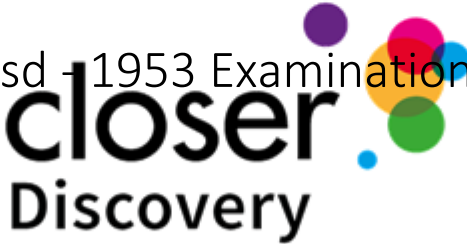


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nshd\_53\_sd - 1953 Examination by the School Doctor  
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# nshd\_53\_sd - 1953 Examination by the School Doctor

1953 Examination by the School Doctor

## Collection Events

1953-03 - 1953

## 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.

## 1953 Examination by the School Doctor

### closer:sourceFileName

nshd\_53\_sd

## Instrument Locations

- [https://discovery.closer.ac.uk/files/instruments/nshd\\_53\\_sd-4be7aff09d0a591e490c8a58c623d0a5.pdf](https://discovery.closer.ac.uk/files/instruments/nshd_53_sd-4be7aff09d0a591e490c8a58c623d0a5.pdf)

## nshd\_53\_sd

Label	Location
nshd_53_sd	Sequence
Type	Order
Sequence	InOrderOfAppearance

## s\_intro\_i

Name	Location
s_intro_i	Sequence › nshd_53_sd
Type	
Statement	

### Statement Text

STRICTLY CONFIDENTIAL

## s\_intro\_ii

Name s_intro_ii	Location Sequence › nshd_53_sd
Type Statement	

**Statement Text**

EXAMINATION BY THE SCHOOL DOCTOR

 s\_intro\_iii

Name s_intro_iii	Location Sequence › nshd_53_sd
Type Statement	

**Statement Text**

NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN

 s\_intro\_iv

Name s_intro_iv	Location Sequence › nshd_53_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_53_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_53_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_53_sd
Type Text	Minimum Length	Maximum Length 255



**Question**

Address

 qi\_intro\_iv - intro iv

Name qi_intro_iv	Label intro iv	Location Sequence › nshd_53_sd
Type Text	Minimum Length	Maximum Length 255

**Question**

School

FOR THOSE WHO HAVE MOVED

Label FOR THOSE WHO HAVE MOVED	Location Sequence › nshd_53_sd
Type Sequence	Order InOrderOfAppearance

 qi\_intro\_v - intro v

Name qi_intro_v	Label intro v	Location Sequence › nshd_53_sd › FOR THOSE WHO HAVE MOVED
Type Text	Minimum Length	Maximum Length 255

**Question**

New Address

 qi\_intro\_vi - intro vi

Name qi_intro_vi	Label intro vi	Location Sequence › nshd_53_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_53_sd › FOR THOSE WHO HAVE MOVED
Type Text	Minimum Length	Maximum Length 255

**Question**


School

 s\_intro\_v

Name s_intro_v	Location Sequence › nshd_53_sd › FOR THOSE WHO HAVE MOVED
Type Statement	


**Statement Text**

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

 s_intro_vi	
Name s_intro_vi	Location Sequence › nshd_53_sd
Type Statement	


**Statement Text**

Purpose of this enquiry.

 s_intro_vii	
Name s_intro_vii	Location Sequence › nshd_53_sd
Type Statement	


**Statement Text**

This child was enrolled at birth in a national survey which is being made by a Joint Committee of the Institute of Child Health, the Society of Medical Officers of Health and the Population Investigation Committee. The children in this survey are representative of all births in England, Wales and Scotland in March 1946. They are drawn from all social classes and during the first seven 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_viii	
Name s_intro_viii	Location Sequence › nshd_53_sd
Type Statement	

**Statement Text**

How to fill in this form.

 s_intro_ix	
Name s_intro_ix	Location Sequence › nshd_53_sd
Type Statement	

**Statement Text**

Six 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\_x

Name s_intro_x	Location Sequence › nshd_53_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 parents, that the wording and order of this form should be adhered to.



s\_intro\_xi

Name s_intro_xi	Location Sequence › nshd_53_sd
Type Statement	

**Statement Text**

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



s\_intro\_xii

Name s_intro_xii	Location Sequence › nshd_53_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_53_sd
Type Sequence	Order InOrderOfAppearance



s\_medicalhistory\_i

Name s_medicalhistory_i	Location Sequence › nshd_53_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_53_sd › A. MEDICAL HISTORY
Type Statement	

**Statement Text**

If a question does not apply, strike it through.

