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## 1961 Final Interview with Mother

### closer:sourceFileName

nshd\_61\_iwm

### Instrument Locations

- [https://discovery.closer.ac.uk/files/instruments/nshd\\_61\\_iwm-d29c7543914e8e53b0a1322a93b3d216.pdf](https://discovery.closer.ac.uk/files/instruments/nshd_61_iwm-d29c7543914e8e53b0a1322a93b3d216.pdf)

### nshd\_61\_iwm

Label	Location
nshd_61_iwm	Sequence
Type	Order
Sequence	InOrderOfAppearance

### s\_intro\_i

Name	Location
s_intro_i	Sequence › nshd_61_iwm
Type	
Statement	

#### Statement Text

STRICTLY CONFIDENTIAL

### s\_intro\_ii

Name	Location
s_intro_ii	Sequence › nshd_61_iwm
Type	
Statement	

#### Statement Text

JANUARY 1961

### s\_intro\_iii

Name	Location
s_intro_iii	Sequence › nshd_61_iwm
Type	
Statement	

#### Statement Text

FINAL INTERVIEW WITH MOTHER


### s\_intro\_iv

Name	Location
s_intro_iv	Sequence › nshd_61_iwm

Type	
Statement	


**Statement Text**

NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN

 s_intro_v	
Name	Location
s_intro_v	Sequence › nshd_61_iwm
Type	
Statement	


**Statement Text**

INSTITUTE OF CHILD HEALTH (UNIVERSITY OF LONDON) SOCIETY OF MEDICAL OFFICERS OF HEALTH and POPULATION INVESTIGATION COMMITTEE USHER INSTITUTE

 qi_intro_i - intro i		
Name	Label	Location
qi_intro_i	intro i	Sequence › nshd_61_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_61_iwm
Type	Minimum Length	Maximum Length
Text		255


**Question**

Name

 qi_intro_iii - intro iii		
Name	Label	Location
qi_intro_iii	intro iii	Sequence › nshd_61_iwm
Type	Minimum Length	Maximum Length
Text		

**Question**

Address

 qi_intro_iv - intro iv		
Name	Label	Location
qi_intro_iv	intro iv	Sequence › nshd_61_iwm
Type	Minimum Length	Maximum Length
Text		255

**Question**

School

## FOR THOSE WHO HAVE MOVED


Label FOR THOSE WHO HAVE MOVED	Location Sequence › nshd_61_iwm
Type Sequence	Order InOrderOfAppearance

 qi\_intro\_v - intro v

Name qi_intro_v	Label intro v	Location Sequence › nshd_61_iwm › FOR THOSE WHO HAVE MOVED
Type Text	Minimum Length	Maximum Length

**Question**

New Address

 qi\_intro\_vi - intro vi

Name qi_intro_vi	Label intro vi	Location Sequence › nshd_61_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_61_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_61_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_61_iwm
Type	
Statement	

**Statement Text**

Purpose of this inquiry

 s\_intro\_viii

Name	Location
s_intro_viii	Sequence › nshd_61_iwm
Type	
Statement	

**Statement Text**

This is the last home visit in connection with the National Survey of Child Health; and its purpose is to bring the medical and social history up to date and to fill in gaps in our information about the child's progress at school and the job he / she will enter on leaving school. We are also asking about the parents' health including questions both on known illnesses and on their general well-being. This proves to be important in relation to the health and adjustment of their children. During the 15 years of this survey we have kept in touch with over 90 per cent of the parents and children. As the value of this inquiry depends on information being obtained for every possible survey child we hope that on this last occasion all forms will be completed.

 s\_intro\_ix

Name	Location
s_intro_ix	Sequence › nshd_61_iwm
Type	
Statement	

**Statement Text**

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

 s\_intro\_x

Name	Location
s_intro_x	Sequence › nshd_61_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_61_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_61_iwm
Type Text	Minimum Length	Maximum Length 255

### Condition

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

### Question

please give the reason.

qi\_2 - 2

Name qi_2	Label 2	Location Sequence › nshd_61_iwm
Type Date		

### Condition

If this child has died, please state

### Question

Date of death

qi\_3 - 3

Name qi_3	Label 3	Location Sequence › nshd_61_iwm
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

### Condition

(For all living children)

### Question

Where is the child now living?

### Choices

1	At home
2	With relatives
3	Special School or Institution
4	Ill in hospital
*	Elsewhere, namely

## I. ACCIDENTS

Label I. ACCIDENTS	Location Sequence › nshd_61_iwm
Type Sequence	Order InOrderOfAppearance

### qi\_4\_a\_i - 4 a(i)

Name qi_4_a_i	Label 4 a(i)	Location Sequence › nshd_61_iwm › I. 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_61_iwm › I. ACCIDENTS
Type Integer	Low 0	High

### Question

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

### s\_q4

Name s_q4	Location Sequence › nshd_61_iwm › I. ACCIDENTS
Type Statement	

### Statement Text

(Since this accident, or since JANUARY 1957)

qi\_4\_b - 4 b

Name qi_4_b	Label 4 b	Location Sequence > nshd_61_iwm > I. 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, was BADLY CUT or BRUISED, or INJURED by a CHEMICAL or POISON?

