

Not Answered (-1)  
Does Not Apply (-2)

STRICTLY CONFIDENTIAL

632

PARENTAL QUESTIONNAIRE  
NATIONAL CHILD DEVELOPMENT STUDY  
(1958 Cohort)

Adam House, 1, Fitzroy Square, London, W.1  
EUSTon 4263

**SPONSORS:**  
Institute of Child Health, University of London  
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**CONVEYORS:**  
Neville R. Butler, M.D., M.R.C.P., D.C.H.  
Mrs. M. L. Kellmer Pringle, B.A., Ph.D., Dip. Ed. Psych.  
**SENIOR MEDICAL RESEARCH OFFICERS:**  
M. J. Bell, R.Sc., M.B., B.S., D.P.M.

N4		N1	
Local Authority Code Number		Child's Code Number	

1. CHILD'S NAME (Surname).....

(Christian Names) 8 year olds - N94

2. DATE OF BIRTH..... / 3 / 58 TODAY'S DATE .....

3. SEX

(Please ring appropriate code number)

Boy

Girl

Col. 14

1

2

4. CHILD'S PRESENT HOME ADDRESS .....

5. CHILD'S PLACE OF BIRTH.....

6. HOME ADDRESS AT TIME OF CHILD'S BIRTH (IF DIFFERENT FROM PLACE OF BIRTH) .....

7. CHILD'S NATIONAL HEALTH SERVICE NO. ....

INTRODUCTORY NOTES

In 1958 a study was made of virtually every baby born in the week 3rd to 9th March in England, Scotland and Wales. Through the co-operation of doctors and midwives all over the country, very comprehensive information was obtained about each child and mother. The results of this study, the 1958 Perinatal Mortality Survey, have already had a considerable impact with a consequent improvement in maternity services and a saving of infant life.

With so much information already available about the children, a unique opportunity presents itself now for relating the ante-natal and birth history of the children to their present development. There is as yet much to learn about the influence of conditions before and at birth on normal educational, physical and emotional growth. There is, too, much to be discovered about the causes and effects of many handicaps and even about their incidence in the child population. Particularly is this the case for minor handicaps, which may nevertheless be educationally significant. A detailed study of a large and representative group affords the opportunity of answering some of these questions.

N622

To make the fullest use of this opportunity, an interdisciplinary project, the National Child Development Study (1958 Cohort) is being sponsored by the four organisations detailed on the front of this booklet. The present phase of this study, which will cover some 16,000 children, is being financed from Government funds. It is inevitable in an undertaking of this size that a good deal of the information to be obtained will be gathered by individual doctors, health visitors, head and class teachers. We are most grateful for the assurances which have already been received that maximum co-operation will be given to this study. We do not underestimate the amount of work involved but we hope that you will feel the project worthy of your professional skill and time.

It has been decided to collect information, if possible, from three sources. The school will make an assessment of the child's progress, and give a few attainment tests. The mother of the child is to be interviewed and the Parental Questionnaire completed by, in most cases, a health visitor. Finally, we hope that the child can be examined by a doctor, who will complete the Medical Questionnaire.

#### The Parental Questionnaire

This questionnaire would best be completed during an interview with the child's mother. If for any reason the mother is unavailable, please interview the person who can best answer questions about the child's health and development. Occasionally, a child will not now be living with his own (i.e. natural) mother. In this circumstance, please interview the person who has become for the child a, more or less, permanent mother substitute. Throughout the questionnaire the term "mother" should be taken to imply the child's mother or the permanent mother substitute, except on those few occasions where the term "own mother" is used. The word "father" refers to the child's father or, where appropriate, to the male head of the household.

In interviewing the mother, please assure her at the outset that her answers will be treated in the strictest confidence and that the 16,000 children concerned will be identified by numbers only. If in the light of the mother's response during the interview you feel that a particular question might best be omitted, please feel free to do this, although we are anxious to have the questionnaires fully completed.