SURVIVAL

Label SURVIVAL	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

 qi\_1\_a - 1 a

Name qi_1_a	Label 1 a	Location Sequence › nshd_53_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_53_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)

SOURCE OF INFORMATION

Label SOURCE OF INFORMATION	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

 qi\_2 - 2

Name qi_2	Label 2	Location Sequence › nshd_53_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_53_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

COLDS, SORE THROAT, ETC.

Label COLDS, SORE THROAT, ETC.	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

 qi\_4\_a - 4 a

Name qi_4_a	Label 4 a	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY › COLDS, SORE THROAT, ETC.
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Does this child breathe with his mouth open in the day time?

**Choices**

1	Yes
0	No

 qi\_4\_b - 4 b

Name qi_4_b	Label 4 b	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY › COLDS, SORE THROAT, ETC.
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Does he snore at night?

**Choices**

2	Always snores
1	Sometimes snores
0	Never snores

 qi\_4\_c - 4 c


Name qi_4_c	Label 4 c	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY › COLDS, SORE THROAT, ETC.
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

How often has he had a snuffly or running nose during the last year?

**Choices**

3	Continually
2	Frequently (4 or more)
1	Occasionally (3 or less)
0	Never

 qi\_4\_d - 4 d

Name qi_4_d	Label 4 d	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY › COLDS, SORE THROAT, ETC.
----------------	--------------	---

Type Integer, Multiple Choice	Low 0	High
----------------------------------	----------	------

**Question**

Has he had a sore throat during the last year? If so, how many has he had? ... sore throats

**Choices**

0	No sore throats
---	-----------------

**TONSILS**

Label TONSILS	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

**s\_q5a**

Name s_q5a	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY › TONSILS
Type Statement	

**Statement Text**

(Previous information entered in red)

**qi\_5\_a - 5 a**

Name qi_5_a	Label 5 a	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY › TONSILS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Have this child's tonsils been removed?

**Choices**

1	Yes
0	No

**qi\_5\_b - 5 b**

Name qi_5_b	Label 5 b	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY › TONSILS
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition  
(If "yes")

**Question**

Where were they removed?

**Instructions**

(Please answer for ALL children whose tonsils were removed.)

**Choices**

1	Hosp. (I.P.)
2	Hosp. (O.P.)
3	At home

 qi\_5\_c - 5 c

Name qi_5_c	Label 5 c	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY › TONSILS
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes")		

**Question**

Why were they removed?

 qi\_5\_d - 5 d

Name qi_5_d	Label 5 d	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY › TONSILS
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If "yes")		

**Question**

Has his condition been better, worse or unchanged since their removal?

**Choices**

1	Better
3	Worse
2	Unchanged

 qi\_5\_e - 5 e

Name qi_5_e	Label 5 e	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY › TONSILS
Type Text	Minimum Length	Maximum Length 255
Condition (If "better" or "worse".) (If "yes")		



**Question**

Please say in what ways

qi\_5\_f - 5 f

Name qi_5_f	Label 5 f	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY › TONSILS
Type Multiple Choice, Text	Selection Type SelectOne	Display Style
Condition (If tonsils not removed.)		

**Question**

Has anyone suggested that his tonsils should be removed?

**Choices**

1	Yes, doctor
*	Yes, other person, namely
0	No

qi\_5\_g - 5 g

Name qi_5_g	Label 5 g	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY › TONSILS
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes".) (If tonsils not removed.)		

**Question**

Why was this suggested?

qi\_5\_h - 5 h

Name qi_5_h	Label 5 h	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY › TONSILS
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If "yes".) (If tonsils not removed.)		

**Question**

Is he on a waiting list for tonsillectomy?

**Choices**

1	Yes
---	-----

0	No
---	----

## ASTHMA

Label ASTHMA	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

 qi\_6\_a - 6 a


Name qi_6_a	Label 6 a	Location Sequence › nshd_53_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\_6\_b - 6 b

Name qi_6_b	Label 6 b	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY › ASTHMA
Type Text	Minimum Length	Maximum Length 255

Condition  
(If "yes".)

