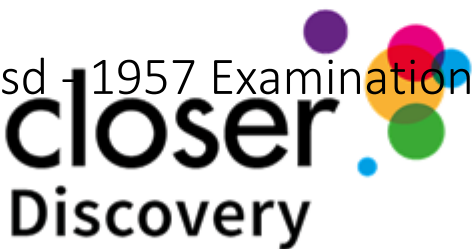


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nshd_57_sd - 1957 Examination by the School Doctor

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closer.
Discovery

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nshd_57_sd - 1957 Examination by the School Doctor

1957 Examination by the School Doctor

Collection Events

1957-01 - 1957

Collection Organization

Mode of Collection

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

Mode of Collection

Face-to-face paper and pencil interviewing.

Mode of Collection

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

1957 Examination by the School Doctor

closer:sourceFileName

nshd_57_sd

Instrument Locations

- https://discovery.closer.ac.uk/files/instruments/nshd_57_sd-6f2c197914010485511f1c90d838bd3c.pdf

nshd_57_sd

Label nshd_57_sd	Location Sequence
Type Sequence	Order InOrderOfAppearance

s_intro_i

Name s_intro_i	Location Sequence › nshd_57_sd
Type Statement	

Statement Text

STRICTLY CONFIDENTIAL

s_intro_ii

Name s_intro_ii	Location Sequence › nshd_57_sd
Type Statement	

Statement Text

JANUARY 1957

 s_intro_iii

Name s_intro_iii	Location Sequence › nshd_57_sd
Type Statement	

Statement Text

EXAMINATION BY THE SCHOOL DOCTOR

 s_intro_iv

Name s_intro_iv	Location Sequence › nshd_57_sd
Type Statement	

Statement Text

NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN

 s_intro_v

Name s_intro_v	Location Sequence › nshd_57_sd
Type Statement	

Statement Text

INSTITUTE OF CHILD HEALTH (UNIVERSITY OF LONDON) SOCIETY OF MEDICAL OFFICERS OF HEALTH and
POPULATION INVESTIGATION COMMITTEE At the LONDON SCHOOL OF ECONOMICS,

 qi_intro_i - intro i

Name qi_intro_i	Label intro i	Location Sequence › nshd_57_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_57_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_57_sd
Type Text	Minimum Length	Maximum Length

Question

Address

 qi_intro_iv - intro iv

Name qi_intro_iv	Label intro iv	Location Sequence › nshd_57_sd
Type Text	Minimum Length	Maximum Length 255

Question

School

FOR THOSE WHO HAVE MOVED

Label FOR THOSE WHO HAVE MOVED	Location Sequence › nshd_57_sd
Type Sequence	Order InOrderOfAppearance

 qi_intro_v - intro v

Name qi_intro_v	Label intro v	Location Sequence › nshd_57_sd › FOR THOSE WHO HAVE MOVED
Type Text	Minimum Length	Maximum Length

Question

New Address

 qi_intro_vi - intro vi

Name qi_intro_vi	Label intro vi	Location Sequence › nshd_57_sd › FOR THOSE WHO HAVE MOVED
Type Text	Minimum Length	Maximum Length 255

Question


L.E.A.

 qi_intro_vii - intro vii

Name qi_intro_vii	Label intro vii	Location Sequence › nshd_57_sd › FOR THOSE WHO HAVE MOVED
Type Text	Minimum Length	Maximum Length 255


Question

School

 s_intro_vi	
Name s_intro_vi	Location Sequence › nshd_57_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 RECIEVE IT.

 s_intro_vii	
Name s_intro_vii	Location Sequence › nshd_57_sd
Type Statement	


Statement Text

Purpose of this enquiry.

 s_intro_viii	
Name s_intro_viii	Location Sequence › nshd_57_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. They are drawn from all social classes and during the first ten years of their lives only 8 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_57_sd
Type Statement	

Statement Text

How to fill in this form.

