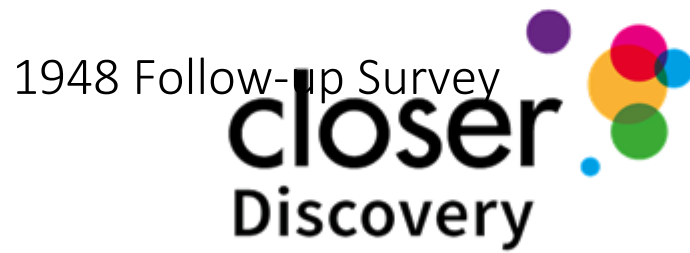


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Table of Contents

1948 Follow-up Survey	7
Instrument Locations	7
nshd_48	7
s_intro_i	7
s_intro_ii	7
s_intro_iii	7
s_intro_iv	7
qi_j - i	8
qi_ii - ii	8
qi_iii - iii	8
qi_iv - iv	8
s_intro_v	8
s_intro_vi	9
s_intro_vii	9
s_intro_viii	9
s_intro_ix	9
s_intro_x	9
s_intro_xi	10
s_intro_xii	10
s_intro_xiii	10
s_intro_xiv	10
s_intro_xv	11
s_intro_xvi	11
s_intro_xvii	11
s_intro_xviii	11
s_intro_xix	12
s_intro_xx	12
qi_1 - 1	12
DETAILS OF CHILD BORN IN MARCH, 1946	12
qi_2 - 2	12
qi_3_a - 3 a	13
qi_3_b - 3 b	13
qi_4 - 4	13
qi_5 - 5	14
DEVELOPMENT	14
qi_6_a - 6 a	14
qi_6_b - 6 b	14

qj_6_c - 6 c	15
qj_6_d - 6 d	15
qj_6_e - 6 e	15
qj_7 - 7	15
qj_7_a - 7 a	16
qj_8 - 8	16
qj_8_a - 8 a	17
DOMESTIC ACCIDENTS	17
qg_9 - 9	17
qj_9_a_i - 9 a(i)	17
qj_9_a_ii - 9 a(ii)	18
qj_9_a_iii - 9 a(iii)	18
qj_9_b_i - 9 b(i)	18
qj_9_b_ii - 9 b(ii)	19
qj_9_b_iii - 9 b(iii)	20
qj_9_c_i - 9 c(i)	20
qj_9_c_ii - 9 c(ii)	21
qj_9_c_iii - 9 c(iii)	21
qj_9_d_i - 9 d(i)	22
qj_9_d_ii - 9 d(ii)	22
qj_9_d_iii - 9 d(iii)	22
INFECTIOUS DISEASES	22
qj_10_i - 10 i	22
qj_10_ii - 10 ii	23
qj_10_iii - 10 iii	23
qj_10_iv - 10 iv	24
qj_10_a_i - 10 a(i)	24
qj_10_a_ii - 10 a(ii)	24
qj_10_a_iii - 10 a(iii)	25
qj_10_a_iv - 10 a(iv)	25
qj_10_b_i - 10 b(i)	25
qj_10_b_ii - 10 b(ii)	26
qj_10_b_iii - 10 b(iii)	26
qj_10_b_iv - 10 b(iv)	27
qj_11_i - 11 i	28
qj_11_ii - 11 ii	28
qj_11_iii - 11 iii	28
qj_11_a_i - 11 a(i)	29
qj_11_a_ii - 11 a(ii)	29
qj_11_a_iii - 11 a(iii)	29

qi_11_b_i - 11 b(i)	30
qi_11_b_ii - 11 b(ii)	30
qi_11_b_iii - 11 b(iii)	31
IMMUNISATION	31
qi_12 - 12	31
qi_12_a - 12 a	32
qi_12_b - 12 b	32
MISCELLANEOUS ILLNESSES	32
qi_13_a - 13 a	33
qi_13_b - 13 b	33
qi_13_c - 13 c	33
qi_13_d - 13 d	34
qi_14 - 14	34
qi_14_a - 14 a	34
qi_14_b - 14 b	35
qi_14_c - 14 c	35
qi_15_i - 15 i	36
qi_15_ii - 15 ii	36
qi_15_a_i - 15 a(i)	36
qi_15_a_ii - 15 a(ii)	37
qi_15_b_i - 15 b(i)	37
qi_15_b_ii - 15 b(ii)	37
qi_15_c_i - 15 c(i)	38
qi_15_c_ii - 15 c(ii)	38
FEEDING	39
qi_16_a - 16 a	39
qi_16_b - 16 b	39
INFANT WELFARE	40
qi_17 - 17	40
qi_17_a - 17 a	40
qi_17_b - 17 b	40
qi_17_c - 17 c	41
BABY'S SLEEPING ARRANGEMENTS	41
s_babyssleepingarrangements_i	41
qi_18 - 18	41
qi_18_a - 18 a	42
qi_18_b - 18 b	42
USE OF NURSERIES	43
qi_19 - 19	43
qi_19_a - 19 a	43

qi_19_b - 19 b	43
qi_19_c - 19 c	44
qi_19_d - 19 d	44
qi_19_e - 19 e	45
THE MOTHER	45
qi_20 - 20	45
qi_21 - 21	46
qi_21_a - 21 a	46
qi_21_b - 21 b	46
qi_21_c - 21 c	47
qi_22 - 22	47
qi_22_a - 22 a	48
qi_22_b - 22 b	48
qg_23 - 23	48
qi_23_a_i - 23 a(i)	49
qi_23_a_ii - 23 a(ii)	49
qi_23_a_iii - 23 a(iii)	50
qi_23_a_iv - 23 a(iv)	51
qi_23_a_v - 23 a(v)	51
qi_23_a_vi - 23 a(vi)	52
qi_23_b_i - 23 b(i)	52
qi_23_b_ii - 23 b(ii)	53
qi_23_b_iii - 23 b(iii)	53
qi_23_b_iv - 23 b(iv)	53
qi_23_b_v - 23 b(v)	54
qi_23_b_vi - 23 b(vi)	54
qi_24 - 24	55
qi_25 - 25	55
qi_26 - 26	55
qi_26_a - 26 a	56
qi_26_b - 26 b	56
THE DWELLING AND HOUSEHOLD	56
qg_27_a-d - 27 a-d	56
qi_28_a - 28 a	57
qi_29 - 29	57
qi_29_a - 29 a	58
qi_29_b - 29 b	58
qi_30 - 30	58
qi_31 - 31	59
s_32a	59

qi_32_a - 32 a	59
qi_32_b - 32 b	60
HEALTH VISITOR'S COMMENTS	60
s_healthvisitorscomments_i	60
qi_33 - 33	60
qi_34 - 34	61
qi_35 - 35	61
qi_36 - 36	61
qi_37 - 37	61
qi_38_a - 38 a	62
qi_38_b - 38 b	62
qi_39 - 39	63

 1948 Follow-up Survey
closer:sourceFileName

nshd_48

Instrument Locations

- https://discovery.closer.ac.uk/files/instruments/nshd_48-e647c4a3adab93b3c557021d7412cd97.pdf

nshd_48

Label nshd_48	Location Sequence
Type Sequence	Order InOrderOfAppearance

 s_intro_i

Name s_intro_i	Location Sequence › nshd_48
Type Statement	

Statement Text

STRICTLY CONFIDENTIAL

 s_intro_ii

Name s_intro_ii	Location Sequence › nshd_48
Type Statement	

Statement Text

FOLLOW-UP SURVEY

 s_intro_iii

Name s_intro_iii	Location Sequence › nshd_48
Type Statement	

Statement Text

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS POPULATION INVESTIGATION COMMITTEE

 s_intro_iv

Name s_intro_iv	Location Sequence › nshd_48
--------------------	--------------------------------

