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1955 (Age 9)

Abstract

School nurses and health visitors interviewed mothers at home about the child's health, development and behaviour, school absences, play, the mother's work and the home and family circumstances; they also commented on the state of the dwelling. Topics covered included: accidents, illnesses, hospital admissions and out-patient visits, school clinic visits, absences, bed wetting, general health and behaviour, the mother's work and schooling.

Study website: <https://www.nshd.mrc.ac.uk/>

Title

1955 (Age 9)

Creator

Dr James WB Douglas

Publisher

London School of Economics

Sample

nshd_overall - NSHD Overall Population

NSHD Overall Population

All eligible study members.

LifeStage

Childhood

LifeStageDescription

5 - 12 years

Date	1955-07 - 1955-10
Highest Level	Country
Country	GB-ENG
Country	GB-WLS
Country	GB-SCT

Funding Information

Funding Information

Funding Information

Funding Information

Data Collection

nshd_55_iwm - 1955 School Nurse's Interview with Mother

1955 School Nurse's Interview with Mother

Collection Events

1955-10 - 1956

Collection Organization

Mode of Collection

Face-to-face paper and pencil interviewing.

 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	Location
nshd_55_iwm	Sequence
Type	Order
Sequence	InOrderOfAppearance

 s_intro_i

Name	Location
s_intro_i	Sequence › nshd_55_iwm
Type	
Statement	

Statement Text

STRICTLY CONFIDENTIAL

 s_intro_ii

Name	Location
s_intro_ii	Sequence › nshd_55_iwm

Type	
Statement	

Statement Text

OCTOBER 1955

 s_intro_iii

Name	Location
s_intro_iii	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 qi_intro_iii	Label intro iii	Location Sequence › nshd_55_iwm
Type Text	Minimum Length	Maximum Length 255

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


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 s_intro_x	Location 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 s_intro_xv	Location 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 s_intro_xvi	Location 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 qi_1_a	Label 1 a	Location Sequence › nshd_55_iwm
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

Question

Person interviewed.

Choices

1	Mother
*	Other, namely



qi_1_b - 1 b

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

Question

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



qi_2_a - 2 a


Name qi_2_a	Label 2 a	Location 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	Label	Location
qi_3	3	Sequence › nshd_55_iwm
Type	Selection Type	Display Style
Multiple Choice, Text	SelectOne	

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

qi_7_a_i - 7 a(i)

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

Question

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

qi_7_a_ii - 7 a(ii)

Name qi_7_a_ii	Label 7 a(ii)	Location Sequence › nshd_55_iwm › IV. SCHOOL CLINIC AND OUT-PATIENT DEPARTMENT ATTENDANCES
Type Text	Minimum Length	Maximum Length 255

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
How many	Numeric
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	Location
V. SCHOOL ABSENCES	Sequence › nshd_55_iwm
Type	Order
Sequence	InOrderOfAppearance

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
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

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	Location
s_q15b	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	Label	Location
qi_15_c	15 c	Sequence > nshd_55_iwm > VIII. THE MOTHER'S WORK
Type	Selection Type	Display Style
Multiple Choice, Text	SelectOne	
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	Location
s_q17b	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	Label	Location
qi_17_c	17 c	Sequence > nshd_55_iwm > IX. SCHOOLNG
Type	Minimum Length	Maximum Length
Text		255
Condition		
(If "no")		

Question

Please give the name of the school if decided upon.

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

Question

Why have you changed your mind since last year ?

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

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, Text	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

nshd_55_ar - 1955-6 School Absence Record

1955-6 School Absence Record

Collection Events

1955-07 - 1955

Collection Organization

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.

Data

Analysis Unit

Individual

Kind of Data

Survey Data

Kind of Data

Demographic Data

Kind of Data

Administrative Data



1955 School Nurse's Interview with Mother Dataset

Title	1955 School Nurse's Interview with Mother Dataset
Alternate title	nshd_55_iwm
File Name	doku.php
Case Quantity	5362
Variable Count	16

closer:sourceFileName

nshd_55_iwm



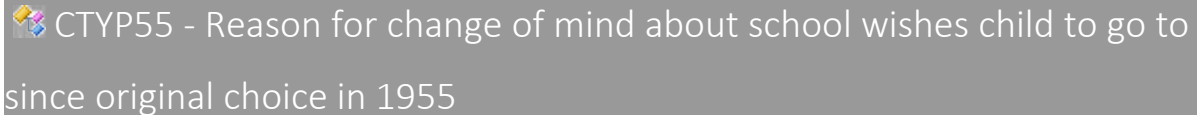
Type	Code
qi_20_b	Is this child's clothing in a satisfactory or unsatisfactory state of repair ?

closer:id

nshd_55_iwm-va-clo55

			Frequency
Valid	-9999	Unknown	1,047
	-9899	Unknown	148
	0	Unsatisfactory state of repair	32
	1	Satisfactory state of repair	4,135

Valid	Minimum	Maximum	Mean
5362	-9999	1	-2224.89



Type	Code
qi_17_d	Why have you changed your mind since last year ?

closer:id

nshd_55_iwm-va-ctyp55

			Frequency
Valid	-9999	Unknown	1,049
	-9899	N/A - hasn't changed mind re school	34
	-9799	Not attending school	4,116
	0	No reason given	9
	1	Reason of distance of school & home (eg. family moved, new school opened nearer)	55
	2	Reason to do with re-assessment of child's ability or aptitude since previous choice	28
	3	All other reasons	56
	9	Not attending school	15

