

Interview With Mother

s_intro_i

STRICTLY CONFIDENTIAL

Conditions

nshd_57_iwm

s_intro_xiv

JANUARY 1957

Conditions

nshd_57_iwm

s_intro_ii

SCHOOL NURSE'S INTERVIEW WITH MOTHER

Conditions

nshd_57_iwm

s_intro_iii

NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN

Conditions

nshd_57_iwm

s_intro_iv

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

Conditions

nshd_57_iwm

 qi_intro_i - intro i

intro i

Question

Ref. No.

Type

Text

Label

Generic text

Maximum Length

255

Conditions

nshd_57_iwm

 qi_intro_ii - intro ii

intro ii

Question

Name

Type

Text

Label

Generic text

Maximum Length

255

Conditions

nshd_57_iwm

 qi_intro_iii - intro iii

intro iii

Question

Address

Type

Text

Label

Generic text

Maximum Length

255

Conditions

nshd_57_iwm

 **qi_intro_iv - intro iv**

intro iv

Question

School

Type

Text

Label

Generic text

Maximum Length

255

Conditions

nshd_57_iwm

 **qi_intro_v - intro v**

intro v

Question

New Address

Type

Text

Label

Generic text

Maximum Length

255

Conditions

nshd_57_iwm

FOR THOSE WHO HAVE MOVED

 qi_intro_vi - intro vi

intro vi

Question

L.E.A.

Type

Text

Label

Generic text

Maximum Length

255

Conditions

nshd_57_iwm

FOR THOSE WHO HAVE MOVED

 qi_intro_vii - intro vii

intro vii

Question

School

Type

Text

Label

Generic text

Maximum Length

255

Conditions

nshd_57_iwm

FOR THOSE WHO HAVE MOVED

 s_intro_v

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.

Conditions

nshd_57_iwm

 s_intro_vi

Approach to the Mother

Conditions

nshd_57_iwm

 s_intro_vii

Remind her that in previous years she gave us most valuable information about herself and her child. We now want to find out what progress her child has made during the last year. All information she gives will, of course, be ABSOLUTELY CONFIDENTIAL.

Conditions

nshd_57_iwm

 s_intro_viii

Purpose of this inquiry

Conditions

nshd_57_iwm

 s_intro_ix

This child was enrolled at birth in a national survey which is being made by a Joint Committee of the Institute of Child Health, the Society of Medical Officers of Health and the Population Investigation Committee. The purpose of the present examination is to bring the medical and social history up to date. The children in this sample are representative of all births in England, Wales and Scotland. They are drawn from all social classes and during the first ten year of their lives only 8% of the original sample have been lost. The value of this inquiry depends on information being obtained for every possible survey child. The Joint Committee are therefore most anxious that this form should be completed.

Conditions

nshd_57_iwm

 s_intro_x

How to fill in this form.

Conditions

nshd_57_iwm

 s_intro_xi

Five thousand Mothers scattered all over the country are being interviewed, and it is therefore important that the many hundreds of Health Visitors and School Nurses who are seeing them should record their findings in a comparable way. For this reason, and also to reduce the amount of clerical work, this form has been framed as a series of questions, many of which can be answered by one of several printed alternatives. All that is required is to put a circle round the number opposite the printed answer that most nearly describes your findings. If no alternative fits please write the answer in the space directly under the question. Similarly, if you feel that any printed answer, though applicable, does not fully explain your findings, we should be most grateful for any further information you can give us. In order to ensure that this information is obtained in the same way by the many people taking part in the survey, it is important that the wording and order of this form should be adhered to.