**Choices**

1	Yes
0	No

qg\_4\_b\_i - 4 b(i)

Name qg_4_b_i	Label 4 b(i)	Location Sequence > nshd_61_iwm > I. 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	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text

Generic text	Text
Age	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Age	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Age	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Age	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Age	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_61_iwm > I. 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. ILLNESSES**

Label II. ILLNESSES	Location Sequence > nshd_61_iwm
Type Sequence	Order InOrderOfAppearance

**qi\_5\_a\_i - 5 a(i)**

Name qi_5_a_i	Label 5 a(i)	Location Sequence > nshd_61_iwm > II. ILLNESSES
Type Text	Minimum Length	Maximum Length 255

**Question**

Details of last Hospital Admission Recorded in this Survey. Illness

**qi\_5\_a\_ii - 5 a(ii)**

Name qi_5_a_ii	Label 5 a(ii)	Location Sequence > nshd_61_iwm > II. ILLNESSES
Type Text	Minimum Length	Maximum Length 255

**Question**

Details of last Hospital Admission Recorded in this Survey. Hospital

qi\_5\_a\_iii - 5 a(iii)

Name qi_5_a_iii	Label 5 a(iii)	Location Sequence › nshd_61_iwm › II. ILLNESSES
Type Integer	Low 0	High

**Question**

Details of last Hospital Admission Recorded in this survey. Age

s\_q5a

Name s_q5a	Location Sequence › nshd_61_iwm › II. ILLNESSES
Type Statement	

**Statement Text**

(If nothing recorded there has been no admission before January 1957)

qi\_5\_b - 5 b

Name qi_5_b	Label 5 b	Location Sequence › nshd_61_iwm › II. ILLNESSES
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Has this child been an IN-PATIENT in a HOSPITAL or NURSING HOME since JANUARY 1957 when he was ten years and nine months old?

**Choices**

1	Yes
0	No
X	No answer

qg\_5\_c\_i - 5 c(i)

Name qg_5_c_i	Label 5 c(i)	Location Sequence › nshd_61_iwm › II. ILLNESSES
Type Question Grid		

Condition  
(If "yes")

**Question**

Please give the following details about each admission :

#### 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_5_c_ii - 5 c(ii)		
Name qg_5_c_ii	Label 5 c(ii)	Location Sequence › nshd_61_iwm › II. ILLNESSES
Type Question Grid		
Condition (If "yes")		

#### Question

Please give the following details about each admission:

#### Rows

1	1
2	2

#### Columns

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



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

s_q6	
Name s_q6	Location Sequence › nshd_61_iwm › II. ILLNESSES
Type Statement	

**Statement Text**

(All Mothers)

qi_6_a - 6 a		
Name qi_6_a	Label 6 a	Location Sequence › nshd_61_iwm › II. ILLNESSES
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Apart from hospital admissions, have you been worried since January 1957 about any of the following: This child's GENERAL HEALTH

**Choices**

1	Yes worried
0	Not worried

qi_6_a_i - 6 a(i)		
Name qi_6_a_i	Label 6 a(i)	Location Sequence › nshd_61_iwm › II. ILLNESSES
Type Text	Minimum Length	Maximum Length 255
Condition (If worried)		

**Question**

Please give details

qi_6_b - 6 b
--------------

Name qi_6_b	Label 6 b	Location Sequence › nshd_61_iwm › II. ILLNESSES
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Apart from hospital admissions, have you been worried since January 1957 about any of the following: This child's NERVOUSNESS (including nervous habits and excessive fears)?

**Choices**

1	Yes worried
0	Not worried


 qi\_6\_b\_i - 6 b(i)

Name qi_6_b_i	Label 6 b(i)	Location Sequence › nshd_61_iwm › II. ILLNESSES
Type Text	Minimum Length	Maximum Length 255

Condition  
(If worried)

**Question**

Please give details

 qi\_6\_c - 6 c

Name qi_6_c	Label 6 c	Location Sequence › nshd_61_iwm › II. ILLNESSES
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Apart from hospital admissions, have you been worried since January 1957 about any of the following: This child's BEHAVIOUR (including outbursts of violence, destructiveness, pilfering, wandering away or defiance of control) ?

**Choices**

1	Yes worried
0	Not worried

 qi\_6\_c\_i - 6 c(i)

Name qi_6_c_i	Label 6 c(i)	Location Sequence › nshd_61_iwm › II. ILLNESSES
------------------	-----------------	---

Type Text	Minimum Length	Maximum Length 255
Condition (If worried)		

**Question**

Please give details

s_q7a	
Name s_q7a	Location Sequence › nshd_61_iwm › II. ILLNESSES
Type Statement	

**Statement Text**

(All Mothers)

qi_7_a - 7 a		
Name qi_7_a	Label 7 a	Location Sequence › nshd_61_iwm › II. ILLNESSES
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Has this child attended Out-patients at a hospital clinic for nervous or disturbed behaviour, since January 1957?

