Type Text	Minimum Length	Maximum Length 255

Question


L.E.A.

qi_intro_vii - intro vii		
Name qi_intro_vii	Label intro vii	Location Sequence › nshd_55_iwm › FOR THOSE WHO HAVE MOVED

Type Text	Minimum Length	Maximum Length 255
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Question

School

 s_intro_vi		
Name s_intro_vi	Location Sequence › nshd_55_iwm	
Type Statement		


Statement Text

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.

 s_intro_vii		
Name s_intro_vii	Location Sequence › nshd_55_iwm	
Type Statement		


Statement Text

Approach to the Mother

 s_intro_viii		
Name s_intro_viii	Location Sequence › nshd_55_iwm	
Type Statement		

Statement Text

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.

 s_intro_ix		
Name s_intro_ix	Location Sequence › nshd_55_iwm	
Type Statement		

Statement Text

Purpose of this inquiry

s_intro_x	
Name	Location
s_intro_x	Sequence › nshd_55_iwm
Type	
Statement	

Statement Text

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.

s_intro_xi	
Name	Location
s_intro_xi	Sequence › nshd_55_iwm
Type	
Statement	

Statement Text

They are drawn from all social classes and during the first nine 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.

s_intro_xii	
Name	Location
s_intro_xii	Sequence › nshd_55_iwm
Type	
Statement	

Statement Text

How to fill in this form.

s_intro_xiii	
Name	Location
s_intro_xiii	Sequence › nshd_55_iwm
Type	
Statement	

Statement Text

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.

s_intro_xiv	
Name	Location
s_intro_xiv	Sequence › nshd_55_iwm
Type	
Statement	

Statement Text

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.

s_intro_xv	
Name	Location
s_intro_xv	Sequence › nshd_55_iwm
Type	
Statement	

Statement Text

COMPLETED FORMS SHOULD BE RETURNED TO THE SCHOOL MEDICAL OFFICER AND NOT DIRECTLY TO THE JOINT COMMITTEE.

s_intro_xvi	
Name	Location
s_intro_xvi	Sequence › nshd_55_iwm
Type	
Statement	

Statement Text

RING THE CODE NUMBER OPPOSITE THE MOTHER'S ANSWER. IF A QUESTION DOES NOT APPLY, STRIKE IT THROUGH.

qi_1_a - 1 a		
Name	Label	Location
qi_1_a	1 a	Sequence › nshd_55_iwm
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

Question

Person interviewed.

Choices

1	Mother
*	Other, namely

qi_1_b-1_b		
Name	Label	Location
qi_1_b	1 b	Sequence › nshd_55_iwm
Type	Minimum Length	Maximum Length
Text		255

Question

If mother not interviewed because she was ill, refused, etc., please give reasons.

qi_2_a-2_a		
Name	Label	Location
qi_2_a	2 a	Sequence › nshd_55_iwm
Type		
Date		
Condition		
If this child has died, please state.		

Question

Date of death

qi_2_b-2_b		
Name	Label	Location
qi_2_b	2 b	Sequence › nshd_55_iwm
Type	Minimum Length	Maximum Length
Text		255
Condition		
If this child has died, please state.		

Question

Cause of death (if known)

s_q3	
Name	Location
s_q3	Sequence › nshd_55_iwm
Type	
Statement	

Statement Text

(For all living children)

 qi_3 - 3

Name qi_3	Label 3	Location Sequence › nshd_55_iwm
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Where is his child now living ?

Choices

1	At home
2	With relatives
3	Adopted
4	Residential school
5	Ill in hospital
*	Elsewhere, namely

1. ACCIDENTS

Label 1. ACCIDENTS	Location Sequence › nshd_55_iwm
Type Sequence	Order InOrderOfAppearance

 qi_4_a_i - 4 a(i)

Name qi_4_a_i	Label 4 a(i)	Location Sequence › nshd_55_iwm › 1. ACCIDENTS
Type Text	Minimum Length	Maximum Length 255

Question


Last accident recorded. Type

 qi_4_a_ii - 4 a(ii)

Name qi_4_a_ii	Label 4 a(ii)	Location Sequence › nshd_55_iwm › 1. ACCIDENTS
Type Integer	Low 0	High

Question

Last accident recorded. Age when injured ... yrs.

 s_q4a

Name s_q4a	Location Sequence › nshd_55_iwm › 1. ACCIDENTS
Type Statement	

Statement Text

(Since this accident, or since OCTOBER, 1954)

 qi_4_b - 4 b


Name qi_4_b	Label 4 b	Location Sequence › nshd_55_iwm › 1. ACCIDENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has this child had an accident in which he was BURNT or SCALDED, BROKE A BONE, or was BADLY CUT or BRUISED ?

