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1965 Health Visitor Interview with Study Member

closer:sourceFileName

nshd_65_hvi

Instrument Locations

- https://discovery.closer.ac.uk/files/instruments/nshd_65_hvi-bfbee9d27ac61eb0c1c2c3540780b97c.pdf

nshd_65_hvi

Label nshd_65_hvi	Location Sequence
Type Sequence	Order InOrderOfAppearance

s_intro_i

Name s_intro_i	Location Sequence › nshd_65_hvi
Type Statement	

Statement Text

NATIONAL SURVEY OF HEALTH AND DEVELOPMENT

s_intro_ii

Name s_intro_ii	Location Sequence › nshd_65_hvi
Type Statement	

Statement Text

1965 INTERVIEW

s_intro_iii

Name s_intro_iii	Location Sequence › nshd_65_hvi
Type Statement	

Statement Text

STRICTLY CONFIDENTIAL

s_intro_iv	
Name	Location
s_intro_iv	Sequence › nshd_65_hvi
Type	
Statement	

Statement Text

H1

qi_intro_i - intro i		
Name	Label	Location
qi_intro_i	intro i	Sequence › nshd_65_hvi
Type	Minimum Length	Maximum Length
Text		255

Question

Ref. No.

qi_intro_ii - intro ii		
Name	Label	Location
qi_intro_ii	intro ii	Sequence › nshd_65_hvi
Type	Minimum Length	Maximum Length
Text		255

Question

Name and Address

qi_intro_iii - intro iii		
Name	Label	Location
qi_intro_iii	intro iii	Sequence › nshd_65_hvi
Type	Minimum Length	Maximum Length
Text		255

Question


New name: (if married)

qi_intro_iv - intro iv		
Name	Label	Location
qi_intro_iv	intro iv	Sequence › nshd_65_hvi

Type Text	Minimum Length	Maximum Length 255
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Question

New address: (temporary address in pencil)

 s_intro_v	
Name s_intro_v	Location Sequence › nshd_65_hvi
Type Statement	


Statement Text

INSTRUCTIONS

 s_intro_vi	
Name s_intro_vi	Location Sequence › nshd_65_hvi
Type Statement	

Statement Text

The young man or woman named above is one of this national sample of 5,000 people who have been followed up since they were born in March 1946. This is the continuation of the survey with which school nurses and health visitors helped between 1946 and 1961. We have been in regular contact with the young people since 1961 and we have very full information about employment for those who started work before their eighteenth birthday, in 1964. This short interview is designed to help us to keep track of the survey sample, to provide us with the latest information about health and accidents, and to record details of changes of employment before the dates are forgotten.

 s_intro_vii	
Name s_intro_vii	Location Sequence › nshd_65_hvi
Type Statement	

Statement Text

Interviewers are asked to see the actual survey member named. If he / she is out, please try to make an appointment for a time when he / she will be at home. If he / she is away from home, in lodgings or at another temporary address at which he/she might be contacted by another interviewer, please pencil in the temporary address at the top of the form and return the form immediately to your Medical Officer of Health. If he / she has moved permanently, please insert the new address in ink and return the form immediately to your M.O.H. for reallocation. If the survey member is in hospital or some other institution, in the Armed Forces or abroad, so he / she is not available for interview by anyone, then any information which can be supplied by parents or relatives will be appreciated. In this case please ensure that the identity of your informant is recorded in question 15.

 s_intro_viii

Name s_intro_viii	Location Sequence › nshd_65_hvi
Type Statement	

Statement Text

Please read this form through so that you are familiar with it, before setting out. In conducting the interview please ask the questions printed in bold type. Where two or more possible answers are provided please ring the code number opposite the correct one.

 s_intro_ix

Name s_intro_ix	Location Sequence › nshd_65_hvi
Type Statement	

Statement Text

When you have completed the interview please return it to your Medical Officer of Health, to be forwarded to the National Survey of Health and Development, M.R.C. Unit, London School of Economics, by the end of May 1965.