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

Statement Text

INSTITUTE OF CHILD HEALTH

 qi_i - i		
Name qi_i	Label i	Location Sequence › nshd_48
Type Text	Minimum Length	Maximum Length 255

Question

Mother's Name

 qi_ii - ii		
Name qi_ii	Label ii	Location Sequence › nshd_48
Type Text	Minimum Length	Maximum Length 255


Question

Address

 qi_iii - iii		
Name qi_iii	Label iii	Location Sequence › nshd_48
Type Text	Minimum Length	Maximum Length 255


Question

If she has moved what is her present address?

 qi_iv - iv		
Name qi_iv	Label iv	Location Sequence › nshd_48
Type Text	Minimum Length	Maximum Length 255

Question

In what M. and C.W. Authority is it?

 s_intro_v	
Name s_intro_v	Location Sequence › nshd_48
Type Statement	

Statement Text

IF SHE HAS MOVED TO ANOTHER M. AND C.W. AUTHORITY RETURN THIS FORM AT ONCE TO WHOEVER HAS BEEN DELEGATED BY YOUR MEDICAL OFFICER OF HEALTH TO RECEIVE IT.

 s_intro_vi

Name	Location
s_intro_vi	Sequence › nshd_48
Type	
Statement	

Statement Text

Approach to the Mother.

 s_intro_vii

Name	Location
s_intro_vii	Sequence › nshd_48
Type	
Statement	

Statement Text

Remind her that she was visited soon after her baby was born in March, 1946. We now want to find out what progress her baby has made. By giving as many details as she can, she will be helping us to plan better health services. All information she gives will, of course, be treated as ABSOLUTELY CONFIDENTIAL.

 s_intro_viii

Name	Location
s_intro_viii	Sequence › nshd_48
Type	
Statement	

Statement Text

How to fill in this Form.

 s_intro_ix

Name	Location
s_intro_ix	Sequence › nshd_48
Type	
Statement	

Statement Text

- This inquiry refers throughout to THE BABY BORN IN MARCH, 1946.


 s_intro_x

Name	Location
s_intro_x	Sequence › nshd_48

Type	
Statement	


Statement Text

- Before you interview the mother read through the questionnaire and answer as many questions as possible from your records and those of the Infant Welfare Centre. Check with the mother, when you interview her, all the answers you have obtained from the records.

 s_intro_xi	
Name	Location
s_intro_xi	Sequence › nshd_48
Type	
Statement	


Statement Text

- The questions are printed in heavy type and the mother's answers in light type. Instructions to the interviewer are in italics.

 s_intro_xii	
Name	Location
s_intro_xii	Sequence › nshd_48
Type	
Statement	


Statement Text

- The answers to the questions are shown by putting a ring with a soft pencil round the code number or letter opposite the mother's answer. If the answer does not fit any alternative write it below the question itself. If a mother refuses or is unable to answer any question put a ring round "X " or "XX" for "No answer."

 s_intro_xiii	
Name	Location
s_intro_xiii	Sequence › nshd_48
Type	
Statement	

Statement Text

- Please follow the order of the questions as set out in the questionnaire and keep as close to the phrasing as you can. When any question does not apply to a particular mother or baby ring the code number "Y" or ".YY" for "does not apply". Do not strike through a question or leave it blank. EVERY QUESTION SHOULD BE ANSWERED. Before leaving the mother please check through the questionnaire to see that this has been done.

 s_intro_xiv	
Name	Location
s_intro_xiv	Sequence › nshd_48
Type	
Statement	

Statement Text

- Some of the questions on illness are in tabular form. Deal with each illness in turn and record the answer to each question by putting a ring round the appropriate code number in the column referring to the illness with which you are dealing.

s_intro_xv	
Name s_intro_xv	Location Sequence › nshd_48
Type Statement	

Statement Text

- The comments on borne conditions at the end of this questionnaire should be filled in from your own knowledge and observation of the household. Do NOT ask the mother these questions.

s_intro_xvi	
Name s_intro_xvi	Location Sequence › nshd_48
Type Statement	

Statement Text

- If a baby has died please try to obtain all the details you can about his health and development up to the date of death. It is just as essential to obtain information about a baby who has died as about one who is alive. However, use your judgment in leaving out any question that might cause embarrassment.

s_intro_xvii	
Name s_intro_xvii	Location Sequence › nshd_48
Type Statement	

Statement Text

- If the mother refuses to be interviewed try to find out her reasons and write them in the space provided. Then fill in as much of the questionnaire as you can from the records, and RETURN THE FORM WITH THE OTHERS YOU HAVE COMPLETED.

s_intro_xviii	
Name s_intro_xviii	Location Sequence › nshd_48
Type Statement	

Statement Text


- When you have completed your interviews, hand the questionnaires to whoever has been delegated by your Medical Officer of Health to receive them.

 s_intro_xix

Name s_intro_xix	Location Sequence › nshd_48
Type Statement	

Statement Text


QUESTIONNAIRE

 s_intro_xx

Name s_intro_xx	Location Sequence › nshd_48
Type Statement	

Statement Text

(Ring with a soft pencil the code number opposite the mother's answer.)

 qi_1 - 1


Name qi_1	Label 1	Location Sequence › nshd_48
Type Text	Minimum Length	Maximum Length 255

Question

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

DETAILS OF CHILD BORN IN MARCH, 1946.

Label DETAILS OF CHILD BORN IN MARCH, 1946.	Location Sequence › nshd_48
Type Sequence	Order InOrderOfAppearance

 qi_2 - 2


Name qi_2	Label 2	Location Sequence › nshd_48 › DETAILS OF CHILD BORN IN MARCH, 1946.
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

Question

Is the baby born in March 3-9, 1946, living at home, with relatives, or adopted, or has he died?

Choices

1	Living at home
2	With relatives
3	Adopted
4	Ill in hospital
5	Living elsewhere, namely
6	Dead
X	No information

 qi_3_a - 3 a


Name qi_3_a	Label 3 a	Location Sequence › nshd_48 › DETAILS OF CHILD BORN IN MARCH, 1946.
Type Integer, Multiple Choice	Low 0	High
Condition If this baby has died, please fill in the following:-		

Question

Age at death ... months.

Choices


Y	Question does not apply
X	No answer

 qi_3_b - 3 b

Name qi_3_b	Label 3 b	Location Sequence › nshd_48 › DETAILS OF CHILD BORN IN MARCH, 1946.
Type Text	Minimum Length	Maximum Length 255
Condition If this baby has died, please fill in the following:-		

Question

Cause of death

 qi_4 - 4

Name qi_4	Label 4	Location Sequence › nshd_48 › DETAILS OF CHILD BORN IN MARCH, 1946.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

What is this baby's sex?

Choices

1	Male
2	Female

 qi_5 - 5


Name qi_5	Label 5	Location Sequence › nshd_48 › DETAILS OF CHILD BORN IN MARCH, 1946.
Type Integer, Integer	Low 0	High

Question

What was this baby's weight at birth? ... lbs. ... ozs.

DEVELOPMENT.