s_intro_x	
Name s_intro_x	Location Sequence › nshd_57_sd
Type Statement	

Statement Text

Five thousand children scattered all over the country are being given this examination, and it is therefore important that the many hundreds of doctors who are examining them should record their findings in a comparable way. For this reason, and also to reduce the amount of clerical work, this examination form has been framed as a series of questions, many of which can be answered by one of several printed alternatives. All that is required is to put a circle round the number opposite the printed answer that most nearly describes your findings. If no alternative fits please write the answer in the space directly under the question. Similarly, if you feel that any printed answer, though applicable, does not fully explain your findings, we should be most grateful for any further information you can give us. When a question does not apply it should be struck through. When either the Doctor or the Mother is unable to answer a question, this fact should be recorded in the space directly under the question.

s_intro_xi	
Name s_intro_xi	Location Sequence › nshd_57_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_xii	
Name s_intro_xii	Location Sequence › nshd_57_sd
Type Statement	

Statement Text

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

s_intro_xiii	
Name s_intro_xiii	Location Sequence › nshd_57_sd
Type Statement	

Statement Text

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

A. MEDICAL HISTORY

Label A. MEDICAL HISTORY	Location Sequence › nshd_57_sd
Type Sequence	Order InOrderOfAppearance



s_medicalhistory_i

Name s_medicalhistory_i	Location Sequence › nshd_57_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.



s_medicalhistory_ii

Name s_medicalhistory_ii	Location Sequence › nshd_57_sd › A. MEDICAL HISTORY
Type Statement	

Statement Text

If a question does not apply, strike it through.

SURVIVAL

Label SURVIVAL	Location Sequence › nshd_57_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance



qi_1_a - 1 a

Name qi_1_a	Label 1 a	Location Sequence › nshd_57_sd › A. MEDICAL HISTORY › SURVIVAL
Type Date		

Condition

If this child has died please state

Question

Date of Death



qi_1_b - 1 b

Name qi_1_b	Label 1 b	Location Sequence › nshd_57_sd › A. MEDICAL HISTORY › SURVIVAL
----------------	--------------	-------------------------------------------------------------------

Type Text	Minimum Length	Maximum Length 255
Condition If this child has died please state		

Question

Cause of Death (if known)

? qi_1_c - 1 c		
Name qi_1_c	Label 1 c	Location Sequence › nshd_57_sd › A. MEDICAL HISTORY › SURVIVAL
Type Text	Minimum Length	Maximum Length 255
Condition If this child has died please state		

Question

Address or Name of Hospital where death occurred

SOURCE OF INFORMATION	
Label SOURCE OF INFORMATION	Location Sequence › nshd_57_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

? qi_2 - 2		
Name qi_2	Label 2	Location Sequence › nshd_57_sd › A. MEDICAL HISTORY › SOURCE OF INFORMATION
Type Text	Minimum Length	Maximum Length 255

Question

If this child is living but the form cannot be completed please state the reason here :

? qi_3 - 3		
Name qi_3	Label 3	Location Sequence › nshd_57_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
*	Other person, namely
0	No one

ASTHMA

Label ASTHMA	Location Sequence › nshd_57_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

qi_4_a - 4 a

Name qi_4_a	Label 4 a	Location Sequence › nshd_57_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_57_sd › A. MEDICAL HISTORY › ASTHMA
Type Text	Minimum Length	Maximum Length 255

Condition
(If "yes".)

Question

How frequent are his asthmatic attacks?

qi_4_c - 4 c

Name qi_4_c	Label 4 c	Location Sequence › nshd_57_sd › A. MEDICAL HISTORY › ASTHMA
Type Integer	Low 0	High

Condition
(If "yes".)

Question

How long do they last? ... hours

 qi_4_d - 4 d

Name qi_4_d	Label 4 d	Location Sequence › nshd_57_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_57_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_i - 4 f(i)

Name qi_4_f_i	Label 4 f(i)	Location Sequence › nshd_57_sd › A. MEDICAL HISTORY › ASTHMA
Type Text	Minimum Length	Maximum Length 255

Question

Name and address of hospital where investigated Name


 qi_4_f_ii - 4 f(ii)

Name qi_4_f_ii	Label 4 f(ii)	Location Sequence › nshd_57_sd › A. MEDICAL HISTORY › ASTHMA
-------------------	------------------	--------------------------------------------------------------------