 s_intro_x

Name s_intro_x	Location Sequence › nshd_65_hvi
Type Statement	

Statement Text

INTRODUCTION

 s_intro_xi

Name s_intro_xi	Location Sequence › nshd_65_hvi
Type Statement	

Statement Text


Please incorporate the following in your introductory remarks:

 s_intro_xii

Name s_intro_xii	Location Sequence › nshd_65_hvi
Type Statement	


Statement Text

"All the people in the National Survey of Health and Development are now nineteen years old. A lot of information has been collected over the years about your health and about what you've been doing at school and at work. Out of all this some very important studies are being done about the way that young people grow up.

 s_intro_xiii	
Name s_intro_xiii	Location Sequence › nshd_65_hvi
Type Statement	

Statement Text

"I have been asked to see you just to keep in touch and to ask how you're getting on. This is meant to be the first of a series of very short visits which we hope to make each year at about this time. I have only a very few questions to ask you and they're quite straightforward.

 s_intro_xiv	
Name s_intro_xiv	Location Sequence › nshd_65_hvi
Type Statement	

Statement Text

"Of course, everything you say is kept strictly confidential. The staff of the Survey maintain a complete secrecy and no names are ever mentioned in reports."

PERSONAL INFORMATION

Label PERSONAL INFORMATION	Location Sequence › nshd_65_hvi
Type Sequence	Order InOrderOfAppearance

 qi_1 - 1		
Name qi_1	Label 1	Location Sequence › nshd_65_hvi › PERSONAL INFORMATION
Type Text	Minimum Length	Maximum Length 255

Question

Is this your correct name and permanent address? (If not, insert correct details in space at top right. Include a DEFINITE move in near future. If in Armed Services please ask Service Number.)

qi_2 - 2		
Name qi_2	Label 2	Location Sequence › nshd_65_hvi › PERSONAL INFORMATION
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Are you

Choices

1	Married?
2	Engaged?
0	Neither

qi_2_i - 2 i		
Name qi_2_i	Label 2 i	Location Sequence › nshd_65_hvi › PERSONAL INFORMATION
Type Date		
Condition If Married? to question 2		

Question

(date of marriage)

qi_2_ii - 2 ii		
Name qi_2_ii	Label 2 ii	Location Sequence › nshd_65_hvi › PERSONAL INFORMATION
Type Date		
Condition If Engaged? to question 2		

Question

date of marriage, if fixed

qi_2_iii - 2 iii		
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Name qi_2_iii	Label 2 iii	Location Sequence › nshd_65_hvi › PERSONAL INFORMATION
Type Text	Minimum Length	Maximum Length 255
Condition If Engaged? to question 2		

Question

future married name, and address if known:

? qi_3 - 3		
Name qi_3	Label 3	Location Sequence › nshd_65_hvi › PERSONAL INFORMATION
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If married)		

Question

Have you any children?

Choices

1	Yes
0	No

I_q3		
Name I_q3	Member Label	Location Sequence › nshd_65_hvi › PERSONAL INFORMATION
Type Roster	Iteration Source (max)	Display Style
Condition (if "yes") (If married)		

? qi_3 i - 3 i		
Name qi_3_i	Label 3 i	Location Sequence › nshd_65_hvi › PERSONAL INFORMATION › I_q3
Type Text	Minimum Length	Maximum Length 255
Condition (if "yes") (If married)		

Question

NAME

qi_3_ii - 3 ii		
Name qi_3_ii	Label 3 ii	Location Sequence › nshd_65_hvi › PERSONAL INFORMATION › I_q3
Type Text	Minimum Length	Maximum Length 255
Condition (if "yes") (If married)		

Question

SEX

qi_3_iii - 3 iii		
Name qi_3_iii	Label 3 iii	Location Sequence › nshd_65_hvi › PERSONAL INFORMATION › I_q3
Type Date		
Condition (if "yes") (If married)		

Question

DATE OF BIRTH

GENERAL HEALTH

Label GENERAL HEALTH	Location Sequence › nshd_65_hvi
Type Sequence	Order InOrderOfAppearance

qi_4_a - 4 a		
Name qi_4_a	Label 4 a	Location Sequence › nshd_65_hvi › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255

Question

The last accident we have recorded for you was

qi_4_a_i - 4 a(i)

Name qi_4_a_i	Label 4 a(i)	Location Sequence › nshd_65_hvi › GENERAL HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

We have no accidents recorded for you for a long time. Have you had any accident since then in recent years in which you were burnt or scalded, you broke a bone, you were badly cut or bruised, or injured by a chemical?