Valid	Minimum	Maximum	Mean
5362	-9999	9	-9540.8



Type	Code
------	------

qi_13_a	Does this child have difficulties in his relations with his brothers and sisters ?
---------	--

closer:id

nshd_55_iwm-va-difs55

			Frequency
Valid	-9999	Unknown	1,049
	-9899	Unknown	65
	-9799	No siblings	556
	-8899	Unknown (coded '!')	1
	0	No difficulties	3,559
	1	Difficulty	132

Valid	Minimum	Maximum	Mean
5362	-9999	1	-3093.88

DISC55 - Child's difficulties with other children at school at 9 years

Type	Code
qi_14_a	Does this child have difficulties in his relations with other children at school ?

closer:id

nshd_55_iwm-va-disc55

			Frequency
Valid	-9999	Unknown	1,049
	-9899	Unknown	105
	0	No difficulties	4,107
	1	Difficulties	86
	9	Not attending school	15

Valid	Minimum	Maximum	Mean
5362	-9999	9	-2149.97

EVMWC - Who looks after child when mother working and child comes home from school

Type	Code
qi_15_c	Who looks after this child when he comes home from school ?


closer:id

nshd_55_iwm-va-evmwc

			Frequency
--	--	--	-----------

Valid	-9999	Unknown (blank on rubric card)	5,061
	1	No one	55
	2	Neighbours or friends	41
	3	Siblings only	86
	4	Father or relations or housekeeper	119

Valid	Minimum	Maximum	Mean
5362	-9999	4	-9437.54

 NSCH55 - Whether school named which mother now wants child to go if not same as '54

Type	Code
qi_17_c	Please give the name of the school if decided upon.

closer:id

nshd_55_iwm-va-nsch55

			Frequency
Valid	-9999	Unknown	1,049
	-9899	Unknown	33
	-9799	N/A - still wants child to go to school given in 1954	4,117
	0	No name of school given	33
	1	Name of school given	115
	9	Not attending school	15

Valid	Minimum	Maximum	Mean
5362	-9999	9	-9540.82

 NSCHN55 - Whether name of chosen school given in 1955

Type	Code
qi_18_c	Please give the name of the school, if decided upon.

closer:id

nshd_55_iwm-va-nschn55

			Frequency
Valid	-9999	Unknown	1,049
	-9899	Unknown	37
	-9799	Already chosen school in 1954	3,098
	0	No name of school given	300
	1	Name of school given	863
	9	Not attending school	15

Valid	Minimum	Maximum	Mean
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5362	-9999	9	-7685.85
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PIA5 - Person interviewed

Type	Code
qi_1_a	Person interviewed.

closer:id

nshd_55_iwm-va-pia5

			Frequency
Valid	-9999	No A5	1,048
	-9899	Not answered	2
	-9799	Traced after close of survey / failed interview etc.	30
	1	Mother	4,022
	2	Father	127
	3	Other member of the family	92
	4	Guardian, friend, neighbour, housekeeper & headteacher of boarding school	13
	5	Stepmother, adoptive mother	14
	6	Foster mother	6
7	Living in an institution	8	

Valid	Minimum	Maximum	Mean
5362	-9999	7	-2011.93

PROT55 - Parents discussed child's progress with teacher 1955

Type	Code
qi_16_b	Did you discuss this child's school progress with either or both of them ?

closer:id

nshd_55_iwm-va-prot55

			Frequency
Valid	-9999	Unknown	1,048
	-9899	Unknown	145
	-9799	Has not met teacher or head teacher during past year	1,141
	0	No	369
	1	Yes, with class teacher	875
	2	Yes, with headteacher	607
	3	Yes with both	1,143
	4	Taught by headteacher	14
	5	[5 cases - no label]	5
9	Not attending school	15	

Valid	Minimum	Maximum	Mean
5362	-9999	9	-4306.09

PTMA5 - Parents & teachers meet?

Type	Code
qi_16_a	During the last year have you or your husband met this child's class teacher or head teacher ?

closer:id

nshd_55_iwm-va-ptma5

			Frequency
Valid	-9999	No A5	1,049
	-9899	Not answered	136
	-9799	Unknown (blank on rubric card)	4
	0	Neither	1,142
	1	Yes, class teacher	682
	2	Yes, headteacher	661
	3	Yes, both	1,650
	4	[18 cases - no label]	18
	5	[5 cases - no label]	5
9	Child not attending school	15	

Valid	Minimum	Maximum	Mean
5362	-9999	9	-2213.21

SCHC55 - Choice of school - whether chosen since 1954

Type	Code
qi_18_a	Last October you had not yet chosen the school you wanted your child to attend. Have you done so now ?

closer:id

nshd_55_iwm-va-schc55

			Frequency
Valid	-9999	Unknown	1,049
	-9899	Unknown	37
	-9799	Already chosen in 1954	2,145
	0	No	953
	1	Yes	1,163
	9	Not attending school	15

Valid	Minimum	Maximum	Mean
5362	-9999	9	-5944.2

SCHOC55 - Whether still wants child to go to school named in 1954

Type	Code
qi_17_a_i	Do you still wish him to go there ?

closer:id

nshd_55_iwm-va-schoc55

			Frequency
Valid	-9999	Unknown	1,049
	-9899	Unknown	25
	-9799	School not named in 1954	2,154
	0	No	157
	1	Yes	1,962
	9	Not attending school	15