Conditions

nshd_57_iwm

 s_intro_xii

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

Conditions

nshd_57_iwm

 s_intro_xiii

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

Conditions

nshd_57_iwm

 qi_1_a - 1 a

1 a

Question

Person interviewed.

| | |
|---|---------------|
| 1 | Mother |
| * | Other, namely |

Type

Text

Label


Other text

Maximum Length

255

Conditions

nshd_57_iwm

 qi_1_b - 1 b

1 b

Question

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

Type

Text

Label

Generic text

Maximum Length

255

Conditions

nshd_57_iwm

 qi_2_a - 2 a

2 a

Question

Date of death

Type

Date/Time (Date)

Label

Generic date

Conditions

nshd_57_iwm

 qi_2_b - 2 b

2 b

Question

Cause of death (if known)

Type

Text

Label

Generic text

Maximum Length

255

Conditions

nshd_57_iwm

 s_q3

(For all living children)

Conditions

nshd_57_iwm

 qi_3 - 3

3

Question

Where is this child now living?

| | |
|---|--------------------|
| 1 | At home |
| 2 | With relatives |
| 3 | Adopted |
| 4 | Residential school |
| 5 | Ill in hospital |

| |
|---------------------|
| * Elsewhere, namely |
|---------------------|

Type

Text

Label

Other text

Maximum Length

255

Conditions

nshd_57_iwm

 qi_4_a_i - 4 a(i)

4 a(i)

Question

Last accident recorded. Type

Type

Text

Label

Generic text

Maximum Length

255

Conditions

nshd_57_iwm

I. ACCIDENTS

 qi_4_a_ii - 4 a(ii)

4 a(ii)

Question

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

Numeric

Label

Age in years

Low

o (inclusive)

Conditions

nshd_57_iwm

I. ACCIDENTS

 s_q4b

(Since this accident, or since OCTOBER, 1955)

Conditions

nshd_57_iwm

I. ACCIDENTS

 qi_4_b - 4 b

4 b

Question


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

| | |
|---|-----|
| 1 | Yes |
| 0 | No |

Conditions

nshd_57_iwm

I. ACCIDENTS

 qg_4_b_i - 4 b(i)

4 b(i)

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

Code List Dimension

| | |
|---|------------------|
| 1 | First Accident 1 |
| 2 | Second 2 |

Code List Dimension

| | |
|---|---|
| 1 | Type of injury (enter as BURN, SCALD, BROKEN BONE, CUT, etc.) |
| 2 | Part or Parts injured |
| 3 | Age when injured (in years and months) |

| | |
|---|---|
| 4 | Treatment, Hosp. I.P., Hosp. O.P., Nursing Home, Own home |
| 5 | If treated in own home, who gave treatment (Doctor, Nurse, other) |
| 6 | Details of any remaining scarring, disability or deformity |

Conditions

nshd_57_iwm

I. ACCIDENTS

qc_4_b == 1

 **qg_4_b_ii - 4 b(ii)**

4 b(ii)

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

Code List Dimension

| | |
|---|------------------|
| 1 | First Accident 1 |
| 2 | Second 2 |

Code List Dimension

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

Conditions

nshd_57_iwm

I. ACCIDENTS

qc_4_b == 1

 **qg_5_a - 5 a**

5 a

Please give the following information about any attacks of WHOOPING COUGH, MEASLES, MUMPS or SCARLET FEVER this child has had since OCTOBER 1955.

Code List Dimension

| | |
|---|----------------|
| 2 | Whooping Cough |
| 3 | Measles |
| 4 | Mumps |
| 5 | Scarlet Fever |

Code List Dimension

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

Conditions

nshd_57_iwm

II. INFECTIOUS DISEASES

s_q5a

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

Conditions

nshd_57_iwm

II. INFECTIOUS DISEASES

qi_5_b - 5 b

5 b

Question

Was there any doubt that it was whooping cough ?

| | |
|---|----------|
| 0 | Doubtful |
| 1 | Certain |

Conditions

nshd_57_iwm

II. INFECTIOUS DISEASES

qc_5_a;1 != NULL

 qi_5_c - 5 c

5 c

Question

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

Numeric

Label

How many?