Most of the questionnaire has been framed as a series of items to which a number of possible answers is stated. Would you please ring the number in the column opposite the answer you wish to make. We have tried to anticipate likely answers but, where appropriate, have left space for other replies. We apologise to those who may find this approach inhibiting; it has been used to reduce your clerical work and ours. It also simplifies later analysis of the replies. If, however, you feel that a particular answer needs some qualification or amplification, please add comments at that point on the questionnaire.

We should like you to complete the last page of the questionnaire *after* the interview. The information given on this page will be treated like all the other information, in the strictest confidence.

#### Examples of Scoring

No	Yes	Don't know
(2)	1	0

Col. 86

No \_\_\_\_\_  
 Yes \_\_\_\_\_  
 Don't know \_\_\_\_\_

Col. 87
2
(1)
0

Not Answered (-1)  
Does Not Apply (-2)

3

8. NAME & ADDRESS OF PRESENT SCHOOL, OR OCCUPATION/TRAINING CENTRE

N95

9. NUMBER OF TIMES FAMILY HAS MOVED SINCE CHILD'S BIRTH (applicable only where the child has been with this family since birth). Please state number of moves (e.g., 6 moves = 06; no moves = 00). For "Don't know" or "Inapplicable" enter 99

Col. 25 - 26

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N97

Was any of these moves made out of the local area? (i.e., beyond a point where personal contact with former friends could readily be maintained).

(If no moves made, ring "0" for this item)

Yes \_\_\_\_\_  
No \_\_\_\_\_  
Don't know or inapplicable \_\_\_\_\_

Please ring appropriate number

Col. 27

1  
2  
0

10. NAME OF MOTHER (Surname).  
(or Mother Substitute)

(Christian Names)

Col. 28

N98

11. RELATIONSHIP OF PRESENT INFORMANT TO CHILD

Mother (or Mother Substitute) \_\_\_\_\_  
Other (please specify) \_\_\_\_\_

1 (1)  
2 (2)

(3) Official Records  
(4) Adoption Study

12. NAME AND ADDRESS OF CHILD'S GENERAL PRACTITIONER

13. PEOPLE IN THE HOUSEHOLD: N419

(a) Please list all the people who normally live in the child's household. Exclude any children, or others, who are only at home for short periods, e.g. school holidays, leave or regular visits. Subject to this, please include:

The parents;  
The present child;  
Any other children;  
Any other adults, e.g. relatives or lodgers who are members of the household.

Surname	Christian Name	Sex	Age	Relationship to Child, or Status in the Household, e.g. father, stepbrother, lodger

Leave blank

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Not Answered (-1)  
Does Not Apply (-2)

4

(b) Please list any children of the household not included in list (a), e.g. those who are only at home for holidays or leave.

Surname	Christian Name	Sex	Age (approx. if necessary)	Relationship to Child, or Status in the Household

N99

14. From the above two tables, please state the total number of children of the household under the age of 21. (Enter the actual number in the box, e.g. for 4 enter )

N101

15. Please state the child's position amongst these children. (For eldest, enter ; for Don't know or inapplicable enter )

Col. 29-30

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Col. 31-32

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N103

16. Please ascertain, or state to your knowledge, whether the child is normally cared for by his/her:

Own mother \_\_\_\_\_  
 Stepmother \_\_\_\_\_  
 Foster mother \_\_\_\_\_  
 Adoptive mother (i.e. child is legally adopted) \_\_\_\_\_  
 Grandmother \_\_\_\_\_  
 Other person \_\_\_\_\_  
 (Please specify) \_\_\_\_\_  
 Other situation \_\_\_\_\_  
 (Please specify) \_\_\_\_\_  
 Don't know or inapplicable \_\_\_\_\_

Please ring appropriate number

Col. 33

1 (2)

2 (3)

3 (4)

4 (5)

5 (6)

6 (7)

7 (8)

0 (1)

If not child's own mother, please ascertain how old the child was when he/she came under the care of the present mother substitute. \_\_\_\_\_ mths./yrs.

