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nshd_52_sd - 1952 Examination by the School Doctor

1952 Examination by the School Doctor

Collection Events

1952-03 - 1952

Collection Organization

Mode of Collection

Assessment of physical properties of living beings, objects, materials, or natural phenomena. This includes medical and geographic data.

Mode of Collection

Face-to-face paper and pencil interviewing.

Mode of Collection

Collecting and assembling data from multiple, often heterogeneous sources that have one or more reference points in common, and at least one of the sources was originally produced for other purposes.

1952 Examination by the School Doctor

closer:sourceFileName

nshd_52_sd

Instrument Locations

- https://discovery.closer.ac.uk/files/instruments/nshd_52_sd-b8dddc4498011012447a3a02b391d857.pdf

nshd_52_sd

Label nshd_52_sd	Location Sequence
Type Sequence	Order InOrderOfAppearance

s_intro_i

Name s_intro_i	Location Sequence › nshd_52_sd
Type Statement	

Statement Text

STRICTLY CONFIDENTIAL

s_intro_ii	
Name	Location
s_intro_ii	Sequence › nshd_52_sd
Type	
Statement	

Statement Text

MARCH 1952

s_intro_iii	
Name	Location
s_intro_iii	Sequence › nshd_52_sd
Type	
Statement	

Statement Text

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

s_intro_iv	
Name	Location
s_intro_iv	Sequence › nshd_52_sd
Type	
Statement	

Statement Text

EXAMINATION BY THE SCHOOL DOCTOR

s_intro_v	
Name	Location
s_intro_v	Sequence › nshd_52_sd
Type	
Statement	

Statement Text


NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN

s_intro_vi	
Name	Location
s_intro_vi	Sequence › nshd_52_sd

Type	
Statement	

Statement Text

INSTITUTE OF CHILD HEALTH (UNIVERSITY OF LONDON) SOCIETY OF MEDICAL OFFICERS OF HEALTH

 s_intro_vii	
Name	Location
s_intro_vii	Sequence › nshd_52_sd
Type	
Statement	

Statement Text

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_52_sd
Type	Minimum Length	Maximum Length
Text		255

Question

Name


Instructions

(Surname first in block letters)

 qi_intro_ii - intro ii		
Name	Label	Location
qi_intro_ii	intro ii	Sequence › nshd_52_sd
Type	Minimum Length	Maximum Length
Text		255

Question

Address

 qi_intro_iii - intro iii		
Name	Label	Location
qi_intro_iii	intro iii	Sequence › nshd_52_sd
Type	Minimum Length	Maximum Length
Text		255

Question

School

FOR THOSE WHO HAVE MOVED

Label FOR THOSE WHO HAVE MOVED	Location Sequence › nshd_52_sd
Type Sequence	Order InOrderOfAppearance

qi_intro_iv - intro iv		
Name qi_intro_iv	Label intro iv	Location Sequence › nshd_52_sd › FOR THOSE WHO HAVE MOVED
Type Text	Minimum Length	Maximum Length 255

Question

New address

qi_intro_v - intro v		
Name qi_intro_v	Label intro v	Location Sequence › nshd_52_sd › FOR THOSE WHO HAVE MOVED
Type Text	Minimum Length	Maximum Length 255

Question

L.E.A.

qi_intro_vi - intro vi		
Name qi_intro_vi	Label intro vi	Location Sequence › nshd_52_sd › FOR THOSE WHO HAVE MOVED
Type Text	Minimum Length	Maximum Length 255

Question

School

s_intro_viii	
Name s_intro_viii	Location Sequence › nshd_52_sd
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_ix

Name	Location
s_intro_ix	Sequence › nshd_52_sd
Type	
Statement	

Statement Text

Purpose of this inquiry


 s_intro_x

Name	Location
s_intro_x	Sequence › nshd_52_sd
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. Details of health and development have been recorded at two yearly intervals during the pre-school years and it is hoped that, during the primary school period, a clinical examination will be made by the School Doctor each year and a record of illnesses made each term by the School Nurse. The aim of the present examination is to bring the medical and social history up to date, to check information previously noted, and to record the clinical state of the child. This will complete our information for the whole of the pre-school period.


 s_intro_xi

Name	Location
s_intro_xi	Sequence › nshd_52_sd
Type	
Statement	

Statement Text

This form refers to the medical history and clinical examination only. Details of the home conditions and of certain past illnesses and accidents are being recorded by the School Nurse or Health Visitor on a separate sheet.


 s_intro_xii

Name	Location
s_intro_xii	Sequence › nshd_52_sd
Type	
Statement	

Statement Text

How to fill in this form.

s_intro_xiii	
Name s_intro_xiii	Location Sequence › nshd_52_sd
Type Statement	

Statement Text

Six 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.

s_intro_xiv	
Name s_intro_xiv	Location Sequence › nshd_52_sd
Type Statement	

Statement Text

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.

s_intro_xv	
Name s_intro_xv	Location Sequence › nshd_52_sd
Type Statement	

Statement Text

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


qi_a - a		
Name qi_a	Label a	Location Sequence › nshd_52_sd
Type Date		

Condition

If this child has died please state

Question

Date of Death

 qi_b - b

Name	Label	Location
qi_b	b	Sequence › nshd_52_sd
Type	Minimum Length	Maximum Length
Text		255