**Choices**

1	Yes
0	No

qi_7_b - 7 b		
Name qi_7_b	Label 7 b	Location Sequence › nshd_61_iwm › II. ILLNESSES
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes")		

**Question**

What was the name of the clinic?

qi_7_c - 7 c
--------------

Name qi_7_c	Label 7 c	Location Sequence › nshd_61_iwm › II. ILLNESSES
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes")		

**Question**

What were the symptoms?

### III. SCHOOLING

Label III. SCHOOLING	Location Sequence › nshd_61_iwm
Type Sequence	Order InOrderOfAppearance

### s\_q8a

Name s_q8a	Location Sequence › nshd_61_iwm › III. SCHOOLING
Type Statement	

**Statement Text**

(All Mothers)

### qi\_8\_a - 8 a

Name qi_8_a	Label 8 a	Location Sequence › nshd_61_iwm › III. SCHOOLING
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**

1	Yes, mother only
2	Yes, father only
3	Yes, both mother and father
0	No, neither

### qi\_8\_b - 8 b

Name qi_8_b	Label 8 b	Location Sequence › nshd_61_iwm › III. SCHOOLING
----------------	--------------	--

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

**Question**

What did you discuss with them?

**Choices**

1	Child's school progress
2	When child should leave school
3	Child's future jobs
*	Other, namely

 s\_q9

Name	Location
s_q9	Sequence › nshd_61_iwm › III. SCHOOLING
Type	
Statement	

**Statement Text**

(All Mothers)

 qi\_9 - 9

Name	Label	Location
qi_9	9	Sequence › nshd_61_iwm › III. SCHOOLING
Type	Low	High
Integer, Multiple Choice	0	

**Question**

Since this child started at secondary school how many different schools has he/she attended? ... schools

**Choices**

1	one only
---	----------

 qi\_10\_a - 10 a

Name	Label	Location
qi_10_a	10 a	Sequence › nshd_61_iwm › III. SCHOOLING
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

**Question**

Are you satisfied that the school this child is now attending is suited to his/her abilities?

**Choices**


1	Yes
0	No

 qi\_10\_b - 10 b

Name qi_10_b	Label 10 b	Location Sequence › nshd_61_iwm › III. SCHOOLING
Type Text	Minimum Length	Maximum Length 255
Condition (If "no")		

**Question**

In what ways is it not suited to the child's ability?

 qi\_10\_c - 10 c

Name qi_10_c	Label 10 c	Location Sequence › nshd_61_iwm › III. SCHOOLING
Type Text	Minimum Length	Maximum Length 255
Condition (If "no")		

**Question**


What kind of school do you think this child should have gone to?

 s\_q11

Name s_q11	Location Sequence › nshd_61_iwm › III. SCHOOLING
Type Statement	

**Statement Text**


(All Mothers)

 qi\_11 - 11

Name qi_11	Label 11	Location Sequence › nshd_61_iwm › III. SCHOOLING
Type Integer	Low 0	High

**Question**

At that age do you want this child to leave school? ... years

 qi\_12\_a - 12 a


Name qi_12_a	Label 12 a	Location Sequence › nshd_61_iwm › III. SCHOOLING
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Does your husband also want the child to leave then?

**Choices**

1	Yes
0	No


 qi\_12\_b - 12 b

Name qi_12_b	Label 12 b	Location Sequence › nshd_61_iwm › III. SCHOOLING
Type Integer	Low 0	High

Condition  
(If "no")

**Question**

At what age does he want him/her to leave? ... years

 s\_q13a

Name s_q13a	Location Sequence › nshd_61_iwm › III. SCHOOLING
Type Statement	

**Statement Text**

(All Mothers)

 qi\_13\_a - 13 a

Name qi_13_a	Label 13 a	Location Sequence › nshd_61_iwm › III. SCHOOLING
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Do you wish this child to go to a University or Technical College for full-time study?

**Choices**

1	Yes, University
2	Yes, Technical College
0	No, neither

qi_13_b - 13 b		
Name qi_13_b	Label 13 b	Location Sequence › nshd_61_iwm › III. SCHOOLING
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Does your husband agree with this?

**Choices**

1	Yes
0	No

IV. EMPLOYMENT ON LEAVING SCHOOL	
Label IV. EMPLOYMENT ON LEAVING SCHOOL	Location Sequence › nshd_61_iwm
Type Sequence	Order InOrderOfAppearance

qi_14_a - 14 a		
Name qi_14_a	Label 14 a	Location Sequence › nshd_61_iwm › IV. EMPLOYMENT ON LEAVING SCHOOL
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

**Question**

With whom have you or your husband discussed the sort of job this child should do on leaving school?

