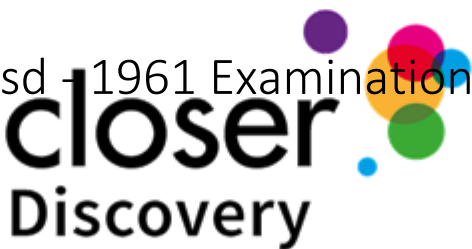


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nshd_61_sd - 1961 Examination by the School Doctor
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nshd_61_sd - 1961 Examination by the School Doctor

1961 Examination by the School Doctor

Collection Events

1960 - 1961

Collection Organization

Mode of Collection

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

Mode of Collection

Face-to-face paper and pencil interviewing.

Mode of Collection

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

1961 Examination by the School Doctor

closer:sourceFileName

nshd_61_sd

Instrument Locations

- https://discovery.closer.ac.uk/files/instruments/nshd_61_sd-510f78e2c129e217ac79f121d3f44b58.pdf

nshd_61_sd

Label nshd_61_sd	Location Sequence
Type Sequence	Order InOrderOfAppearance

s_intro_i

Name s_intro_i	Location Sequence › nshd_61_sd
Type Statement	

Statement Text

STRICTLY CONFIDENTIAL

s_intro_ii

Name s_intro_ii	Location Sequence › nshd_61_sd
Type Statement	

Statement Text

1960-61

 s_intro_iii

Name s_intro_iii	Location Sequence › nshd_61_sd
Type Statement	

Statement Text

EXAMINATION BY THE SCHOOL DOCTOR

 s_intro_iv

Name s_intro_iv	Location Sequence › nshd_61_sd
Type Statement	

Statement Text

NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN

 s_intro_v

Name s_intro_v	Location Sequence › nshd_61_sd
Type Statement	

Statement Text

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

 qi_intro_i - intro i

Name qi_intro_i	Label intro i	Location Sequence › nshd_61_sd
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_61_sd
Type Text	Minimum Length	Maximum Length 255

Question

Name

 qi_intro_iii - intro iii

Name qi_intro_iii	Label intro iii	Location Sequence › nshd_61_sd
Type Text	Minimum Length	Maximum Length 255

Question

Address

 qi_intro_iv - intro iv

Name qi_intro_iv	Label intro iv	Location Sequence › nshd_61_sd
Type Text	Minimum Length	Maximum Length 255

Question

School

FOR THOSE WHO HAVE MOVED

Label FOR THOSE WHO HAVE MOVED	Location Sequence › nshd_61_sd
Type Sequence	Order InOrderOfAppearance

 qi_intro_v - intro v

Name qi_intro_v	Label intro v	Location Sequence › nshd_61_sd › FOR THOSE WHO HAVE MOVED
Type Text	Minimum Length	Maximum Length 255

Question

New address

 s_intro_vi

Name s_intro_vi	Location Sequence › nshd_61_sd
Type Statement	

Statement Text

IF THE FAMILY HAS MOVED TO ANOTHER AUTHORITY PLEASE ENTER THE NEW ADDRESS AND THE NAMES OF THE NEW L.E.A. AND NEW SCHOOL IN THE SPACE PROVIDED. IF THE CHILD CANNOT BE TRACED PLEASE ENTER THE LAST ADDRESS AND ANY OTHER INFORMATION THAT MIGHT HELP US TO TRACE HIM. IN EITHER CASE RETURN THE FORM TO WHOMEVER HAS BEEN DELEGATED BY THE SCHOOL MEDICAL OFFICER TO RECEIVE IT.

 s_intro_vii

Name s_intro_vii	Location Sequence › nshd_61_sd
Type Statement	

Statement Text

PURPOSE OF THIS INQUIRY

 s_intro_viii

Name s_intro_viii	Location Sequence › nshd_61_sd
Type Statement	

Statement Text

This child was enrolled at birth in a national survey which is being made by a Joint Committee of the Institute of Child Health, the Society of Medical Officers of Health and the Population Investigation Committee. The children in this survey are representative of all births in England, Wales and Scotland in March 1946. They are drawn from all social classes and during the first fourteen years of their lives less than 10 per cent of the children in 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_ix

Name s_intro_ix	Location Sequence › nshd_61_sd
Type Statement	

Statement Text

In order to ensure that these many medical histories are obtained in the same way it is important, when questioning the parent, that the wording and order of this form should be adhered to.

 s_intro_x

Name s_intro_x	Location Sequence › nshd_61_sd
Type Statement	

Statement Text

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


 s_intro_xi

Name s_intro_xi	Location Sequence › nshd_61_sd
--------------------	-----------------------------------

Type	
Statement	

Statement Text

THE FOLLOWING EQUIPMENT IS NEEDED:- (a) Darning needle size No. 1 (Milwards Gold Seal) (b) black thread (Coates button thread, extra strong) (c) a pin (d) a penny (c) a pencil


 s_intro_xii	
Name	Location
s_intro_xii	Sequence › nshd_61_sd
Type	
Statement	

Statement Text

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

A. MEDICAL HISTORY

Label	Location
A. MEDICAL HISTORY	Sequence › nshd_61_sd
Type	Order
Sequence	InOrderOfAppearance

 s_medhistory_i	
Name	Location
s_medhistory_i	Sequence › nshd_61_sd › A. MEDICAL HISTORY
Type	
Statement	

Statement Text

Put a circle round the code number opposite the printed answer that most nearly describes your findings. If no alternative fits please write the answer in the space directly under the question. If a question does not apply, strike it through.