Condition

If this child has died please state

Question

Cause of Death (if known)

 qi_c - c

Name	Label	Location
qi_c	C	Sequence › nshd_52_sd
Type	Minimum Length	Maximum Length
Text		255

Condition

If this child is living but the form cannot be completed

Question

please state the reason here:

A. MEDICAL HISTORY

Label	Location
A. MEDICAL HISTORY	Sequence › nshd_52_sd
Type	Order
Sequence	InOrderOfAppearance

 s_q1_i

Name	Location
s_q1_i	Sequence › nshd_52_sd › A. MEDICAL HISTORY
Type	
Statement	

Statement Text


Put a circle round the code number opposite the printed answer that most nearly describes your findings.

 s_q1_ii

Name s_q1_ii	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY
Type Statement	

Statement Text

If no alternative fits please write the answer in the space directly under the question.

 qi_1 - 1		
Name qi_1	Label 1	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY
Type Multiple Choice	Selection Type SelectOne	Display Style

Question


Parent or relative attending with child.

Choices

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

COLDS, SORE THROAT, ETC.

Label COLDS, SORE THROAT, ETC.	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

 qi_2_a - 2 a		
Name qi_2_a	Label 2 a	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › COLDS, SORE THROAT, ETC.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Does this child breathe with his mouth open in the day time?

Choices

1	Yes
---	-----

0	No
---	----

 qi_2_b - 2 b

Name qi_2_b	Label 2 b	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › COLDS, SORE THROAT, ETC.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Does he snore at night?

Choices

2	Always snores
1	Sometimes snores
0	Never snores

 qi_2_c - 2 c

Name qi_2_c	Label 2 c	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › COLDS, SORE THROAT, ETC.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

How often has he had a snuffly or running nose during the last year?

Choices

3	Continually
2	Frequently (4 or more)
1	Occasionally (3 or less)
0	Never

 qi_2_d - 2 d

Name qi_2_d	Label 2 d	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › COLDS, SORE THROAT, ETC.
Type Integer	Low 0	High

Question

Has he had a sore throat during the last year? If so, how many has he had? ... sore throats

qi_3_a - 3 a		
Name qi_3_a	Label 3 a	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › COLDS, SORE THROAT, ETC.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do any members of the household (other than this child) have continual or repeated colds, sore throats, coughs or catarrh?

Choices

1	Yes, colds
2	Yes, sore throats
3	Yes, coughs
4	Yes, catarrh
0	No one

qg_3_b - 3 b		
Name qg_3_b	Label 3 b	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › COLDS, SORE THROAT, ETC.
Type Question Grid		
Condition (If "yes.")		

Question

Please say which members of the household suffer from them (giving names and ages).

Rows

1	1
2	2
3	3
4	4

Columns

Generic text	Text
--------------	------

Age	Numeric
Generic text	Text
Generic text	Text
Age	Numeric
Generic text	Text
Age	Numeric
Generic text	Text
Generic text	Text

TONSILS

Label TONSILS	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

qi_4_a - 4 a

Name qi_4_a	Label 4 a	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › TONSILS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have this child's tonsils been removed?

Choices

1	Yes
0	No

qi_4_b - 4 b

Name qi_4_b	Label 4 b	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › TONSILS
Type Text	Minimum Length	Maximum Length 255

Condition
(If "yes.")

Question

Why were they removed?

qi_4_c - 4 c		
Name qi_4_c	Label 4 c	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › TONSILS
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If "yes.")		

Question

Has his condition been better, worse or unchanged since their removal?

Choices

1	Better
3	Worse
2	Unchanged

qi_4_d - 4 d		
Name qi_4_d	Label 4 d	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › TONSILS
Type Text	Minimum Length	Maximum Length 255
Condition (If "better" or "worse.") (If "yes.")		

Question

Please say in what ways

qi_4_e - 4 e		
Name qi_4_e	Label 4 e	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › TONSILS
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If tonsils not removed.)		

Question

Has anyone suggested that his tonsils should be removed?

Choices

1	Yes, doctor
*	Yes, other person, namely

0	No
---	----

qi_4_f - 4 f		
Name qi_4_f	Label 4 f	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › TONSILS
Type Text	Minimum Length	Maximum Length 255
Condition If "yes." (If tonsils not removed.)		

Question

Why was this suggested?

qi_4_g - 4 g		
Name qi_4_g	Label 4 g	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › TONSILS
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If tonsils not removed.)		

Question

Is he on a waiting list for tonsillectomy?

Choices

1	Yes
0	No

qi_4_h - 4 h		
Name qi_4_h	Label 4 h	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › TONSILS
Type Text	Minimum Length	Maximum Length 255
Condition (If not on waiting list.) (If tonsils not removed.)		

Question

Why is he not on a waiting list?

COUGHS

Label COUGHS	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

 qi_5_a - 5.a

Name qi_5_a	Label 5 a	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › COUGHS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Does this child ever have attacks of coughing when he has NOT got a cold?