**Question**

How frequent are his asthmatic attacks?


 qi\_6\_c - 6 c

Name qi_6_c	Label 6 c	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY › ASTHMA
Type Integer	Low 0	High

Condition  
(If "yes".)

**Question**

How long do they last? ... hours

 qi\_6\_d - 6 d


Name qi_6_d	Label 6 d	Location Sequence › nshd_53_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\_6\_e - 6 e

Name qi_6_e	Label 6 e	Location Sequence › nshd_53_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\_6\_f\_i - 6 f(i)

Name qi_6_f_i	Label 6 f(i)	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY › ASTHMA
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes".)		

**Question**

Name and address of hospital where investigated Name

 qi\_6\_f\_ii - 6 f(ii)

Name qi_6_f_ii	Label 6 f(ii)	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY › ASTHMA
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Type Text	Minimum Length	Maximum Length 255
Condition (If "yes".)		

**Question**

Name and address of hospital where investigated Address

qi_6_g - 6 g		
Name qi_6_g	Label 6 g	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY › ASTHMA
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes".)		

**Question**

What treatment is being given?

COUGHS	
Label COUGHS	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

qi_7_a - 7 a		
Name qi_7_a	Label 7 a	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY › COUGHS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Has this child during the last year had attacks of coughing when he has NOT got a cold?

**Choices**

2	Yes, continually
1	Yes, sometimes
0	No

qi_7_b - 7 b		
Name qi_7_b	Label 7 b	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY › COUGHS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

When he coughs, is it at night only, in the day only or both in the day and night?

### Choices

1	Night only
2	Day only
3	Both day and night

## TEETH

Label TEETH	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

### qi\_8\_a - 8 a

Name qi_8_a	Label 8 a	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY › TEETH
Type Integer, Multiple Choice	Low 0	High

### Question

How many times has this child been seen by a dentist during the last year? ... times

### Choices

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

## A\_HEART

Label A_HEART	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

### qi\_9\_a - 9 a

Name qi_9_a	Label 9 a	Location Sequence › nshd_53_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\_9\_b - 9 b

Name qi_9_b	Label 9 b	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY › A_HEART
Type Multiple Choice, Text	Selection Type SelectOne	Display Style
Condition (If "yes".)		

**Question**

Did this treatment lead to any restriction of his activities?

**Choices**

* Yes, namely
0 No restriction of activities

**A\_ABDOMEN**

Label A_ABDOMEN	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

**qi\_10\_a - 10 a**

Name qi_10_a	Label 10 a	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY › A_ABDOMEN
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Has this child had any attacks of abdominal pain during the last year?

**Choices**

1 Yes
0 No

**qi\_10\_b - 10 b**

Name qi_10_b	Label 10 b	Location Sequence › nshd_53_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\_11\_a - 11 a

Name qi_11_a	Label 11 a	Location Sequence › nshd_53_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\_11\_b - 11 b

Name qi_11_b	Label 11 b	Location Sequence › nshd_53_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

## HEARING

Label HEARING	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

 qi\_12\_a - 12 a

Name qi_12_a	Label 12 a	Location Sequence › nshd_53_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\_12\_b - 12 b

Name qi_12_b	Label 12 b	Location Sequence › nshd_53_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_53_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

 qi\_13\_a - 13 a

Name qi_13_a	Label 13 a	Location Sequence › nshd_53_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\_13\_b - 13 b



Name qi_13_b	Label 13 b	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY › FITS AND CONVULSIONS
Type Integer	Low 0	High
Condition (If "fit or convulsion".)		

**Question**

How many fits or convulsions has he had during the last year? ... fits or convulsions

? qi_13_c - 13 c		
Name qi_13_c	Label 13 c	Location Sequence › nshd_53_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_53_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

? qi_14_a - 14 a		
Name qi_14_a	Label 14 a	Location Sequence › nshd_53_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\_14\_b - 14 b

Name qi_14_b	Label 14 b	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes".)		