Label DEVELOPMENT.	Location Sequence › nshd_48
Type Sequence	Order InOrderOfAppearance

 qi_6_a - 6 a


Name qi_6_a	Label 6 a	Location Sequence › nshd_48 › DEVELOPMENT.
Type Integer, Multiple Choice	Low 0	High

Question

How many months old was baby when he Sat up alone? ... months

Choices

XX	No answer
----	-----------

 qi_6_b - 6 b

Name qi_6_b	Label 6 b	Location Sequence › nshd_48 › DEVELOPMENT.
Type Integer, Multiple Choice	Low 0	High

Question

How many months old was baby when he Stood alone? ... months

Choices

XX	No answer
----	-----------

 qi_6_c - 6 c


Name qi_6_c	Label 6 c	Location Sequence › nshd_48 › DEVELOPMENT.
Type Integer, Multiple Choice	Low 0	High

Question

How many months old was baby when he Walked several steps without support? ... months

Choices

XX	No answer
----	-----------

 qi_6_d - 6 d


Name qi_6_d	Label 6 d	Location Sequence › nshd_48 › DEVELOPMENT.
Type Integer, Multiple Choice	Low 0	High

Question

How many months old was baby when he Cut his first tooth? ... months

Choices

XX	No answer
----	-----------

 qi_6_e - 6 e

Name qi_6_e	Label 6 e	Location Sequence › nshd_48 › DEVELOPMENT.
Type Integer, Multiple Choice	Low 0	High

Question

How many months old was baby when he Said more than "mum" "dad" or "nan"? ... months

Choices

XX	No answer
----	-----------

 qi_7 - 7


Name qi_7	Label 7	Location Sequence › nshd_48 › DEVELOPMENT.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Are you now using napkins for this baby?

Choices

1	Yes
2	No
X	No answer

 qi_7_a - 7 a

Name qi_7_a	Label 7 a	Location Sequence › nshd_48 › DEVELOPMENT.
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition
(If " Yes.")

Question

Does he wear them by day only, by night only, or all the time?

Choices

1	Day only
2	Night only
3	All the time
Y	Question does not apply
X	No answer

 qi_8 - 8

Name qi_8	Label 8	Location Sequence › nshd_48 › DEVELOPMENT.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has this baby any DEVELOPMENTAL (CONGENITAL) ABNORMALITY, DEFECT or MALFORMATION?

Choices

1	Yes
---	-----

2	No
X	No answer

qi_8_a - 8 a		
Name qi_8_a	Label 8 a	Location Sequence › nshd_48 › DEVELOPMENT.
Type Text	Minimum Length	Maximum Length 255
Condition (If " Yes.")		

Question

What type of abnormality has he?

DOMESTIC ACCIDENTS.	
Label DOMESTIC ACCIDENTS.	Location Sequence › nshd_48
Type Sequence	Order InOrderOfAppearance

qg_9 - 9		
Name qg_9	Label 9	Location Sequence › nshd_48 › DOMESTIC ACCIDENTS.
Type Question Grid		

Question

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

Rows

1	BURNS or SCALDS
2	BROKEN BONES
3	BAD CUTS or BRUISES

Columns

	Code
--	------

qi_9_a_i - 9 a(i)		
Name qi_9_a_i	Label 9 a(i)	Location Sequence › nshd_48 › DOMESTIC ACCIDENTS.

Type	Low	High
Integer, Multiple Choice	0	
Condition (If " Yes.")		

Question

How many months old was baby when he had the accident? BURNS or SCALDS Age ... months

Choices

YY	Q doesn't apply
XX	No answer

 qi_9_a_ii - 9 a(ii)


Name	Label	Location
qi_9_a_ii	9 a(ii)	Sequence › nshd_48 › DOMESTIC ACCIDENTS.
Type	Low	High
Integer, Multiple Choice	0	
Condition (If " Yes.")		

Question

How many months old was baby when he had the accident? BROKEN BONES Age ... months

Choices

YY	Q doesn't apply
XX	No answer

 qi_9_a_iii - 9 a(iii)

Name	Label	Location
qi_9_a_iii	9 a(iii)	Sequence › nshd_48 › DOMESTIC ACCIDENTS.
Type	Low	High
Integer, Multiple Choice	0	
Condition (If " Yes.")		

Question

How many months old was baby when he had the accident? BAD CUTS or BRUISES Age ... months

Choices

YY	Q doesn't apply
XX	No answer

 qi_9_b_i - 9 b(i)

Name qi_9_b_i	Label 9 b(i)	Location Sequence › nshd_48 › DOMESTIC ACCIDENTS.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If " Yes.")		

Question

Where or by whom was he treated? BURNS or SCALDS

Choices

0	Not treated
1	Hospital In-Patient
2	Hospital Out-Patient
3	Nursing Home
4	Private Doctor
5	Chemist
6	Other
Y	Q doesn't apply
X	No answer

 qi_9_b_ii - 9 b(ii)

Name qi_9_b_ii	Label 9 b(ii)	Location Sequence › nshd_48 › DOMESTIC ACCIDENTS.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If " Yes.")		

Question

Where or by whom was he treated? BROKEN BONES

Choices

0	Not treated
1	Hospital In-Patient
2	Hospital Out-Patient
3	Nursing Home
4	Private Doctor
5	Chemist
6	Other

Y	Q doesn't apply
X	No answer

 qi_9_b_iii - 9 b(iii)

Name qi_9_b_iii	Label 9 b(iii)	Location Sequence › nshd_48 › DOMESTIC ACCIDENTS.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If " Yes.")		

Question

Where or by whom was he treated? BAD CUTS or BRUISES

Choices

0	Not treated
1	Hospital In-Patient
2	Hospital Out-Patient
3	Nursing Home
4	Private Doctor
5	Chemist
6	Other
Y	Q doesn't apply
X	No answer

 qi_9_c_i - 9 c(i)

Name qi_9_c_i	Label 9 c(i)	Location Sequence › nshd_48 › DOMESTIC ACCIDENTS.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If " Yes.")		

Question

What part was hurt? BURNS or SCALDS

Choices

1	Head or neck
2	Trunk
3	Arm or hand

4	Leg or foot
Y	Q doesn't apply
X	No answer

 qi_9_c_ii - 9 c(ii)

Name qi_9_c_ii	Label 9 c(ii)	Location Sequence › nshd_48 › DOMESTIC ACCIDENTS.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If " Yes.")		

Question

What part was hurt? BROKEN BONES

Choices

1	Head or neck
2	Trunk
3	Arm or hand
4	Leg or foot
Y	Q doesn't apply
X	No answer

 qi_9_c_iii - 9 c(iii)

Name qi_9_c_iii	Label 9 c(iii)	Location Sequence › nshd_48 › DOMESTIC ACCIDENTS.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If " Yes.")		

Question

What part was hurt? BAD CUTS or BRUISES

Choices

1	Head or neck
2	Trunk
3	Arm or hand
4	Leg or foot
Y	Q doesn't apply

X	No answer
---	-----------

 qi_9_d_i - 9 d(i)

Name qi_9_d_i	Label 9 d(i)	Location Sequence › nshd_48 › DOMESTIC ACCIDENTS.
Type Text	Minimum Length	Maximum Length 255
Condition (If " Yes.")		

Question

How did the accident(s) occur? Burns or scalds

 qi_9_d_ii - 9 d(ii)

Name qi_9_d_ii	Label 9 d(ii)	Location Sequence › nshd_48 › DOMESTIC ACCIDENTS.
Type Text	Minimum Length	Maximum Length 255
Condition (If " Yes.")		