Low

o (inclusive)

Conditions

nshd_57_iwm

II. INFECTIOUS DISEASES

qc_5_a\$1;1 != NULL

 qi_5_d - 5 d

5 d

Question

Details of complications, if any

Type

Text

Label

Generic text

Maximum Length

255

Conditions

nshd_57_iwm

II. INFECTIOUS DISEASES

qc_5_a\$1;1 != NULL

 qi_6_a_i - 6 a(i)

6 a(i)

Question

Details of last Hospital Admission Recorded in this Survey. Illness

Type

Text

Label

Generic text

Maximum Length

255

Conditions

nshd_57_iwm

III. ADMISSIONS TO HOSPITAL

 **qi_6_a_ii - 6 a(ii)**

6 a(ii)

Question

Details of last Hospital Admission Recorded in this Survey. Hospital

Type

Text

Label

Generic text

Maximum Length

255

Conditions

nshd_57_iwm

III. ADMISSIONS TO HOSPITAL

 **qi_6_a_iii - 6 a(iii)**

6 a(iii)

Question

Details of last Hospital Admission Recorded in the Survey. Age

Type

Text

Label

Generic text

Maximum Length

255

Conditions

nshd_57_iwm

III. ADMISSIONS TO HOSPITAL

 s_q6a

(If nothing recorded there has been no admission before OCTOBER, 1955)

Conditions

nshd_57_iwm

III. ADMISSIONS TO HOSPITAL

 qi_6_b - 6 b

6 b

Question

Has this child been an IN-PATIENT in a HOSPITAL or NURSING HOME since OCTOBER 1955 ?

| | |
|---|-----|
| 1 | Yes |
| o | No |

Conditions

nshd_57_iwm

III. ADMISSIONS TO HOSPITAL

 qg_6_c_i - 6 c(i)

6 c(i)

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

Code List Dimension

| | |
|---|---|
| 1 | 1 |
| 2 | 2 |

Code List Dimension

| | |
|---|--|
| 1 | Nature of illness |
| 2 | Nature of operation performed (if any) |
| 3 | Date of Admission |

Conditions

nshd_57_iwm

III. ADMISSIONS TO HOSPITAL

qc_6_b == 1

 **qg_6_c_ii - 6 c(ii)**

6 c(ii)

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

Code List Dimension

| | |
|---|---|
| 1 | 1 |
| 2 | 2 |

Code List Dimension

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

Conditions

nshd_57_iwm

III. ADMISSIONS TO HOSPITAL

qc_6_b == 1

 **s_q7a**

(Include child guidance and all other clinics wherever held)

Conditions

nshd_57_iwm

IV. SCHOOL CLINIC AND OUT-PATIENT DEPARTMENT ATTENDANCES

 **qi_7_a_i - 7 a(i)**

7 a(i)

Question

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

Type

Text

Label

Generic text

Maximum Length

255

Conditions

nshd_57_iwm

IV. SCHOOL CLINIC AND OUT-PATIENT DEPARTMENT ATTENDANCES

 qi_7_a_ii - 7 a(ii)

7 a(ii)

Question

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

Type

Text

Label

Generic text

Maximum Length

255

Conditions

nshd_57_iwm

IV. SCHOOL CLINIC AND OUT-PATIENT DEPARTMENT ATTENDANCES

 qi_7_a_iii - 7 a(iii)

7 a(iii)

Question

Details of last Clinic Attendance Recorded in this Survey. Age

Type

Text

Label

Generic text

Maximum Length

255

Conditions

nshd_57_iwm

IV. SCHOOL CLINIC AND OUT-PATIENT DEPARTMENT ATTENDANCES

 qi_7_b - 7 b

7 b

Question

Has this child attended a School Clinic or Out-Patient Department of a Hospital since OCTOBER 1955?

| | |
|-----------------------|-------|
| <input type="radio"/> | 1 Yes |
| <input type="radio"/> | 0 No |

Conditions

nshd_57_iwm

IV. SCHOOL CLINIC AND OUT-PATIENT DEPARTMENT ATTENDANCES

 qg_7_c - 7 c

7 c

Please give the following details about each Clinic attended.