**Instructions**


(Ring more than one answer if necessary)

**Choices**

0	No one
1	Careers master at school
2	Class teacher or headmaster
3	Youth employment officer



* Other, namely
-----------------

 qi\_14\_b - 14 b

Name qi_14_b	Label 14 b	Location Sequence › nshd_61_iwm › IV. EMPLOYMENT ON LEAVING SCHOOL
Type Text	Minimum Length	Maximum Length 255
Condition (If discussed)		

**Question**

What advice were you given?

 s\_q15

Name s_q15	Location Sequence › nshd_61_iwm › IV. EMPLOYMENT ON LEAVING SCHOOL
Type Statement	

**Statement Text**

(All Mothers)

 qi\_15 - 15


Name qi_15	Label 15	Location Sequence › nshd_61_iwm › IV. EMPLOYMENT ON LEAVING SCHOOL
Type Text	Minimum Length	Maximum Length 255

**Question**

What job is this child actually going to take when he/she leaves school?

**Instructions**

(Please give exact description of job, e.g. "motor mechanic" NOT "engineer")

 qi\_16 - 16

Name qi_16	Label 16	Location Sequence › nshd_61_iwm › IV. EMPLOYMENT ON LEAVING SCHOOL
Type Text	Minimum Length	Maximum Length 255

**Question**

Why is he/she taking this job rather than any other?

qi\_17 - 17

Name qi_17	Label 17	Location Sequence › nshd_61_iwm › IV. EMPLOYMENT ON LEAVING SCHOOL
Type Multiple Choice	Selection Type SelectOne	Display Style

### Question

If he/she is to succeed in this job is it necessary to study full-time or part-time after leaving school?

### Choices

1	Yes, full-time
2	Yes, part-time day
3	Yes, part-time night
0	No need to study

qi\_18\_a - 18 a

Name qi_18_a	Label 18 a	Location Sequence › nshd_61_iwm › IV. EMPLOYMENT ON LEAVING SCHOOL
Type Text	Minimum Length	Maximum Length 255

### Question

What sort of job do you yourself think this child is best fitted for (even if it is not the one he/she is going to take up?)

### Instructions


(Please give exact description of job)

qi\_18\_b - 18 b

Name qi_18_b	Label 18 b	Location Sequence › nshd_61_iwm › IV. EMPLOYMENT ON LEAVING SCHOOL
Type Text	Minimum Length	Maximum Length 255

### Question

Why do you think this is the right sort of job?

 qi\_18\_c - 18 c

Name qi_18_c	Label 18 c	Location Sequence › nshd_61_iwm › IV. EMPLOYMENT ON LEAVING SCHOOL
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Does your husband agree this is the right job?

**Choices**

1	Yes
0	No

 qi\_18\_d - 18 d

Name qi_18_d	Label 18 d	Location Sequence › nshd_61_iwm › IV. EMPLOYMENT ON LEAVING SCHOOL
Type Text	Minimum Length	Maximum Length 255
Condition If "no"		

**Question**

What job does he think this child should do?

 s\_q19a

Name s_q19a	Location Sequence › nshd_61_iwm › IV. EMPLOYMENT ON LEAVING SCHOOL
Type Statement	

**Statement Text**

(All Mothers)

 qi\_19\_a - 19 a

Name qi_19_a	Label 19 a	Location Sequence › nshd_61_iwm › IV. EMPLOYMENT ON LEAVING SCHOOL
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Would you advise your children against taking a job that required full-time or part-time study after leaving school?

**Choices**

1	Advise against full-time study
2	Advise against part-time study
0	Would not advise against either

 qi\_19\_b - 19 b

Name qi_19_b	Label 19 b	Location Sequence › nshd_61_iwm › IV. EMPLOYMENT ON LEAVING SCHOOL
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If "advise against")		

**Question**

Would you advise against it even if this further study cost you nothing?

**Choices**

1	Yes
0	No
Y	Does not apply

 s\_q20

Name s_q20	Location Sequence › nshd_61_iwm › IV. EMPLOYMENT ON LEAVING SCHOOL
Type Statement	

**Statement Text**

(All Mothers)

 qi\_20 - 20

Name qi_20	Label 20	Location Sequence › nshd_61_iwm › IV. EMPLOYMENT ON LEAVING SCHOOL
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**


Would you advise your children against taking any of the following types of job:

**Instructions**

(Ring more than one answer if necessary)

**Choices**

1	A routine office job
2	An unskilled manual job
3	A domestic job
4	An outdoor job
5	A dirty job
6	A job behind a counter
0	Would not advise against any of these

 qg\_21 - 21

Name qg_21	Label 21	Location Sequence › nshd_61_iwm › IV. EMPLOYMENT ON LEAVING SCHOOL
Type Question Grid		

**Question**

What jobs are this child's OLDER brothers and sisters now doing?

**Rows**

1	1
2	2
3	3

**Columns**

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

Generic text	Text
Generic text	Text

 qi\_21\_i - 21 i


Name qi_21_i	Label 21 i	Location Sequence › nshd_61_iwm › IV. EMPLOYMENT ON LEAVING SCHOOL
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

### Question

What jobs are this child's OLDER brothers and sisters now doing?