Question

How did the accident(s) occur? Broken bones

 qi_9_d_iii - 9 d(iii)

Name qi_9_d_iii	Label 9 d(iii)	Location Sequence › nshd_48 › DOMESTIC ACCIDENTS.
Type Text	Minimum Length	Maximum Length 255
Condition (If " Yes.")		

Question

How did the accident(s) occur? Bad cuts or bruises

INFECTIOUS DISEASES.

Label INFECTIOUS DISEASES.	Location Sequence › nshd_48
Type Sequence	Order InOrderOfAppearance

 qi_10_i - 10 i


Name qi_10_i	Label 10 i	Location Sequence › nshd_48 › INFECTIOUS DISEASES.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has this baby ever had WHOOPING COUGH, GERMAN MEASLES, MEASLES or SCARLET FEVER? WHOOPING COUGH

Choices

1	Yes
2	No
X	No answer

 qi_10_ii - 10 ii


Name qi_10_ii	Label 10 ii	Location Sequence › nshd_48 › INFECTIOUS DISEASES.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has this baby ever had WHOOPING COUGH, GERMAN MEASLES, MEASLES or SCARLET FEVER? GERMAN MEASLES

Choices

1	Yes
2	No
X	No answer

 qi_10_iii - 10 iii

Name qi_10_iii	Label 10 iii	Location Sequence › nshd_48 › INFECTIOUS DISEASES.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has this baby ever had WHOOPING COUGH, GERMAN MEASLES, MEASLES or SCARLET FEVER? MEASLES

Choices

1	Yes
2	No
X	No answer

qi_10_iv - 10 iv

Name qi_10_iv	Label 10 iv	Location Sequence › nshd_48 › INFECTIOUS DISEASES.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has this baby ever had WHOOPING COUGH, GERMAN MEASLES, MEASLES or SCARLET FEVER? SCARLET FEVER

Choices

1	Yes
2	No
X	No answer

qi_10_a_i - 10 a(i)

Name qi_10_a_i	Label 10 a(i)	Location Sequence › nshd_48 › INFECTIOUS DISEASES.
Type Integer, Multiple Choice	Low 0	High

Condition
(If " Yes.")

Question

How many months old was baby when it started? WHOOPING COUGH Age ... months

Choices

YY	Q doesn't apply
XX	No answer

qi_10_a_ii - 10 a(ii)

Name qi_10_a_ii	Label 10 a(ii)	Location Sequence › nshd_48 › INFECTIOUS DISEASES.
Type Integer, Multiple Choice	Low 0	High

Condition
(If " Yes.")

Question

How many months old was baby when it started? GERMAN MEASLES Age ... months

Choices

YY	Q doesn't apply
----	-----------------

XX	No answer
----	-----------

 qi_10_a_iii - 10 a(iii)

Name qi_10_a_iii	Label 10 a(iii)	Location Sequence › nshd_48 › INFECTIOUS DISEASES.
Type Integer, Multiple Choice	Low 0	High
Condition (If " Yes.")		

Question

How many months old was baby when it started? MEASLES Age ... months

Choices

YY	Q doesn't apply
XX	No answer

 qi_10_a_iv - 10 a(iv)

Name qi_10_a_iv	Label 10 a(iv)	Location Sequence › nshd_48 › INFECTIOUS DISEASES.
Type Integer, Multiple Choice	Low 0	High
Condition (If " Yes.")		

Question

How many months old was baby when it started? SCARLET FEVER Age ... months

Choices

YY	Q doesn't apply
XX	No answer

 qi_10_b_i - 10 b(i)


Name qi_10_b_i	Label 10 b(i)	Location Sequence › nshd_48 › INFECTIOUS DISEASES.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If " Yes.")		

Question

Where or by whom was he treated? WHOOPING COUGH

Choices

0	Not treated
1	Hosp. I-P
2	Hospital O-P
3	Nurs. Home
4	Private Dr.
5	Chemist
6	Other
Y	Q does'nt apply
X	No answer

 qi_10_b_ii - 10 b(ii)


Name qi_10_b_ii	Label 10 b(ii)	Location Sequence › nshd_48 › INFECTIOUS DISEASES.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If " Yes.")		

Question

Where or by whom was he treated? GERMAN MEASLES

Choices

0	Not treated
1	Hosp. I-P
2	Hospital O-P
3	Nurs. Home
4	Private Dr.
5	Chemist
6	Other
Y	Q does'nt apply
X	No answer

 qi_10_b_iii - 10 b(iii)

Name qi_10_b_iii	Label 10 b(iii)	Location Sequence › nshd_48 › INFECTIOUS DISEASES.
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition
(If " Yes.")

Question

Where or by whom was he treated? MEASLES

Choices

0	Not treated
1	Hosp. I-P
2	Hospital O-P
3	Nurs. Home
4	Private Dr.
5	Chemist
6	Other
Y	Q does'nt apply
X	No answer

 qi_10_b_iv - 10 b(iv)

Name qi_10_b_iv	Label 10 b(iv)	Location Sequence › nshd_48 › INFECTIOUS DISEASES.
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition
(If " Yes.")

Question

Where or by whom was he treated? SCARLET FEVER

Choices

0	Not treated
1	Hosp. I-P
2	Hospital O-P
3	Nurs. Home
4	Private Dr.
5	Chemist
6	Other
Y	Q does'nt apply
X	No answer

qi_11_i - 11 i

Name qi_11_i	Label 11 i	Location Sequence › nshd_48 › INFECTIOUS DISEASES.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has this baby ever had CHICKEN POX, MUMPS, or DIPHTHERIA? CHICKEN POX

Choices

1	Yes
2	No
X	No answer

qi_11_ii - 11 ii

Name qi_11_ii	Label 11 ii	Location Sequence › nshd_48 › INFECTIOUS DISEASES.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has this baby ever had CHICKEN POX, MUMPS, or DIPHTHERIA? MUMPS

Choices

1	Yes
2	No
X	No answer

qi_11_iii - 11 iii

Name qi_11_iii	Label 11 iii	Location Sequence › nshd_48 › INFECTIOUS DISEASES.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has this baby ever had CHICKEN POX, MUMPS, or DIPHTHERIA? DIPHTHERIA

Choices

1	Yes
2	No

X	No answer
---	-----------

 qi_11_a_i - 11 a(i)

Name qi_11_a_i	Label 11 a(i)	Location Sequence › nshd_48 › INFECTIOUS DISEASES.
Type Integer, Multiple Choice	Low 0	High
Condition (If " Yes.")		

Question

How many months old was baby when it started? CHICKEN POX Age ... months

Choices

YY	Q doesn't apply
XX	No answer

 qi_11_a_ii - 11 a(ii)


Name qi_11_a_ii	Label 11 a(ii)	Location Sequence › nshd_48 › INFECTIOUS DISEASES.
Type Integer, Multiple Choice	Low 0	High
Condition (If " Yes.")		

Question

How many months old was baby when it started? MUMPS Age ... months

Choices

YY	Q doesn't apply
XX	No answer

 qi_11_a_iii - 11 a(iii)

Name qi_11_a_iii	Label 11 a(iii)	Location Sequence › nshd_48 › INFECTIOUS DISEASES.
Type Integer, Multiple Choice	Low 0	High
Condition (If " Yes.")		

Question

How many months old was baby when it started? DIPHTHERIA Age ... months

Choices

YY	Q doesn't apply
XX	No answer

qi_11_b_i - 11 b(i)

Name qi_11_b_i	Label 11 b(i)	Location Sequence › nshd_48 › INFECTIOUS DISEASES.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If " Yes.")		