Code List Dimension

| | |
|--------------------------|-----|
| <input type="checkbox"/> | 1 1 |
| <input type="checkbox"/> | 2 2 |

Code List Dimension

| | |
|--------------------------|--|
| <input type="checkbox"/> | 1 Name of School Clinic or Out-Patient Dept. |
| <input type="checkbox"/> | 2 Reason for attending |
| <input type="checkbox"/> | 3 Date of FIRST attendance (month and year) |
| <input type="checkbox"/> | 4 Date of LAST attendance (month and year) (if still attending strike through) |
| <input type="checkbox"/> | 5 Number of attendances |
| <input type="checkbox"/> | 6 Present condition |

Conditions

nshd_57_iwm

IV. SCHOOL CLINIC AND OUT-PATIENT DEPARTMENT ATTENDANCES

qc_7_b == 1

 qg_8 - 8

8

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

Code List Dimension

| | |
|---|---|
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |

Code List Dimension

| | |
|---|---|
| 1 | Information from School Absence Record: Period of Absence: From |
| 2 | Information from School Absence Record: Period of Absence: To |
| 3 | Information from School Absence Record: Reason for Absence |
| 4 | Please give these additional details: If child was ill: Where treated Hospital I.P. Hospital O.P. Nursing Home Own Home |
| 5 | Please give these additional details: If child was ill: If treated at home who gave treatment ? (Doctor Chemist Nurse, Other) |
| 6 | Please give these additional details: Remarks |

Conditions

nshd_57_iwm

V. SCHOOL ABSENCES

 qi_9_a - 9 a

9 a

Question

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

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

Conditions

nshd_57_iwm

VI. SCHOOLING

 qi_9_b - 9 b

9 b

Question

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

| | |
|-----------------------|---------------------------|
| <input type="radio"/> | 3 Yes, with both |
| <input type="radio"/> | 1 Yes, with class teacher |
| <input type="radio"/> | 2 Yes, with head teacher |
| <input type="radio"/> | 0 No |

Conditions

nshd_57_iwm

VI. SCHOOLING

qc_9_a >= 1 && qc_9_a <= 3

 qi_10_a - 10 a

10 a

Question

Until what age do you want this child to stay at school ? ... years

Numeric

Label

Age in years

Low (inclusive)**Conditions**

nshd_57_iwm

VI. SCHOOLING

 qi_10_b - 10 b

10 b

Question

Do you have any specific ideas on the job you would like this child to do on leaving school ?

| | |
|-----------------------|-------|
| <input type="radio"/> | 1 Yes |
| <input type="radio"/> | 0 No |

Conditions

nshd_57_iwm

VI. SCHOOLING

 qi_10_b_i - 10 b(i)

10 b(i)

Question

What are they ?

Type

Text

Label

Generic text

Maximum Length

255

Conditions

nshd_57_iwm

VI. SCHOOLING

qc_10_b == 1

 qi_11_a_i - 11 a(i)

11 a(i)

Question

Which of the following types of school do you NOW wish your child to go to?

| | |
|-----------------------|--------------------|
| <input type="radio"/> | 1 Grammar |
| <input type="radio"/> | 2 Secondary modern |
| <input type="radio"/> | 3 Technical |
| <input type="radio"/> | 6 Comprehensive |
| <input type="radio"/> | 4 Fee paying |
| <input type="radio"/> | * Other, namely |

Type

Text

Label

Other text

Maximum Length

255

Conditions

nshd_57_iwm

VI. SCHOOLING

 qi_11_a_ii - 11 a(ii)

11 a(ii)

Question

Which of the following types of school do you NOW wish your child to go to? (Alternative answers for Scotland)

| | |
|--|--------------------|
| | 1 Senior Secondary |
| | 2 Junior Secondary |
| | 3 Fee paying |
| | * Other, namely |

Type

Text

Label

Other text

Maximum Length

255

Conditions

nshd_57_iwm

VI. SCHOOLING

 qi_11_b - 11 b

11 b

Question

Have you changed your mind since this question was asked last year ?