Type Text	Minimum Length	Maximum Length 255
--------------	----------------	-----------------------


Question

Name and address of hospital where investigated Address

 qi_4_g - 4 g		
Name qi_4_g	Label 4 g	Location Sequence › nshd_57_sd › A. MEDICAL HISTORY › ASTHMA
Type Text	Minimum Length	Maximum Length 255

Question

What treatment is being given?

 s_teeth_i	
Name s_teeth_i	Location Sequence › nshd_57_sd › A. MEDICAL HISTORY
Type Statement	

Statement Text

TEETH

 qi_5_a - 5 a		
Name qi_5_a	Label 5 a	Location Sequence › nshd_57_sd › A. MEDICAL HISTORY
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

A_HEART

Label A_HEART	Location Sequence › nshd_57_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

 qi_6_a - 6 a		
Name qi_6_a	Label 6 a	Location Sequence › nshd_57_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 - 6 b

Name	Label	Location
qi_6_b	6 b	Sequence › nshd_57_sd › A. MEDICAL HISTORY › A_HEART
Type	Minimum Length	Maximum Length
Text		255
Condition (If "yes".)		

Question

What treatment was given?

 qi_6_c - 6 c

Name	Label	Location
qi_6_c	6 c	Sequence › nshd_57_sd › A. MEDICAL HISTORY › A_HEART
Type	Selection Type	Display Style
Multiple Choice, Text	SelectOne	
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	Location
A_ABDOMEN	Sequence › nshd_57_sd › A. MEDICAL HISTORY
Type	Order
Sequence	InOrderOfAppearance

 qi_7_a - 7 a

Name	Label	Location
qi_7_a	7 a	Sequence › nshd_57_sd › A. MEDICAL HISTORY › A_ABDOMEN
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

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_57_sd › A. MEDICAL HISTORY › A_ABDOMEN
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If "yes".)		

Question

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

Choices

1	Doctor called in
2	Taken to hospital
0	Neither

 qi_8_a - 8 a

Name qi_8_a	Label 8 a	Location Sequence › nshd_57_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_57_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_57_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

 s_q8d

Name s_q8d	Location Sequence › nshd_57_sd › A. MEDICAL HISTORY › A_ABDOMEN
Type Statement	

Statement Text

(All Children)

 qi_8_d - 8 d

Name qi_8_d	Label 8 d	Location Sequence › nshd_57_sd › A. MEDICAL HISTORY › A_ABDOMEN
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has this child ever had jaundice or putty coloured stools?

Choices

1	Yes
0	No

 qi_8_d_i - 8 d(i)

Name qi_8_d_i	Label 8 d(i)	Location Sequence › nshd_57_sd › A. MEDICAL HISTORY › A_ABDOMEN
Type Text	Minimum Length	Maximum Length 255


Condition
(If "yes".)

Question

Please give details

BEDWETTING

Label BEDWETTING	Location Sequence › nshd_57_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

 qi_9_a - 9 a

Name qi_9_a	Label 9 a	Location Sequence › nshd_57_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_57_sd › A. MEDICAL HISTORY › BEDWETTING
Type Text	Minimum Length	Maximum Length 255

Condition
(If "wet")

Question

How are you trying to get him dry?

 s_menstruation_i

Name s_menstruation_i	Location Sequence › nshd_57_sd › A. MEDICAL HISTORY
Type Statement	

Statement Text**MENSTRUATION**

 qi_10 - 10

Name qi_10	Label 10	Location Sequence › nshd_57_sd › A. MEDICAL HISTORY
Type Multiple Choice	Selection Type SelectOne	Display Style

Question


Has this child started her periods?