**Question**

Please give your reasons for worrying

## BEHAVIOUR

Label BEHAVIOUR	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY
Type Sequence	Order InOrderOfAppearance

 qi\_15\_a - 15 a

Name qi_15_a	Label 15 a	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY › BEHAVIOUR
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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

**Choices**

1	Yes
0	No

 qi\_15\_b - 15 b

Name qi_15_b	Label 15 b	Location Sequence › nshd_53_sd › A. MEDICAL HISTORY › BEHAVIOUR
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes".)		


**Question**

Please give your reasons for worrying

## B. EXAMINATION

Label B. EXAMINATION	Location Sequence › nshd_53_sd
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Type Sequence	Order InOrderOfAppearance
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 qi\_16 - 16

Name qi_16	Label 16	Location Sequence › nshd_53_sd › B. EXAMINATION
Type Integer	Low 0	High

### Question

Pulse rate at beginning of examination ... per minute

### NASAL PASSAGES

Label NASAL PASSAGES	Location Sequence › nshd_53_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

 qi\_17\_a - 17 a

Name qi_17_a	Label 17 a	Location Sequence › nshd_53_sd › B. EXAMINATION › NASAL PASSAGES
Type Multiple Choice	Selection Type SelectOne	Display Style

### Question

Is there a nasal discharge?

### Choices

<input type="checkbox"/>	1 Yes
<input type="checkbox"/>	0 No

 qi\_17\_b - 17 b

Name qi_17_b	Label 17 b	Location Sequence › nshd_53_sd › B. EXAMINATION › NASAL PASSAGES
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition  
(If "yes".)

### Question

Is it watery or muco-purulent?

### Choices

<input type="checkbox"/>	1 Watery
--------------------------	----------

2	Mucopurulent
---	--------------

 s\_q17c

Name s_q17c	Location Sequence › nshd_53_sd › B. EXAMINATION › NASAL PASSAGES
Type Statement	

#### Statement Text

(All children.)

 qi\_17\_c - 17 c

Name qi_17_c	Label 17 c	Location Sequence › nshd_53_sd › B. EXAMINATION › NASAL PASSAGES
Type Multiple Choice	Selection Type SelectOne	Display Style

#### Question

Is there a post-nasal discharge hanging down behind the uvula?

#### Choices

1	Yes
0	No
Y	Not seen, child gags

 qi\_17\_d - 17 d

Name qi_17_d	Label 17 d	Location Sequence › nshd_53_sd › B. EXAMINATION › NASAL PASSAGES
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

#### Question


Are this child's nasal passages obstructed?

#### Choices

1	Yes, by adenoids
2	Yes, by catarrh
*	Other causes, namely
0	Not obstructed

THROAT AND TONSILS

Label THROAT AND TONSILS	Location Sequence › nshd_53_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

 qi\_18\_a - 18 a

Name qi_18_a	Label 18 a	Location Sequence › nshd_53_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\_18\_b - 18 b

Name qi_18_b	Label 18 b	Location Sequence › nshd_53_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\_18\_c - 18 c

Name qi_18_c	Label 18 c	Location Sequence › nshd_53_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\_18\_d - 18 d

Name qi_18_d	Label 18 d	Location Sequence › nshd_53_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\_18\_e - 18 e

Name qi_18_e	Label 18 e	Location Sequence › nshd_53_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\_18\_f - 18 f


Name qi_18_f	Label 18 f	Location Sequence › nshd_53_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\_18\_g - 18 g


Name qi_18_g	Label 18 g	Location Sequence › nshd_53_sd › B. EXAMINATION › THROAT AND TONSILS
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes".) (If tonsils present.)		

**Question**

Please give your reasons

LUNGS

Label LUNGS	Location Sequence › nshd_53_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

 qi\_19 - 19

Name qi_19	Label 19	Location Sequence › nshd_53_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_53_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_53_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

s_q20a	
Name s_q20a	Location Sequence › nshd_53_sd › B. EXAMINATION › B_HEART
Type Statement	

**Statement Text**

Please examine this child standing up and lying down.

qi_20_a_i - 20 a(i)		
Name qi_20_a_i	Label 20 a(i)	Location Sequence › nshd_53_sd › B. EXAMINATION › B_HEART
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Rhythm Standing

**Choices**

0	Regular
1	Irregular

qi_20_a_ii - 20 a(ii)		
Name qi_20_a_ii	Label 20 a(ii)	Location Sequence › nshd_53_sd › B. EXAMINATION › B_HEART
Type Multiple Choice	Selection Type SelectOne	Display Style



**Question**

Rhythm Lying

**Choices**

0	Regular
1	Irregular

 qi\_20\_a\_iii - 20 a(iii)

Name qi_20_a_iii	Label 20 a(iii)	Location Sequence › nshd_53_sd › B. EXAMINATION › B_HEART
Type Text	Minimum Length	Maximum Length 255

Condition  
(If "Irregular".)