Choices

1	Yes
0	No

 qg_4_b_i - 4 b(i)

Name qg_4_b_i	Label 4 b(i)	Location Sequence › nshd_55_iwm › 1. ACCIDENTS
Type Question Grid		

Condition
(If "yes")

Question

Please give the following details about each accident starting with the earliest:

Rows

1	First Accident 1
2	Second 2

Columns

Generic text	Text
Generic text	Text

Age in years and months	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Age in years and months	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Age in years and months	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Age in years and months	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Age in years and months	Text
Generic text	Text

Generic text	Text
Generic text	Text
Age in years and months	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text

qg_4_b_ii - 4 b(ii)		
Name qg_4_b_ii	Label 4 b(ii)	Location Sequence › nshd_55_iwm › 1. ACCIDENTS
Type Question Grid		
Condition (If "yes")		

Question

Please give the following details about each accident starting with the earliest:

Rows

1	First Accident 1
2	Second 2

Columns

Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text

II. INFECTIOUS DISEASES	
Label II. INFECTIOUS DISEASES	Location Sequence › nshd_55_iwm
Type Sequence	Order InOrderOfAppearance

qg_5_a - 5 a		
Name qg_5_a	Label 5 a	Location Sequence › nshd_55_iwm › II. INFECTIOUS DISEASES

Type		
Question Grid		

Question


Please give the following information about any attacks of WHOOPING COUGH, MEASLES, MUMPS or SCARLET FEVER this child has had since OCTOBER 1954.

Rows

1	Whooping Cough
2	Measles
3	Mumps
4	Scarlet Fever

Columns

Generic text	Text
Age in years and months	Text
Generic text	Text
Generic text	Text
Age in years and months	Text
Generic text	Text
Age in years and months	Text
Generic text	Text
Generic text	Text

 s_q5a	
Name s_q5a	Location Sequence > nshd_55_iwm > II. INFECTIOUS DISEASES
Type Statement	

Statement Text

(Attacks recorded in previous surveys are given in red.)

 qi_5_b - 5 b
--

Name qi_5_b	Label 5 b	Location Sequence › nshd_55_iwm › II. INFECTIOUS DISEASES
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (For those who have had whooping cough since October 1954)		

Question

Was there any doubt that it was whooping cough ?

Choices

0	Doubtful
1	Certain

 qi_5_c - 5 c

Name qi_5_c	Label 5 c	Location Sequence › nshd_55_iwm › II. INFECTIOUS DISEASES
Type Integer	Low 0	High
Condition (For those who have had whooping cough since October 1954)		

Question

How long did the whooping cough last ? ... weeks

 qi_5_d - 5 d

Name qi_5_d	Label 5 d	Location Sequence › nshd_55_iwm › II. INFECTIOUS DISEASES
Type Text	Minimum Length	Maximum Length 255
Condition (For those who have had whooping cough since October 1954)		

Question

Details of complications, if any

III. ADMISSIONS TO HOSPITAL

Label III. ADMISSIONS TO HOSPITAL	Location Sequence › nshd_55_iwm
Type Sequence	Order InOrderOfAppearance

 qi_6_a_i - 6 a(i)

Name qi_6_a_i	Label 6 a(i)	Location Sequence › nshd_55_iwm › III. ADMISSIONS TO HOSPITAL
Type Text	Minimum Length	Maximum Length 255

Question

Details of last Hospital Admission Recorded in this Survey. Illness

? qi_6_a_ii - 6 a(ii)		
Name qi_6_a_ii	Label 6 a(ii)	Location Sequence › nshd_55_iwm › III. ADMISSIONS TO HOSPITAL
Type Text	Minimum Length	Maximum Length 255

Question

Details of last Hospital Admission Recorded in this Survey. Hospital

? qi_6_a_iii - 6 a(iii)		
Name qi_6_a_iii	Label 6 a(iii)	Location Sequence › nshd_55_iwm › III. ADMISSIONS TO HOSPITAL
Type Integer	Low 0	High

Question

Details of last Hospital Admission Recorded in this Survey. Age

? s_q6a		
Name s_q6a	Location Sequence › nshd_55_iwm › III. ADMISSIONS TO HOSPITAL	
Type Statement		

Statement Text

(If nothing recorded there has been no admission before OCTOBER, 1954)

? qi_6_b - 6 b		
Name qi_6_b	Label 6 b	Location Sequence › nshd_55_iwm › III. ADMISSIONS TO HOSPITAL
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has this child been an IN-PATIENT in a HOSPITAL or NURSING HOME since OCTOBER 1954.