Choices

2	Yes, continually
1	Yes, sometimes
0	No

 qi_5_b - 5.b

Name qi_5_b	Label 5 b	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › COUGHS
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition
(For those with coughs.)

Question

Has a doctor been consulted about his coughing?

Choices

1	Doctor consulted
0	No doctor consulted

 qi_5_c - 5.c

Name qi_5_c	Label 5 c	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › COUGHS
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition
(For those with coughs.)

Question

When he coughs, is it at night only, in the day only, or both in the day and night?

Choices

1	Night only
2	Day only
3	Both day and night

qi_6_a - 6 a

Name qi_6_a	Label 6 a	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › COUGHS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has this child, during the last year, had an attack of asthma?

Choices

1	Yes
0	No

qi_6_b - 6 b

Name qi_6_b	Label 6 b	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › COUGHS
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes.")		

Question

How frequent are his asthmatic attacks?

qi_6_c - 6 c

Name qi_6_c	Label 6 c	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › COUGHS
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If "yes.")		

Question

Has a doctor been consulted about his asthma?

Choices

1	Doctor consulted
0	No doctor consulted

qi_6_d - 6 d

Name qi_6_d	Label 6 d	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › COUGHS
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If "yes.")		

Question

Has the cause of the attacks been investigated?

Choices

1	Yes, at hospital
2	Yes, by family doctor
0	No investigation

qi_6_e - 6 e

Name qi_6_e	Label 6 e	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › COUGHS
Type Text	Minimum Length	Maximum Length 255
Condition (If "investigated.") (If "yes.")		

Question

What was the result of the investigation?

qi_6_f - 6 f

Name qi_6_f	Label 6 f	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › COUGHS
Type Text	Minimum Length	Maximum Length 255
Condition (If "investigated.") (If "yes.")		

Question

What treatment is being given?

A_TEETH

Label A_TEETH	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

qi_7_a - 7 a

Name qi_7_a	Label 7 a	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › A_TEETH
Type Integer	Low 0	High

Question

How many times has this child been seen by a dentist during the last year? ... times

qi_7_b - 7 b

Name qi_7_b	Label 7 b	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › A_TEETH
Type Integer	Low 0	High

Question

How many of his teeth have been extracted? ... teeth

A_HEART

Label A_HEART	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

qi_8_a - 8 a

Name qi_8_a	Label 8 a	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › A_HEART
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

During the last year, has this child been treated for heart trouble?

Choices

1	Yes
0	No

qi_8_b - 8 b		
Name qi_8_b	Label 8 b	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › A_HEART
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If "yes.")		

Question

Did this treatment lead to any restriction of his activities?

Choices

* Yes, namely
0 No restriction of activities

A_ABDOMEN	
Label A_ABDOMEN	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

qi_9_a - 9 a		
Name qi_9_a	Label 9 a	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › A_ABDOMEN
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has this child had any attacks of abdominal pain during the last year?

Choices

1	Yes
0	No

qi_9_b - 9 b		
Name qi_9_b	Label 9 b	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › A_ABDOMEN

Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If "yes.")		

Question

Was a doctor called in or was he taken to hospital?

Choices

1	Doctor called in
2	Taken to hospital
0	Neither

 qi_10_a - 10 a

Name qi_10_a	Label 10 a	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › A_ABDOMEN
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has this child, during the last year, had recurrent attacks of vomiting (i.e. out of sorts at least 12 hours and at least one vomit)?

Choices

1	Yes
0	No

 qi_10_b - 10 b

Name qi_10_b	Label 10 b	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › A_ABDOMEN
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If "yes.")		

Question

About how often does he have these attacks?

Choices

1	Less than once a month
2	More often

SPECIAL SENSES

Label SPECIAL SENSES	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

 qi_11_a - 11 a

Name qi_11_a	Label 11 a	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › SPECIAL SENSES
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Is this child hard of hearing sometimes, or all the time?

Choices

1	Sometimes deaf
2	Always deaf
0	Normal hearing

 qi_11_b - 11 b

Name qi_11_b	Label 11 b	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › SPECIAL SENSES
Type Multiple Choice	Selection Type SelectOne	Display Style


Condition
(If "sometimes deaf")

Question

Is he deaf when he has colds?

Choices

1	Yes
2	No

 qi_11_c - 11 c

Name qi_11_c	Label 11 c	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › SPECIAL SENSES
-----------------	---------------	---

Type Integer	Low 0	High
Condition (If "always deaf.")		

Question

When did you first suspect he was hard of hearing? At ... years old

qi_11_d - 11 d		
Name qi_11_d	Label 11 d	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › SPECIAL SENSES
Type Text	Minimum Length	Maximum Length 255
Condition (If "always deaf.")		

Question

What made you suspect it?

qi_11_e - 11 e		
Name qi_11_e	Label 11 e	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › SPECIAL SENSES
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If "always deaf.")		

Question

Has he been treated for deafness?

Choices

1	Yes
0	No

qi_11_f - 11 f		
Name qi_11_f	Label 11 f	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › SPECIAL SENSES
Type Text	Minimum Length	Maximum Length

Condition
(If "yes.")
(If "always deaf.")