Choices

1	Yes
0	No

l_q4a		
Name l_q4a	Member Label	Location Sequence › nshd_65_hvi › GENERAL HEALTH
Type Roster	Iteration Source (max)	Display Style
Condition (if "yes" please ask for the following details about each accident, starting with the earliest)		

qi_4_b_i - 4 b(i)		
Name qi_4_b_i	Label 4 b(i)	Location Sequence › nshd_65_hvi › GENERAL HEALTH › l_q4a
Type Text	Minimum Length	Maximum Length 255
Condition (if "yes" please ask for the following details about each accident, starting with the earliest)		

Question

Type of injury, (e.g. burn, scald, broken bone, cut etc.)

qi_4_b_ii - 4 b(ii)		
Name qi_4_b_ii	Label 4 b(ii)	Location Sequence › nshd_65_hvi › GENERAL HEALTH › l_q4a
Type Text	Minimum Length	Maximum Length 255
Condition (if "yes" please ask for the following details about each accident, starting with the earliest)		

Question

Part or parts injured

qi_4_b_iii - 4 b(iii)		
Name qi_4_b_iii	Label 4 b(iii)	Location Sequence > nshd_65_hvi > GENERAL HEALTH > I_q4a
Type Date		
Condition (if "yes" please ask for the following details about each accident, starting with the earliest)		

Question

Date of injury

qi_4_b_iv - 4 b(iv)		
Name qi_4_b_iv	Label 4 b(iv)	Location Sequence > nshd_65_hvi > GENERAL HEALTH > I_q4a
Type Text	Minimum Length	Maximum Length 255
Condition (if "yes" please ask for the following details about each accident, starting with the earliest)		

Question

Treatment (Hosp. I.P., Hosp. O.P., Nursing home, Own home)

qi_4_b_v - 4 b(v)		
Name qi_4_b_v	Label 4 b(v)	Location Sequence > nshd_65_hvi > GENERAL HEALTH > I_q4a
Type Text	Minimum Length	Maximum Length 255
Condition (if "yes" please ask for the following details about each accident, starting with the earliest)		

Question

If in own home, who gave treatment? (Dr. Nurse, other)

qi_4_b_vi - 4 b(vi)		
Name qi_4_b_vi	Label 4 b(vi)	Location Sequence > nshd_65_hvi > GENERAL HEALTH > I_q4a
Type Text	Minimum Length	Maximum Length 255
Condition (if "yes" please ask for the following details about each accident, starting with the earliest)		

Question

Details of remaining scarring, disability of deformity

 qi_4_b_vii - 4 b(vii)

Name qi_4_b_vii	Label 4 b(vii)	Location Sequence › nshd_65_hvi › GENERAL HEALTH › I_q4a
Type Text	Minimum Length	Maximum Length 255

Condition

(if "yes" please ask for the following details about each accident, starting with the earliest)

Question

How accident occurred (if burnt by fire, say if electric, gas, open fire or oilstove)

 qi_4_b_viii - 4 b(viii)

Name qi_4_b_viii	Label 4 b(viii)	Location Sequence › nshd_65_hvi › GENERAL HEALTH › I_q4a
Type Text	Minimum Length	Maximum Length 255

Condition

(if "yes" please ask for the following details about each accident, starting with the earliest)

Question

Where it occurred (own home, school, street etc.)

 qi_5_a - 5 a

Name qi_5_a	Label 5 a	Location Sequence › nshd_65_hvi › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255

Question

The last hospital admission we have recorded for you was ...

 qi_5_a_i - 5 a(i)

Name qi_5_a_i	Label 5 a(i)	Location Sequence › nshd_65_hvi › GENERAL HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

We have no hospital admissions recorded for you for a long time. Have you been in hospital as an inpatient since then?/ in recent years?