Choices

1	Yes
0	No

qg_6_c_i - 6 c(i)		
Name qg_6_c_i	Label 6 c(i)	Location Sequence › nshd_55_iwm › III. ADMISSIONS TO HOSPITAL
Type Question Grid		
Condition (If "yes")		

Question

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

Rows

1	1
2	2

Columns

Generic text	Text
Generic text	Text
Generic date	DateTime
Generic text	Text
Generic text	Text
Generic date	DateTime
Generic text	Text
Generic date	DateTime
Generic text	Text

qg_6_c_ii - 6 c(ii)		
Name qg_6_c_ii	Label 6 c(ii)	Location Sequence › nshd_55_iwm › III. ADMISSIONS TO HOSPITAL

Type		
Question Grid		
Condition	(If "yes")	

Question

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

Rows

1	1
2	2

Columns

Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text

IV. SCHOOL CLINIC AND OUT-PATIENT DEPARTMENT ATTENDANCES

Label	Location
IV. SCHOOL CLINIC AND OUT-PATIENT DEPARTMENT ATTENDANCES	Sequence › nshd_55_iwm
Type	Order
Sequence	InOrderOfAppearance

qi_7_a_i - 7 a(i)

Name	Label	Location
qi_7_a_i	7 a(i)	Sequence › nshd_55_iwm › IV. SCHOOL CLINIC AND OUT-PATIENT DEPARTMENT ATTENDANCES
Type	Minimum Length	Maximum Length
Text		255

Question

Details of last Clinic Attendance Recorded in this Survey. Name of Clinic

qi_7_a_ii - 7 a(ii)

Name	Label	Location
qi_7_a_ii	7 a(ii)	Sequence › nshd_55_iwm › IV. SCHOOL CLINIC AND OUT-PATIENT DEPARTMENT ATTENDANCES

Type Text	Minimum Length	Maximum Length 255
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Question

Details of last Clinic Attendance Recorded in this Survey. Reason for attending

qi_7_a_iii - 7 a(iii)		
Name qi_7_a_iii	Label 7 a(iii)	Location Sequence › nshd_55_iwm › IV. SCHOOL CLINIC AND OUT- PATIENT DEPARTMENT ATTENDANCES
Type Integer	Low 0	High

Question

Details of last Clinic Attendance Recorded in this Survey. Age

qi_7_b - 7 b		
Name qi_7_b	Label 7 b	Location Sequence › nshd_55_iwm › IV. SCHOOL CLINIC AND OUT- PATIENT DEPARTMENT ATTENDANCES
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has this child attended a School Clinic or Out-Patient Department of a Hospital since OCTOBER 1954?

Choices

1	Yes
0	No

qg_7_c - 7 c		
Name qg_7_c	Label 7 c	Location Sequence › nshd_55_iwm › IV. SCHOOL CLINIC AND OUT- PATIENT DEPARTMENT ATTENDANCES
Type Question Grid		
Condition (If "yes")		

Question

Please give the following details about each Clinic attended.

Rows

1	1
2	2

Columns

	Code
How many	Numeric
Generic text	Text
Generic text	Text
Generic date	DateTime
Generic date	DateTime
How many	Numeric
Generic text	Text
Generic date	DateTime
	Code
Generic text	Text
Generic date	DateTime
Generic date	DateTime
Generic date	DateTime
Generic text	Text
Generic text	Text
	Code
How many	Numeric
Generic text	Text
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Generic text	Text
Generic date	DateTime
Generic date	DateTime
	Code
	Code

Generic date	DateTime
How many	Numeric
Generic text	Text
Generic text	Text
Generic date	DateTime
Generic text	Text
Generic text	Text
Generic date	DateTime
Generic date	DateTime
How many	Numeric
	Code

V. SCHOOL ABSENCES

Label V. SCHOOL ABSENCES	Location Sequence › nshd_55_iwm
Type Sequence	Order InOrderOfAppearance

qg_8 - 8

Name qg_8	Label 8	Location Sequence › nshd_55_iwm › V. SCHOOL ABSENCES
Type Question Grid		

Question

Please complete the information given below about the child's absences during the past year.