Valid	Minimum	Maximum	Mean
5362	-9999	9	-5938.34

SCOPA5 - Attendance at school clinic or Out-patients since Oct '54

Type	Code
qi_7_b	Has this child attended a School Clinic or Out-Patient Department of a Hospital since OCTOBER 1954?

closer:id

nshd_55_iwm-va-scopa5

			Frequency
Valid	-9999	No A5	1,049
	-9899	Not answered	31
	0	No	3,363
	1	Yes	919

Valid	Minimum	Maximum	Mean
5362	-9999	1	-2013.22

SHO55 - Child's shoes 1955


Type	Code
qi_20_a	Are this child's shoes in a satisfactory or unsatisfactory state of repair ?

closer:id

nshd_55_iwm-va-sho55

			Frequency
Valid	-9999	Unknown	1,047
	-9899	Unknown	134
	0	Unsatisfactory state of repair	46
	1	Satisfactory state of repair	4,135

Valid	Minimum	Maximum	Mean
5362	-9999	1	-2199.05

 TYP55 - Does not wish child to go to school named in 1954. Type now wishes child to go to.

Type	Code
qi_17_b	Where would you now like him to go ?

closer:id

nshd_55_iwm-va-typ55

			Frequency
Valid	-9999	Unknown	1,049
	-9899	Unknown	39
	-9799	N/A - still wants child to go to school given in 1954	4,117
	1	Grammar	86
	2	Secondary Modern	24
	3	Technical	16
	4	Fee Paying	15
	6	Special School	1
	9	Not attending school	15

Valid	Minimum	Maximum	Mean
5362	-9999	9	-9551.87

 TYP55 - Choice of school type


Type	Code
qi_18_b	What type of school is it ?

closer:id

nshd_55_iwm-va-typs55

			Frequency
Valid	-9999	Unknown	1,049
	-9899	Unknown	49
	-9799	Already chosen school	3,098
	1	Grammar	766
	2	Secondary Modern	224
	3	Technical	86
	4	Fee Paying	70
	5	[2 cases - no label]	2
	6	Special school	3
9	Not attending school	15	

- qi_9_a - 9 a
- qi_9_b - 9 b
- qi_9_c - 9 c
- qi_10_a - 10 a
- qi_10_b - 10 b
- qi_11_a - 11 a
- qi_11_b - 11 b
- qi_12_a - 12 a
- qi_12_b - 12 b
- qi_13_a - 13 a
- qi_13_b - 13 b
- qi_14_a - 14 a
- qi_14_b - 14 b
- qi_15_a - 15 a
- qi_15_c - 15 c
- qi_16_a - 16 a
- qi_16_b - 16 b
- qi_17_a - 17 a
- qi_17_a_i - 17 a(i)
- qi_17_b - 17 b
- qi_17_c - 17 c
- qi_17_d - 17 d
- qi_18_a - 18 a
- qi_18_b - 18 b
- qi_18_c - 18 c
- qi_i - i
- qi_19 - 19
- qi_20_a - 20 a
- qi_20_b - 20 b
- qi_20_c - 20 c
- qi_20_d - 20 d
- qi_21 - 21
- qi_22 - 22
- qi_outro_i - outro i
- qi_outro_ii - outro ii
- qi_outro_iii - outro iii

 qi_intro_i - intro i

intro i

Question

Ref No.

Type

Text

Label

Generic text

Maximum Length

255

 qi_intro_ii - intro ii

intro ii

Question

Name

Type

Text

Label

Generic text

Maximum Length

255

 qi_intro_iii - intro iii

intro iii

Question

Address

Type

Text

Label

Generic text

Maximum Length

255

 qi_intro_iv - intro iv

intro iv

Question

School

Type

Text

Label

Generic text

Maximum Length

255

 qi_intro_v - intro v

intro v

Question

New Address

Type

Text

Label

Generic text

Maximum Length

255

 qi_intro_vi - intro vi

intro vi

Question

L.E.A.

Type

Text

Label

Generic text

Maximum Length

255

 qi_intro_vii - intro vii

intro vii

Question

School

Type


Text

Label

Generic text

Maximum Length

255

 qi_1_a - 1 a

1 a

Question

Person interviewed.

1	Mother
*	Other, namely

Type

Text

Label

Other

Maximum Length

255

 qi_1_b - 1 b

1 b

Question

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

Type


Text

Label

Generic text

Maximum Length

255

 qi_2_a - 2 a

2 a

Question


Date of death

Type

Date/Time (Date)

Label

Date of death

 qi_2_b - 2 b

2 b

Question

Cause of death (if known)

Type

Text

Label

Generic text

Maximum Length

255

 qi_3 - 3

3

Question

Where is his child now living ?

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

Type

Text

Label

Other

Maximum Length

255

 qi_4_a_i - 4 a(i)

4 a(i)

Question

Last accident recorded. Type

Type

Text

Label

Generic text

Maximum Length

255

 qi_4_a_ii - 4 a(ii)

4 a(ii)

Question


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

Label

Age

Low

0 (inclusive)

 qi_4_b - 4 b

4 b

Question

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

1	Yes
0	No

 qi_5_b - 5 b

5 b

Question

Was there any doubt that it was whooping cough ?