Choices

1	Yes
0	No

qi_5_b_i - 5 b(i)		
Name qi_5_b_i	Label 5 b(i)	Location Sequence › nshd_65_hvi › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition (if "yes")		

Question

What hospital was it?

qi_5_b_ii - 5 b(ii)		
Name qi_5_b_ii	Label 5 b(ii)	Location Sequence › nshd_65_hvi › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition (if "yes")		

Question

When did you go in?

qi_5_b_iii - 5 b(iii)		
Name qi_5_b_iii	Label 5 b(iii)	Location Sequence › nshd_65_hvi › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition (if "yes")		

Question

What were you in hospital for?

qi_5_b_iv - 5 b(iv)		
Name qi_5_b_iv	Label 5 b(iv)	Location Sequence › nshd_65_hvi › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255

Condition
(if "yes")

Question

How long were you in hospital?

qi_5_b_v - 5 b(v)

Name qi_5_b_v	Label 5 b(v)	Location Sequence › nshd_65_hvi › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255

Condition
(if "yes")

Question

What was the doctor's name who looked after you?

qi_6 - 6

Name qi_6	Label 6	Location Sequence › nshd_65_hvi › GENERAL HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since January 1963, have you attended a hospital out-patient department or clinic?

Choices

1	Yes
0	No

qi_6_i - 6 i

Name qi_6_i	Label 6 i	Location Sequence › nshd_65_hvi › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255

Condition
(if "yes")

Question

What hospital / clinic was it?

qi_6_ii - 6 ii

Name qi_6_ii	Label 6 ii	Location Sequence › nshd_65_hvi › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition (if "yes")		

Question

When did you go first?

? qi_6_iii - 6 iii		
Name qi_6_iii	Label 6 iii	Location Sequence › nshd_65_hvi › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition (if "yes")		

Question

Why did you go?

? qi_7 - 7		
Name qi_7	Label 7	Location Sequence › nshd_65_hvi › GENERAL HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Are you registered with a Doctor?

Choices

1	Yes, in this district
2	Yes, in home district (if living away from home)
3	Yes, in old district (if recently moved)
0	No

i s_q7	
Name s_q7	Location Sequence › nshd_65_hvi › GENERAL HEALTH
Type Statement	

Statement Text

(Please ask the name of the doctor and his address. If the survey member does not know the address, or is unwilling to give it, please don't press the point. You may be able to supply the address from your own knowledge. We only wish to have this information as an extra means of tracing people who move.)

qi_7_i-7.i		
Name qi_7_i	Label 7 i	Location Sequence › nshd_65_hvi › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255

Question

Dr ... address confirmed (tick)

qi_8_a-8.a		
Name qi_8_a	Label 8 a	Location Sequence › nshd_65_hvi › GENERAL HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you seen a family Doctor in the National Health Service since this time last year? (on own account)

Choices

1	Yes
0	No

qi_8_a_i-8.a(i)		
Name qi_8_a_i	Label 8 a(i)	Location Sequence › nshd_65_hvi › GENERAL HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (if "yes")		

Question

About how many times did you attend the Doctor's surgery? At surgery

Choices

0	never
1	once or twice

2	3 - 5 times
3	6 - 10 times
4	More than 10 times

qi_8_a_ii - 8 a(ii)		
Name qi_8_a_ii	Label 8 a(ii)	Location Sequence › nshd_65_hvi › GENERAL HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (if "yes")		

Question

About how many times did the Doctor visit you at home? At home

Choices

0	never
1	once or twice
2	3 - 5 times
3	6 - 10 times
4	More than 10 times

qi_8_b - 8 b		
Name qi_8_b	Label 8 b	Location Sequence › nshd_65_hvi › GENERAL HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (if total more than 2) (if "yes")		

Question

Were these visits all about the same time, or were they spread out at intervals? REASON FOR VISITS

Instructions

(circle the number applicable - more than one if necessary)

Choices

1	All grouped within a few weeks during a period of acute illness or disability
2	Spread over a period of 1 - 3 months

3	Spread throughout the year
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qi_8_b_i - 8 b(i)		
Name qi_8_b_i	Label 8 b(i)	Location Sequence > nshd_65_hvi > GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition (if total more than 2) (if "yes")		

Question

Were these visits all about the same time, or were they spread out at intervals? Further comment if necessary:

qi_9 - 9		
Name qi_9	Label 9	Location Sequence > nshd_65_hvi > GENERAL HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you seen any other Doctor since this time last year? For example a Doctor at work or a private Doctor?