SURVIVAL

Label	Location
SURVIVAL	Sequence › nshd_61_sd › A. MEDICAL HISTORY
Type	Order
Sequence	InOrderOfAppearance

 qi_1 - 1		
Name	Label	Location
qi_1	1	Sequence › nshd_61_sd › A. MEDICAL HISTORY › SURVIVAL
Type		
Date		
Condition	If this child has died please state	

Question

Date of Death

SOURCE OF INFORMATION

Label SOURCE OF INFORMATION	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

qi_2 - 2

Name qi_2	Label 2	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › SOURCE OF INFORMATION
Type Text	Minimum Length	Maximum Length 255

Condition

If this child is living but the form cannot be completed

Question

please state the reason here:

qi_3 - 3

Name qi_3	Label 3	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › SOURCE OF INFORMATION
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

Question

Parent or relative attending with child

Choices

1	Mother
2	Father
3	Both parents
0	Other person, namely

ASTHMA

Label ASTHMA	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

qi_4_a - 4 a

Name qi_4_a	Label 4 a	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › ASTHMA
----------------	--------------	---

Type Multiple Choice	Selection Type SelectOne	Display Style
-------------------------	-----------------------------	---------------

Question

Has this child, DURING THE LAST YEAR, had an attack of asthma?

Choices

1	Yes
0	No

 qi_4_b - 4 b

Name qi_4_b	Label 4 b	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › ASTHMA
Type Multiple Choice	Selection Type SelectOne	Display Style


Condition
(If "yes".)

Question

Do they occur?

Choices

4	Daily
3	Weekly
2	Monthly
1	Less often

 qi_4_c - 4 c

Name qi_4_c	Label 4 c	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › ASTHMA
Type Multiple Choice	Selection Type SelectOne	Display Style


Condition
(If "yes".)

Question

How long do they last?

Choices

1	Minutes
2	Hours
3	One or more days

 qi_4_d - 4 d

Name qi_4_d	Label 4 d	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › ASTHMA
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If "yes".)		

Question

Has a doctor been consulted about his asthma?

Choices

1	Doctor consulted
0	No doctor consulted

 qi_4_e - 4 e

Name qi_4_e	Label 4 e	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › ASTHMA
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If "yes".)		

Question

Has the cause of the attacks been investigated?

Choices

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

 qi_4_f - 4 f

Name qi_4_f	Label 4 f	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › ASTHMA
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes".)		


Question

What treatment is being given?

TEETH

Label TEETH	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY
----------------	--


Type Sequence	Order InOrderOfAppearance
------------------	------------------------------

 s_teeth_i

Name s_teeth_i	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › TEETH
Type Statement	

Statement Text

All Children

 qi_5_a - 5 a

Name qi_5_a	Label 5 a	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › TEETH
Type Integer, Multiple Choice	Low 0	High

Question

How many times has this child been seen by a dentist DURING THE LAST YEAR? ... times

Choices

0	Not seen by a dentist
---	-----------------------

A. HEART

Label A. HEART	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

 qi_6_a - 6 a

Name qi_6_a	Label 6 a	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › A. HEART
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

DURING THE LAST YEAR has this child been treated for heart trouble?

Choices

1	Yes
0	No

 qi_6_b_i - 6 b(i)

Name qi_6_b_i	Label 6 b(i)	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › A. HEART
------------------	-----------------	---

Type Text	Minimum Length	Maximum Length 255
Condition (If "yes".)		

Question

Name and address of hospital where treated? Name

qi_6_b_ii - 6 b(ii)		
Name qi_6_b_ii	Label 6 b(ii)	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › A. HEART
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes".)		

Question

Name and address of hospital where treated? Address

qi_6_c - 6 c		
Name qi_6_c	Label 6 c	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › A. HEART
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes".)		

Question

What treatment was given?

qi_6_d - 6 d		
Name qi_6_d	Label 6 d	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › A. HEART
Type Multiple Choice, Text	Selection Type SelectOne	Display Style
Condition (If "yes".)		

Question

Did this treatment lead to any restriction of his activities?

Choices

* Yes, namely
0 No restriction of activities

A. ABDOMEN

Label A. ABDOMEN	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

 s_abdomen_i

Name s_abdomen_i	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › A. ABDOMEN
Type Statement	

Statement Text

All Children

 qi_7_a - 7 a

Name qi_7_a	Label 7 a	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › A. ABDOMEN
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has this child had any attacks of abdominal pain DURING THE LAST YEAR?

Choices

1	Yes
0	No

 qi_7_b - 7 b

Name qi_7_b	Label 7 b	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › A. ABDOMEN
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition
(If "yes".)

Question

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

Choices

1	Doctor called in
2	Taken to hospital
0	Neither


 s_q8a

Name s_q8a	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › A. ABDOMEN
---------------	---

Type Statement	
-------------------	--

Statement Text

All Children


 qi_8_a - 8 a		
Name qi_8_a	Label 8 a	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › A. ABDOMEN
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has this child, DURING THE LAST YEAR, had recurrent attacks of vomiting (i.e. out of sorts at least 12 hours and at least one vomit)?

Choices

1	Yes
0	No


 qi_8_b - 8 b		
Name qi_8_b	Label 8 b	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › A. ABDOMEN
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If "yes".)		

Question

About how often does he have these attacks?

Choices

1	Less than once a month
2	More often

 qi_8_c - 8 c		
Name qi_8_c	Label 8 c	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › A. ABDOMEN
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes".)		

Question

Are these attacks associated with any particular circumstances? If so please give details

BEDWETTING

Label BEDWETTING	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance



s_bedwetting_i

Name s_bedwetting_i	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › BEDWETTING
Type Statement	

Statement Text

All Children



qi_9_a - 9 a

Name qi_9_a	Label 9 a	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › BEDWETTING
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Is this child now dry by night?

Choices

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



qi_9_b - 9 b

Name qi_9_b	Label 9 b	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › BEDWETTING
Type Text	Minimum Length	Maximum Length 255

Condition


(If "wet")

Question

How are you trying to get him dry?

MENSTRUATION

Label MENSTRUATION	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

 qi_10_a - 10 a


Name qi_10_a	Label 10 a	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › MENSTRUATION
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition All Girls		

Question

Has this child started her periods?