0	Doubtful
1	Certain

qi_5_c - 5 c

5 c

Question

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

Label

How many

Low

0 (inclusive)

qi_5_d - 5 d

5 d

Question

Details of complications, if any

Type

Text

Label

Generic text

Maximum Length

255

qi_6_a_i - 6 a(i)

6 a(i)

Question

Details of last Hospital Admission Recorded in this Survey. Illness

Type

Text

Label

Generic text

Maximum Length

255

qi_6_a_ii - 6 a(ii)

6 a(ii)

Question

Details of last Hospital Admission Recorded in this Survey. Hospital

Type


Text

Label

Generic text

Maximum Length

255

 qi_6_a_iii - 6 a(iii)

6 a(iii)

Question

Details of last Hospital Admission Recorded in this Survey. Age

Label

Age

Low

0 (inclusive)

 qi_6_b - 6 b

6 b

Question

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

1	Yes
0	No

 qi_7_a_i - 7 a(i)

7 a(i)

Question

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

Type

Text

Label

Generic text

Maximum Length

255

 qi_7_a_ii - 7 a(ii)

7 a(ii)

Question

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

Type

Text

Label

Generic text

Maximum Length

255

 qi_7_a_iii - 7 a(iii)

7 a(iii)

Question

Details of last Clinic Attendance Recorded in this Survey. Age

Label

Age

Low

0 (inclusive)

 qi_7_b - 7 b

7 b

Question

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

1	Yes
0	No


 qi_9_a - 9 a

9 a

Question

Is the child now dry by day ?

0	Never wet
1	Sometimes wet


 qi_9_b - 9 b

9 b

Question

Is the child now dry by night ?

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

 qi_9_c - 9 c

9 c

Question

How are you trying to get him dry ?

Type


Text

Label

Generic text

Maximum Length

255

 qi_10_a - 10 a

10 a

Question

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

1	Yes
0	No

qi_10_b - 10 b

10 b

Question

Please give your reasons for worrying

Type

Text

Label

Generic text

Maximum Length

255

qi_11_a - 11 a

11 a

Question

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

1	Yes
0	No

qi_11_b - 11 b

11 b

Question

Please give your reasons for worrying

Type

Text

Label

Generic text

Maximum Length

255


qi_12_a - 12 a

12 a

Question

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

1	Yes
0	No

 qi_12_b - 12 b

12 b

Question

Please give your reasons for worrying.

Type

Text

Label

Generic text

Maximum Length

255

 qi_13_a - 13 a

13 a

Question

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

1	Yes
0	No
y	No brothers or sisters

 qi_13_b - 13 b

13 b

Question

What are these difficulties ?

Type

Text

Label

Generic text

Maximum Length

255

 qi_14_a - 14 a

14 a

Question

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

1	Yes
0	No
x	Don't know

 qi_14_b - 14 b

14 b

Question

What are these difficulties ?

Type


Text

Label

Generic text

Maximum Length

255


 qi_15_a - 15 a

15 a

Question

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

1	Yes
0	No

 qi_15_c - 15 c

15 c

Question

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

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

Type


Text

Label

Other

Maximum Length

255

 qi_16_a - 16 a

16 a

Question

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

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

 qi_16_b - 16 b

16 b

Question

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

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

 qi_17_a - 17 a

17 a

Question

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

Type

Text

Label

Generic text

Maximum Length

255

 qi_17_a_i - 17 a(i)

17 a(i)

Question

Do you still wish him to go there ?

1	Yes
0	No

 qi_17_b - 17 b

17 b

Question

Where would you now like him to go ?

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

 qi_17_c - 17 c

17 c

Question

Please give the name of the school if decided upon.

Type


Text

Label

Generic text

Maximum Length

255

 qi_17_d - 17 d

17 d

Question

Why have you changed your mind since last year ?

Type


Text

Label

Generic text

Maximum Length

255

 qi_18_a - 18 a

18 a

Question

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

1	Yes
0	No

 qi_18_b - 18 b

18 b

Question

What type of school is it ?

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

qi_18_c - 18 c

18 c

Question

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

Type

Text

Label

Generic text

Maximum Length

255

qi_i - i

i

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.

Type

Text

Label

Long text

qi_19 - 19

19

Question

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

1	Married & living together
2	Legally separated
3	Divorced
4	Permanently separated for other reasons
5	Widowed
*	Other, namely

Type


Text

Label

Other

Maximum Length

255


 qi_20_a - 20 a

20 a

Question

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

1	Satisfactory
0	Unsatisfactory


 qi_20_b - 20 b

20 b

Question

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

1	Satisfactory
0	Unsatisfactory


 qi_20_c - 20 c

20 c

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

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


 qi_20_d - 20 d

20 d

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

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

 qi_21 - 21

21

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).

Type

Text

Label

Long text

 qi_22 - 22

22

Question

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

Type

Text

Label

Long text

 qi_outro_i - outro i

outro i

Question

Date of interview

Type

Date/Time (Date)

Label

Generic date

 qi_outro_ii - outro ii

outro ii

Question

Length of interview ... mins.