Question

What treatment (Medical, Surgical or Educational) was given?

qi_12_a - 12 a

Name qi_12_a	Label 12 a	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › SPECIAL SENSES
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has this child ever complained of earache?

Choices

1	Yes
0	No

qi_12_b - 12 b

Name qi_12_b	Label 12 b	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › SPECIAL SENSES
Type Integer	Low 0	High

Condition
(If "yes.")

Question

How old was he when he first complained? ... years

qi_12_c - 12 c

Name qi_12_c	Label 12 c	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › SPECIAL SENSES
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition
(If "yes.")

Question

How many attacks of earache has he had during the last year?

Choices

1	Frequent (more than 2)
2	Occasional (2 or less)
0	None

qi_13_a - 13 a

Name qi_13_a	Label 13 a	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › SPECIAL SENSES
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has this child ever had discharge of pus from his ears?

Choices

1	Yes
0	No

qg_13_b - 13 b

Name qg_13_b	Label 13 b	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › SPECIAL SENSES
Type Question Grid		
Condition (If "yes.")		

Question

Please give the following details:-

Rows

1	1
2	2
3	3

Columns

Age	Numeric
Generic text	Text
Generic text	Text

Duration (weeks)	DateTime
Generic text	Text
Generic text	Text
Duration (weeks)	DateTime
Age	Numeric
Generic text	Text
Generic text	Text
Duration (weeks)	DateTime
Age	Numeric
Duration (weeks)	DateTime
Generic text	Text
Age	Numeric
Generic text	Text

 s_q13b

Name s_q13b	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › SPECIAL SENSES
Type Statement	
Condition (If "yes.")	

Statement Text

(Attacks recorded in earlier surveys are entered in red.)

 qi_14_a - 14 a

Name qi_14_a	Label 14 a	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › SPECIAL SENSES
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Does this child squint or has he ever squinted?

Choices

3	Always squints
2	Sometimes squints
1	Used to squint
0	Never squints

 qi_14_b - 14 b

Name qi_14_b	Label 14 b	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › SPECIAL SENSES
Type Integer	Low 0	High
Condition (If "squint.")		

Question

How old was this child when squint was first noticed? ... years

 qi_14_c - 14 c

Name qi_14_c	Label 14 c	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › SPECIAL SENSES
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If "squint.")		

Question

Has treatment been given and if so, what treatment?

Choices

0	No treatment given
*	Treatment given, namely

FITS AND CONVULSIONS

Label FITS AND CONVULSIONS	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

 qi_15_a - 15 a

Name qi_15_a	Label 15 a	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › FITS AND CONVULSIONS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has this child, during the last year, had a fit or convulsion or lost consciousness?

Choices

1	Yes, fits, etc.
0	No fit or convulsion

 qi_15_b - 15 b

Name qi_15_b	Label 15 b	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › FITS AND CONVULSIONS
Type Integer	Low 0	High

Condition
(If "fit or convulsion.")

Question

How many fits or convulsions has he had during the last year? ... fits or convulsions

 qi_15_c - 15 c

Name qi_15_c	Label 15 c	Location Sequence › nshd_52_sd › A. MEDICAL HISTORY › FITS AND CONVULSIONS
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition
(If "fit or convulsion.")

Question

Did they occur during an illness or while he was in normal health?

Choices

1	During an illness
2	While in normal health

B. EXAMINATION

Label B. EXAMINATION	Location Sequence › nshd_52_sd
Type Sequence	Order InOrderOfAppearance

qi_16 - 16

Name qi_16	Label 16	Location Sequence › nshd_52_sd › B. EXAMINATION
Type Integer	Low 0	High

Question

Pulse rate at beginning of examination ... per minute

APPEARANCE

Label APPEARANCE	Location Sequence › nshd_52_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

qi_17_a - 17 a

Name qi_17_a	Label 17 a	Location Sequence › nshd_52_sd › B. EXAMINATION › APPEARANCE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Hair colour.

Choices

1	Red
2	Blond
3	Light brown
4	Dark brown
5	Black

qi_17_b - 17 b

Name qi_17_b	Label 17 b	Location Sequence › nshd_52_sd › B. EXAMINATION › APPEARANCE
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Type Multiple Choice	Selection Type SelectOne	Display Style
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Question

Skin colour.

Choices

1	Rosy cheeked
2	Pale
3	Swarthy
4	Freckled
*	Other, namely

 qi_17_c - 17 c

Name qi_17_c	Label 17 c	Location Sequence › nshd_52_sd › B. EXAMINATION › APPEARANCE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Eye colour.

Choices

1	Blue
2	Brown
3	Other

 qi_17_d - 17 d

Name qi_17_d	Label 17 d	Location Sequence › nshd_52_sd › B. EXAMINATION › APPEARANCE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Nails and fingers.