Choices

1	Yes
0	No
Y	Does not apply

 qi_10_b - 10 b


Name qi_10_b	Label 10 b	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › MENSTRUATION
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If "yes".) All Girls		

Question

Are they regular or only occasional?

Choices

2	Regular
1	Occasional
0	No periods yet
Y	Does not apply

 qi_10_c - 10 c

Name qi_10_c	Label 10 c	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › MENSTRUATION
Type Date, Multiple Choice		
Condition (If "yes".) All Girls		

Question

What was the date of onset of the FIRST period?

Choices

0	No periods yet
Y	Does not apply

 qi_10_d - 10 d


Name qi_10_d	Label 10 d	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › MENSTRUATION
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If "yes".) All Girls		

Question

Did this child complain of abdominal discomfort during the three months preceding her first period?

Choices

1	Yes
0	No
Y	Does not apply

 qi_10_e - 10 e

Name qi_10_e	Label 10 e	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › MENSTRUATION
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If "yes".) All Girls		

Question


Does she now have pain or discomfort associated with menstruation?

Choices

1	Yes
0	No
Y	Does not apply

HEARING


Label HEARING	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

 s_hearing_i

Name s_hearing_i	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › HEARING
Type Statement	

Statement Text

All Children

 qi_11_a - 11 a

Name qi_11_a	Label 11 a	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › HEARING
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	Sometimes deaf
2	Always deaf
0	Normal hearing

 qi_11_b - 11 b

Name qi_11_b	Label 11 b	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › HEARING
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition
(If "sometimes deaf".)

Question

Is he hard of hearing when he has colds?

Choices

1	Yes
0	No

FITS AND CONVULSIONS

Label FITS AND CONVULSIONS	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

s_fitsconvulsions_i

Name s_fitsconvulsions_i	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › FITS AND CONVULSIONS
Type Statement	

Statement Text

All Children

qi_12_a - 12 a

Name qi_12_a	Label 12 a	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › FITS AND CONVULSIONS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has this child, DURING THE LAST YEAR had a fit or convulsion or lost consciousness?

Choices

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

qi_12_b - 12 b

Name qi_12_b	Label 12 b	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › FITS AND CONVULSIONS
Type Integer	Low 0	High

Condition
(If "fit or convulsion".)

Question

How many fits or convulsions has he had DURING THE LAST YEAR? ... fits or convulsions

 qi_12_c - 12 c

Name qi_12_c	Label 12 c	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › FITS AND CONVULSIONS
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If "fit or convulsion".)		

Question

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

Choices

1	During an illness
2	While in normal health

IMMUNISATION AND CLINICS


Label IMMUNISATION AND CLINICS	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

 s_immunisationclinics_i

Name s_immunisationclinics_i	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › IMMUNISATION AND CLINICS
Type Statement	

Statement Text

All Children

 qi_13_a - 13 a

Name qi_13_a	Label 13 a	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › IMMUNISATION AND CLINICS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has this child had B.C.G. vaccination?

Choices

1	Yes
0	No

 qi_13_b - 13 b


Name qi_13_b	Label 13 b	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › IMMUNISATION AND CLINICS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has this child had poliomyelitis immunisation?

Choices

1	Yes
0	No

 qi_14 - 14

Name qi_14	Label 14	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › IMMUNISATION AND CLINICS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has this child attended a school clinic or Out-Patient Department of a hospital DURING THE LAST YEAR?

Choices

1	Yes
0	No

 qg_14_i - 14 i

Name qg_14_i	Label 14 i	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › IMMUNISATION AND CLINICS
Type Question Grid		

Condition
(If "yes".)

Question

Please give the following details:-

Rows

1	1
2	2

3 3

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

GENERAL HEALTH

Label	Location
GENERAL HEALTH	Sequence › nshd_61_sd › A. MEDICAL HISTORY
Type	Order
Sequence	InOrderOfAppearance

**s_generalhealth_i**

Name	Location
s_generalhealth_i	Sequence › nshd_61_sd › A. MEDICAL HISTORY › GENERAL HEALTH
Type	
Statement	

Statement Text

All Children

**qi_15_a - 15 a**

Name	Label	Location
qi_15_a	15 a	Sequence › nshd_61_sd › A. MEDICAL HISTORY › GENERAL HEALTH
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

Question

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

Choices


1	Yes
0	No

 qi_15_b - 15 b

Name qi_15_b	Label 15 b	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes".)		

Question

Please give your reasons for worrying

 s_q16a

Name s_q16a	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › GENERAL HEALTH
Type Statement	

Statement Text

All Children

 qi_16_a - 16 a


Name qi_16_a	Label 16 a	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › GENERAL HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Does this child show any problems of behaviour, adjustment, or conduct which are a cause of concern to you?

Choices


1	Yes
0	No

 qi_16_b - 16 b

Name qi_16_b	Label 16 b	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes".)		

Question

Please give details

 qi_16_c - 16 c

Name qi_16_c	Label 16 c	Location Sequence › nshd_61_sd › A. MEDICAL HISTORY › GENERAL HEALTH
Type Multiple Choice, Text	Selection Type SelectOne	Display Style
Condition (If "yes".)		

Question

What treatment, if any, is being given for these behaviour problems?

Choices

0	No treatment
1	Child Guidance Clinic
*	Other, namely
Y	Does not apply

B. EXAMINATION

Label B. EXAMINATION	Location Sequence › nshd_61_sd
Type Sequence	Order InOrderOfAppearance

THROAT AND TONSILS

Label THROAT AND TONSILS	Location Sequence › nshd_61_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

 s_throattonsils_i

Name s_throattonsils_i	Location Sequence › nshd_61_sd › B. EXAMINATION › THROAT AND TONSILS
Type Statement	

Statement Text

All Children

 qi_17_a - 17 a

Name qi_17_a	Label 17 a	Location Sequence › nshd_61_sd › B. EXAMINATION › THROAT AND TONSILS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Colour of pillars of fauces.