Label

How many

Low

0 (inclusive)

 qi_outro_iii - outro iii

outro iii

Question

Name of School Nurse or Health Visitor

Type


Text

Label


Generic text

Maximum Length

255

 nshd_55_iwm_qgs01

- [qg_4_b_i - 4 b\(i\)](#)
- [qg_4_b_ii - 4 b\(ii\)](#)
- [qg_5_a - 5 a](#)
- [qg_6_c_i - 6 c\(i\)](#)
- [qg_6_c_ii - 6 c\(ii\)](#)
- [qg_7_c - 7 c](#)
- [qg_8 - 8](#)
- [qg_15_b - 15 b](#)

 qg_4_b_i - 4 b(i)

4 b(i)

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

Code List Dimension

1	First Accident 1
2	Second 2

Code List Dimension

1	Type of injury (enter as BURN, SCALD, BROKEN BONE, CUT, etc.)
2	Part or Parts injured
3	Age when injured (in years and months)
4	Treatment, Hosp. I.P., Hosp. O.P., Nursing Home, Own Home
5	If treated in own home, who gave treatment (Doctor, Nurse, other)
6	Details of any remaining scarring, disability or deformity

Responses

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Age in years and months

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

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Maximum Length

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Label

Generic text

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Type


Text

Label

Generic text

Maximum Length

255

 qg_4_b_ii - 4 b(ii)

4 b(ii)

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

Code List Dimension

1	First Accident 1
---	------------------

2	Second 2
---	----------

Code List Dimension

1	DETAILS of how each ACCIDENT OCCURRED (if burnt by fire, say whether electric, gas, open fire or stove)
2	WHERE IT OCCURRED (Own Home, School, Sreet, etc.)

Responses

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

 qg_5_a - 5 a

5 a

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

Code List Dimension

1	Whooping Cough
2	Measles
3	Mumps
4	Scarlet Fever

Code List Dimension

1	Age at onset (years and months)
2	Where treated Hosp. IP Hosp. OP Nursing Home Own Home
3	If treated in own home who gave treatment? (Doctor, Nurse, other)

Responses

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Age in years and months

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Age in years and months

Maximum Length

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Age in years and months

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

 qg_6_c_i - 6 c(i)

6 c(i)

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

Code List Dimension

1	1
2	2

Code List Dimension

1	Nature of illness
2	Nature of operation performed (if any)
3	Date of admission

Responses

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Date/Time (Date)

Label

Generic date

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Date/Time (Date)

Label

Generic date

Type

Text

Label

Generic text

Maximum Length

255

Type

Date/Time (Date)

Label

Generic date

Type

Text

Label

Generic text

Maximum Length

255



qg_6_c_ii - 6 c(ii)

6 c(ii)

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

Code List Dimension

1	1
2	2

Code List Dimension

1	Name and Address of Hospital or Nursing Home
2	Name of Doctor or Specialist in Charge of Child

Responses

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

 qg_7_c - 7 c

7 c

Please give the following details about each Clinic attended.

Code List Dimension

1	1
2	2

Code List Dimension

1	Name of School Clinic or Out-Patient Dept.
2	Reason for attending
3	Date of FIRST attendance (month and year)
4	Date of LAST attendance (month and year) (If still attending strike through)
5	Number of attendances
6	Present condition

Responses

1	cured
2	improved
3	unchanged
4	worse

Label

How many

Low

0 (inclusive)

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Date/Time (Date)

Label

Generic date

Type

Date/Time (Date)

Label

Generic date

Label

How many

Low

0 (inclusive)

Type

Text

Label

Generic text

Maximum Length

255

Type

Date/Time (Date)

Label

Generic date

1	cured
2	improved
3	unchanged
4	worse

Type

Text

Label

Generic text

Maximum Length

255

Type

Date/Time (Date)

Label

Generic date

Type

Date/Time (Date)

Label

Generic date

Type

Date/Time (Date)

Label

Generic date

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

1	cured
2	improved
3	unchanged
4	worse

Label

How many

Low

0 (inclusive)

Type

Text

Label

Generic text

Maximum Length

255

Label

How many

Low

0 (inclusive)

Type

Text

Label

Generic text

Maximum Length

255

Type

Date/Time (Date)

Label

Generic date

Type

Date/Time (Date)

Label

Generic date

1	cured
2	improved
3	unchanged
4	worse
1	cured
2	improved
3	unchanged
4	worse

Type

Date/Time (Date)

Label

Generic date

Label

How many

Low

0 (inclusive)

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Date/Time (Date)

Label

Generic date

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Date/Time (Date)

Label

Generic date

Type

Date/Time (Date)

Label

Generic date

Label

How many

Low

0 (inclusive)

1	cured
2	improved
3	unchanged
4	worse

 qg_8 - 8

8

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

Code List Dimension

1	1
2	2
3	3

Code List Dimension

1	Information from School Absence Record: Period of Absence: From
2	Information from School Absence Record: Period of Absence: To
3	Information from School Absence Record: Reason for Absence

4	Please give these additional details: If child was ill: Where treated Hospital I.P. Hospital O.P. Nursing Home Own Home
5	Please give these additional details: If child was ill: If treated at home who gave treatment? (Doctor Chemist Nurse, Other)
6	Please give these additional details: Remarks

Responses

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

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Maximum Length

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 qg_15_b - 15 b

15 b

Please give the following details of each period of employment.

Code List Dimension

1	1
2	2
3	3

Code List Dimension

1	Exact nature of work
2	No. of days worked per week
3	Time of leaving home

4	Time of getting back home
5	Date of taking job
6	Date of leaving job

Responses

Label

Days per week

High

7 (inclusive)

Type

Text

Label

Generic text

Maximum Length

255

Type

Date/Time (Time)

Label

Generic time

Type

Date/Time (Time)

Label

Generic time

Type

Date/Time (Date)

Label

Generic date

Type

Date/Time (Date)

Label

Generic date

Type

Text

Label

Generic text

Maximum Length

255

Type

Date/Time (Time)

Label

Generic time

Type

Date/Time (Date)

Label

Generic date

Label

Days per week

High

7 (inclusive)

Type

Date/Time (Time)

Label

Generic time

Type

Date/Time (Date)