**Question**

Please describe the nature of the irregularity

 qi\_20\_b\_i - 20 b(i)

Name qi_20_b_i	Label 20 b(i)	Location Sequence › nshd_53_sd › B. EXAMINATION › B_HEART
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Murmurs. Standing

**Choices**

0	No murmur heard
1	Murmur(if present

 qi\_20\_b\_ii - 20 b(ii)

Name qi_20_b_ii	Label 20 b(ii)	Location Sequence › nshd_53_sd › B. EXAMINATION › B_HEART
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Murmurs. Lying

**Choices**

0	No murmur heard
1	Murmur(if present

 qi\_20\_b\_iii - 20 b(iii)

Name qi_20_b_iii	Label 20 b(iii)	Location Sequence › nshd_53_sd › B. EXAMINATION › B_HEART
Type Text	Minimum Length	Maximum Length 255
Condition (If "murmur(s").)		

**Question**


Please describe, giving timing and location

 s\_q20c

Name s_q20c	Location Sequence › nshd_53_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_53_sd › B. EXAMINATION › B_HEART
Type Text	Minimum Length	Maximum Length 255

**Question**

Details of any other cardiac abnormalities not noted above

B\_ABDOMEN

Label B_ABDOMEN	Location Sequence › nshd_53_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

 qi\_21 - 21

Name qi_21	Label 21	Location Sequence › nshd_53_sd › B. EXAMINATION › B_ABDOMEN
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Is there any evidence of hernia or weakness of the inguinal canal?

**Choices**

1	Yes
---	-----

0	No
---	----

### qi\_21\_i - 21 i

Name qi_21_i	Label 21 i	Location Sequence › nshd_53_sd › B. EXAMINATION › B_ABDOMEN
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes".)		

#### Question

Please describe

### qi\_22 - 22

Name qi_22	Label 22	Location Sequence › nshd_53_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

### MISCELLANEOUS

Label MISCELLANEOUS	Location Sequence › nshd_53_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

### qi\_23\_i - 23 i

Name qi_23_i	Label 23 i	Location Sequence › nshd_53_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_53_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_53_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_53_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_53_sd › B. EXAMINATION › MISCELLANEOUS
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

**Question**

Nails and fingers.

**Choices**

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

 qi\_26 - 26


Name qi_26	Label 26	Location Sequence › nshd_53_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_53_sd › B. EXAMINATION › MISCELLANEOUS
Type Text	Minimum Length	Maximum Length 255

Condition  
(If "defect".)

**Question**

Please give details

## PHYSICAL MEASUREMENTS


Label PHYSICAL MEASUREMENTS	Location Sequence › nshd_53_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

 qi\_27 - 27

Name qi_27	Label 27	Location Sequence › nshd_53_sd › B. EXAMINATION › PHYSICAL MEASUREMENTS
Type Text, Integer, Integer, Integer	Minimum Length	Maximum Length 255

**Question**

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

 qi\_27\_i - 27 i


Name qi_27_i	Label 27 i	Location Sequence › nshd_53_sd › B. EXAMINATION › PHYSICAL MEASUREMENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Scales used.

**Choices**

1	Beam balance
2	Spring balance

 qi\_28 - 28

Name qi_28	Label 28	Location Sequence › nshd_53_sd › B. EXAMINATION › PHYSICAL MEASUREMENTS
Type Integer, Float, Multiple Choice	Low 1	High

**Question**

Present standing height. (WITHOUT SHOES.)

**Instructions**

(To nearest quarter inch.)