Choices

1	Congested
0	Not congested
Y	Not seen, child gags

 qi_17_b - 17 b

Name qi_17_b	Label 17 b	Location Sequence › nshd_61_sd › B. EXAMINATION › THROAT AND TONSILS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Tonsils.

Choices

1	Present and intact
2	Remnants
0	Removed
Y	Not seen, child gags

 qi_17_c - 17 c

Name qi_17_c	Label 17 c	Location Sequence › nshd_61_sd › B. EXAMINATION › THROAT AND TONSILS
Type Multiple Choice	Selection Type SelectOne	Display Style


Condition
(If tonsils present.)

Question

Size of tonsils.

Choices

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

 qi_17_d - 17 d

Name qi_17_d	Label 17 d	Location Sequence › nshd_61_sd › B. EXAMINATION › THROAT AND TONSILS
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If tonsils present.)		

Question

Crypts.

Choices

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

 qi_17_e - 17 e

Name qi_17_e	Label 17 e	Location Sequence › nshd_61_sd › B. EXAMINATION › THROAT AND TONSILS
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If tonsils present.)		

Question

Tonsillar glands.

Choices

1	Palpable
0	Not palpable

 qi_17_f - 17 f

Name qi_17_f	Label 17 f	Location Sequence › nshd_61_sd › B. EXAMINATION › THROAT AND TONSILS
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If tonsils present.)		

Question

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

Choices

1	Yes
0	No
2	Undecided

 qi_17_g - 17 g

Name qi_17_g	Label 17 g	Location Sequence › nshd_61_sd › B. EXAMINATION › THROAT AND TONSILS
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes".) (If tonsils present.)		

Question

Please give your reasons

BREAST DEVELOPMENT

Label BREAST DEVELOPMENT	Location Sequence › nshd_61_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

 s_breastdev_i

Name s_breastdev_i	Location Sequence › nshd_61_sd › B. EXAMINATION › BREAST DEVELOPMENT
Type Statement	

Statement Text

All Children

 qi_18 - 18

Name qi_18	Label 18	Location Sequence › nshd_61_sd › B. EXAMINATION › BREAST DEVELOPMENT
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Are there any signs of breast development?


Choices

1	Yes
0	No

Y	Does not apply
---	----------------

LUNGS


Label LUNGS	Location Sequence › nshd_61_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

 s_lungs_i

Name s_lungs_i	Location Sequence › nshd_61_sd › B. EXAMINATION › LUNGS
Type Statement	

Statement Text

All Children

 qi_19 - 19

Name qi_19	Label 19	Location Sequence › nshd_61_sd › B. EXAMINATION › LUNGS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Are there any abnormal signs present in the lungs?

Choices

1	Abnormal signs present
0	No abnormality detected

 qi_19_i - 19 i

Name qi_19_i	Label 19 i	Location Sequence › nshd_61_sd › B. EXAMINATION › LUNGS
Type Text	Minimum Length	Maximum Length 255

Condition
(If "abnormal signs".)

Question

Please describe

B. HEART

Label B. HEART	Location Sequence › nshd_61_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

 s_heart_i

Name s_heart_i	Location Sequence › nshd_61_sd › B. EXAMINATION › B. HEART
Type Statement	

Statement Text


Please examine this child standing up and lying down.

 s_heart_ii

Name s_heart_ii	Location Sequence › nshd_61_sd › B. EXAMINATION › B. HEART
Type Statement	

Statement Text

All Children

 qi_20_a - 20 a

Name qi_20_a	Label 20 a	Location Sequence › nshd_61_sd › B. EXAMINATION › B. HEART
Type Text	Minimum Length	Maximum Length 255

Question

Position of cardiac impulse

 qi_20_b_i - 20 b(i)

Name qi_20_b_i	Label 20 b(i)	Location Sequence › nshd_61_sd › B. EXAMINATION › B. HEART
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Murmurs. Standing

Choices

0	No murmur heard
1	Murmur(s) heard

 qi_20_b_ii - 20 b(ii)

Name qi_20_b_ii	Label 20 b(ii)	Location Sequence › nshd_61_sd › B. EXAMINATION › B. HEART
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Murmurs. Lying

Choices

0	No murmur heard
1	Murmur(s) heard

 qi_20_b_ii_a - 20 b(ii)

Name qi_20_b_ii_a	Label 20 b(ii)	Location Sequence › nshd_61_sd › B. EXAMINATION › B. HEART
Type Text	Minimum Length	Maximum Length 255
Condition (If "murmur(s").)		

Question


Point of maximum intensity?

 qi_20_b_ii_b - 20 b(ii)

Name qi_20_b_ii_b	Label 20 b(ii)	Location Sequence › nshd_61_sd › B. EXAMINATION › B. HEART
Type Text	Minimum Length	Maximum Length 255
Condition (If "murmur(s").)		

Question

Timing of the murmur?

 qi_20_b_ii_c - 20 b(ii)

Name qi_20_b_ii_c	Label 20 b(ii)	Location Sequence › nshd_61_sd › B. EXAMINATION › B. HEART
Type Text	Minimum Length	Maximum Length 255
Condition (If "murmur(s").)		

Question

Is there a palpable thrill?

 qi_20_b_ii_d - 20 b(ii)

Name qi_20_b_ii_d	Label 20 b(ii)	Location Sequence › nshd_61_sd › B. EXAMINATION › B. HEART
Type Text	Minimum Length	Maximum Length 255

Condition
If so,
(If "murmur(s)".)

Question

where?

 s_q20c

Name s_q20c	Location Sequence › nshd_61_sd › B. EXAMINATION › B. HEART
Type Statement	

Statement Text


All Children

 qi_20_c - 20 c

Name qi_20_c	Label 20 c	Location Sequence › nshd_61_sd › B. EXAMINATION › B. HEART
Type Text	Minimum Length	Maximum Length 255

Question

Details of any other cardiac abnormalities not noted above

 qi_20_d - 20 d

Name qi_20_d	Label 20 d	Location Sequence › nshd_61_sd › B. EXAMINATION › B. HEART
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you consider that this child shows any evidence of rheumatic heart disease?