Label

Generic date

Type

Date/Time (Date)

Label

Generic date

Type

Date/Time (Date)

Label

Generic date

Type

Date/Time (Time)

Label

Generic time

Type

Date/Time (Time)

Label

Generic time

Label

Days per week

High

7 (inclusive)

Type

Text

Label

Generic text

Maximum Length

255

Type

Date/Time (Time)

Label

Generic time

Type

Text

Label

Generic text

Maximum Length

255

Type

Date/Time (Time)

Label

Generic time

Type

Date/Time (Date)

Label

Generic date

Type

Date/Time (Date)

Label

Generic date

Label

Days per week

High

7 (inclusive)

Label

Days per week

High

7 (inclusive)

Type

Date/Time (Date)

Label

Generic date

Type

Text

Label

Generic text

Maximum Length

255

Type

Date/Time (Time)

Label

Generic time

Type

Date/Time (Time)

Label

Generic time

Type

Date/Time (Date)

Label

Generic date

Type

Date/Time (Time)

Label

Generic time

Type

Date/Time (Time)

Label

Generic time

Type

Date/Time (Date)

Label

Generic date

Type

Date/Time (Date)

Label

Generic date

Type

Text

Label

Generic text

Maximum Length

255


Label

Days per week

High


7 (inclusive)

Interviewer Instructions


 nshd_55_iwm_is01

-
-
-

Control Constructs

 nshd_55_iwm_ccs01

 Sequence

 nshd_55_iwm

s_intro_i

STRICTLY CONFIDENTIAL

s_intro_ii

OCTOBER 1955

s_intro_iii

SCHOOL NURSE'S INTERVIEW WITH MOTHER

s_intro_iv

NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN

s_intro_v

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

Ref No.

Type

Text

Label

Generic text

Maximum Length

255

qi_intro_ii

Name

Type

Text

Label

Generic text

Maximum Length

255

qi_intro_iii

Address

Type

Text

Label

Generic text

Maximum Length

255

qi_intro_iv

School

Type

Text

Label

Generic text

Maximum Length

255

 FOR THOSE WHO HAVE MOVED

qi_intro_v

New Address

Type

Text

Label

Generic text

Maximum Length

255

qi_intro_vi

L.E.A.

Type

Text

Label

Generic text

Maximum Length

255

qi_intro_vii

School

Type

Text

Label

Generic text

Maximum Length

255

s_intro_vi

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

Approach to the Mother

s_intro_viii

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

Purpose of this inquiry

s_intro_x

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

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

How to fill in this form.

s_intro_xiii

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

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

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

s_intro_xvi

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

qi_1_a

Person interviewed.

1	Mother
*	Other, namely

Type

Text

Label

Other

Maximum Length

255

qi_1_b

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

Type

Text

Label

Generic text

Maximum Length

255

Conditional

Branch:

 then_seq_c_q2a

qi_2_a

Date of death

Type

Date/Time (Date)

Label

Date of death

qi_2_b

Cause of death (if known)

Type

Text

Label

Generic text

Maximum Length

255

s_q3

(For all living children)

qi_3

Where is his child now living ?

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

Type

Text

Label

Other

Maximum Length

255



qi_4_a_i

Last accident recorded. Type

Type

Text

Label

Generic text

Maximum Length

255

qi_4_a_ii

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

Label

Age

Low

0 (inclusive)

s_q4a

(Since this accident, or since OCTOBER, 1954)

qi_4_b

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

1	Yes
0	No

Conditional

Branch: qc_4_b == 1

 then_seq_c_q4b


 II. INFECTIOUS DISEASES

s_q5a

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

Conditional

Branch: qc_5_a\$1;1 != NULL

 then_seq_c_q5a

qi_5_b

Was there any doubt that it was whooping cough ?

0	Doubtful
1	Certain

qi_5_c

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

Label

How many

Low

0 (inclusive)

qi_5_d

Details of complications, if any

Type

Text

Label

Generic text

Maximum Length

255

 III. ADMISSIONS TO HOSPITAL

qi_6_a_i

Details of last Hospital Admission Recorded in this Survey. Illness

Type

Text

Label

Generic text

Maximum Length

255

qi_6_a_ii

Details of last Hospital Admission Recorded in this Survey. Hospital

Type

Text

Label

Generic text

Maximum Length

255

qi_6_a_iii

Details of last Hospital Admission Recorded in this Survey. Age

Label

Age

Low

0 (inclusive)

s_q6a

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

qi_6_b

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

1	Yes
0	No

Conditional

Branch: qc_6_b == 1

then_seq_c_q6b

IV. SCHOOL CLINIC AND OUT-PATIENT DEPARTMENT ATTENDANCES

qi_7_a_i

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

Type

Text

Label

Generic text

Maximum Length

255

qi_7_a_ii

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

Type

Text

Label

Generic text

Maximum Length

255

qi_7_a_iii

Details of last Clinic Attendance Recorded in this Survey. Age

Label

Age

Low

0 (inclusive)


qi_7_b

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

1	Yes
0	No

Conditional

Branch: qc_7_b == 1

 then_seq_c_q7b

 V. SCHOOL ABSENCES

 VI. BED WETTING

qi_9_a

Is the child now dry by day ?

0	Never wet
1	Sometimes wet

qi_9_b

Is the child now dry by night ?

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

Conditional

Branch: qc_9_a == 1 || (qc_9_b >= 1 && qc_9_b <= 3)

 then_seq_c_q9a

qi_9_c

How are you trying to get him dry ?