### Choices

0	No older brothers or sisters
---	------------------------------

 qi\_22\_a - 22 a

Name qi_22_a	Label 22 a	Location Sequence › nshd_61_iwm › IV. EMPLOYMENT ON LEAVING SCHOOL
Type Multiple Choice	Selection Type SelectOne	Display Style

### Question

How do your children's opportunities on leaving school compare with your own and your husband's at the same age?

### Choices

0	Much better
1	Better
2	The same
3	Worse
4	Much worse

 qi\_22\_b - 22 b

Name qi_22_b	Label 22 b	Location Sequence › nshd_61_iwm › IV. EMPLOYMENT ON LEAVING SCHOOL
Type Text	Minimum Length	Maximum Length 255

Condition  
(If "better")

**Question**

In what ways are they better?

qi\_22\_c - 22 c

Name qi_22_c	Label 22 c	Location Sequence › nshd_61_iwm › IV. EMPLOYMENT ON LEAVING SCHOOL
Type Text	Minimum Length	Maximum Length 255

Condition  
(If "worse")

**Question**

In what ways are they worse?

s\_q23\_i

Name s_q23_i	Location Sequence › nshd_61_iwm › IV. EMPLOYMENT ON LEAVING SCHOOL
Type Statement	

**Statement Text**

(PLEASE SHOW THE MOTHER THE FOLLOWING QUESTION AND FILL IT IN WITH HER)

qg\_23 - 23

Name qg_23	Label 23	Location Sequence › nshd_61_iwm › IV. EMPLOYMENT ON LEAVING SCHOOL
Type Question Grid		

**Question**

Below there are six things which are important in choosing a job. Put (1) against the thing you think is MOST important,(2) against the second MOST important and so on. Make sure that each has a number.


**Rows**

1	Security
2	Good pay
3	Interesting work
4	Being able to take pride in one's work
5	Being one's own boss

6	Good prospects
---	----------------

**Columns**

	Code
--	------

 s\_q23\_ii

Name	Location
s_q23_ii	Sequence › nshd_61_iwm › IV. EMPLOYMENT ON LEAVING SCHOOL
Type	
Statement	

**Statement Text**

NOW CONTINUE TO ASK THE MOTHER QUESTIONS AS BEFORE

## V. PARENTS' HEALTH

Label	Location
V. PARENTS' HEALTH	Sequence › nshd_61_iwm
Type	Order
Sequence	InOrderOfAppearance

 s\_parentshealth

Name	Location
s_parentshealth	Sequence › nshd_61_iwm › V. PARENTS' HEALTH
Type	
Statement	

**Statement Text**

"Husband" refers to present husband, i.e. not necessarily the father of this child

 qg\_24 - 24

Name	Label	Location
qg_24	24	Sequence › nshd_61_iwm › V. PARENTS' HEALTH
Type		
Question Grid		

**Question**

Do you or your husband suffer from any of the following complaints?

**Rows**

1	ASTHMA, ECZEMA or HAY FEVER
2	CHRONIC COUGH
3	RHEUMATISM IN THE JOINTS
4	ANAEMIA



5	NERVES
6	HEART TROUBLE
7	KIDNEY TROUBLE

**Columns**

	Code
--	------

 qi\_24\_i - 24 i

Name qi_24_i	Label 24 i	Location Sequence › nshd_61_iwm › V. PARENTS' HEALTH
Type Text	Minimum Length	Maximum Length 255

**Question**

Do you or your husband suffer from any of the following complaints? OTHER, NAMELY Wife

 qi\_24\_ii - 24 ii

Name qi_24_ii	Label 24 ii	Location Sequence › nshd_61_iwm › V. PARENTS' HEALTH
Type Text	Minimum Length	Maximum Length 255

**Question**

Do you or your husband suffer from any of the following complaints? OTHER, NAMELY Husband

 qi\_25\_i - 25 i

Name qi_25_i	Label 25 i	Location Sequence › nshd_61_iwm › V. PARENTS' HEALTH
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

**Question**

Have you or your husband any chronic disability such as deafness, bad sight, arthritis, or any physical handicap? If so, please give details. Wife

**Choices**

0	No chronic disability
*	A chronic disability, namely

 qi\_25\_ii - 25 ii


Name qi_25_ii	Label 25 ii	Location Sequence › nshd_61_iwm › V. PARENTS' HEALTH
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

**Question**

Have you or your husband any chronic disability such as deafness, bad sight, arthritis, or any physical handicap? If so, please give details. Husband

**Choices**

0	No chronic disability
*	A chronic disability, namely

 qi\_26\_a - 26 a

Name qi_26_a	Label 26 a	Location Sequence › nshd_61_iwm › V. PARENTS' HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Have either you or your husband been an in-patient in any hospital since 1946 (since marriage if remarried since 1946)?