N104

17. Please ascertain, or state to your knowledge, whether the child's father is his/her:

Own father \_\_\_\_\_  
 Stepfather \_\_\_\_\_  
 Foster father \_\_\_\_\_  
 Adoptive father (i.e. child is legally adopted) \_\_\_\_\_  
 Grandfather \_\_\_\_\_  
 Other person \_\_\_\_\_  
 (Please specify) \_\_\_\_\_  
 Other situation \_\_\_\_\_  
 (Please specify) \_\_\_\_\_  
 Inapplicable (e.g. no father or no male head of household) \_\_\_\_\_  
 Don't know \_\_\_\_\_

Please ring appropriate number

Col. 34

1 (2)

2 (3)

3 (4)

4 (5)

5 (6)

6 (7)

7 (8)

8 (9)

0 (1)

If not child's own father, please ascertain how old the child was when he/she came under the care of the present father substitute. \_\_\_\_\_ mths./yrs.

Summary Card - Illegitimacy N1844

Not Answered (-1)  
Does Not Apply(-2)

5

Child's School and Pre-school Experience

18. Did the child attend a local authority or a private nursery school or class?

(Do not include day nursery or playgroup attendance).

(Code as "No" if attended for less than one month in total)

Yes \_\_\_\_\_

No \_\_\_\_\_

Don't know \_\_\_\_\_

N105 Please ring appropriate number N106

Local authority nursery school or class	Private nursery school or class
Col. 35	Col. 36
1 (2)	1 (2)
2 (3)	2 (3)
0 (1)	0 (1)

If the child attended a local authority nursery school or class, please enquire name of school and local authority, or area.

19. If the child attended a nursery class, was this in his/her present school?

(If the child has not attended a nursery class, please ring "0")

Yes \_\_\_\_\_

No \_\_\_\_\_

Don't know or inapplicable \_\_\_\_\_

Please ring appropriate number

Col. 37

1

2

0

20. Has the child attended a local authority day nursery?

Yes \_\_\_\_\_

No \_\_\_\_\_

Don't know \_\_\_\_\_

Col. 38

1 (2)

2 (3)

0 (1)

If Yes, please enquire name of day nursery and local authority, or area:

21. Apart from anything already mentioned, has the child had any other pre-school experience of an organised nature? (e.g. private day nursery, playgroup).

Yes \_\_\_\_\_

No \_\_\_\_\_

Don't know \_\_\_\_\_

Col. 39

1 (2)

2 (3)

0 (1)

If yes, please state nature of group

22. How old was the child when he/she first started school part-time, where appropriate, and full-time? (Include nursery school but not attendance at a day nursery.)

(If the child has never received any schooling, please ring "0")

Under 3½ yrs. old \_\_\_\_\_

3½ yrs. but less than 4 \_\_\_\_\_

4 yrs. but less than 4½ \_\_\_\_\_

4½ yrs. but less than 5 \_\_\_\_\_

5 yrs. but less than 5½ \_\_\_\_\_

5½ yrs. but less than 6 \_\_\_\_\_

6 yrs. or older \_\_\_\_\_

Don't know or inapplicable \_\_\_\_\_

N110 Please ring appropriate number N111

Part-time Schooling	Full-time Schooling
Col. 40	Col. 41
1 (2)	1 (2)
2 (3)	2 (3)
3 (4)	3 (4)
4 (5)	4 (5)
5 (6)	5 (6)
6 (7)	6 (7)
7 (8)	7 (8)
0 (1)	0 (1)

23. Since the age of five, how many schools has the child attended? (Count the present school as one; please write the actual number in the box; for "Don't know" or "Inapplicable", enter 00.)

Col. 42-43

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Not Answered (-1)  
Does Not Apply (-2)

6

N114 24. When the child first started school, how soon did he/she settle down? (This refers to nursery schooling, where appropriate, and other schooling, where not.)

Please ring appropriate number

Within a month \_\_\_\_\_  
Within 1-3 months \_\_\_\_\_  
Was still unsettled after 3 months \_\_\_\_\_  
Don't know or inapplicable \_\_\_\_\_

Col. 44  
1 (2)  
2 (3)  
3 (4)  
0 (1)

N115 25. Is the child happy at his/her present school?