Choices

1	Yes
0	No
2	Doubtful

 qi_20_d_i - 20 d(i)

Name qi_20_d_i	Label 20 d(i)	Location Sequence › nshd_61_sd › B. EXAMINATION › B. HEART
Type Text	Minimum Length	Maximum Length 255

Condition
(If "Yes".)

Question

Please describe

s_q20e	
Name s_q20e	Location Sequence › nshd_61_sd › B. EXAMINATION › B. HEART
Type Statement	

Statement Text

All Children

qi_20_e - 20 e		
Name qi_20_e	Label 20 e	Location Sequence › nshd_61_sd › B. EXAMINATION › B. HEART
Type Text	Minimum Length	Maximum Length 255

Question

Are there any other manifestations of rheumatic disease?

qi_20_f - 20 f		
Name qi_20_f	Label 20 f	Location Sequence › nshd_61_sd › B. EXAMINATION › B. HEART
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you consider that this child shows any evidence of congenital heart disease?

Choices

1	Yes
0	No
2	Doubtful


qi_20_f_i - 20 f(i)		
Name qi_20_f_i	Label 20 f(i)	Location Sequence › nshd_61_sd › B. EXAMINATION › B. HEART
Type Text	Minimum Length	Maximum Length 255
Condition (If "Yes".)		

Question

Please describe

B. ABDOMEN


Label B. ABDOMEN	Location Sequence › nshd_61_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

 s_abdomen

Name s_abdomen	Location Sequence › nshd_61_sd › B. EXAMINATION › B. ABDOMEN
Type Statement	

Statement Text

All Children

 qi_21_a - 21 a

Name qi_21_a	Label 21 a	Location Sequence › nshd_61_sd › B. EXAMINATION › B. ABDOMEN
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Is there any abdominal distention?

Choices

1	Yes
0	No

 qi_21_b - 21 b

Name qi_21_b	Label 21 b	Location Sequence › nshd_61_sd › B. EXAMINATION › B. ABDOMEN
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

Question

As there any palpable masses?

Choices

0	No
1	Yes, liver palpable
2	Yes, spleen palpable
3	Yes, faeces palpable
*	Yes, other masses, namely

 qi_21_c - 21 c


Name qi_21_c	Label 21 c	Location Sequence › nshd_61_sd › B. EXAMINATION › B. ABDOMEN
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Is there an impulse on coughing when a finger is inserted into the inguinal canal?

Choices

1	Yes
0	No

 qi_21_d - 21 d

Name qi_21_d	Label 21 d	Location Sequence › nshd_61_sd › B. EXAMINATION › B. ABDOMEN
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Is any pigmented pubic hair visible?

Choices

1	Yes, sparse
2	Yes, profuse
0	No

 qi_21_e - 21 e


Name qi_21_e	Label 21 e	Location Sequence › nshd_61_sd › B. EXAMINATION › B. ABDOMEN
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Is any axillary hair visible?

Choices

1	Yes
0	No

 qi_21_f - 21 f


Name qi_21_f	Label 21 f	Location Sequence › nshd_61_sd › B. EXAMINATION › B. ABDOMEN
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition Boys Only		

Question

Development of genitalia

Choices

0	Infantile
1	*Early
2	**Advanced or complete
Y	Does not apply

 s_q21f_i

Name s_q21f_i	Location Sequence › nshd_61_sd › B. EXAMINATION › B. ABDOMEN
Type Statement	
Condition Boys Only	

Statement Text

*"early" increase in length of penis and width of glans with softening and slight enlargement of testes.

 s_q21f_ii

Name s_q21f_ii	Location Sequence › nshd_61_sd › B. EXAMINATION › B. ABDOMEN
Type Statement	
Condition Boys Only	

Statement Text

**"advanced" substantial enlargement of glans and penis plus testicular enlargement with pendulous and rugose scrotum.

CO-ORDINATION


Label CO-ORDINATION	Location Sequence › nshd_61_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

 s_coordination

Name s_coordination	Location Sequence › nshd_61_sd › B. EXAMINATION › CO-ORDINATION
Type Statement	

Statement Text

All Children

 qi_22_a - 22 a

Name qi_22_a	Label 22 a	Location Sequence › nshd_61_sd › B. EXAMINATION › CO-ORDINATION
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Can this child hop on his right leg?

Choices

1	Yes
0	No

 qi_22_b - 22 b

Name qi_22_b	Label 22 b	Location Sequence › nshd_61_sd › B. EXAMINATION › CO-ORDINATION
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Can this child hop on his left leg?

Choices

1	Yes
0	No

 qi_22_c - 22 c

Name qi_22_c	Label 22 c	Location Sequence › nshd_61_sd › B. EXAMINATION › CO-ORDINATION
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Can this child thread a darning needle with his right hand?

Choices

1	Yes
---	-----


0	No
---	----

 s_q22c

Name s_q22c	Location Sequence › nshd_61_sd › B. EXAMINATION › CO-ORDINATION
Type Statement	

Statement Text

(Darning needle Size 1 and Coates extra strong black thread.)

 qi_22_d - 22 d

Name qi_22_d	Label 22 d	Location Sequence › nshd_61_sd › B. EXAMINATION › CO-ORDINATION
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Can this child thread a darning needle with his left hand?

Choices

1	Yes
0	No

 qi_22_e_i - 22 e(i)

Name qi_22_e_i	Label 22 e(i)	Location Sequence › nshd_61_sd › B. EXAMINATION › CO-ORDINATION
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

(If this child cannot thread a needle with left or right hand proceed as follows until he is successful.)