Question

Where or by whom was he treated? CHICKEN POX

Choices

0	Not treated
1	Hospital In-Patient
2	Hospital Out-Patient
3	Nursing Home
4	Private Doctor
5	Chemist
6	Other
Y	Q doesn't apply
X	No answer

qi_11_b_ii - 11 b(ii)

Name qi_11_b_ii	Label 11 b(ii)	Location Sequence › nshd_48 › INFECTIOUS DISEASES.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If " Yes.")		

Question

Where or by whom was he treated? MUMPS

Choices

0	Not treated
1	Hospital In-Patient
2	Hospital Out-Patient

3	Nursing Home
4	Private Doctor
5	Chemist
6	Other
Y	Q doesn't apply
X	No answer

qi_11_b_iii - 11 b(iii)

Name qi_11_b_iii	Label 11 b(iii)	Location Sequence › nshd_48 › INFECTIOUS DISEASES.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If " Yes. ")		

Question

Where or by whom was he treated? DIPHTHERIA

Choices

0	Not treated
1	Hospital In-Patient
2	Hospital Out-Patient
3	Nursing Home
4	Private Doctor
5	Chemist
6	Other
Y	Q doesn't apply
X	No answer

IMMUNISATION.

Label IMMUNISATION.	Location Sequence › nshd_48
Type Sequence	Order InOrderOfAppearance

qi_12 - 12

Name qi_12	Label 12	Location Sequence › nshd_48 › IMMUNISATION.
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Type Multiple Choice	Selection Type SelectOne	Display Style
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Question

Has this baby been immunised against DIPHTHERIA?

Choices

1	Yes
2	No
X	No answer

 qi_12_a - 12 a

Name qi_12_a	Label 12 a	Location Sequence › nshd_48 › IMMUNISATION.
Type Integer, Multiple Choice	Low 0	High
Condition (If " Yes.")		

Question

How old was he when immunised (i.e., had his first injection)? ... months

Choices

YY	Question does not apply
XX	No answer

 qi_12_b - 12 b

Name qi_12_b	Label 12 b	Location Sequence › nshd_48 › IMMUNISATION.
Type Text	Minimum Length	Maximum Length 255
Condition (If " No.")		

Question

Why hasn't he been immunised?

Instructions

(Please give answer in mother's own words)

MISCELLANEOUS ILLNESSES.

Label MISCELLANEOUS ILLNESSES.	Location Sequence › nshd_48
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Type Sequence	Order InOrderOfAppearance
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qi_13_a - 13 a

Name qi_13_a	Label 13 a	Location Sequence › nshd_48 › MISCELLANEOUS ILLNESSES.
Type Integer, Multiple Choice	Low 0	High

Question

At what age did this baby have his first cold? ... months

Choices

XX	No answer
----	-----------

qi_13_b - 13 b

Name qi_13_b	Label 13 b	Location Sequence › nshd_48 › MISCELLANEOUS ILLNESSES.
Type Integer, Multiple Choice	Low 0	High

Question

How many colds has he had during the three months, December 1, 1947 to March 1, 1948? ... colds

Choices

X	No answer
---	-----------

qi_13_c - 13 c

Name qi_13_c	Label 13 c	Location Sequence › nshd_48 › MISCELLANEOUS ILLNESSES.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Does he have them in Winter or Summer or both?

Choices

	1	Winter
	2	Summer
	3	Both
	Y	Question does not apply
	X	No answer

 qi_13_d - 13 d


Name qi_13_d	Label 13 d	Location Sequence › nshd_48 › MISCELLANEOUS ILLNESSES.
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

Question

Does anybody else in the family have frequent colds or catarrh. If so, who?

Choices

1	Mother
2	Other children
	Other person, namely
X	No answer

 qi_14 - 14


Name qi_14	Label 14	Location Sequence › nshd_48 › MISCELLANEOUS ILLNESSES.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has this baby ever had a LOWER RESPIRATORY INFECTION, i.e., bronchitis, broncho pneumonia or pneumonia?

Choices

1	Yes
2	No
X	No answer

 qi_14_a - 14 a

Name qi_14_a	Label 14 a	Location Sequence › nshd_48 › MISCELLANEOUS ILLNESSES.
Type Integer, Multiple Choice	Low 0	High

Condition
(If " Yes.")

Question

How many months old was baby when he first had a lower respiratory infection? ... months

Choices

YY	Question does not apply
XX	No answer

? qi_14_b - 14 b

Name qi_14_b	Label 14 b	Location Sequence › nshd_48 › MISCELLANEOUS ILLNESSES.
Type Integer, Multiple Choice	Low 0	High
Condition (If " Yes.")		

Question

How many times has he had a lower respiratory infection? ... times

Choices

Y	Question does not apply
X	No answer

? qi_14_c - 14 c

Name qi_14_c	Label 14 c	Location Sequence › nshd_48 › MISCELLANEOUS ILLNESSES.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If " Yes.")		

Question

Where or by whom was he treated?

Choices

0	Not treated
1	Hospital In-Patient
2	Hospital Out-Patient
3	Nursing Home
4	Private Doctor
5	Chemist
6	Other
Y	Question does not apply
X	No answer

qi_15_i - 15 i

Name qi_15_i	Label 15 i	Location Sequence › nshd_48 › MISCELLANEOUS ILLNESSES.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has this baby ever had FITS or CONVULSIONS or DIARRHOEA (i.e., the passage of liquid stools)? FITS OR CONVULSIONS

Choices

1	Yes
2	No
X	No answer

qi_15_ii - 15 ii

Name qi_15_ii	Label 15 ii	Location Sequence › nshd_48 › MISCELLANEOUS ILLNESSES.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has this baby ever had FITS or CONVULSIONS or DIARRHOEA (i.e., the passage of liquid stools)? DIARRHOEA

Choices

1	Yes
2	No
X	No answer

qi_15_a_i - 15 a(i)

Name qi_15_a_i	Label 15 a(i)	Location Sequence › nshd_48 › MISCELLANEOUS ILLNESSES.
Type Integer, Multiple Choice	Low 0	High

Condition
(If " Yes.")

Question

How many months old was baby at the first attack? FITS OR CONVULSIONS Age ... months

Choices

YY	Question does not apply
XX	No answer

 qi_15_a_ii - 15 a(ii)

Name qi_15_a_ii	Label 15 a(ii)	Location Sequence › nshd_48 › MISCELLANEOUS ILLNESSES.
Type Integer, Multiple Choice	Low 0	High
Condition (If " Yes.")		

Question

How many months old was baby at the first attack? DIARRHOEA Age ... months

Choices

YY	Question does not apply
XX	No answer

 qi_15_b_i - 15 b(i)

Name qi_15_b_i	Label 15 b(i)	Location Sequence › nshd_48 › MISCELLANEOUS ILLNESSES.
Type Integer, Multiple Choice	Low 0	High
Condition (If " Yes.")		

Question

How many attacks has he had in all? FITS OR CONVULSIONS No. of attacks ... fits

Choices

Y	Question does not apply
X	No answer

 qi_15_b_ii - 15 b(ii)

Name qi_15_b_ii	Label 15 b(ii)	Location Sequence › nshd_48 › MISCELLANEOUS ILLNESSES.
Type Integer, Multiple Choice	Low 0	High
Condition (If " Yes.")		