(If the child has been at his/her present school less than three months, please ring "0")

Happy \_\_\_\_\_  
Not altogether happy \_\_\_\_\_  
Unhappy \_\_\_\_\_  
Don't know or inapplicable \_\_\_\_\_

Col. 45  
1 (2)  
2 (3)  
3 (4)  
0 (1)

N116 26. Would the parents like the child to be able to stay on at secondary school after the minimum school leaving age?

Yes \_\_\_\_\_  
No \_\_\_\_\_  
Don't know or inapplicable \_\_\_\_\_  
Other (Please specify) \_\_\_\_\_

Col. 46  
1 (2)  
2 (3)  
0 (1)  
3 (4)

27. Is the child at all awkward or clumsy when:

Not at all      A little      Certainly      Don't know or inapplicable

N117 (a) Walking? \_\_\_\_\_ 2 (3) 3 (4) 1 (2) 0 (1) Col. 47

N118 (b) Running? \_\_\_\_\_ 2 (3) 3 (4) 1 (2) 0 (1) Col. 48

N119 (c) Climbing stairs? \_\_\_\_\_ 2 (3) 3 (4) 1 (2) 0 (1) Col. 49

N120 (d) Tying a bow? \_\_\_\_\_ 2 (3) 3 (4) 1 (2) 0 (1) Col. 50

N121 28. Is the child:

Normally active? \_\_\_\_\_  
Inactive and quiet (prefers to sit and watch)? \_\_\_\_\_  
Restless and overactive (can't keep still)? \_\_\_\_\_  
Don't know or inapplicable \_\_\_\_\_

Col. 51  
1 (2)  
2 (3)  
3 (4)  
0 (1)

N122 29. Does the child meet other children outside the household? (Exclude going to and from, and in school.)

Most days, or every day \_\_\_\_\_  
Quite often \_\_\_\_\_  
Very little \_\_\_\_\_  
Not at all \_\_\_\_\_  
Don't know or inapplicable \_\_\_\_\_

Col. 52  
1 (2)  
2 (3)  
3 (4)  
4 (5)  
0 (1)

Not Answered(-1)  
Does Not Apply(-2)

7

30. Please read this to the mother: "I am going to mention a few difficulties of various kinds which many children have at some time. I'd like you to tell me first whether any of these things have occurred during the last 3 months".  
(If occurred only during acute infection, please ring '0')

		Has occurred in last 3 months			
		Yes	No	Don't know or inapplicable	
N123	(a) Has complained of headaches (more than once)——	1 (2)	2 (3)	0 (1)	Col. 53
N124	(b) Has had temper tantrum——	1 (2)	2 (3)	0 (1)	Col. 54
N125	(c) Has been reluctant to go to school——	1 (2)	2 (3)	0 (1)	Col. 55
N126	(d) Has had bad dreams or night terrors——	1 (2)	2 (3)	0 (1)	Col. 56
N127	(e) Has had difficulty in getting off to sleep——	1 (2)	2 (3)	0 (1)	Col. 57
N128	(f) Has sleepwalked——	1 (2)	2 (3)	0 (1)	Col. 58
N129	(g) Has been faddy—many dislikes over food——	1 (2)	2 (3)	0 (1)	Col. 59
N130	(h) Has had poor appetite——	1 (2)	2 (3)	0 (1)	Col. 60
N131	(i) Has overeaten for more than the occasional meal——	1 (2)	2 (3)	0 (1)	Col. 61

Not Coded 31. "Were you concerned about any of these or other problems before the child started school?"

Yes \_\_\_\_\_  
No \_\_\_\_\_  
Don't know \_\_\_\_\_

Col. 62  
1  
2  
0

If Yes, please specify which problems caused concern.....

Not Coded 32. "Have you been concerned about any of these or other problems since he/she has been at school?"  
(But excluding last 3 months.)