**Choices**

1	Yes, wife only
2	Yes, husband only
3	Yes, both husband and wife
0	No, neither

 qg\_26\_b\_i - 26 b(i)

Name qg_26_b_i	Label 26 b(i)	Location Sequence › nshd_61_iwm › V. PARENTS' HEALTH
Type Question Grid		

Condition  
(If "yes")

**Question**

Please give the reason for admission and approximate time in hospital: Wife

**Rows**

1	1
2	2

3	3
---	---

**Columns**

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

qg_26_b_ii - 26 b(ii)		
Name qg_26_b_ii	Label 26 b(ii)	Location Sequence › nshd_61_iwm › V. PARENTS' HEALTH
Type Question Grid		
Condition (If "yes")		

**Question**

Please give the reason for admission and approximate time in hospital: Husband

**Rows**

1	1
2	2
3	3

**Columns**

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

Generic date	DateTime
Generic text	Text

### s\_q27a

Name	Location
s_q27a	Sequence › nshd_61_iwm › V. PARENTS' HEALTH
Type	
Statement	

#### Statement Text

(All Mothers)

### qi\_27\_a - 27 a

Name	Label	Location
qi_27_a	27 a	Sequence › nshd_61_iwm › V. PARENTS' HEALTH
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

#### Question

Has your husband ever been unable to get work or had to give up his work for three months or more because of illness?

#### Choices

1	Yes
0	No

### qi\_27\_b\_i - 27 b(i)

Name	Label	Location
qi_27_b_i	27 b(i)	Sequence › nshd_61_iwm › V. PARENTS' HEALTH
Type		
Date		
Condition (If "yes")		

#### Question

When did he go off work?

### qi\_27\_b\_ii - 27 b(ii)

Name	Label	Location
qi_27_b_ii	27 b(ii)	Sequence › nshd_61_iwm › V. PARENTS' HEALTH
Type	Low	High
Integer	0	

Condition  
(If "yes")

**Question**

For how long was he off work? ... months

qi\_27\_b\_iii - 27 b(iii)

Name qi_27_b_iii	Label 27 b(iii)	Location Sequence › nshd_61_iwm › V. PARENTS' HEALTH
Type Text	Minimum Length	Maximum Length 255

Condition  
(If "yes")

**Question**

What was the illness?

s\_q28\_i

Name s_q28_i	Location Sequence › nshd_61_iwm › V. PARENTS' HEALTH
Type Statement	

**Statement Text**

(All Mothers)

s\_q28\_ii

Name s_q28_ii	Location Sequence › nshd_61_iwm › V. PARENTS' HEALTH
Type Statement	

**Statement Text**

Will you answer the following questions on your GENERAL health?

qi\_28\_a - 28 a

Name qi_28_a	Label 28 a	Location Sequence › nshd_61_iwm › V. PARENTS' HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Are you inclined to be moody?

**Choices**

1	Yes
---	-----

0	No
---	----

 qi\_28\_b - 28 b

Name qi_28_b	Label 28 b	Location Sequence › nshd_61_iwm › V. PARENTS' HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Do you sometimes feel happy, sometimes depressed without adequate reason?

**Choices**

1	Yes
0	No

 qi\_28\_c - 28 c

Name qi_28_c	Label 28 c	Location Sequence › nshd_61_iwm › V. PARENTS' HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Does your mind often wander when you are trying to concentrate?

**Choices**

1	Yes
0	No

 qi\_28\_d - 28 d


Name qi_28_d	Label 28 d	Location Sequence › nshd_61_iwm › V. PARENTS' HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Do you have frequent ups and downs in mood either with or without apparent cause?

**Choices**

1	Yes
0	No

 qi\_28\_e - 28 e

Name qi_28_e	Label 28 e	Location Sequence › nshd_61_iwm › V. PARENTS' HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Are you sometimes bubbling over with energy and sometimes very sluggish?

**Choices**

1	Yes
0	No

 qi\_28\_f - 28 f


Name qi_28_f	Label 28 f	Location Sequence › nshd_61_iwm › V. PARENTS' HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Are you frequently "lost in thought" even when supposed to be taking part in a conversation?

**Choices**

1	Yes
0	No

 qi\_29\_i - 29 i

Name qi_29_i	Label 29 i	Location Sequence › nshd_61_iwm › V. PARENTS' HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style


**Question**

How would you describe the state of your own health and that of your husband's? Wife

**Choices**

1	Excellent
2	Good
3	Average
4	Not very good

5	Bad
---	-----

 qi\_29\_ii - 29 ii

Name qi_29_ii	Label 29 ii	Location Sequence › nshd_61_iwm › V. PARENTS' HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**


How would you describe the state of your own health and that of your husband's? Husband

**Choices**

1	Excellent
2	Good
3	Average
4	Not very good
5	Bad

## VI. THE MOTHER'S WORK

Label VI. THE MOTHER'S WORK	Location Sequence › nshd_61_iwm
Type Sequence	Order InOrderOfAppearance

 qi\_30\_a - 30 a


Name qi_30_a	Label 30 a	Location Sequence › nshd_61_iwm › VI. 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 January 1957?