| | |
|--|-------|
| | 1 Yes |
|--|-------|

| |
|--------------------------|
| <input type="radio"/> No |
|--------------------------|

Conditions

nshd_57_iwm

VI. SCHOOLING

 **qi_11_b_i - 11 b(i)**

11 b(i)

Question

Why have you changed your mind

Type

Text

Label

Generic text

Maximum Length

255

Conditions

nshd_57_iwm

VI. SCHOOLING

qc_11_b == 1

 **qi_12_a - 12 a**

12 a

Question


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

| |
|---------------------------|
| <input type="radio"/> Yes |
| <input type="radio"/> No |

Conditions

nshd_57_iwm

VI. SCHOOLING

 **qi_12_b - 12 b**

12 b

Question

Please give your reasons for worrying.

Type

Text

Label

Generic text

Maximum Length

255

Conditions

nshd_57_iwm

VI. SCHOOLING

qc_12_a == 1

 qi_13_a - 13 a

13 a

Question

Has this child any hobby or special interest?

| | |
|-----------------------|-------|
| <input type="radio"/> | 1 Yes |
| <input type="radio"/> | 0 No |

Conditions

nshd_57_iwm

VII. HOBBIES AND OUTSIDE INTERESTS

 qi_13_b - 13 b

13 b

Question

What is it?

Type

Text

Label

Generic text

Maximum Length

255

Conditions

nshd_57_iwm

VII. HOBBIES AND OUTSIDE INTERESTS

qc_13_a == 1

 qi_14_a - 14 a

14 a

Question

Does he belong to any club or organisation outside school?

| | |
|-----------------------|-----|
| <input type="radio"/> | Yes |
| <input type="radio"/> | No |

Conditions

nshd_57_iwm

VII. HOBBIES AND OUTSIDE INTERESTS

 qi_14_b - 14 b

14 b

Question

What organisation(s) does he belong to ?

Type

Text

Label

Generic text

Maximum Length

255

Conditions

nshd_57_iwm

VII. HOBBIES AND OUTSIDE INTERESTS

qc_14_a == 1

 qi_15_a - 15 a

15 a

Question

Does this child go to Church or Sunday School ?

| | |
|-----------------------|-----|
| <input type="radio"/> | Yes |
|-----------------------|-----|

| |
|------|
| o No |
|------|

Conditions

nshd_57_iwm

VII. HOBBIES AND OUTSIDE INTERESTS

 qi_15_b - 15 b

15 b

Question

What Church or Sunday School does he go to ?

| |
|---------------------|
| 1 Church of England |
| 2 Roman Catholic |
| 3 Non-conformist |
| * Other, namely |

Type

Text

Label

Other text


Maximum Length

255

Conditions

nshd_57_iwm

VII. HOBBIES AND OUTSIDE INTERESTS

 qi_16_a - 16 a

16 a

Question

At what time does this child go to bed at night ? ... p.m.

Type

Date/Time (Time)

Label

Generic time

Conditions

nshd_57_iwm

VII. HOBBIES AND OUTSIDE INTERESTS

 qi_16_b - 16 b

16 b

Question

At what time does this child get up in the morning ? ... a.m.

Type

Date/Time (Time)

Label

Generic time

Conditions

nshd_57_iwm

VII. HOBBIES AND OUTSIDE INTERESTS

 qi_17_a - 17 a

17 a

Question

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

| | |
|-----------------------|-------|
| <input type="radio"/> | 1 Yes |
| <input type="radio"/> | o No |

Conditions

nshd_57_iwm

VIII. GENERAL HEALTH AND BEHAVIOUR

 qi_17_b - 17 b

17 b

Question

Please give your reasons for worrying

Type

Text

Label

Generic text

Maximum Length

255

Conditions

nshd_57_iwm

VIII. GENERAL HEALTH AND BEHAVIOUR

qc_17_a == 1

qi_18_a - 18 a

i8 a

Question

Has this child any habits such as thumb sucking, nail biting, nose picking, tics or general fidgetiness ?