Choices

1	Yes
0	No

l_q9		
Name l_q9	Member Label	Location Sequence > nshd_65_hvi > GENERAL HEALTH
Type Roster	Iteration Source (max)	Display Style
Condition (if "yes")		

qi_9_i - 9 i		
Name qi_9_i	Label 9 i	Location Sequence > nshd_65_hvi > GENERAL HEALTH > l_q9
Type Text	Minimum Length	Maximum Length 255
Condition (if "yes")		

Question

COMPLAINT

qi_9_ii - 9 ii		
Name qi_9_ii	Label 9 ii	Location Sequence › nshd_65_hvi › GENERAL HEALTH › I_q9
Type Integer	Low 0	High
Condition (if "yes")		

Question

NUMBER OF VISITS

qi_9_iii - 9 iii		
Name qi_9_iii	Label 9 iii	Location Sequence › nshd_65_hvi › GENERAL HEALTH › I_q9
Type Text	Minimum Length	Maximum Length 255
Condition (if "yes")		

Question

TYPE OF DOCTOR

qi_10 - 10		
Name qi_10	Label 10	Location Sequence › nshd_65_hvi › GENERAL HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you been off work through accident or illness since you started work? since January 1963? (long enough to need a Doctor's certificate)

Choices

1	Yes
0	No

I_q10		
Name I_q10	Member Label	Location Sequence › nshd_65_hvi › GENERAL HEALTH

Type	Iteration Source	Display Style
Roster	(max)	
Condition		
If yes		

? qi_10_i - 10 i		
Name	Label	Location
qi_10_i	10 i	Sequence › nshd_65_hvi › GENERAL HEALTH › I_q10
Type		
Date		
Condition		
If yes		

Question

APPROXIMATE DATE

? qi_10_ii - 10 ii		
Name	Label	Location
qi_10_ii	10 ii	Sequence › nshd_65_hvi › GENERAL HEALTH › I_q10
Type	Minimum Length	Maximum Length
Text		255
Condition		
If yes		

Question

NATURE OF ACCIDENT, ILLNESS

? qi_10_iii - 10 iii		
Name	Label	Location
qi_10_iii	10 iii	Sequence › nshd_65_hvi › GENERAL HEALTH › I_q10
Type	Minimum Length	Maximum Length
Text		255
Condition		
If yes		

Question

TIME OFF WORK

EMPLOYMENT

Label	Location
EMPLOYMENT	Sequence › nshd_65_hvi
Type	Order
Sequence	InOrderOfAppearance

qg_11 - 11		
Name qg_11	Label 11	Location Sequence > nshd_65_hvi > EMPLOYMENT
Type Question Grid		

Question

(Our last information was that this survey member was in the occupation entered in red below. Ask "are you still ... ?" and if he / she is still in the same job at the same firm, write "still there". If he / she has been promoted, or has a different job within the same firm, write the new job on the next line, and write "same firm" in column 3, with the date of the change in column 4. If he / she has left that job, ask the date of leaving, and fill in the details of any other jobs which he / she has had up to the present. If he / she is now unemployed, or not working from choice, write "unemployed" or "not working" as the last entry. If he / she is now a full time student, ask the name of the college and the nature of the course and supply these details. If he / she is in hospital, borstal, prison or any other institution, please record this fact.)

Rows

1	1
2	2
3	3
4	4
5	5

Columns

Generic text	Text
Generic text	Text
Generic text	Text
Generic date	DateTime
Generic date	DateTime
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? qi_12 - 12		
Name qi_12	Label 12	Location Sequence › nshd_65_hvi › EMPLOYMENT
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you been out of work at all since this time last year?