Question

Can this child pick up a pin? Right hand

Choices

1	Yes
0	No

 qi_22_e_ii - 22 e(ii)

Name qi_22_e_ii	Label 22 e(ii)	Location Sequence › nshd_61_sd › B. EXAMINATION › CO-ORDINATION
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

(If this child cannot thread a needle with left or right hand proceed as follows until he is successful.)

Question

Can this child pick up a pin? Left hand

Choices

1	Yes
0	No

 qi_22_f_i - 22 f(i)

Name qi_22_f_i	Label 22 f(i)	Location Sequence › nshd_61_sd › B. EXAMINATION › CO-ORDINATION
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

(If this child cannot thread a needle with left or right hand proceed as follows until he is successful.)

Question

Can this child pick up a penny? Right hand

Choices

1	Yes
0	No

 qi_22_f_ii - 22 f(ii)

Name qi_22_f_ii	Label 22 f(ii)	Location Sequence › nshd_61_sd › B. EXAMINATION › CO-ORDINATION
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

(If this child cannot thread a needle with left or right hand proceed as follows until he is successful.)

Question

Can this child pick up a penny? Left hand

Choices

1	Yes
0	No

 qi_22_g_i - 22 g(i)

Name qi_22_g_i	Label 22 g(i)	Location Sequence › nshd_61_sd › B. EXAMINATION › CO-ORDINATION
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

(If this child cannot thread a needle with left or right hand proceed as follows until he is successful.)

Question

Can this child pick up a matchstick? Right hand

Choices

1	Yes
0	No

 qi_22_g_ii - 22 g(ii)

Name qi_22_g_ii	Label 22 g(ii)	Location Sequence › nshd_61_sd › B. EXAMINATION › CO-ORDINATION
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

(If this child cannot thread a needle with left or right hand proceed as follows until he is successful.)

Question

Can this child pick up a matchstick? Left hand

Choices

1	Yes
0	No

 qi_22_h_i - 22 h(i)

Name qi_22_h_i	Label 22 h(i)	Location Sequence › nshd_61_sd › B. EXAMINATION › CO-ORDINATION
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

(If this child cannot thread a needle with left or right hand proceed as follows until he is successful.)

Question

Can this child pick up a pencil? Right hand

Choices

1	Yes
0	No

 qi_22_h_ii - 22 h(ii)

Name qi_22_h_ii	Label 22 h(ii)	Location Sequence › nshd_61_sd › B. EXAMINATION › CO-ORDINATION
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

(If this child cannot thread a needle with left or right hand proceed as follows until he is successful.)

Question

Can this child pick up a pencil? Left hand

Choices

1	Yes
0	No



s_q22i

Name	Location
s_q22i	Sequence › nshd_61_sd › B. EXAMINATION › CO-ORDINATION
Type	
Statement	

Statement Text

All Children



qi_22_i - 22 i

Name	Label	Location
qi_22_i	22 i	Sequence › nshd_61_sd › B. EXAMINATION › CO-ORDINATION
Type	Low	High
Integer	0	

Question

Ask this child to tap as fast as he can the dorsum of his left hand with his right finger ... taps in 15 secs.



qi_22_j - 22 j

Name	Label	Location
qi_22_j	22 j	Sequence › nshd_61_sd › B. EXAMINATION › CO-ORDINATION
Type	Low	High
Integer	0	

Question

Ask this child to tap as fast as he can the dorsum of his right hand with his left finger ... taps in 15 secs.




qi_22_k - 22 k

Name	Label	Location
qi_22_k	22 k	Sequence › nshd_61_sd › B. EXAMINATION › CO-ORDINATION
Type	Low	High
Integer	0	

Question

With the child sitting, ask him to tap the ground as fast as he can with his right foot ... taps in 15 secs.

 qi_22_l - 22 l

Name qi_22_l	Label 22 l	Location Sequence › nshd_61_sd › B. EXAMINATION › CO-ORDINATION
Type Integer	Low 0	High

Question

With this child sitting, ask him to tap the ground as fast as he can with his left foot ... taps in 15 secs.

MISCELLANEOUS


Label MISCELLANEOUS	Location Sequence › nshd_61_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

 s_miscellaneous_i

Name s_miscellaneous_i	Location Sequence › nshd_61_sd › B. EXAMINATION › MISCELLANEOUS
Type Statement	

Statement Text

All Children

 qi_23_i - 23 i


Name qi_23_i	Label 23 i	Location Sequence › nshd_61_sd › B. EXAMINATION › MISCELLANEOUS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Skin.

Choices

0	No obvious abnormality
1	Septic spots or boils

 qi_23_ii - 23 ii

Name qi_23_ii	Label 23 ii	Location Sequence › nshd_61_sd › B. EXAMINATION › MISCELLANEOUS
Type Text	Minimum Length	Maximum Length 255

Question

Skin. Other abnormalities, namely

 qi_24 - 24

Name qi_24	Label 24	Location Sequence › nshd_61_sd › B. EXAMINATION › MISCELLANEOUS
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

Question

Nails and fingers.

Choices

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

 qi_25_i_a - 25 i(a)

Name qi_25_i_a	Label 25 i(a)	Location Sequence › nshd_61_sd › B. EXAMINATION › MISCELLANEOUS
Type Multiple Choice	Selection Type SelectUpToN (4)	Display Style

Question

Orthopaedic defects. Extremities

Choices

1	Knock knee
2	Valgus ankles
3	Hallux valgus
4	Painful flat feet

 qi_25_i_b - 25 i(b)

Name qi_25_i_b	Label 25 i(b)	Location Sequence › nshd_61_sd › B. EXAMINATION › MISCELLANEOUS
Type Text	Minimum Length	Maximum Length 255

Question

Orthopaedic defects. Extremities other namely

 qi_25_ii_a - 25 ii(a)

Name qi_25_ii_a	Label 25 ii(a)	Location Sequence › nshd_61_sd › B. EXAMINATION › MISCELLANEOUS
Type Multiple Choice	Selection Type SelectUpToN (2)	Display Style