**Choices**

1	Yes
0	No

 qg\_30\_b - 30 b

Name qg_30_b	Label 30 b	Location Sequence › nshd_61_iwm › VI. 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

**Columns**

Days in 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 in week	Numeric
Generic Time	DateTime
Generic date	DateTime
Generic date	DateTime
Generic date	DateTime
Generic Time	DateTime
Generic Time	DateTime
Days in week	Numeric
Generic text	Text
Generic Time	DateTime
Generic text	Text
Generic Time	DateTime
Generic date	DateTime

Generic date	DateTime
Days in week	Numeric
Days in 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 in week	Numeric

## VII. HUSBAND'S WORK

Label	Location
VII. HUSBAND'S WORK	Sequence › nshd_61_iwm
Type	Order
Sequence	InOrderOfAppearance

### qi\_31\_a - 31 a

Name	Label	Location
qi_31_a	31 a	Sequence › nshd_61_iwm › VII. HUSBAND'S WORK
Type	Minimum Length	Maximum Length
Text		255

#### Question


What is your husband's occupation now?

### qi\_31\_b - 31 b

Name	Label	Location
qi_31_b	31 b	Sequence › nshd_61_iwm › VII. HUSBAND'S WORK
Type	Minimum Length	Maximum Length
Text		255

**Question**

In what industry does he work?

 qi\_31\_c - 31 c


Name qi_31_c	Label 31 c	Location Sequence › nshd_61_iwm › VII. HUSBAND'S WORK
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Does he :-

**Choices**

p	Earn a weekly wage?
q	Earn a monthly salary?
r	Work for himself or employ less than 10 people?
s	Employ 10 or more people?

 qi\_31\_d - 31 d

Name qi_31_d	Label 31 d	Location Sequence › nshd_61_iwm › VII. HUSBAND'S WORK
Type Text	Minimum Length	Maximum Length 255

**Condition**


If your husband's work regularly keeps him away from home for 24 hours or more at a time,

**Question**

please give details.

**VIII. PREGNANCIES**

Label VIII. PREGNANCIES	Location Sequence › nshd_61_iwm
Type Sequence	Order InOrderOfAppearance

 s\_q32a

Name s_q32a	Location Sequence › nshd_61_iwm › VIII. PREGNANCIES
Type Statement	

**Statement Text**

(All Mothers)

qi\_32\_a - 32 a

Name qi_32_a	Label 32 a	Location Sequence > nshd_61_iwm > VIII. PREGNANCIES
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Have you been pregnant since January 1957 ?

**Choices**

1	Yes
0	No

qg\_32\_b - 32 b

Name qg_32_b	Label 32 b	Location Sequence > nshd_61_iwm > VIII. PREGNANCIES
Type Question Grid		

Condition  
(If "yes")

**Question**

Please give the following details for each pregnancy:-


**Rows**

1	1
2	2

**Columns**

Generic text	Text
lbs	Numeric
Generic date	DateTime
Age	Numeric
Generic text	Text
Generic text	Text
Generic text	Text
Age	Numeric
Generic date	DateTime

lbs	Numeric
Generic text	Text
lbs	Numeric
Age	Numeric
Generic text	Text
Generic date	DateTime
Generic date	DateTime
lbs	Numeric
Generic text	Text
Generic text	Text
Age	Numeric
Generic text	Text
Generic text	Text
lbs	Numeric
Generic date	DateTime
Age	Numeric

 qi\_32\_b\_i - 32 b(i)

Name qi_32_b_i	Label 32 b(i)	Location Sequence › nshd_61_iwm › VIII. PREGNANCIES
Type Date		

Condition  
(If now pregnant)  
(If "yes")

### Question

Expected date of delivery

## IX. THE HOME AND FAMILY

Label IX. THE HOME AND FAMILY	Location Sequence › nshd_61_iwm
Type Sequence	Order InOrderOfAppearance

 qg\_33\_a - 33 a

Name qg_33_a	Label 33 a	Location Sequence › nshd_61_iwm › IX. THE HOME AND FAMILY
Type Question Grid		

**Question**

Parents and their children living in this household.

**Rows**

1	1
2	2
3	3
4	4
5	5
6	6
7	7

**Columns**

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

 qg\_33\_b - 33 b

Name qg_33_b	Label 33 b	Location Sequence › nshd_61_iwm › IX. THE HOME AND FAMILY
Type Question Grid		

**Question**

Other members of the household (lodgers, relatives, domestics, etc)

**Rows**

1	1
---	---

2	2
3	3

**Columns**

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

 qi\_33\_c - 33 c

Name qi_33_c	Label 33 c	Location Sequence › nshd_61_iwm › IX. THE HOME AND FAMILY
Type Integer	Low 0	High

**Question**

Total in household ... persons

 qg\_34 - 34

Name qg_34	Label 34	Location Sequence › nshd_61_iwm › IX. THE HOME AND FAMILY
Type Question Grid		

**Question**

Total rooms occupied by all the members of the household listed in (a) and (b).