Instructions

(i.e. looking for work)

Choices

1	Yes
0	No

l_q12		
Name l_q12	Member Label	Location Sequence › nshd_65_hvi › EMPLOYMENT
Type Roster	Iteration Source (max)	Display Style
Condition If Yes to question 12		

qi_12_i - 12 i		
Name qi_12_i	Label 12 i	Location Sequence › nshd_65_hvi › EMPLOYMENT › l_q12
Type Date		
Condition If Yes to question 12		

Question

APPROXIMATE DATE

Instructions

(i.e. looking for work)

qi_12_ii - 12 ii		
Name qi_12_ii	Label 12 ii	Location Sequence › nshd_65_hvi › EMPLOYMENT › l_q12
Type Text	Minimum Length	Maximum Length 255
Condition If Yes to question 12		

Question

LENGTH OF SPELL

Instructions

(i.e. looking for work)

qi_12_iii - 12.iii

Name qi_12_iii	Label 12 iii	Location Sequence › nshd_65_hvi › EMPLOYMENT › I_q12
Type Text	Minimum Length	Maximum Length 255
Condition If Yes to question 12		

Question

CIRCUMSTANCES

Instructions

(i.e. looking for work)

qi_13 - 13

Name qi_13	Label 13	Location Sequence › nshd_65_hvi › EMPLOYMENT
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you been taking any part-time day or evening classes, a correspondence course, or studying at home since last September?

Choices

0	No
1	Yes, college
2	Yes, correspondence
3	Yes, at home

I_q13

Name I_q13	Member Label	Location Sequence › nshd_65_hvi › EMPLOYMENT
Type Roster	Iteration Source (max)	Display Style
Condition If Yes, college or Yes, correspondence or Yes, at home		

qi_13_i - 13.i

Name qi_13_i	Label 13 i	Location Sequence › nshd_65_hvi › EMPLOYMENT › I_q13
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Type Text	Minimum Length	Maximum Length 255
Condition If Yes, college or Yes, correspondence or Yes, at home		

Question

Name of COLLEGE or of CORRESPONDENCE COURSE

? qi_13_ii - 13 ii		
Name qi_13_ii	Label 13 ii	Location Sequence › nshd_65_hvi › EMPLOYMENT › I_q13
Type Text	Minimum Length	Maximum Length 255
Condition If Yes, college or Yes, correspondence or Yes, at home		

Question

Name of COURSE or SUBJECTS STUDIED

? qi_13_iii - 13 iii		
Name qi_13_iii	Label 13 iii	Location Sequence › nshd_65_hvi › EMPLOYMENT › I_q13
Type Text	Minimum Length	Maximum Length 255
Condition If Yes, college or Yes, correspondence or Yes, at home		

Question

DAY or EVENING, or "HOME"

? qi_14 - 14		
Name qi_14	Label 14	Location Sequence › nshd_65_hvi › EMPLOYMENT
Type Text	Minimum Length	Maximum Length

Question

Queries arising from earlier surveys

i s_outro_i	
Name s_outro_i	Location Sequence › nshd_65_hvi

Type	
Statement	

Statement Text

END OF INTERVIEW

s_outro_ii

Name	Location
s_outro_ii	Sequence › nshd_65_hvi
Type	
Statement	

Statement Text

Please thank the survey member for his/her help over the years

qi_15 - 15

Name	Label	Location
qi_15	15	Sequence › nshd_65_hvi
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

Question

Have you interviewed:

Choices

1	The survey member named?
2	Parent?
3	Other, namely

qi_16 - 16

Name	Label	Location
qi_16	16	Sequence › nshd_65_hvi
Type	Minimum Length	Maximum Length
Text		255

Question

Is the Doctor's address in Question 7 correct? Please confirm or correct.

qi_17 - 17

Name	Label	Location
qi_17	17	Sequence › nshd_65_hvi
Type	Minimum Length	Maximum Length
Text		

Question

Please use this space to comment on any unusual aspect of this young person's health, career, or personal circumstances not clearly brought out in the interview, but which you feel ought to be mentioned.

qi_outro_i - outro i		
Name qi_outro_i	Label outro i	Location Sequence › nshd_65_hvi
Type Date		

Question

Date of interview

qi_outro_ii - outro ii		
Name qi_outro_ii	Label outro ii	Location Sequence › nshd_65_hvi
Type Text	Minimum Length	Maximum Length 255

Question

Local Health Authority

s_outro_iii	
Name s_outro_iii	Location Sequence › nshd_65_hvi
Type Statement	

Statement Text

THANK YOU VERY MUCH FOR YOUR HELP