Rows

1	1
2	2
3	3

Columns

Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text

Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
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Generic text	Text

VI. BED WETTING

Label VI. BED WETTING	Location Sequence › nshd_55_iwm
Type Sequence	Order InOrderOfAppearance

qi_9_a - 9 a

Name qi_9_a	Label 9 a	Location Sequence › nshd_55_iwm › VI. BED WETTING
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Is the child now dry by day ?

Choices

0	Never wet
1	Sometimes wet

qi_9_b - 9 b

Name qi_9_b	Label 9 b	Location Sequence › nshd_55_iwm › VI. BED WETTING
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Is the child now dry by night ?

Choices

0	Never wet
1	Wet occasionally
2	Wet several nights a week
3	Wet every night

qi_9_c - 9 c

Name qi_9_c	Label 9 c	Location Sequence › nshd_55_iwm › VI. BED WETTING
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Type Text	Minimum Length	Maximum Length 255
Condition (If "wet")		

Question

How are you trying to get him dry ?

VII. GENERAL HEALTH AND BEHAVIOUR

Label VII. GENERAL HEALTH AND BEHAVIOUR	Location Sequence › nshd_55_iwm
Type Sequence	Order InOrderOfAppearance

qi_10_a - 10 a

Name qi_10_a	Label 10 a	Location Sequence › nshd_55_iwm › VII. GENERAL HEALTH AND BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Are you in any way worried about this child's health?

Choices

1	Yes
0	No

qi_10_b - 10 b

Name qi_10_b	Label 10 b	Location Sequence › nshd_55_iwm › VII. GENERAL HEALTH AND BEHAVIOUR
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes")		

Question

Please give your reasons for worrying

qi_11_a - 11 a

Name qi_11_a	Label 11 a	Location Sequence › nshd_55_iwm › VII. GENERAL HEALTH AND BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Are you in any way worried about this child's behaviour?

Choices

1	Yes
0	No

 qi_11_b - 11 b

Name qi_11_b	Label 11 b	Location Sequence › nshd_55_iwm › VII. GENERAL HEALTH AND BEHAVIOUR
Type Text	Minimum Length	Maximum Length 255

Condition
(If "yes")

Question

Please give your reasons for worrying

 qi_12_a - 12 a

Name qi_12_a	Label 12 a	Location Sequence › nshd_55_iwm › VII. GENERAL HEALTH AND BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Are you in any way worried about this child's progress at school?

Choices

1	Yes
0	No

 qi_12_b - 12 b

Name qi_12_b	Label 12 b	Location Sequence › nshd_55_iwm › VII. GENERAL HEALTH AND BEHAVIOUR
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes")		

Question

Please give your reasons for worrying.

? qi_13_a - 13 a		
Name qi_13_a	Label 13 a	Location Sequence › nshd_55_iwm › VII. GENERAL HEALTH AND BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Does this child have difficulties in his relations with his brothers and sisters ?

Choices

1	Yes
0	No
y	No brothers or sisters

? qi_13_b - 13 b		
Name qi_13_b	Label 13 b	Location Sequence › nshd_55_iwm › VII. GENERAL HEALTH AND BEHAVIOUR
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes")		

Question

What are these difficulties ?

? qi_14_a - 14 a		
Name qi_14_a	Label 14 a	Location Sequence › nshd_55_iwm › VII. GENERAL HEALTH AND BEHAVIOUR

Type Multiple Choice	Selection Type SelectOne	Display Style
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Question

Does this child have difficulties in his relations with other children at school ?

Choices

1	Yes
0	No
x	Don't know

 qi_14_b - 14 b

Name qi_14_b	Label 14 b	Location Sequence > nshd_55_iwm > VII. GENERAL HEALTH AND BEHAVIOUR
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes")		

Question

What are these difficulties ?

VIII. THE MOTHER'S WORK

Label VIII. THE MOTHER'S WORK	Location Sequence > nshd_55_iwm
Type Sequence	Order InOrderOfAppearance

 qi_15_a - 15 a

Name qi_15_a	Label 15 a	Location Sequence > nshd_55_iwm > VIII. THE MOTHER'S WORK
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you been in paid work (either inside or outside the home) since OCTOBER, 1954

Choices

1	Yes
0	No

 qg_15_b - 15 b

Name qg_15_b	Label 15 b	Location Sequence › nshd_55_iwm › VIII. THE MOTHER'S WORK
Type Question Grid		
Condition (If "yes")		

Question

Please give the following details of each period of employment.