**Choices**

1	Height measurer used
2	Measured against wall

 s\_q28

Name s_q28	Location Sequence › nshd_53_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_53_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

**qi\_29\_a - 29 a**

Name qi_29_a	Label 29 a	Location Sequence › nshd_53_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\_29\_b - 29 b**

Name qi_29_b	Label 29 b	Location Sequence › nshd_53_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
---	----

## EARS

Label EARS	Location Sequence › nshd_53_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

 qi\_30\_a\_i - 30 a(i)

Name qi_30_a_i	Label 30 a(i)	Location Sequence › nshd_53_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\_30\_a\_ii - 30 a(ii)

Name qi_30_a_ii	Label 30 a(ii)	Location Sequence › nshd_53_sd › B. EXAMINATION › EARS
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

**Question**

External Auditory Meatus. Left

**Choices**

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

 qi\_30\_b\_i - 30 b(i)



Name qi_30_b_i	Label 30 b(i)	Location Sequence › nshd_53_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\_30\_b\_ii - 30 b(ii)


Name qi_30_b_ii	Label 30 b(ii)	Location Sequence › nshd_53_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\_30\_c - 30 c

Name qi_30_c	Label 30 c	Location Sequence › nshd_53_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

## EYES

Label EYES	Location Sequence › nshd_53_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

 qi\_31\_a - 31 a

Name qi_31_a	Label 31 a	Location Sequence › nshd_53_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

 qg\_31\_b - 31 b

Name qg_31_b	Label 31 b	Location Sequence › nshd_53_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\_31\_b\_i - 31 b(i)

Name qi_31_b_i	Label 31 b(i)	Location Sequence › nshd_53_sd › B. EXAMINATION › EYES
Type Text	Minimum Length	Maximum Length 255

**Question**

If acuity not measured please state reason

 qi_31_c - 31 c		
Name qi_31_c	Label 31 c	Location Sequence › nshd_53_sd › B. EXAMINATION › EYES
Type Text	Minimum Length	Maximum Length 255

**Question**

Eye defects not noted above:

HANDEDNESS	
Label HANDEDNESS	Location Sequence › nshd_53_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance


 qi_32 - 32		
Name qi_32	Label 32	Location Sequence › nshd_53_sd › B. EXAMINATION › HANDEDNESS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

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

**Choices**

1	Right hand
2	Left hand
3	Either hand

 qi_33 - 33		
Name qi_33	Label 33	Location Sequence › nshd_53_sd › B. EXAMINATION › HANDEDNESS
Type Text	Minimum Length	Maximum Length 255

**Question**

Remarks on other abnormalities or deformities not reported above

 qi\_34 - 34


Name qi_34	Label 34	Location Sequence › nshd_53_sd › B. EXAMINATION › HANDEDNESS
Type Integer	Low 0	High

**Question**

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

## ASSESSMENTS

Label ASSESSMENTS	Location Sequence › nshd_53_sd › B. EXAMINATION
Type Sequence	Order InOrderOfAppearance

 qi\_35\_a - 35 a

Name qi_35_a	Label 35 a	Location Sequence › nshd_53_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\_35\_b - 35 b


Name qi_35_b	Label 35 b	Location Sequence › nshd_53_sd › B. EXAMINATION › ASSESSMENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Physical development.

**Choices**

1	Average
2	Superior
0	Inferior

 qi\_36 - 36


Name qi_36	Label 36	Location Sequence › nshd_53_sd › B. EXAMINATION › ASSESSMENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

**Question**

Estimate of the reliability of the medical history given by this mother.

**Choices**


1	Probably reliable
2	Probably unreliable
0	Undecided

 s\_outro\_i

Name s_outro_i	Location Sequence › nshd_53_sd
Type Statement	

**Statement Text**

Queries arising out of the last Medical Examintion:-

 qi\_outro\_i - outro i

Name qi_outro_i	Label outro i	Location Sequence › nshd_53_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\_ii - outro ii

Name qi_outro_ii	Label outro ii	Location Sequence › nshd_53_sd
Type Date		

**Question**

Date of Examination

 qi\_outro\_iii - outro iii

Name qi_outro_iii	Label outro iii	Location Sequence › nshd_53_sd
Type Duration		

**Question**

Time taken for this interview



Name s_outro_ii	Location Sequence › nshd_53_sd
Type Statement	

**Statement Text**

ALL QUESTIONS SHOULD BE ANSWERED (OR CROSSED OUT IF NOT APPLICABLE). PLEASE CHECK THAT THIS HAS BEEN DONE.