Choices

0	No abnormality
1	Bitten nails
2	Clubbed fingers
*	Other, namely

PHYSICAL MEASUREMENTS

Label PHYSICAL MEASUREMENTS	Location Sequence › nshd_52_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

s_q18

Name s_q18	Location Sequence › nshd_52_sd › B. EXAMINATION › PHYSICAL MEASUREMENTS
Type Statement	

Statement Text

Give measurements AS RECORDED by the apparatus used and as accurately as these allow. (in most cases this will be to the nearest QUARTER POUND and to the nearest QUARTER INCH.)

qi_18 - 18

Name qi_18	Label 18	Location Sequence › nshd_52_sd › B. EXAMINATION › PHYSICAL MEASUREMENTS
Type Text	Minimum Length	Maximum Length 255

Question

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.

qi_18_i - 18 i

Name qi_18_i	Label 18 i	Location Sequence › nshd_52_sd › B. EXAMINATION › PHYSICAL MEASUREMENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Scales used.

Choices

1	Beam balance
2	Spring balance

qi_19 - 19

Name qi_19	Label 19	Location Sequence › nshd_52_sd › B. EXAMINATION › PHYSICAL MEASUREMENTS
Type Integer	Low 1	High

Question

Present standing height. (WITHOUT SHOES.) (If no height measurer is available and a ruler is used to mark the position of the top of the head, please make sure that this is level when viewed from the side.) ... ft. ... ins.

Instructions

(To nearest quarter inch.)

NASAL PASSAGES

Label NASAL PASSAGES	Location Sequence › nshd_52_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

qi_20_a - 20 a

Name qi_20_a	Label 20 a	Location Sequence › nshd_52_sd › B. EXAMINATION › NASAL PASSAGES
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Is there a nasal discharge?

Choices

1	Yes
0	No

qi_20_b - 20 b

Name qi_20_b	Label 20 b	Location Sequence › nshd_52_sd › B. EXAMINATION › NASAL PASSAGES
Type Multiple Choice	Selection Type SelectOne	Display Style


Condition
(If "yes.")

Question

Is it watery or mucopurulent?

Choices

1	Watery
2	Mucopurulent

 s_q20c

Name s_q20c	Location Sequence › nshd_52_sd › B. EXAMINATION › NASAL PASSAGES
Type Statement	

Statement Text

(All children.)

 qi_20_c - 20 c

Name qi_20_c	Label 20 c	Location Sequence › nshd_52_sd › B. EXAMINATION › NASAL PASSAGES
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Is there a postnasal discharge hanging down behind the uvula?

Choices

1	Yes
0	No
Y	Not seen, child gags

 qi_20_d - 20 d

Name qi_20_d	Label 20 d	Location Sequence › nshd_52_sd › B. EXAMINATION › NASAL PASSAGES
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Are this child's nasal passages obstructed?

Choices

1	Yes, by adenoids
2	Yes, by catarrh
*	Other causes, namely
0	Not obstructed

THROAT AND TONSILS

Label THROAT AND TONSILS	Location Sequence › nshd_52_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

qi_21_a - 21 a

Name qi_21_a	Label 21 a	Location Sequence › nshd_52_sd › B. EXAMINATION › THROAT AND TONSILS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Colour of pillars of fauces.

Choices

1	Congested
0	Not congested
Y	Not seen, child gags

qi_21_b - 21 b

Name qi_21_b	Label 21 b	Location Sequence › nshd_52_sd › B. EXAMINATION › THROAT AND TONSILS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Tonsils.

Choices

1	Present and intact
2	Remnants
0	Removed

Y	Not seen, child gags
---	----------------------

qi_21_c - 21 c		
Name qi_21_c	Label 21 c	Location Sequence › nshd_52_sd › B. EXAMINATION › THROAT AND TONSILS
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If tonsils present.)		

Question

Size of tonsils.

Choices

1	Meet in mid line
2	Buried and atrophic
3	All other sizes

qi_21_d - 21 d		
Name qi_21_d	Label 21 d	Location Sequence › nshd_52_sd › B. EXAMINATION › THROAT AND TONSILS
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If tonsils present.)		

Question

Crypts.

Choices

1	Contain pus
2	Do not contain pus
3	No crypts seen
4	Concretions

qi_21_e - 21 e		
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Name qi_21_e	Label 21 e	Location Sequence › nshd_52_sd › B. EXAMINATION › THROAT AND TONSILS
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If tonsils present.)		

Question

Tonsillar glands.

Choices

1	Palpable
0	Not palpable

? qi_21_f - 21 f		
Name qi_21_f	Label 21 f	Location Sequence › nshd_52_sd › B. EXAMINATION › THROAT AND TONSILS
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If tonsils present.)		

Question

In your opinion should this child's tonsils be removed?

Choices

1	Yes
0	No
2	Undecided

? qi_21_g - 21 g		
Name qi_21_g	Label 21 g	Location Sequence › nshd_52_sd › B. EXAMINATION › THROAT AND TONSILS
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes.") (If tonsils present.)		

Question

Please give your reasons

B_TEETH

Label B_TEETH	Location Sequence › nshd_52_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

qi_22_a - 22 a

Name qi_22_a	Label 22 a	Location Sequence › nshd_52_sd › B. EXAMINATION › B_TEETH
Type Integer	Low 0	High

Question

How many teeth have been filled in? ... teeth

qi_22_b - 22 b

Name qi_22_b	Label 22 b	Location Sequence › nshd_52_sd › B. EXAMINATION › B_TEETH
Type Integer	Low 0	High

Question

How many of his existing teeth are so carious that they require extraction? ... teeth

LUNGS

Label LUNGS	Location Sequence › nshd_52_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

qi_23 - 23

Name qi_23	Label 23	Location Sequence › nshd_52_sd › B. EXAMINATION › LUNGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Are there any abnormal signs present in the lungs?