Rows

1	1
2	2
3	3

Columns

Days per week	Numeric
Generic text	Text
Generic time	DateTime
Generic time	DateTime
Generic date	DateTime
Generic date	DateTime
Generic text	Text
Generic time	DateTime
Generic date	DateTime
Days per week	Numeric
Generic time	DateTime
Generic date	DateTime
Generic date	DateTime
Generic date	DateTime
Generic time	DateTime
Generic time	DateTime
Days per week	Numeric
Generic text	Text
Generic time	DateTime

Generic text	Text
Generic time	DateTime
Generic date	DateTime
Generic date	DateTime
Days per week	Numeric
Days per week	Numeric
Generic date	DateTime
Generic text	Text
Generic time	DateTime
Generic time	DateTime
Generic date	DateTime
Generic time	DateTime
Generic time	DateTime
Generic date	DateTime
Generic date	DateTime
Generic text	Text
Days per week	Numeric

s_q15b	
Name s_q15b	Location Sequence › nshd_55_iwm › VIII. THE MOTHER'S WORK
Type Statement	
Condition (If "yes")	

Statement Text

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

qi_15_c - 15 c		
Name qi_15_c	Label 15 c	Location Sequence › nshd_55_iwm › VIII. THE MOTHER'S WORK
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition
(If "yes")

Question

Who looks after this child when he comes home from school ?

Choices

1	Mother
2	Father
3	Other children
4	Grandparent
5	Other person, namely
0	No one

IX. SCHOOLNG

Label IX. SCHOOLNG	Location Sequence > nshd_55_iwm
Type Sequence	Order InOrderOfAppearance

qi_16_a - 16 a

Name qi_16_a	Label 16 a	Location Sequence > nshd_55_iwm > IX. SCHOOLNG
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

During the last year have you or your husband met this child's class teacher or head teacher ?

Choices

3	Yes, both
1	Yes, class teacher
2	Yes, head teacher
0	Neither

qi_16_b - 16 b

Name qi_16_b	Label 16 b	Location Sequence > nshd_55_iwm > IX. SCHOOLNG
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition
(If "yes")

Question

Did you discuss this child's school progress with either or both of them ?

Choices

3	Yes, with both
1	Yes, with class teacher
2	Yes, with head teacher
0	No

 qi_17_a - 17 a

Name qi_17_a	Label 17 a	Location Sequence › nshd_55_iwm › IX. SCHOOLNG
Type Text	Minimum Length	Maximum Length 255

Question

In October 1954, you said you would like your child to go to ... School.

 qi_17_a_i - 17 a(i)

Name qi_17_a_i	Label 17 a(i)	Location Sequence › nshd_55_iwm › IX. SCHOOLNG
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you still wish him to go there ?

Choices

1	Yes
0	No

 qi_17_b - 17 b

Name qi_17_b	Label 17 b	Location Sequence › nshd_55_iwm › IX. SCHOOLNG
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition
(If "no")

Question

Where would you now like him to go ?

Choices

1	Grammar
2	Secondary Modern
3	Technical
4	Fee-paying
x	Do not know

s_q17b	
Name s_q17b	Location Sequence › nshd_55_iwm › IX. SCHOOLNG
Type Statement	
Condition (If "no")	

Statement Text

(If "no" to question 17 (a))

qi_17_c - 17 c		
Name qi_17_c	Label 17 c	Location Sequence › nshd_55_iwm › IX. SCHOOLNG
Type Text	Minimum Length	Maximum Length 255
Condition (If "no")		

Question

Please give the name of the school if decided upon.

qi_17_d - 17 d		
Name qi_17_d	Label 17 d	Location Sequence › nshd_55_iwm › IX. SCHOOLNG
Type Text	Minimum Length	Maximum Length 255
Condition (If "no")		

Question

Why have you changed your mind since last year ?

qi_18_a - 18 a

Name qi_18_a	Label 18 a	Location Sequence › nshd_55_iwm › IX. SCHOOLNG
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Last October you had not yet chosen the school you wanted your child to attend. Have you done so now ?

Choices

1	Yes
0	No

qi_18_b - 18 b

Name qi_18_b	Label 18 b	Location Sequence › nshd_55_iwm › IX. SCHOOLNG
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition
(If "yes")

Question

What type of school is it ?