**Rows**

1	1
---	---

**Columns**

How many	Numeric
How many	Numeric
How many	Numeric

How many	Numeric
How many	Numeric
How many	Numeric
How many	Numeric
How many	Numeric
How many	Numeric
How many	Numeric
How many	Numeric
How many	Numeric
How many	Numeric
How many	Numeric
How many	Numeric
How many	Numeric
How many	Numeric
How many	Numeric

 qi\_35 - 35

Name qi_35	Label 35	Location Sequence › nshd_61_iwm › IX. THE HOME AND FAMILY
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

**Question**

Where does this child do his homework ?

**Choices**

1	In the living room with other members of the family
2	In a separate room
*	Other, namely

 qi\_36\_a - 36 a

Name qi_36_a	Label 36 a	Location Sequence › nshd_61_iwm › IX. THE HOME AND FAMILY
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Does this child sleep in a room by himself or in a room with others?



**Choices**

1	By himself
2	With others

 qi\_36\_b - 36 b

Name qi_36_b	Label 36 b	Location Sequence › nshd_61_iwm › IX. THE HOME AND FAMILY
Type Text	Minimum Length	Maximum Length 255
Condition (If "with others")		

**Question**

Who else sleeps in his room ? (Please give name and ages.)

 qi\_36\_c - 36 c


Name qi_36_c	Label 36 c	Location Sequence › nshd_61_iwm › IX. THE HOME AND FAMILY
Type Multiple Choice, Text	Selection Type SelectOne	Display Style
Condition (If "with others")		

**Question**

Does he sleep in own bed or with others? (If with others please give names and ages.)

**Choices**

0	Own bed
*	With others, namely

 qi\_37 - 37

Name qi_37	Label 37	Location Sequence › nshd_61_iwm › IX. THE HOME AND FAMILY
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Is your kitchen shared with another household?

**Choices**

1	Yes
0	No

Y	No kitchen
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### qi\_38 - 38

Name qi_38	Label 38	Location Sequence › nshd_61_iwm › IX. THE HOME AND FAMILY
Type Multiple Choice	Selection Type SelectOne	Display Style

#### Question

Is there a bathroom for your use?

#### Choices

1	Yes
0	No

### qi\_39 - 39

Name qi_39	Label 39	Location Sequence › nshd_61_iwm › IX. THE HOME AND FAMILY
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

#### Question

How do you obtain hot water?

#### Choices

1	Running hot water
2	Gas or electric copper
3	Boiling kettles
*	Other, namely

## X. COMMENTS (BY SCHOOL NURSE OR HEALTH VISITOR)

Label X. COMMENTS (BY SCHOOL NURSE OR HEALTH VISITOR)	Location Sequence › nshd_61_iwm
Type Sequence	Order InOrderOfAppearance

### qi\_40 - 40

Name qi_40	Label 40	Location Sequence › nshd_61_iwm › X. COMMENTS (BY SCHOOL NURSE OR HEALTH VISITOR)
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Type Multiple Choice, Text	Selection Type SelectOne	Display Style
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**Question**

Type of dwelling?

**Choices**

1	Whole house or bungalow
2	Self-contained flat
3	Tenement
4	Unfurnished rooms
5	Furnished rooms
*	Others, namely

 qi\_41 - 41


Name qi_41	Label 41	Location Sequence › nshd_61_iwm › X. COMMENTS (BY SCHOOL NURSE OR HEALTH VISITOR)
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

**Question**

Ownership of dwelling ?

**Choices**

1	Council
2	Parents of the child
3	Relative
*	Other, namely

 qi\_42 - 42

Name qi_42	Label 42	Location Sequence › nshd_61_iwm › X. COMMENTS (BY SCHOOL NURSE OR HEALTH VISITOR)
Type Multiple Choice	Selection Type SelectOne	Display Style


**Question**

Does this family possess any of the following?

**Choices**

1	Telephone
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2	Car
3	Television
0	None of these

 qi\_43 - 43


Name qi_43	Label 43	Location Sequence › nshd_61_iwm › X. COMMENTS (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 and living together
2	Legally separated
3	Divorced
4	Permanently separated for other reasons
5	Widowed
*	Other, namely

 qi\_outro\_i - outro i

Name qi_outro_i	Label outro i	Location Sequence › nshd_61_iwm › X. COMMENTS (BY SCHOOL NURSE OR HEALTH VISITOR)
Type Text	Minimum Length	Maximum Length

**Question**

QUERIES FROM PREVIOUS SURVEYS

 qi\_outro\_ii - outro ii

Name qi_outro_ii	Label outro ii	Location Sequence › nshd_61_iwm › X. COMMENTS (BY SCHOOL NURSE OR HEALTH VISITOR)
Type Date		

**Question**

Date of interview

 qi\_outro\_iii - outro iii

Name qi_outro_iii	Label outro iii	Location Sequence › nshd_61_iwm › X. COMMENTS (BY SCHOOL NURSE OR HEALTH VISITOR)
Type Text	Minimum Length	Maximum Length 255

**Question**

Name of School Nurse or Health Visitor