Choices

1	Abnormal signs present
---	------------------------

0	No abnormality detected
---	-------------------------

qi_23_i - 23 i		
Name qi_23_i	Label 23 i	Location Sequence › nshd_52_sd › B. EXAMINATION › LUNGS
Type Text	Minimum Length	Maximum Length 255
Condition (If "abnormal signs.")		

Question

Please describe

B_HEART	
Label B_HEART	Location Sequence › nshd_52_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

s_q24a	
Name s_q24a	Location Sequence › nshd_52_sd › B. EXAMINATION › B_HEART
Type Statement	

Statement Text

Please examine this child standing up and lying down.

qi_24_a_i - 24 a(i)		
Name qi_24_a_i	Label 24 a(i)	Location Sequence › nshd_52_sd › B. EXAMINATION › B_HEART
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Rhythm Standing

Choices

0	Regular
1	Irregular

 qi_24_a_ii - 24 a(ii)

Name qi_24_a_ii	Label 24 a(ii)	Location Sequence › nshd_52_sd › B. EXAMINATION › B_HEART
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Rhythm Lying

Choices

0	Regular
1	Irregular

 qi_24_a_iii - 24 a(iii)

Name qi_24_a_iii	Label 24 a(iii)	Location Sequence › nshd_52_sd › B. EXAMINATION › B_HEART
Type Text	Minimum Length	Maximum Length 255
Condition (If "irregular.")		

Question

Please describe the nature of the irregularity

 qi_24_b_i - 24 b(i)

Name qi_24_b_i	Label 24 b(i)	Location Sequence › nshd_52_sd › B. EXAMINATION › B_HEART
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Murmurs. Standing

Choices

0	No murmurs heard
1	Murmur(s) present

 qi_24_b_ii - 24 b(ii)

Name qi_24_b_ii	Label 24 b(ii)	Location Sequence › nshd_52_sd › B. EXAMINATION › B_HEART
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Type Multiple Choice	Selection Type SelectOne	Display Style
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Question

Murmurs. Lying

Choices

0	No murmurs heard
1	Murmur(s) present

qi_24_b_iii - 24 b(iii)

Name qi_24_b_iii	Label 24 b(iii)	Location Sequence › nshd_52_sd › B. EXAMINATION › B_HEART
Type Text	Minimum Length	Maximum Length 255
Condition (If "murmur(s).")		

Question

Please describe, giving timing and location

s_q24c

Name s_q24c	Location Sequence › nshd_52_sd › B. EXAMINATION › B_HEART
Type Statement	

Statement Text

(All children.)

qi_24_c - 24 c

Name qi_24_c	Label 24 c	Location Sequence › nshd_52_sd › B. EXAMINATION › B_HEART
Type Text	Minimum Length	Maximum Length 255

Question

Details of any other cardiac abnormalities not noted above

B_ABDOMEN

Label B_ABDOMEN	Location Sequence › nshd_52_sd › B. EXAMINATION
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Type Sequence	Order InOrderOfAppearance
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 qi_25 - 25

Name qi_25	Label 25	Location Sequence › nshd_52_sd › B. EXAMINATION › B_ABDOMEN
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Is there nay evidence of hernia or weakness of the inguinal canal?

Choices

1	Yes
0	No

 qi_25_i - 25.i

Name qi_25_i	Label 25 i	Location Sequence › nshd_52_sd › B. EXAMINATION › B_ABDOMEN
Type Text	Minimum Length	Maximum Length 255

Condition
(If "yes.")

Question

Please describe

 qi_26 - 26

Name qi_26	Label 26	Location Sequence › nshd_52_sd › B. EXAMINATION › B_ABDOMEN
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Is there any abnormality of the external genital organs?

Choices

1	Yes
0	No

 qi_26_i - 26.i

Name qi_26_i	Label 26 i	Location Sequence › nshd_52_sd › B. EXAMINATION › B_ABDOMEN
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes.")		

Question

Please describe

MISCELLANEOUS

Label MISCELLANEOUS	Location Sequence › nshd_52_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

qi_27_i - 27.i

Name qi_27_i	Label 27 i	Location Sequence › nshd_52_sd › B. EXAMINATION › MISCELLANEOUS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Lymphatic glands Neck (Exc. tonsillar glands)

Choices

1	Palpable
0	Not palpable

qi_27_ii - 27.ii

Name qi_27_ii	Label 27 ii	Location Sequence › nshd_52_sd › B. EXAMINATION › MISCELLANEOUS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Lymphatic glands Axilla

Choices

1	Palpable
0	Not palpable

 qi_27_iii - 27.iii

Name qi_27_iii	Label 27 iii	Location Sequence › nshd_52_sd › B. EXAMINATION › MISCELLANEOUS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Lymphatic glands Groin

Choices

1	Palpable
0	Not palpable

 qi_28 - 28

Name qi_28	Label 28	Location Sequence › nshd_52_sd › B. EXAMINATION › MISCELLANEOUS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Skin

Choices

0	No obvious abnormality
1	Septic spots or boils
*	Other abnormalities, namely

 qi_29 - 29

Name qi_29	Label 29	Location Sequence › nshd_52_sd › B. EXAMINATION › MISCELLANEOUS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Orthopaedic defects

Choices

0	None
1	Defect

 qi_29_i - 29.i

Name qi_29_i	Label 29 i	Location Sequence › nshd_52_sd › B. EXAMINATION › MISCELLANEOUS
Type Text	Minimum Length	Maximum Length 255
Condition (If "defect.")		