Choices

1	Grammar
2	Secondary Modern
3	Technical
4	Fee-paying
x	Do not know

qi_18_c - 18 c

Name qi_18_c	Label 18 c	Location Sequence › nshd_55_iwm › IX. SCHOOLNG
Type Text	Minimum Length	Maximum Length 255

Condition
(If "yes")

Question

Please give the name of the school, if decided upon.

 qi_i - i

Name qi_i	Label i	Location Sequence > nshd_55_iwm
Type Text	Minimum Length	Maximum Length

Question

- CHECK ON PAST INFORMATION This year we have asked fewer questions than in previous years because we wish to take the opportunity to inquire about special conditions that have been reported in earlier surveys, and to clear up any outstanding points. Please check carefully with the mother the details given below and supply the additional information asked for if at all possible.

INFORMATION GIVEN BY SCHOOL NURSE OR HEALTH VISITOR

Label INFORMATION GIVEN BY SCHOOL NURSE OR HEALTH VISITOR	Location Sequence > nshd_55_iwm
Type Sequence	Order InOrderOfAppearance

 s_q19

Name s_q19	Location Sequence > nshd_55_iwm > INFORMATION GIVEN BY SCHOOL NURSE OR HEALTH VISITOR
Type Statement	

Statement Text

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

 qi_19 - 19

Name qi_19	Label 19	Location Sequence > nshd_55_iwm > INFORMATION GIVEN BY SCHOOL NURSE OR HEALTH VISITOR
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Please state from your OWN KNOWLEDGE whether the parents of this child are-

Choices

1	Married & living together
2	Legally separated
3	Divorced
4	Permanently separated for other reasons

5	Widowed
*	Other, namely

 qi_20_a - 20 a

Name qi_20_a	Label 20 a	Location Sequence › nshd_55_iwm › INFORMATION GIVEN BY SCHOOL NURSE OR HEALTH VISITOR
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Are this child's shoes in a satisfactory or unsatisfactory state of repair ?

Choices

1	Satisfactory
0	Unsatisfactory

 qi_20_b - 20 b

Name qi_20_b	Label 20 b	Location Sequence › nshd_55_iwm › INFORMATION GIVEN BY SCHOOL NURSE OR HEALTH VISITOR
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Is this child's clothing in a satisfactory or unsatisfactory state of repair ?

Choices

1	Satisfactory
0	Unsatisfactory

 qi_20_c - 20 c

Name qi_20_c	Label 20 c	Location Sequence › nshd_55_iwm › INFORMATION GIVEN BY SCHOOL NURSE OR HEALTH VISITOR
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Please compare (c) the cleanliness of this child and (d) the cleanliness of this home with the standard of others in your care. Cleanliness of the child

Choices

1	Average
2	Among the most clean
3	Among the least clean

qi_20_d - 20 d

Name qi_20_d	Label 20 d	Location Sequence › nshd_55_iwm › INFORMATION GIVEN BY SCHOOL NURSE OR HEALTH VISITOR
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Please compare (c) the cleanliness of this child and (d) the cleanliness of this home with the standard of others in your care. Cleanliness of the home

Choices

1	Average
2	Among the most clean
3	Among the least clean

qi_21 - 21

Name qi_21	Label 21	Location Sequence › nshd_55_iwm › INFORMATION GIVEN BY SCHOOL NURSE OR HEALTH VISITOR
Type Text	Minimum Length	Maximum Length

Question

Please comment on any lack of facilities in the home (for example, shared W.C., Bathroom, etc., lack of running hot water, dampness or condensation, lack of services such as electricity, gas, water).

qi_22 - 22

Name qi_22	Label 22	Location Sequence › nshd_55_iwm › INFORMATION GIVEN BY SCHOOL NURSE OR HEALTH VISITOR
Type Text	Minimum Length	Maximum Length

Question

Please comment on any circumstances in the family that may be relevant to the child's growth and health.

qi_outro_i - outro i		
Name qi_outro_i	Label outro i	Location Sequence › nshd_55_iwm › INFORMATION GIVEN BY SCHOOL NURSE OR HEALTH VISITOR
Type Date		

Question

Date of interview

qi_outro_ii - outro ii		
Name qi_outro_ii	Label outro ii	Location Sequence › nshd_55_iwm › INFORMATION GIVEN BY SCHOOL NURSE OR HEALTH VISITOR
Type Integer	Low 0	High

Question

Length of interview ... mins.

qi_outro_iii - outro iii		
Name qi_outro_iii	Label outro iii	Location Sequence › nshd_55_iwm › INFORMATION GIVEN BY SCHOOL NURSE OR HEALTH VISITOR
Type Text	Minimum Length	Maximum Length 255

Question

Name of School Nurse or Health Visitor