Choices

1	Yes
0	No
Y	Does not apply

HEARING

Label HEARING	Location Sequence › nshd_57_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

 qi_11_a - 11 a

Name qi_11_a	Label 11 a	Location Sequence › nshd_57_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_57_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
2	No

FITS AND CONVULSIONS

Label FITS AND CONVULSIONS	Location Sequence › nshd_57_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

qi_12_a - 12 a

Name qi_12_a	Label 12 a	Location Sequence › nshd_57_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_57_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 and convulsions

qi_12_c - 12 c

Name qi_12_c	Label 12 c	Location Sequence › nshd_57_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

GENERAL HEALTH

Label GENERAL HEALTH	Location Sequence › nshd_57_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

 qi_13_a - 13 a


Name qi_13_a	Label 13 a	Location Sequence › nshd_57_sd › A. MEDICAL HISTORY › GENERAL HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	Yes
0	No

 qi_13_b - 13 b

Name qi_13_b	Label 13 b	Location Sequence › nshd_57_sd › A. MEDICAL HISTORY › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255

Condition
(If "yes".)

Question

Please give your reasons for worrying

 s_xray_i

Name s_xray_i	Location Sequence › nshd_57_sd › A. MEDICAL HISTORY
------------------	--------------------------------------------------------

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

Statement Text

X-RAY

 qg_14 - 14		
Name qg_14	Label 14	Location Sequence > nshd_57_sd > A. MEDICAL HISTORY
Type Question Grid		

Question

Please give the following details of any X-rays (including mass miniature radiography) this child has ever had.

Rows

1	1
2	2
3	3

Columns

How many	Numeric
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
How many	Numeric
Generic text	Text
Generic text	Text
Generic text	Text
How many	Numeric
Generic text	Text
Generic text	Text
How many	Numeric
Generic text	Text

B. EXAMINATION

Label B. EXAMINATION	Location Sequence › nshd_57_sd
Type Sequence	Order InOrderOfAppearance

 qi_15 - 15


Name qi_15	Label 15	Location Sequence › nshd_57_sd › B. EXAMINATION
Type Integer	Low 0	High

Question

Pulse rate at beginning of examination ... per minute

THROAT AND TONSILS

Label THROAT AND TONSILS	Location Sequence › nshd_57_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

 qi_16_a - 16 a


Name qi_16_a	Label 16 a	Location Sequence › nshd_57_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_16_b - 16 b


Name qi_16_b	Label 16 b	Location Sequence › nshd_57_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_16_c - 16 c


Name qi_16_c	Label 16 c	Location Sequence › nshd_57_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_16_d - 16 d


Name qi_16_d	Label 16 d	Location Sequence › nshd_57_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_16_e - 16 e

Name qi_16_e	Label 16 e	Location Sequence › nshd_57_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_16_f - 16 f

Name qi_16_f	Label 16 f	Location Sequence › nshd_57_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_16_g - 16 g

Name qi_16_g	Label 16 g	Location Sequence › nshd_57_sd › B. EXAMINATION › THROAT AND TONSILS
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes".) (If tonsils present.)		

Question

Please give your reasons

TEETH

Label TEETH	Location Sequence › nshd_57_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

 qi_17_i - 17 i

Name qi_17_i	Label 17 i	Location Sequence › nshd_57_sd › B. EXAMINATION › TEETH
Type Integer	Low 0	High

Question

Please describe the condition of the FIRST PREMOLAR TEETH Number missing

 qi_17_ii - 17 ii

Name qi_17_ii	Label 17 ii	Location Sequence › nshd_57_sd › B. EXAMINATION › TEETH
Type Integer	Low 0	High

Question


Please describe the condition of the FIRST PREMOLAR TEETH Number filled

 qi_17_iii - 17 iii

Name qi_17_iii	Label 17 iii	Location Sequence › nshd_57_sd › B. EXAMINATION › TEETH
Type Integer	Low 0	High

Question

Please describe the condition of the FIRST PREMOLAR TEETH Number decayed, not filled

 qi_17_iv - 17 iv

Name qi_17_iv	Label 17 iv	Location Sequence › nshd_57_sd › B. EXAMINATION › TEETH
Type Integer	Low 0	High

Question


Please describe the condition of the FIRST PREMOLAR TEETH Number non-carious

 s_breastdevelopment_i

Name s_breastdevelopment_i	Location Sequence › nshd_57_sd › B. EXAMINATION
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Type Statement	
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Statement Text**BREAST DEVELOPMENT**

 qi_18 - 18		
Name qi_18	Label 18	Location Sequence › nshd_57_sd › B. EXAMINATION
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_57_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

 qi_19 - 19		
Name qi_19	Label 19	Location Sequence › nshd_57_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_57_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_57_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

s_bheart_i	
Name s_bheart_i	Location Sequence › nshd_57_sd › B. EXAMINATION › B_HEART
Type Statement	