Question

Orthopaedic defects. Postural

Choices

5	Scoliosis
6	Kyphosis

 qi_25_ii_b - 25 ii(b)

Name qi_25_ii_b	Label 25 ii(b)	Location Sequence › nshd_61_sd › B. EXAMINATION › MISCELLANEOUS
Type Text	Minimum Length	Maximum Length 255

Question

Orthopaedic defects. Postural other namely

 qi_25_iii_a - 25 iii(a)

Name qi_25_iii_a	Label 25 iii(a)	Location Sequence › nshd_61_sd › B. EXAMINATION › MISCELLANEOUS
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

Question

Orthopaedic defects. Disease

Choices


7	Poliomyelitis
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 qi_25_iii_b - 25 iii(b)

Name qi_25_iii_b	Label 25 iii(b)	Location Sequence › nshd_61_sd › B. EXAMINATION › MISCELLANEOUS
Type Text	Minimum Length	Maximum Length 255

Question

Orthopaedic defects. Disease other namely

 qi_25_iv - 25 iv

Name qi_25_iv	Label 25 iv	Location Sequence › nshd_61_sd › B. EXAMINATION › MISCELLANEOUS
Type Text	Minimum Length	Maximum Length 255

Question

Orthopaedic defects. Congenital

 qi_25_v - 25 v

Name qi_25_v	Label 25 v	Location Sequence › nshd_61_sd › B. EXAMINATION › MISCELLANEOUS
Type Text	Minimum Length	Maximum Length 255

Question

Orthopaedic defects. Other defect namely

 qi_25_vi - 25 vi

Name qi_25_vi	Label 25 vi	Location Sequence › nshd_61_sd › B. EXAMINATION › MISCELLANEOUS
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

Question

Orthopaedic defects.

Choices

0 No defect

 qi_25_vii - 25 vii

Name qi_25_vii	Label 25 vii	Location Sequence › nshd_61_sd › B. EXAMINATION › MISCELLANEOUS
Type Text	Minimum Length	Maximum Length 255

Condition
(If any defect)

Question

Please give details of treatment

 qi_26 - 26

Name qi_26	Label 26	Location Sequence › nshd_61_sd › B. EXAMINATION › MISCELLANEOUS
Type Text	Minimum Length	Maximum Length 255

Question

Remarks on other abnormalities or deformities not reported above

PHYSICAL MEASUREMENTS

Label PHYSICAL MEASUREMENTS	Location Sequence › nshd_61_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

qi_27_i - 27 i

Name qi_27_i	Label 27 i	Location Sequence › nshd_61_sd › B. EXAMINATION › PHYSICAL MEASUREMENTS
Type Text, Integer, Integer, Integer	Minimum Length	Maximum Length 255

Question

Present weight. (In underpants or knickers only and WITHOUT SHOES. If this is impossible please list the clothes in which he was weighed ...) ... st. ... lbs. ... ozs.

qi_27_ii - 27 ii

Name qi_27_ii	Label 27 ii	Location Sequence › nshd_61_sd › B. EXAMINATION › PHYSICAL MEASUREMENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Scales used.

Choices

1	Beam balance
2	Spring balance

qi_28 - 28

Name qi_28	Label 28	Location Sequence › nshd_61_sd › B. EXAMINATION › PHYSICAL MEASUREMENTS
Type Integer, Float, Multiple Choice	Low 0	High

Question

Present standing height. (WITHOUT SHOES.) ... ft. ... ins. (To nearest quarter inch.)

Choices

1	Height measurer used
2	Measured against wall

 s_q28


Name	Location
s_q28	Sequence › nshd_61_sd › B. EXAMINATION › PHYSICAL MEASUREMENTS
Type	
Statement	

Statement Text

["The most accurate results are obtained if heels, shoulders and buttocks touch an upright wall, and the child looks straight ahead so that the lower border of the orbit and the external auditory meatus are in the same horizontal plane. The child should be told to make himself as tall as possible without lifting his heels from the ground. A deep breath should be taken as this helps to bring him up to his maximum height." Report of C.M.O., Ministry of Education, 1950/51, p. 61.]

SPEECH


Label	Location
SPEECH	Sequence › nshd_61_sd › B. EXAMINATION
Type	Order
Sequence	InOrderOfAppearance

 s_speech_i

Name	Location
s_speech_i	Sequence › nshd_61_sd › B. EXAMINATION › SPEECH
Type	
Statement	

Statement Text

All Children

 qi_29_a - 29 a

Name	Label	Location
qi_29_a	29 a	Sequence › nshd_61_sd › B. EXAMINATION › SPEECH
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

Question

Has this child's voice broken?

Choices

0	Not yet broken
1	Starting to break
2	Completely broken
Y	Does not apply

 qi_29_b - 29 b

Name qi_29_b	Label 29 b	Location Sequence › nshd_61_sd › B. EXAMINATION › SPEECH
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

Question

Speech

Choices

0	No abnormality
1	Stammering
2	Dyslalia
*	Structural, namely

 qi_29_c - 29 c

Name qi_29_c	Label 29 c	Location Sequence › nshd_61_sd › B. EXAMINATION › SPEECH
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition


(If "stammering," "dyslalia" or other defect.)

Question

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

Choices

1	Yes
0	No

 qi_29_d - 29 d

Name qi_29_d	Label 29 d	Location Sequence › nshd_61_sd › B. EXAMINATION › SPEECH
Type Text	Minimum Length	Maximum Length 255

Condition

(If "yes".)

(If "stammering," "dyslalia" or other defect.)

Question

What arrangements have been made to give him speech therapy

EYES

Label EYES	Location Sequence › nshd_61_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

 s_eyes_i

Name s_eyes_i	Location Sequence › nshd_61_sd › B. EXAMINATION › EYES
Type Statement	

Statement Text

All Children

 qi_30_a - 30 a

Name qi_30_a	Label 30 a	Location Sequence › nshd_61_sd › B. EXAMINATION › EYES
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Squint.