Question

Please give details

? qi_30_a - 30 a		
Name qi_30_a	Label 30 a	Location Sequence › nshd_52_sd › B. EXAMINATION › MISCELLANEOUS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Speech

Choices

0	No abnormality
1	Stammering
2	Dyslalia
*	Structural speech defect, namely

? qi_30_b - 30 b		
Name qi_30_b	Label 30 b	Location Sequence › nshd_52_sd › B. EXAMINATION › MISCELLANEOUS
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If "stammering," "dyslalia" or other defect.)		

Question

Does this child, in your opinion, need speech therapy?

Choices

1	Yes
0	No

? qi_30_c - 30 c		
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Name qi_30_c	Label 30 c	Location Sequence › nshd_52_sd › B. EXAMINATION › MISCELLANEOUS
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If "stammering," "dyslalia" or other defect.)		

Question

Is he having, or have arrangements been made for him to have speech therapy?

Choices

1	Therapy being given
2	Arrangements made
0	No provision available

EARS

Label EARS	Location Sequence › nshd_52_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

qi_31_a_i - 31 a(i)

Name qi_31_a_i	Label 31 a(i)	Location Sequence › nshd_52_sd › B. EXAMINATION › EARS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

External Auditory Meatus. Right

Choices

1	Mucoid discharge
2	Purulent discharge
3	Wax
0	Clear
*	Other, namely

qi_31_a_ii - 31 a(ii)

Name qi_31_a_ii	Label 31 a(ii)	Location Sequence › nshd_52_sd › B. EXAMINATION › EARS
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Type Multiple Choice	Selection Type SelectOne	Display Style
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Question

External Auditory Meatus. Left

Choices

1	Mucoid discharge
2	Purulent discharge
3	Wax
0	Clear
*	Other, namely

 qi_31_b_i - 31 b(i)

Name qi_31_b_i	Label 31 b(i)	Location Sequence › nshd_52_sd › B. EXAMINATION › EARS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Drums. Right

Choices

0	Intact
1	Indrawn
2	Perforated
3	Obscured by wax
*	Other conditions, namely

 qi_31_b_ii - 31 b(ii)

Name qi_31_b_ii	Label 31 b(ii)	Location Sequence › nshd_52_sd › B. EXAMINATION › EARS
Type Multiple Choice	Selection Type SelectOne	Display Style


Question

Drums. Left

Choices

0	Intact
1	Indrawn

2	Perforated
3	Obscured by wax
*	Other conditions, namely

 qi_31_c - 31 c

Name qi_31_c	Label 31 c	Location Sequence › nshd_52_sd › B. EXAMINATION › EARS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

What is your assessment of this child's hearing?

Choices

3	Average or good
2	Poor
1	Very poor

EYES

Label EYES	Location Sequence › nshd_52_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

 qi_32_a - 32 a

Name qi_32_a	Label 32 a	Location Sequence › nshd_52_sd › B. EXAMINATION › EYES
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Squint.

Choices

1	Does not squint
0	Concomitant squint
2	Paralytic squint

 qg_32_b - 32 b

Name qg_32_b	Label 32 b	Location Sequence › nshd_52_sd › B. EXAMINATION › EYES
Type Question Grid		

Question

Visual acuity.

Rows

1	Right eye
2	Left eye

Columns

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

 qi_32_b_i - 32 b(i)

Name qi_32_b_i	Label 32 b(i)	Location Sequence › nshd_52_sd › B. EXAMINATION › EYES
Type Text	Minimum Length	Maximum Length 255

Question

If acuity not measured please state reason

 qi_32_c - 32 c

Name qi_32_c	Label 32 c	Location Sequence › nshd_52_sd › B. EXAMINATION › EYES
Type Text	Minimum Length	Maximum Length 255

Question

Eye defects not noted above:

LATERALITY

Label LATERALITY	Location Sequence › nshd_52_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

 qi_33_a - 33 a

Name qi_33_a	Label 33 a	Location Sequence › nshd_52_sd › B. EXAMINATION › LATERALITY
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Eye Dominance.

Instructions

Give this child a white quarto sheet of paper in the middle of which a hole approximately one inch in diameter has been cut. Ask him to hold the paper close to his face and look through the hole at an object about six feet away. Please note whether he uses the left or the right eye. Repeat several times.