Question

How many attacks has he had in all? DIARRHOEA No. of attacks ... attacks

Choices

<input type="radio"/>	Y Question does not apply
<input checked="" type="radio"/>	X No answer

 qi_15_c_i - 15 c(i)

Name qi_15_c_i	Label 15 c(i)	Location Sequence › nshd_48 › MISCELLANEOUS ILLNESSES.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If " Yes. ")		

Question

Where or by whom was he treated? FITS OR CONVULSIONS

Choices

<input type="radio"/>	0 Not treated
<input type="radio"/>	1 Hospital In-Patient
<input type="radio"/>	2 Hospital Out-Patient
<input type="radio"/>	3 Nursing Home
<input type="radio"/>	4 Private Doctor
<input type="radio"/>	5 Chemist
<input type="radio"/>	6 Other
<input type="radio"/>	Y Question does not apply
<input checked="" type="radio"/>	X No answer

 qi_15_c_ii - 15 c(ii)

Name qi_15_c_ii	Label 15 c(ii)	Location Sequence › nshd_48 › MISCELLANEOUS ILLNESSES.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If " Yes. ")		

Question

Where or by whom was he treated? DIARRHOEA


Choices

<input type="radio"/>	0 Not treated
<input type="radio"/>	1 Hospital In-Patient

2	Hospital Out-Patient
3	Nursing Home
4	Private Doctor
5	Chemist
6	Other
Y	Question does not apply
X	No answer

FEEDING.

Label FEEDING.	Location Sequence › nshd_48
Type Sequence	Order InOrderOfAppearance

 qi_16_a - 16 a


Name qi_16_a	Label 16 a	Location Sequence › nshd_48 › FEEDING.
Type Integer, Multiple Choice	Low 0	High

Question

At what age was the baby completely weaned from the breast? ... months

Choices

OO	At birth
YY	Not yet weaned
XX	No answer

 qi_16_b - 16 b

Name qi_16_b	Label 16 b	Location Sequence › nshd_48 › FEEDING.
Type Integer, Multiple Choice	Low 0	High

Question


At what age was he completely weaned from the bottle? ... months

Choices

OO	Never bottle fed
YY	Not yet weaned
XX	No answer

INFANT WELFARE.

Label INFANT WELFARE.	Location Sequence › nshd_48
Type Sequence	Order InOrderOfAppearance

 qi_17 - 17

Name qi_17	Label 17	Location Sequence › nshd_48 › INFANT WELFARE.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever taken the baby to an Infant Welfare Centre?

Choices

1	Yes
2	No
X	No answer

 qi_17_a - 17 a

Name qi_17_a	Label 17 a	Location Sequence › nshd_48 › INFANT WELFARE.
Type Integer, Multiple Choice	Low 0	High


Condition
(If " Yes.")

Question

How many weeks old was he when you first took him to the L.W.C.? ... weeks

Choices

YY	Question does not apply
XX	No answer

 qi_17_b - 17 b

Name qi_17_b	Label 17 b	Location Sequence › nshd_48 › INFANT WELFARE.
Type Integer, Multiple Choice	Low 0	High

Condition
(If " Yes.")

Question

How many times did you take him in the first year? ... times

Choices

YY	Question does not apply
XX	No answer

 qi_17_c - 17 c

Name qi_17_c	Label 17 c	Location Sequence › nshd_48 › INFANT WELFARE.
Type Integer, Multiple Choice	Low 0	High

Condition
(If " Yes.")

Question

How many times did you take him in the second year? ... times

Choices

YY	Question does not apply
XX	No answer

BABY'S SLEEPING ARRANGEMENTS.

Label BABY'S SLEEPING ARRANGEMENTS.	Location Sequence › nshd_48
Type Sequence	Order InOrderOfAppearance

 s_babysleepingarrangements_i

Name s_babysleepingarrangements_i	Location Sequence › nshd_48 › BABY'S SLEEPING ARRANGEMENTS.
Type Statement	

Statement Text

(Health Visitors please check these answers if possible.)

 qi_18 - 18

Name qi_18	Label 18	Location Sequence › nshd_48 › BABY'S SLEEPING ARRANGEMENTS.
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Type Multiple Choice	Selection Type SelectOne	Display Style
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Question

Does he sleep in a room by himself or in a room with others?

Choices

1	By himself
2	With others
X	No answer

 qi_18_a - 18 a

Name qi_18_a	Label 18 a	Location Sequence › nshd_48 › BABY'S SLEEPING ARRANGEMENTS.
Type Integer, Integer, Multiple Choice	Low 0	High
Condition (If " with others ")		

Question

How many others sleep in his room? ... children (under 15) ... adults (15 and over)

Choices

Y	Question does not apply
X	No answer

 qi_18_b - 18 b

Name qi_18_b	Label 18 b	Location Sequence › nshd_48 › BABY'S SLEEPING ARRANGEMENTS.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If " with others ")		

Question

Does he sleep in his own cot or with others?

Choices

1	Own cot
2	With others
Y	Question does not apply
X	No answer

USE OF NURSERIES.

Label USE OF NURSERIES.	Location Sequence › nshd_48
Type Sequence	Order InOrderOfAppearance

qi_19 - 19

Name qi_19	Label 19	Location Sequence › nshd_48 › USE OF NURSERIES.
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

Question

Does this baby go (or has he ever gone) to a day or other nursery?

Choices

0	No
1	Yes, Municipal or voluntary day nursery
2	Yes, Municipal or voluntary residential nursery
3	Yes, factory day nursery
4	Yes, other, namely
X	No answer

qi_19_a - 19 a

Name qi_19_a	Label 19 a	Location Sequence › nshd_48 › USE OF NURSERIES.
Type Integer, Multiple Choice	Low 0	High

Condition
(If baby is going or has gone to a day or other nursery)

Question

How many months old was he when you first took him? ... months

Choices

YY	Question does not apply
XX	No answer

qi_19_b - 19 b


Name qi_19_b	Label 19 b	Location Sequence › nshd_48 › USE OF NURSERIES.
Type Multiple Choice, Text	Selection Type SelectOne	Display Style
Condition (If baby is going or has gone to a day or other nursery)		

Question

Why did you take him?

Choices

1	Mother working
2	Mother ill
3	When Mother confined
4	Other reasons, namely
Y	Question does not apply
X	No answer


 qi_19_c - 19 c		
Name qi_19_c	Label 19 c	Location Sequence › nshd_48 › USE OF NURSERIES.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If baby is going or has gone to a day or other nursery)		

Question

Is he still being taken?

Choices

1	Yes
2	No
Y	Question does not apply
X	No answer

 qi_19_d - 19 d		
Name qi_19_d	Label 19 d	Location Sequence › nshd_48 › USE OF NURSERIES.
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

(If baby not sent to nursery)

Question

Would you have liked him to go to a nursery?

Choices

1	Yes
2	No
Y	Question does not apply
X	No answer

qi_19_e - 19 e

Name qi_19_e	Label 19 e	Location Sequence › nshd_48 › USE OF NURSERIES.
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

Condition

(If mother would have liked him to go to a nursery)

(If baby not sent to nursery)

Question

Why didn't he go to one?

Choices

1	None available
2	Mother not eligible
3	Baby ill
4	Other, namely
Y	Question does not apply
X	No answer

THE MOTHER.

Label THE MOTHER.	Location Sequence › nshd_48
Type Sequence	Order InOrderOfAppearance

qi_20 - 20

Name qi_20	Label 20	Location Sequence › nshd_48 › THE MOTHER.
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Type Multiple Choice	Selection Type SelectOne	Display Style
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Question

Are you helped with the housework?