| | |
|---|------------------------|
| 0 | No habits of this type |
| 1 | Sucks thumb |
| 2 | Bites nails |
| 3 | Picks nose |
| * | Other habits, namely |

Type

Text

Label

Other text

Maximum Length

255

Conditions

nshd_57_iwm

VIII. GENERAL HEALTH AND BEHAVIOUR

qi_18_b - 18 b

i8 b

Question

During the last year, have you or any member of your household ever had to go to this child because of his nightmares or disturbed sleep ?

| | |
|---|-----------------------|
| 0 | Never |
| 1 | Occasionally |
| 2 | Several nights a week |
| 3 | Every night |

Conditions

nshd_57_iwm

VIII. GENERAL HEALTH AND BEHAVIOUR

 qi_19_i - 19 i

19 i

Question

Who helps you with the housework or children ? Regularly

| | |
|---|----------------------------|
| 1 | Husband |
| 2 | This child |
| 3 | Other children |
| 4 | Grandparents |
| 5 | Other relations or friends |
| 6 | Paid help |
| o | Not helped at all |

Conditions

nshd_57_iwm

IX. DOMESTIC HELP

 qi_19_ii - 19 ii

19 ii

Question

Who helps you with the housework or children ? Occasionally

| | |
|---|----------------------------|
| 1 | Husband |
| 2 | This child |
| 3 | Other children |
| 4 | Grandparents |
| 5 | Other relations or friends |
| 6 | Paid help |
| o | Not helped at all |

Conditions

nshd_57_iwm

IX. DOMESTIC HELP

 qi_20_a - 20 a

20 a

Question

What is your husband's occupation now ?

Type

Text

Label

Generic text

Maximum Length

255

Conditions

nshd_57_iwm

X. OCCUPATION OF PRESENT HUSBAND

 qi_20_b - 20 b

20 b

Question

In what industry does he work ?

Type

Text

Label

Generic text

Maximum Length

255

Conditions

nshd_57_iwm

X. OCCUPATION OF PRESENT HUSBAND

 qi_20_c - 20 c

20 c

Question

Does he-

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

Conditions

nshd_57_iwm

X. OCCUPATION OF PRESENT HUSBAND

 **qi_20_d - 20 d**

20 d

Question

If you husband's work regularly keeps him away from home for 24 hours or more at a time, please give details.

Type

Text

Label

Generic text

Maximum Length

255

Conditions

nshd_57_iwm

X. OCCUPATION OF PRESENT HUSBAND

 **qg_21 - 21**

21

Please give the following details for each pregnancy since October 1954:-

Code List Dimension

| | |
|---|---|
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |

Code List Dimension


| | |
|---|---------------------------------|
| 1 | Date of delivery (mth. and yr.) |
|---|---------------------------------|

| | |
|---|--|
| 2 | Sex of child |
| 3 | Birth weight (to nearest 1/4 lb.) |
| 4 | Result of delivery (live birth, stillbirth or miscarriage) |
| 5 | If not surviving please give age at death |

Conditions

nshd_57_iwm

XI. SUBSEQUENT PREGNANCIES

 qi_21_i - 21 i

21 i

Question

Expected date of delivery

Type

Text

Label

Generic text

Maximum Length

255

Conditions

nshd_57_iwm

XI. SUBSEQUENT PREGNANCIES

 qi_22_a - 22 a

22 a

Question

Have you been in paid work (either inside or outside the home) since OCTOBER, 1955 ?

| | |
|---|-----|
| 1 | Yes |
| 0 | No |

Conditions

nshd_57_iwm

XII. THE MOTHER'S WORK

qg_22_b - 22 b

22 b

Please give the following details of each period of employment.

Code List Dimension

| | |
|---|---|
| 1 | 1 |
| 2 | 2 |

Code List Dimension

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

Conditions

nshd_57_iwm

XII. THE MOTHER'S WORK

qc_22_a == 1

qi_23_a - 23 a

23 a

Question

Ownership of dwelling.