Statement Text

Please examine this child standing up and lying down.

qi_20_a - 20 a		
Name qi_20_a	Label 20 a	Location Sequence › nshd_57_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_57_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_57_sd › B. EXAMINATION › B_HEART

Type Multiple Choice	Selection Type SelectOne	Display Style
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Question

Murmurs. Lying

Choices

0	No murmur heard
1	Murmur(s) heard

 qi_20_b_iii - 20 b(iii)

Name qi_20_b_iii	Label 20 b(iii)	Location Sequence › nshd_57_sd › B. EXAMINATION › B_HEART
Type Text	Minimum Length	Maximum Length 255

Condition
(If "murmur(s").)

Question

Point of maximum intensity?


 qi_20_b_iv - 20 b(iv)

Name qi_20_b_iv	Label 20 b(iv)	Location Sequence › nshd_57_sd › B. EXAMINATION › B_HEART
Type Text	Minimum Length	Maximum Length 255

Condition
(If "murmur(s").)

Question

Timing of the murmur?


 qi_20_b_v - 20 b(v)

Name qi_20_b_v	Label 20 b(v)	Location Sequence › nshd_57_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_vi - 20 b(vi)

Name qi_20_b_vi	Label 20 b(vi)	Location Sequence › nshd_57_sd › B. EXAMINATION › B_HEART
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Type Text	Minimum Length	Maximum Length 255
Condition (If "murmur(s)".)		

Question


If so, where?

 s_q20c

Name s_q20c	Location Sequence › nshd_57_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_57_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_57_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_57_sd › B. EXAMINATION › B_HEART
Type Text	Minimum Length	Maximum Length 255

Condition
(If "yes")

Question

Please describe


 qi_20_e - 20 e

Name qi_20_e	Label 20 e	Location Sequence › nshd_57_sd › B. EXAMINATION › B_HEART
Type Text	Minimum Length	Maximum Length 255

Condition
(If "yes")

Question


Are there any other manifestations of rheumatic disease

 s_q20f

Name s_q20f	Location Sequence › nshd_57_sd › B. EXAMINATION › B_HEART
Type Statement	

Statement Text

(All children.)

 qi_20_f - 20 f

Name qi_20_f	Label 20 f	Location Sequence › nshd_57_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_57_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_57_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

qi_21_a - 21 a

Name qi_21_a	Label 21 a	Location Sequence › nshd_57_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_57_sd › B. EXAMINATION › B_ABDOMEN
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

Question

Are there any palpable masses?

Choices

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

qi_21_c - 21 c

Name qi_21_c	Label 21 c	Location Sequence › nshd_57_sd › B. EXAMINATION › B_ABDOMEN
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Type Multiple Choice	Selection Type SelectOne	Display Style
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Question

Is there any evidence of umbilical hernia?

Choices

1	Yes
0	No

 qi_21_d - 21 d


Name qi_21_d	Label 21 d	Location Sequence › nshd_57_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_e - 21 e


Name qi_21_e	Label 21 e	Location Sequence › nshd_57_sd › B. EXAMINATION › B_ABDOMEN
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Is any pigmented pubic hair visible?

Choices

1	Yes
0	No

 qi_21_f - 21 f


Name qi_21_f	Label 21 f	Location Sequence › nshd_57_sd › B. EXAMINATION › B_ABDOMEN
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Has this child been circumcised?

Choices

1	Yes
0	No
Y	Does not apply

 qi_22_a - 22 a

Name qi_22_a	Label 22 a	Location Sequence › nshd_57_sd › B. EXAMINATION › B_ABDOMEN
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Are both testicles in the scrotal sac?