Choices

1	Yes, all the time
2	Yes, regularly part-time
3	Yes, occasionally
4	No
X	No answer

 qi_21 - 21

Name qi_21	Label 21	Location Sequence › nshd_48 › THE MOTHER.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Are you working now? (i.e. doing paid work inside or outside the home.)

Choices

1	Yes
2	No
X	No answer

 qi_21_a - 21 a

Name qi_21_a	Label 21 a	Location Sequence › nshd_48 › THE MOTHER.
Type Text	Minimum Length	Maximum Length 255
Condition (If " Yes.")		

Question

What is your occupation?

 qi_21_b - 21 b

Name qi_21_b	Label 21 b	Location Sequence › nshd_48 › THE MOTHER.
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Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If " Yes.")		

Question

Is it whole-time or part-time?

Choices

1	Whole-time
2	Part-time
Y	Question does not apply
X	No answer


 qi_21_c - 21 c		
Name qi_21_c	Label 21 c	Location Sequence › nshd_48 › THE MOTHER.
Type Multiple Choice, Text	Selection Type SelectOne	Display Style
Condition (If " Yes.")		

Question

Who looks after the children when you are at work?

Choices

1	Relations or friends
2	Day Nursery
3	Residential Nursery
4	Mother works at home
5	Paid help at home
6	Other, namely
Y	Question does not apply
X	No answer

 qi_22 - 22		
Name qi_22	Label 22	Location Sequence › nshd_48 › THE MOTHER.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Did you have a post-natal examination by a doctor after your child was born in March, 1946?

Choices

<input type="radio"/>	1	Yes
<input type="radio"/>	2	No
<input checked="" type="radio"/>	X	No answer

 qi_22_a - 22 a

Name qi_22_a	Label 22 a	Location Sequence › nshd_48 › THE MOTHER.
Type Integer, Multiple Choice	Low 0	High
Condition (If " Yes.")		

Question

How many weeks after the birth of your baby were you examined? ... weeks

Choices


<input type="radio"/>	Y	Question does not apply
<input checked="" type="radio"/>	X	No answer

 qi_22_b - 22 b

Name qi_22_b	Label 22 b	Location Sequence › nshd_48 › THE MOTHER.
Type Text	Minimum Length	Maximum Length 255
Condition (If mother not examined)		

Question

Why did you not have a post-natal examination?

 qg_23 - 23

Name qg_23	Label 23	Location Sequence › nshd_48 › THE MOTHER.
Type Question Grid		

Question

Have you suffered, since the birth of your baby in 1946, from BREAST ABSCESS, BACKACHE, BLADDER TROUBLE, VAGINAL DISCHARGE, PROLAPSE (fallen womb), or PILES?

Rows

1	BREAST ABSCESS
2	BACKACHE
3	BLADDER TROUBLE
4	VAGINAL DISCHARGE
5	PROLAPSE
6	PILES

Columns

	Code
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 qi_23_a_i - 23 a(i)

Name qi_23_a_i	Label 23 a(i)	Location Sequence › nshd_48 › THE MOTHER.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If " Yes.")		

Question

Where or by whom were you treated? BREAST ABSCESS

Choices

0	Not treated
1	Hospital In-Patient
2	Hospital O-P
3	Nursing Home
4	Private Doctor
5	Chemist
6	Other
Y	Q doesn't apply
X	No answer

 qi_23_a_ii - 23 a(ii)

Name qi_23_a_ii	Label 23 a(ii)	Location Sequence › nshd_48 › THE MOTHER.
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition
(If " Yes.")

Question

Where or by whom were you treated? BACKACHE

Choices

0	Not treated
1	Hospital In-Patient
2	Hospital O-P
3	Nursing Home
4	Private Doctor
5	Chemist
6	Other
Y	Q doesn't apply
X	No answer

qi_23_a_iii - 23 a(iii)

Name qi_23_a_iii	Label 23 a(iii)	Location Sequence › nshd_48 › THE MOTHER.
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition
(If " Yes.")

Question

Where or by whom were you treated? BLADDER TROUBLE

Choices

0	Not treated
1	Hospital In-Patient
2	Hospital O-P
3	Nursing Home
4	Private Doctor
5	Chemist
6	Other
Y	Q doesn't apply
X	No answer

qi_23_a_iv - 23 a(iv)

Name qi_23_a_iv	Label 23 a(iv)	Location Sequence › nshd_48 › THE MOTHER.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If " Yes.")		

Question

Where or by whom were you treated? VAGINAL DISCHARGE

Choices

0	Not treated
1	Hospital In-Patient
2	Hospital O-P
3	Nursing Home
4	Private Doctor
5	Chemist
6	Other
Y	Q doesn't apply
X	No answer

qi_23_a_v - 23 a(v)

Name qi_23_a_v	Label 23 a(v)	Location Sequence › nshd_48 › THE MOTHER.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If " Yes.")		

Question

Where or by whom were you treated? PROLAPSE

Choices

0	Not treated
1	Hospital In-Patient
2	Hospital O-P
3	Nursing Home
4	Private Doctor

5	Chemist
6	Other
Y	Q doesn't apply
X	No answer

 qi_23_a_vi - 23 a(vi)

Name qi_23_a_vi	Label 23 a(vi)	Location Sequence › nshd_48 › THE MOTHER.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If " Yes.")		

Question

Where or by whom were you treated? PILES

Choices

0	Not treated
1	Hospital In-Patient
2	Hospital O-P
3	Nursing Home
4	Private Doctor
5	Chemist
6	Other
Y	Q doesn't apply
X	No answer

 qi_23_b_i - 23 b(i)

Name qi_23_b_i	Label 23 b(i)	Location Sequence › nshd_48 › THE MOTHER.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If " Yes.")		

Question

Are you still suffering from any of these? BREAST ABSCESS

Choices

1	Yes
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2	No
Y	Q doesn't apply
X	No answer

 qi_23_b_ii - 23 b(ii)

Name qi_23_b_ii	Label 23 b(ii)	Location Sequence › nshd_48 › THE MOTHER.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If " Yes.")		

Question

Are you still suffering from any of these? BACKACHE

Choices

1	Yes
2	No
Y	Q doesn't apply
X	No answer

 qi_23_b_iii - 23 b(iii)


Name qi_23_b_iii	Label 23 b(iii)	Location Sequence › nshd_48 › THE MOTHER.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If " Yes.")		

Question

Are you still suffering from any of these? BLADDER TROUBLE

Choices

1	Yes
2	No
Y	Q doesn't apply
X	No answer

 qi_23_b_iv - 23 b(iv)


Name qi_23_b_iv	Label 23 b(iv)	Location Sequence › nshd_48 › THE MOTHER.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If " Yes. ")		

Question

Are you still suffering from any of these? VAGINAL DISCHARGE

Choices

1	Yes
2	No
Y	Q doesn't apply
X	No answer


 qi_23_b_v - 23 b(v)		
Name qi_23_b_v	Label 23 b(v)	Location Sequence › nshd_48 › THE MOTHER.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If " Yes. ")		

Question

Are you still suffering from any of these? PROLAPSE

Choices

1	Yes
2	No
Y	Q doesn't apply
X	No answer

 qi_23_b_vi - 23 b(vi)		
Name qi_23_b_vi	Label 23 b(vi)	Location Sequence › nshd_48 › THE MOTHER.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If " Yes. ")		

Question

Are you still suffering from any of these? PILES

Choices

1	Yes
2	No
Y	Q doesn't apply
X	No answer

 qi_24 - 24


Name qi_24	Label 24	Location Sequence › nshd_48 › THE MOTHER.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you been fitted with a ring to keep your womb in place?