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

Type

Text

Label

Other text

Maximum Length

255

Conditions

nshd_57_iwm

XIII. THE HOUSEHOLD AND DWELLING

 **qg_24_a - 24 a**

24 a

Parents and their children living in this household.

Code List Dimension

| | |
|---|---|
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |

Code List Dimension

| | |
|---|----------------|
| 1 | Christian Name |
| 2 | Sex |
| 3 | Age Years |
| 4 | Age Months |

Conditions

nshd_57_iwm

XIII. THE HOUSEHOLD AND DWELLING

 **qg_24_b - 24 b**

24 b

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

Code List Dimension

| | |
|---|---|
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |

Code List Dimension

| | |
|---|--|
| 1 | Relationship to mother of this child (e.g., mother-in-law, sister, lodger, etc.) |
| 2 | Sex |
| 3 | Approximate age |

Conditions

nshd_57_iwm

XIII. THE HOUSEHOLD AND DWELLING

qi_24_c - 24 c

24 c

Question

Total in household. ... persons

Numeric

Label

How many?

Low

o (inclusive)

Conditions

nshd_57_iwm

XIII. THE HOUSEHOLD AND DWELLING

qg_25 - 25

25

Total rooms occupied by all the members of the household listed in 24 (a) and (b).

Code List Dimension

| | |
|---|---|
| 1 | 1 |
|---|---|

Code List Dimension


| | |
|---|---|
| 1 | Bedrooms |
| 2 | Living rooms (include kitchen only if used as a living room, exclude scullery) Own living rooms |

| | |
|---|--|
| 3 | Living rooms (include kitchen only if used as a living room, exclude scullery) Living rooms shared with other households |
| 4 | Total |

Conditions

nshd_57_iwm

XIII. THE HOUSEHOLD AND DWELLING

 **qi_26_a - 26 a**

26 a

Question

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

| | |
|---|-------------|
| 1 | By himself |
| 2 | With others |

Conditions

nshd_57_iwm

XIII. THE HOUSEHOLD AND DWELLING

 **qi_26_b - 26 b**

26 b

Question

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

Type

Text

Label

Generic text

Maximum Length

255

Conditions

nshd_57_iwm

XIII. THE HOUSEHOLD AND DWELLING

qc_26_a == 2

 qi_26_c - 26 c

26 c

Question

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

| | |
|--|---|
| | <input type="radio"/> Own bed |
| | <input type="radio"/> * With others, namely |

Type

Text

Label

Other text

Maximum Length

255

Conditions

nshd_57_iwm

XIII. THE HOUSEHOLD AND DWELLING

qc_26_a == 2

 qi_27 - 27

27

Question

Is your kitchen shared with another household?

| | |
|--|------------------------------------|
| | <input type="radio"/> Yes |
| | <input type="radio"/> No |
| | <input type="radio"/> Y No kitchen |

Conditions

nshd_57_iwm

XIII. THE HOUSEHOLD AND DWELLING

 qi_28 - 28

28

Question

Is there a bathroom for your use ?

| | |
|-----------------------|-------|
| <input type="radio"/> | 1 Yes |
| <input type="radio"/> | 0 No |

Conditions

nshd_57_iwm

XIII. THE HOUSEHOLD AND DWELLING

 qi_29 - 29

29

Question

How do you obtain hot water ?

| | |
|-----------------------|--------------------------|
| <input type="radio"/> | 1 Running hot water |
| <input type="radio"/> | 2 Gas or electric copper |
| <input type="radio"/> | 3 Boiling kettles |
| <input type="radio"/> | * Other, namely |

Type

Text

Label

Other text

Maximum Length

255

Conditions

nshd_57_iwm

XIII. THE HOUSEHOLD AND DWELLING

 qi_30 - 30

30

Question

Where does this child do his homework ?