Choices

1	Yes, both
2	Left only descended
3	Right only descended
4	Neither descended
Y	Question does not apply

 qi_22_b - 22 b

Name qi_22_b	Label 22 b	Location Sequence › nshd_57_sd › B. EXAMINATION › B_ABDOMEN
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition
(If "not descended")

Question


Can the testicle(s) be drawn down into the scrotal sac?

Choices

1	Yes
0	No

MISCELLANEOUS

Label MISCELLANEOUS	Location Sequence › nshd_57_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

 qi_23_i - 23 i

Name qi_23_i	Label 23 i	Location Sequence › nshd_57_sd › B. EXAMINATION › MISCELLANEOUS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Lymphatic glands Neck (Exc. tonsillar glands)

Choices

1	Palpable
0	Not palpable

 qi_23_ii - 23 ii


Name qi_23_ii	Label 23 ii	Location Sequence › nshd_57_sd › B. EXAMINATION › MISCELLANEOUS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Lymphatic glands Axilla

Choices

1	Palpable
0	Not palpable

 qi_23_iii - 23 iii


Name qi_23_iii	Label 23 iii	Location Sequence › nshd_57_sd › B. EXAMINATION › MISCELLANEOUS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Lymphatic glands Groin

Choices

1	Palpable
0	Not palpable

 qi_24 - 24


Name qi_24	Label 24	Location Sequence › nshd_57_sd › B. EXAMINATION › MISCELLANEOUS
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

Question

Skin.

Choices

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

 qi_25 - 25


Name qi_25	Label 25	Location Sequence › nshd_57_sd › B. EXAMINATION › MISCELLANEOUS
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

Question

Nails and fingers.

Choices

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

 qi_26 - 26


Name qi_26	Label 26	Location Sequence › nshd_57_sd › B. EXAMINATION › MISCELLANEOUS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Orthopaedic defects.

Choices

0	None
1	Defect

 qi_26_i - 26 i

Name qi_26_i	Label 26 i	Location Sequence › nshd_57_sd › B. EXAMINATION › MISCELLANEOUS
Type Text	Minimum Length	Maximum Length 255

Condition
(If "defect".)

Question


Please give details

 qi_27 - 27

Name qi_27	Label 27	Location Sequence › nshd_57_sd › B. EXAMINATION › MISCELLANEOUS
Type Text	Minimum Length	Maximum Length 255

Question

Remarks on other abnormalities or deformities not reported above

 qi_28 - 28


Name qi_28	Label 28	Location Sequence › nshd_57_sd › B. EXAMINATION › MISCELLANEOUS
Type Integer	Low 0	High

Question

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

PHYSICAL MEASUREMENTS


Label PHYSICAL MEASUREMENTS	Location Sequence › nshd_57_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

 qi_29 - 29

Name qi_29	Label 29	Location Sequence › nshd_57_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_29_i - 29 i

Name qi_29_i	Label 29 i	Location Sequence › nshd_57_sd › B. EXAMINATION › PHYSICAL MEASUREMENTS
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Type Multiple Choice	Selection Type SelectOne	Display Style
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Question

Scales used.

Choices

1	Beam balance
2	Spring balance

 qi_30 - 30

Name qi_30	Label 30	Location Sequence › nshd_57_sd › B. EXAMINATION › PHYSICAL MEASUREMENTS
Type Integer, Integer, Multiple Choice	Low 0	High

Question

Present standing height. (WITHOUT SHOES.) ... ft. ... ins.

Instructions

(To nearest quarter inch.)

Choices

1	Height measurer used
2	Measured against wall

 s_q30

Name s_q30	Location Sequence › nshd_57_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 SPEECH	Location Sequence › nshd_57_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

 qi_31_a - 31 a


Name qi_31_a	Label 31 a	Location Sequence › nshd_57_sd › B. EXAMINATION › SPEECH
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

Question

Speech.

Choices

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

 qi_31_b - 31 b

Name qi_31_b	Label 31 b	Location Sequence › nshd_57_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_31_c - 31 c

Name qi_31_c	Label 31 c	Location Sequence › nshd_57_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_57_sd › B. EXAMINATION
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Type Sequence	Order InOrderOfAppearance
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 qi_32_a - 32 a

Name qi_32_a	Label 32 a	Location Sequence › nshd_57_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_32_b - 32 b


Name qi_32_b	Label 32 b	Location Sequence › nshd_57_sd › B. EXAMINATION › EYES
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Does this child wear glasses?