Type

Text

Label

Generic text

Maximum Length

255

 VII. GENERAL HEALTH AND BEHAVIOUR


qi_10_a

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

1	Yes
0	No

Conditional

Branch: qc_10_a == 1

 then_seq_c_q10a

qi_10_b

Please give your reasons for worrying

Type

Text

Label

Generic text

Maximum Length

255

qi_11_a

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

1	Yes
0	No

Conditional

Branch: qc_11_a == 1

 then_seq_c_q11a

qi_11_b

Please give your reasons for worrying

Type

Text

Label

Generic text

Maximum Length

255

qi_12_a

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

1	Yes
0	No

Conditional

Branch: qc_12_a == 1

 then_seq_c_q12a

qi_12_b

Please give your reasons for worrying.

Type

Text

Label

Generic text

Maximum Length

255

qi_13_a

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

1	Yes
0	No
y	No brothers or sisters

Conditional

Branch: qc_13_a == 1

 then_seq_c_q13a

qi_13_b

What are these difficulties ?

Type

Text

Label

Generic text

Maximum Length

255

qi_14_a

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

1	Yes
0	No
x	Don't know

Conditional

Branch: qc_14_a == 1

 then_seq_c_q14a

qi_14_b

What are these difficulties ?

Type

Text

Label

Generic text

Maximum Length

255

 VIII. THE MOTHER'S WORK


qi_15_a

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

1	Yes
0	No

Conditional

Branch: qc_15_a == 1

 then_seq_c_q15a

s_q15b

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

qi_15_c

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

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

Type

Text

Label

Other

Maximum Length

255

 IX. SCHOOLNG


qi_16_a

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

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

Conditional

Branch: qc_16_a >= 1 && qc_16_a <= 3

 then_seq_c_q16a

qi_16_b

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

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

qi_17_a

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

Type

Text

Label

Generic text

Maximum Length

255

qi_17_a_i

Do you still wish him to go there ?

1	Yes
0	No

Conditional

Branch: qc_17_a_i == 0

 then_seq_c_q17ai

qi_17_b

Where would you now like him to go ?

1	Grammar
---	---------

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

s_q17b

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

qi_17_c

Please give the name of the school if decided upon.

Type

Text

Label

Generic text

Maximum Length

255

qi_17_d

Why have you changed your mind since last year ?

Type

Text

Label

Generic text

Maximum Length

255


qi_18_a

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

1	Yes
0	No

Conditional

Branch: qc_18_a == 1

 then_seq_c_q18a

qi_18_b

What type of school is it ?

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

qi_18_c

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

Type

Text

Label

Generic text

Maximum Length

255

qi_i

- **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.

Type

Text

Label

Long text

 INFORMATION GIVEN BY SCHOOL NURSE OR HEALTH VISITOR

s_q19

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

qi_19

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

1	Married & living together
2	Legally separated
3	Divorced
4	Permanently separated for other reasons
5	Widowed
*	Other, namely

Type

Text

Label

Other

Maximum Length

255

qi_20_a

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

1	Satisfactory
0	Unsatisfactory

qi_20_b

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

1	Satisfactory
0	Unsatisfactory

qi_20_c

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

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

qi_20_d

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

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

qi_21

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).

Type

Text

Label

Long text

qi_22

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

Type

Text

Label

Long text

qi_outro_i

Date of interview

Type

Date/Time (Date)

Label

Generic date

qi_outro_ii

Length of interview ... mins.

Label

How many

Low

0 (inclusive)

qi_outro_iii

Name of School Nurse or Health Visitor

Type

Text


Label

Generic text

Maximum Length

255

Instruments

 nshd_55_iwm_is01

- [1955 School Nurse's Interview with Mother](#)

 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	Location
nshd_55_iwm	Sequence
Type	Order
Sequence	InOrderOfAppearance

 s_intro_i

Name	Location
s_intro_i	Sequence › nshd_55_iwm
Type	
Statement	

Statement Text


STRICTLY CONFIDENTIAL

 s_intro_ii

Name	Location
s_intro_ii	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 s_intro_iv	Location Sequence › nshd_55_iwm
Type Statement	

Statement Text

NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN


 s_intro_v	
Name s_intro_v	Location Sequence › nshd_55_iwm
Type Statement	

Statement TextINSTITUTE 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 qi_intro_i	Label intro i	Location Sequence › nshd_55_iwm
Type Text	Minimum Length	Maximum Length 255

Question

Ref No.

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

Question

Name

 qi_intro_iii - intro iii		
--	--	--

Name qi_intro_iii	Label intro iii	Location Sequence › nshd_55_iwm
Type Text	Minimum Length	Maximum Length 255

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

Question

School

 s_intro_vi

Name	Location
s_intro_vi	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	Location
s_intro_vii	Sequence › nshd_55_iwm
Type	
Statement	

Statement Text


Approach to the Mother

 s_intro_viii

Name	Location
s_intro_viii	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	Location
s_intro_ix	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 s_intro_xi	Location 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 s_intro_xii	Location Sequence › nshd_55_iwm
Type Statement	

Statement Text

How to fill in this form.