Choices

0	Does not squint
1	Concomitant squint
2	Paralytic squint

 qi_30_b - 30 b


Name qi_30_b	Label 30 b	Location Sequence › nshd_61_sd › B. EXAMINATION › EYES
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have glasses been supplied for this child?

Choices

1	Yes
0	No

 qi_30_c - 30 c

Name qi_30_c	Label 30 c	Location Sequence › nshd_61_sd › B. EXAMINATION › EYES
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Type Text	Minimum Length	Maximum Length 255
Condition (If "yes".)		

Question

Who refracted this child?

? qi_30_d - 30 d		
Name qi_30_d	Label 30 d	Location Sequence › nshd_61_sd › B. EXAMINATION › EYES
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If "yes".)		

Question

Are glasses being worn to-day?

Choices

1	Yes
0	No

? qg_31_a - 31 a		
Name qg_31_a	Label 31 a	Location Sequence › nshd_61_sd › B. EXAMINATION › EYES
Type Question Grid		

Question

Visual acuity.

Rows

1	Right eye
2	Left eye

Columns

Acuity	Numeric
Generic text	Text
Acuity	Numeric
Generic text	Text

? qi_31_b - 31 b

Name qi_31_b	Label 31 b	Location Sequence › nshd_61_sd › B. EXAMINATION › EYES
Type Text	Minimum Length	Maximum Length 255

Question

Eye defects not noted above:

EARS

Label EARS	Location Sequence › nshd_61_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

s_ears_i

Name s_ears_i	Location Sequence › nshd_61_sd › B. EXAMINATION › EARS
Type Statement	

Statement Text

All Children

qi_32_a_i - 32 a(i)

Name qi_32_a_i	Label 32 a(i)	Location Sequence › nshd_61_sd › B. EXAMINATION › EARS
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

Question

External Auditory Meatus. Right

Choices

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

qi_32_a_ii - 32 a(ii)

Name qi_32_a_ii	Label 32 a(ii)	Location Sequence › nshd_61_sd › B. EXAMINATION › EARS
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

Question

External Auditory Meatus. Left

Choices

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

 qi_32_b_i - 32 b(i)

Name qi_32_b_i	Label 32 b(i)	Location Sequence › nshd_61_sd › B. EXAMINATION › EARS
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

Question

Drums. Right

Choices

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

 qi_32_b_ii - 32 b(ii)

Name qi_32_b_ii	Label 32 b(ii)	Location Sequence › nshd_61_sd › B. EXAMINATION › EARS
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

Question

Drums. Left

Choices

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

qi_32_c - 32 c

Name qi_32_c	Label 32 c	Location Sequence › nshd_61_sd › B. EXAMINATION › EARS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

What is your assessment of this child's hearing?

Choices

3	Average or good
2	Poor
1	Very poor

qi_32_d - 32 d

Name qi_32_d	Label 32 d	Location Sequence › nshd_61_sd › B. EXAMINATION › EARS
Type Text	Minimum Length	Maximum Length 255

Condition
(If hearing is "poor".)

Question

Does he wear a hearing aid?

ASSESSMENTS

Label ASSESSMENTS	Location Sequence › nshd_61_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

s_assessments_i

Name s_assessments_i	Location Sequence › nshd_61_sd › B. EXAMINATION › ASSESSMENTS
Type Statement	

Statement Text

All Children

qi_33_a - 33 a

Name qi_33_a	Label 33 a	Location Sequence › nshd_61_sd › B. EXAMINATION › ASSESSMENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Alertness and activity.

Choices

2	Average
3	Above average
1	Below average
0	Apathetic

 qi_33_b - 33 b


Name qi_33_b	Label 33 b	Location Sequence › nshd_61_sd › B. EXAMINATION › ASSESSMENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Physical development.

Choices

1	Average
2	Superior
0	Inferior

 qi_33_c - 33 c


Name qi_33_c	Label 33 c	Location Sequence › nshd_61_sd › B. EXAMINATION › ASSESSMENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Obesity.

Choices

1	Very obese
2	Obese
3	Average
4	Thin
5	Very thin

 qi_34_i - 34 i

Name qi_34_i	Label 34 i	Location Sequence › nshd_61_sd › B. EXAMINATION › ASSESSMENTS
Type Text	Minimum Length	Maximum Length 255

Question

What does this child propose to do when he/she leaves school?

? qi_34_ii - 34 ii		
Name qi_34_ii	Label 34 ii	Location Sequence › nshd_61_sd › B. EXAMINATION › ASSESSMENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Is there anything in this history or examination which, in your opinion, would make this choice of job unsuitable or undesirable?

Choices

1	Yes
0	No

? qi_34_iii - 34 iii		
Name qi_34_iii	Label 34 iii	Location Sequence › nshd_61_sd › B. EXAMINATION › ASSESSMENTS
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes".)		

Question

Please give your reasons for thinking this choice of job is unsuitable or undesirable

? qi_outro_i - outro i		
Name qi_outro_i	Label outro i	Location Sequence › nshd_61_sd
Type Text	Minimum Length	Maximum Length

Question

CHECK ON PAST INFORMATION

? qi_outro_ii - outro ii		
Name qi_outro_ii	Label outro ii	Location Sequence › nshd_61_sd
Type Text, Multiple Choice	Minimum Length	Maximum Length 255

Question

Name of Doctor making examination

Choices

1	School Doctor
2	Family Doctor

 qi_outro_iii - outro iii

Name qi_outro_iii	Label outro iii	Location Sequence › nshd_61_sd
Type Date		

Question

Date of examination

 qi_outro_iv - outro iv

Name qi_outro_iv	Label outro iv	Location Sequence › nshd_61_sd
Type Duration		

Question

Time taken for this examination