| | |
|-----------------------|---|
| <input type="radio"/> | 1 In the living room with other members of the family |
| <input type="radio"/> | 2 In a separate room |
| <input type="radio"/> | * Elsewhere, namely |

Type

Text

Label

Other text

Maximum Length

255

Conditions

nshd_57_iwm

XIII. THE HOUSEHOLD AND DWELLING

qi_31 - 31

31

Question

Does mother think that this dwelling lacks any essential amenities that would help you in bringing up your children ?

| | |
|-----------------------|-------|
| <input type="radio"/> | 1 Yes |
| <input type="radio"/> | 0 No |

Conditions

nshd_57_iwm

XIII. THE HOUSEHOLD AND DWELLING

qi_31_i - 31 i

31 i

Question

please give details)

Type

Text

Label

Long text

Conditions

nshd_57_iwm

XIII. THE HOUSEHOLD AND DWELLING

qc_31 == 1


 s_information_i

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

Conditions

nshd_57_iwm

INFORMATION GIVEN BY SCHOOL NURSE OR HEALTH VISITOR

 qi_32_a - 32 a

32 a

Question

Is any member of this child's family or household known to have tuberculosis ?

| | |
|----------------------------------|-----------|
| <input type="radio"/> | 1 Yes |
| <input type="radio"/> | o No |
| <input checked="" type="radio"/> | X Unknown |

Conditions

nshd_57_iwm

INFORMATION GIVEN BY SCHOOL NURSE OR HEALTH VISITOR

 qi_32_b_i - 32 b(i)

32 b(i)

Question

Please state the name and the relationship Name

Type

Text

Label

Generic text

Maximum Length

255

Conditions

nshd_57_iwm

INFORMATION GIVEN BY SCHOOL NURSE OR HEALTH VISITOR

qc_32_a == 1

qi_32_b_ii - 32 b(ii)

32 b(ii)

Question

Please state the name and the relationship Relationship

Type

Text

Label

Generic text

Maximum Length

255

Conditions

nshd_57_iwm

INFORMATION GIVEN BY SCHOOL NURSE OR HEALTH VISITOR

qc_32_a == 1

qi_32_c - 32 c

32 c

Question

Was B.C.G. Vaccination offered to this child and if so, was it accepted ?

| | |
|---|-----------------------|
| 1 | Offered and accepted |
| 2 | Offered, not accepted |
| 3 | Not offered |
| X | Unknown |
| Y | Not applicable |

Conditions

nshd_57_iwm

INFORMATION GIVEN BY SCHOOL NURSE OR HEALTH VISITOR

qi_33 - 33

33

Question

Does this family possess any of the following ?

| | |
|---|---------------|
| 1 | Telephone |
| 2 | Car |
| 3 | Television |
| o | None of these |

Conditions

nshd_57_iwm

INFORMATION GIVEN BY SCHOOL NURSE OR HEALTH VISITOR

 **qi_34 - 34**

34

Question

Please give your assessment of the state of repair of the dwelling.

| | |
|---|-----------|
| 1 | Average |
| 2 | Very good |
| 3 | Bad |

Conditions

nshd_57_iwm

INFORMATION GIVEN BY SCHOOL NURSE OR HEALTH VISITOR

 **qi_35 - 35**

35

Question

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

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

Type

Text

Label

Other text

Maximum Length

255

Conditions

nshd_57_iwm

INFORMATION GIVEN BY SCHOOL NURSE OR HEALTH VISITOR

 **qi_outro_i - outro i**

outro i

Question

Date of interview

Type

Date/Time (Date)

Label

Generic date

Conditions

nshd_57_iwm

 **qi_outro_ii - outro ii**

outro ii

Question

Length of Interview ... mins.

Numeric

Label

How many?

Low

o (inclusive)

Conditions

nshd_57_iwm

 **qi_outro_iii - outro iii**

outro iii

Question

Name of School Nurse or Health Visitor

Type

Text

Label

Generic text

Maximum Length

255

Conditions

nshd_57_iwm