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

Question

Cause of death (if known)

s_q3	
Name s_q3	Location 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, Text	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.

i 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
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	Label	Location
qg_6_c_ii	6 c(ii)	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 IV. SCHOOL CLINIC AND OUT-PATIENT DEPARTMENT ATTENDANCES	Location Sequence › nshd_55_iwm
Type Sequence	Order InOrderOfAppearance

qi_7_a_i - 7 a(i)

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

Question

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

qi_7_a_ii - 7 a(ii)

Name qi_7_a_ii	Label 7 a(ii)	Location Sequence › nshd_55_iwm › IV. SCHOOL CLINIC AND OUT-PATIENT DEPARTMENT ATTENDANCES
Type Text	Minimum Length	Maximum Length 255

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
How many	Numeric
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	Location
V. SCHOOL ABSENCES	Sequence › nshd_55_iwm
Type	Order
Sequence	InOrderOfAppearance

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
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

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, Text	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	Location
s_q17b	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	Label	Location
qi_17_c	17 c	Sequence > nshd_55_iwm > IX. SCHOOLNG
Type	Minimum Length	Maximum Length
Text		255
Condition		
(If "no")		

Question

Please give the name of the school if decided upon.

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

Question

Why have you changed your mind since last year ?

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

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, Text	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

Code Lists

 nshd_55_iwm_cos01

- [cs_Yes_No](#)
- [cs_G_SM_T_F_Dnk](#)
- [cs_S_U](#)
- [cs_A_Atmc_Atlc](#)
- [cs_q1](#)
- [cs_q3](#)
- [cs_q4_b_i_Y](#)
- [cs_q4_b_i_X](#)
- [Number of accident as given above](#)
- [cs_q4_b_ii_X](#)
- [Disease](#)
- [cs_q5_a_X](#)
- [cs_q5_b](#)
- [cs_q6_c_i_X](#)
- [Admission No. \(as above\)](#)
- [cs_q6_c_ii_X](#)
- [Admission No.](#)
- [cs_q7_c_X](#)
- [cs_q7_c](#)
- [Information from School Absence Record: Absence Number](#)
- [cs_q8_X](#)
- [cs_q7_c_Y](#)
- [cs_q9_a](#)
- [cs_q9_b](#)
- [cs_q13_a](#)
- [cs_q14_a](#)
- [cs_q15_b_Y](#)
- [cs_q15_b_X](#)
- [cs_q15_c](#)
- [cs_q16_a](#)
- [cs_q16_b](#)
- [cs_q19](#)


 cs_Yes_No

1	Yes
---	-----


0	No
---	----

 cs_G_SM_T_F_Dnk

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

 cs_S_U

1	Satisfactory
0	Unsatisfactory

 cs_A_Atmc_Atlc

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

 cs_q1

1	Mother
*	Other, namely

 cs_q3

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

 cs_q4_b_i_Y

1	First Accident 1
2	Second 2

 cs_q4_b_i_X

1	Type of injury (enter as BURN, SCALD, BROKEN BONE, CUT, etc.)
2	Part or Parts injured

3	Age when injured (in years and months)
4	Treatment, Hosp. I.P., Hosp. O.P., Nursing Home, Own Home
5	If treated in own home, who gave treatment (Doctor, Nurse, other)
6	Details of any remaining scarring, disability or deformity

Number of accident as given above

1	First Accident 1
2	Second 2

cs_q4_b_ii_X

1	DETAILS of how each ACCIDENT OCCURRED (if burnt by fire, say whether electric, gas, open fire or stove)
2	WHERE IT OCCURRED (Own Home, School, Sreet, etc.)

Disease

1	Whooping Cough
2	Measles
3	Mumps
4	Scarlet Fever

cs_q5_a_X

1	Age at onset (years and months)
2	Where treated Hosp. IP Hosp. OP Nursing Home Own Home
3	If treated in own home who gave treatment? (Doctor, Nurse, other)

cs_q5_b

0	Doubtful
1	Certain

cs_q6_c_i_X

1	Nature of illness
2	Nature of operation performed (if any)

3	Date of admission
---	-------------------

 Admission No. (as above)


1	1
2	2

 cs_q6_c_ii_X

1	Name and Address of Hospital or Nursing Home
2	Name of Doctor or Specialist in Charge of Child

 Admission No.


1	1
2	2

 cs_q7_c_X

1	Name of School Clinic or Out-Patient Dept.
2	Reason for attending
3	Date of FIRST attendance (month and year)
4	Date of LAST attendance (month and year) (If still attending strike through)
5	Number of attendances
6	Present condition

 cs_q7_c

1	cured
2	improved
3	unchanged
4	worse


 Information from School Absence Record: Absence Number

1	1
2	2
3	3


 cs_q8_X

1	Information from School Absence Record: Period of Absence: From
---	---


2	Information from School Absence Record: Period of Absence: To
3	Information from School Absence Record: Reason for Absence
4	Please give these additional details: If child was ill: Where treated Hospital I.P. Hospital O.P. Nursing Home Own Home
5	Please give these additional details: If child was ill: If treated at home who gave treatment? (Doctor Chemist Nurse, Other)
6	Please give these additional details: Remarks

 cs_q7_c_Y

1	1
2	2

 cs_q9_a


0	Never wet
1	Sometimes wet

 cs_q9_b


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

 cs_q13_a

1	Yes
0	No
y	No brothers or sisters


 cs_q14_a

1	Yes
0	No
x	Don't know


 cs_q15_b_Y

1	1
2	2


3	3
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 cs_q15_b_X

1	Exact nature of work
2	No. of days worked per week
3	Time of leaving home
4	Time of getting back home
5	Date of taking job
6	Date of leaving job

 cs_q15_c

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

 cs_q16_a

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

 cs_q16_b

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

 cs_q19

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

	* Other, namely
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