Choices

1	Yes
2	No
X	No answer

 qi_25 - 25


Name qi_25	Label 25	Location Sequence › nshd_48 › THE MOTHER.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you had either an increased or a decreased loss of blood at your menstrual periods since the birth of your baby in 1946?

Choices

1	Increased
2	Decreased
3	Same as before
X	No answer

 qi_26 - 26

Name qi_26	Label 26	Location Sequence › nshd_48 › THE MOTHER.
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Type Multiple Choice	Selection Type SelectOne	Display Style
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Question

Have you been pregnant since your child was born in March, 1946?

Choices

1	Yes, once
2	Yes, twice
3	Yes, more than twice
4	No
X	No answer

qi_26_a - 26 a

Name qi_26_a	Label 26 a	Location Sequence › nshd_48 › THE MOTHER.
Type Text	Minimum Length	Maximum Length 255
Condition (If " Yes.")		

Question

How did the pregnancy end? (i.e. live birth, still birth, etc.)

qi_26_b - 26 b

Name qi_26_b	Label 26 b	Location Sequence › nshd_48 › THE MOTHER.
Type Date		
Condition (If " Yes.")		

Question

At what date did the pregnancy end?

THE DWELLING AND HOUSEHOLD.

Label THE DWELLING AND HOUSEHOLD.	Location Sequence › nshd_48
Type Sequence	Order InOrderOfAppearance

qg_27_a-d - 27 a-d

Name qg_27_a-d	Label 27 a-d	Location Sequence › nshd_48 › THE DWELLING AND HOUSEHOLD.
Type Question Grid		

Question

How many are there in your household (including the baby born in 1946 and any later births) who are-

Rows

1	Less than 5 yrs. of age ... infants
2	5 yrs-14 yrs. 11 mths. of age ... children.
3	15 yrs. or older (including self, husband, older children, relations, lodgers and domestics) ... adults
4	Total in household

Columns

How many	Numeric
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 qi_28_a - 28 a

Name qi_28_a	Label 28 a	Location Sequence › nshd_48 › THE DWELLING AND HOUSEHOLD.
Type Integer	Low 0	High

Question

How many living rooms and bedrooms (including kitchen if used as a living room but excluding if other type of kitchen, scullery or bathroom) are occupied by you or the members of your household ... rooms

 qi_29 - 29

Name qi_29	Label 29	Location Sequence › nshd_48 › THE DWELLING AND HOUSEHOLD.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Is there a kitchen for your use?

Choices

1	Yes
2	No
X	No answer

qi_29_a - 29 a

Name qi_29_a	Label 29 a	Location Sequence › nshd_48 › THE DWELLING AND HOUSEHOLD.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If " Yes.")		

Question

Is the kitchen shared with another household?

Choices

1	Yes
2	No
Y	Question does not apply
X	No answer

qi_29_b - 29 b

Name qi_29_b	Label 29 b	Location Sequence › nshd_48 › THE DWELLING AND HOUSEHOLD.
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If " Yes.")		

Question

Do you use the kitchen as a living room?

Choices

1	Yes
2	No
Y	Question does not apply
X	No answer

qi_30 - 30

Name qi_30	Label 30	Location Sequence › nshd_48 › THE DWELLING AND HOUSEHOLD.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Is there a bathroom for your use?

Choices

1	Yes
2	No
X	No answer

 qi_31 - 31


Name qi_31	Label 31	Location Sequence › nshd_48 › THE DWELLING AND HOUSEHOLD.
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
4	Other method, namely
X	No answer

 s_32a

Name s_32a	Location Sequence › nshd_48 › THE DWELLING AND HOUSEHOLD.
Type Statement	

Statement Text

PLEASE MAKE ARRANGEMENTS FOR THE MOTHER TO BRING HER BABY TO BE WEIGHED EITHER AT THE INFANT WELFARE CENTRE OR WHEREVER ELSE SCALES MAY BE AVAILABLE.

 qi_32_a - 32 a

Name qi_32_a	Label 32 a	Location Sequence › nshd_48 › THE DWELLING AND HOUSEHOLD.
Type Integer, Integer	Low 0	High

Question

Present weight (without clothes) ... lbs. ... ozs.

 qi_32_b - 32 b

Name qi_32_b	Label 32 b	Location Sequence › nshd_48 › THE DWELLING AND HOUSEHOLD.
Type Integer, Integer	Low 0	High

Question

Present standing height ... ft. ... ins.

HEALTH VISITOR'S COMMENTS.


Label HEALTH VISITOR'S COMMENTS.	Location Sequence › nshd_48
Type Sequence	Order InOrderOfAppearance

 s_healthvisitorscomments_i

Name s_healthvisitorscomments_i	Location Sequence › nshd_48 › HEALTH VISITOR'S COMMENTS.
Type Statement	

Statement Text

(Health Visitors should not ask these questions, but should fill them in from their own knowledge or observation.)

 qi_33 - 33


Name qi_33	Label 33	Location Sequence › nshd_48 › HEALTH VISITOR'S COMMENTS.
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

Question

Does this family live in-

Choices

1	A whole house?
2	Part of a house?
3	A flat?
4	Furnished rooms?
5	Other, namely

 qi_34 - 34


Name qi_34	Label 34	Location Sequence › nshd_48 › HEALTH VISITOR'S COMMENTS.
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

Question

Who owns the dwelling?

Choices

1	Occupier
2	Council
3	Charitable Trust
4	Private Landlord
5	Other, namely

 qi_35 - 35


Name qi_35	Label 35	Location Sequence › nshd_48 › HEALTH VISITOR'S COMMENTS.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Is there a yard or garden attached to this dwelling in which the baby may be left in its pram?

Choices

1	Yes
2	No

 qi_36 - 36

Name qi_36	Label 36	Location Sequence › nshd_48 › HEALTH VISITOR'S COMMENTS.
Type Text	Minimum Length	Maximum Length 255

Question

Please comment freely on the state of the dwelling, its repair, dampness, light and ventilation

 qi_37 - 37

Name qi_37	Label 37	Location Sequence › nshd_48 › HEALTH VISITOR'S COMMENTS.
Type Text	Minimum Length	Maximum Length 255

Question

Please comment freely on the bodily care of the baby. Are his clothes clean and in good repair?

? qi_38_a - 38 a		
Name qi_38_a	Label 38 a	Location Sequence › nshd_48 › HEALTH VISITOR'S COMMENTS.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Please give your assessment of (a) the state of the dwelling, and (b) the bodily care of the baby. State of the dwelling

Instructions

(Please ring the appropriate code numbers.)

Choices

1	Good
2	Fair
3	Poor

? qi_38_b - 38 b		
Name qi_38_b	Label 38 b	Location Sequence › nshd_48 › HEALTH VISITOR'S COMMENTS.
Type Multiple Choice	Selection Type SelectOne	Display Style

Question


Please give your assessment of (a) the state of the dwelling, and (b) the bodily care of the baby. Bodily care of the baby

Instructions

(Please ring the appropriate code numbers.)

Choices

1	Good
2	Fair
3	Poor

 qi_39 - 39

Name qi_39	Label 39	Location Sequence › nshd_48 › HEALTH VISITOR'S COMMENTS.
Type Integer	Low 0	High

Question

How long did this interview take? ... minutes