Choices

0	Yes
1	No

 qg_32_c - 32 c

Name qg_32_c	Label 32 c	Location Sequence › nshd_57_sd › B. EXAMINATION › EYES
Type Question Grid		

Question

Visual acuity.

Rows

1	Right eye
2	Left eye

Columns

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

qi_32_d - 32 d

Name qi_32_d	Label 32 d	Location Sequence › nshd_57_sd › B. EXAMINATION › EYES
Type Text	Minimum Length	Maximum Length 255

Question

Eye defects not noted above:

EARS

Label EARS	Location Sequence › nshd_57_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

qi_33_a_i - 33 a(i)

Name qi_33_a_i	Label 33 a(i)	Location Sequence › nshd_57_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_33_a_ii - 33 a(ii)

Name qi_33_a_ii	Label 33 a(ii)	Location Sequence › nshd_57_sd › B. EXAMINATION › EARS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

External Auditory Meatus. Left

Choices

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

 qi_33_b_i - 33 b(i)

Name qi_33_b_i	Label 33 b(i)	Location Sequence › nshd_57_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_33_b_ii - 33 b(ii)

Name qi_33_b_ii	Label 33 b(ii)	Location Sequence › nshd_57_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_33_c - 33 c


Name qi_33_c	Label 33 c	Location Sequence › nshd_57_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_33_d - 33 d

Name qi_33_d	Label 33 d	Location Sequence › nshd_57_sd › B. EXAMINATION › EARS
Type Text	Minimum Length	Maximum Length 255

Condition


[If hearing is "poor")

Question

Does he wear a hearing aid?

LATERALITY

Label LATERALITY	Location Sequence › nshd_57_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

 qi_34 - 34

Name qi_34	Label 34	Location Sequence › nshd_57_sd › B. EXAMINATION › LATERALITY
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Eye dominance

Instructions

Give this child a white card (about 8" x 5") in the middle of which a hole approximately 1/2" in diameter has been cut. Ask him to stand several feet from you, to raise the card at arm's length, and to look at you through the hole, BOTH EYES BEING KEPT OPEN. Please note which eye you can see through the hole. Repeat three times.

Choices

1	Always right eye
2	Always left eye
3	Sometimes right, sometimes left

HANDS

Label HANDS	Location Sequence › nshd_57_sd › B. EXAMINATION › LATERALITY
Type Sequence	Order InOrderOfAppearance

 qi_35_a - 35 a

Name qi_35_a	Label 35 a	Location Sequence › nshd_57_sd › B. EXAMINATION › LATERALITY › HANDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	Right
2	Left
3	Either

 qi_35_b - 35 b

Name qi_35_b	Label 35 b	Location Sequence › nshd_57_sd › B. EXAMINATION › LATERALITY › HANDS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question


Ask the child to pick up a ball placed directly in front of him, and to throw it as accurately as possible into a box. Note which hand is used. Repeat three times.

Choices

1	Always right hand
2	Always left hand
3	Sometimes right, sometimes left

ASSESSMENTS

Label ASSESSMENTS	Location Sequence › nshd_57_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

 qi_36_a - 36 a


Name qi_36_a	Label 36 a	Location Sequence › nshd_57_sd › B. EXAMINATION › ASSESSMENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Alertness and activity.

Choices

2	Average
3	Above average
1	Below average
0	Apathetic

 qi_36_b - 36 b


Name qi_36_b	Label 36 b	Location Sequence › nshd_57_sd › B. EXAMINATION › ASSESSMENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Physical development.

Choices

1	Average
2	Superior
0	Inferior

 qi_outro_i - outro i

Name qi_outro_i	Label outro i	Location Sequence › nshd_57_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_57_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_57_sd
Type Date		

Question

Date of Examination

 qi_outro_iv - outro iv

Name qi_outro_iv	Label outro iv	Location Sequence › nshd_57_sd
Type Time		

Question

Time taken for this interview