Choices

1	Uses right eye
2	Uses left eye
3	Uses either
0	Will not co-operate

 qi_33_b - 33 b


Name qi_33_b	Label 33 b	Location Sequence › nshd_52_sd › B. EXAMINATION › LATERALITY
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Handedness. Which hand does this child use to write or draw with?

Choices

1	Right hand
2	Left hand
3	Either hand

 qi_33_c - 33 c

Name qi_33_c	Label 33 c	Location Sequence › nshd_52_sd › B. EXAMINATION › LATERALITY
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Footedness. Which foot does this child use to kick a ball?

Instructions

(Give this child a ball to kick.)

Choices

1	Right foot
2	Left foot
3	Either foot

qi_34 - 34

Name qi_34	Label 34	Location Sequence › nshd_52_sd › B. EXAMINATION › LATERALITY
Type Text	Minimum Length	Maximum Length 255

Question

Remarks on other abnormalities or deformities not reported above

qi_35 - 35

Name qi_35	Label 35	Location Sequence › nshd_52_sd › B. EXAMINATION › LATERALITY
Type Integer	Low 0	High

Question

Pulse rate at end of examination. ... per minute.

ASSESSMENTS

Label ASSESSMENTS	Location Sequence › nshd_52_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

qi_36_a - 36 a

Name qi_36_a	Label 36 a	Location Sequence › nshd_52_sd › B. EXAMINATION › ASSESSMENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Alertness and activity.

Choices

2	Average
3	Above average
1	Below average
0	Apathetic

qi_36_b - 36 b

Name qi_36_b	Label 36 b	Location Sequence › nshd_52_sd › B. EXAMINATION › ASSESSMENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Physical development.

Choices

1	Average
2	Superior
0	Inferior

PARENTS' MEASUREMENTS

Label PARENTS' MEASUREMENTS	Location Sequence › nshd_52_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

qg_37 - 37

Name qg_37	Label 37	Location Sequence › nshd_52_sd › B. EXAMINATION › PARENTS' MEASUREMENTS
Type Question Grid		

Question

It would be of great value if the following information could be obtained about the parents of this child. It is realised that it may not be possible to get actual measurements in which case please give approximate figures.

Rows

1	Mother
2	Father

Columns

	Code
	Code
Stones	Numeric
Pounds in stone	Numeric
Feet	Numeric
Inches in foot	Numeric
	Code
Pounds in stone	Numeric
Inches in foot	Numeric
	Code
Stones	Numeric
Feet	Numeric
Inches in foot	Numeric
Feet	Numeric
Pounds in stone	Numeric
Stones	Numeric
	Code
	Code
Pounds in stone	Numeric
	Code
Stones	Numeric
Inches in foot	Numeric
Feet	Numeric
	Code
	Code
Feet	Numeric
	Code
Stones	Numeric
Pounds in stone	Numeric
Inches in foot	Numeric

Pounds in stone	Numeric
Stones	Numeric
Feet	Numeric
Inches in foot	Numeric
	Code
	Code

 qi_37_a - 37 a

Name qi_37_a	Label 37 a	Location Sequence › nshd_52_sd › B. EXAMINATION › PARENTS' MEASUREMENTS
Type Integer	Low 0	High

Question

Age of father ... years

 qi_38 - 38

Name qi_38	Label 38	Location Sequence › nshd_52_sd › B. EXAMINATION › PARENTS' MEASUREMENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Estimate of the reliability of the medical history given by this mother.

Choices

1	Probably reliable
2	Probably unreliable
0	Undecided

CHECK OF PAST INFORMATION

Label CHECK OF PAST INFORMATION	Location Sequence › nshd_52_sd
Type Sequence	Order InOrderOfAppearance

 qg_39 - 39

Name qg_39	Label 39	Location Sequence › nshd_52_sd › CHECK OF PAST INFORMATION
Type Question Grid		

Question

THE FOLLOWING CONDITIONS WERE REPORTED IN EARLIER SURVEYS. PLEASE CHECK THEIR ACCURACY AND SUPPLY, IF POSSIBLE, THE ADDITIONAL INFORMATION ASKED FOR.

Rows

1	1
2	2
3	3

Columns

Age	Numeric
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Age	Numeric
Generic text	Text
Generic text	Text
Generic text	Text
Age	Numeric
Generic text	Text
Generic text	Text
Age	Numeric
Generic text	Text



s_q39

Name s_q39	Location Sequence › nshd_52_sd
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Type	
Statement	

Statement Text

ALL QUESTIONS SHOULD BE ANSWERED (OR CROSSED OUT IF NOT APPLICABLE). PLEASE CHECK THAT THIS HAS BEEN DONE

? qi_outro_i - outro i		
Name	Label	Location
qi_outro_i	outro i	Sequence › nshd_52_sd
Type	Minimum Length	Maximum Length
Text		255

Question

Name of Doctor making Examination

? qi_outro_ii - outro ii		
Name	Label	Location
qi_outro_ii	outro ii	Sequence › nshd_52_sd
Type		
Date		

Question

Date of Examination

? qi_outro_iii - outro iii		
Name	Label	Location
qi_outro_iii	outro iii	Sequence › nshd_52_sd
Type		
Duration		

Question

Time taken for this interview