Yes \_\_\_\_\_  
No \_\_\_\_\_  
Don't know \_\_\_\_\_

Col. 63  
1  
2  
0

If Yes, please specify which difficulties have caused concern.....

N132 33. Has the child been in the care of the local authority?

Yes, is "in care" now \_\_\_\_\_  
Yes, has been "in care" in the past but is not now \_\_\_\_\_  
No, has never been "in care" \_\_\_\_\_  
Don't know \_\_\_\_\_

Col. 64  
1 (2)  
2 (3)  
3 (4)  
0 (1)

(5) Vol. Soc. Care  
(6) VS in past  
(7) In Care Abroad  
(8) Sugg By NCDS Q

If Yes, please give child's age at the time and local authority or area. Total duration in care - N1863. Foster Home - N1864. Nature of care - N1865.  
Age at first placement - N1866.

Not Answered (-1)  
Does Not Apply (-2)

34. Please read this to the mother: "Now I want to mention some description of behaviour shown by many children. I'd like you, first, to tell me whether these kinds of behaviour never happen with ... whether they happen sometimes, or frequently at the present time".

		Please ring appropriate number				
		Never	Sometimes	Frequently	Don't know or inapplicable	
N133	(a) Has difficulty in settling to anything for more than a few moments	3 (4)	2 (3)	1 (2)	0 (1)	Col. 65
N134	(b) Prefers to do things on his/her own rather than with others	3 (4)	2 (3)	1 (2)	0 (1)	Col. 66
N135	(c) Is bullied by other children	3 (4)	2 (3)	1 (2)	0 (1)	Col. 67
N136	(d) Destroys own or others belongings (e.g. tears or breaks)	3 (4)	2 (3)	1 (2)	0 (1)	Col. 68
N137	(e) Is miserable or tearful	3 (4)	2 (3)	1 (2)	0 (1)	Col. 69
N138	(f) Is squirmy or fidgety	3 (4)	2 (3)	1 (2)	0 (1)	Col. 70
N139	(g) Worries about many things	3 (4)	2 (3)	1 (2)	0 (1)	Col. 71
N140	(h) Is irritable, quick to fly off the handle	3 (4)	2 (3)	1 (2)	0 (1)	Col. 72
N141	(i) Sucks thumb or finger during day	3 (4)	2 (3)	1 (2)	0 (1)	Col. 73
N142	(j) Is upset by new situation, by things happening for first time	3 (4)	2 (3)	1 (2)	0 (1)	Col. 74
N143	(k) Has twitches or mannerisms of the face, eyes or body	3 (4)	2 (3)	1 (2)	0 (1)	Col. 75
N144	(l) Fights with other children	3 (4)	2 (3)	1 (2)	0 (1)	Col. 76
N145	(m) Bites nails	3 (4)	2 (3)	1 (2)	0 (1)	Col. 77
N146	(n) Is disobedient at home	3 (4)	2 (3)	1 (2)	0 (1)	Col. 78

Not Coded 35. Did any of these or other aspects of behaviour cause you any concern before the child started school?

Yes \_\_\_\_\_  
No \_\_\_\_\_  
Don't know \_\_\_\_\_

Col. 79

1  
2  
0

If Yes, please specify the aspects involved

Col. 80

Not Coded 36. Have any of these or other aspects caused you any concern since he/she has been at school? (but not at present).

Yes \_\_\_\_\_  
No \_\_\_\_\_  
Don't know \_\_\_\_\_

1  
2  
0

If Yes, please specify the aspects involved



Not Answered (-1)  
Does Not Apply (-2)

9

For office  
use only

Card No.

Col. 1

Col. 2

Col. 3

Col. 4

Col. 5

Col. 6

Col. 7

Col. 8

Col. 9

Col. 10

Col. 11

N157

37. Has the child ever been separated from the mother? (i.e. overnight).

(If the answer to this question is No, Don't know or Inapplicable, please ignore the rest of this page).

Yes \_\_\_\_\_

No \_\_\_\_\_

Don't know or inapplicable \_\_\_\_\_

Col. 12

1 (2)

2 (3)

0 (1)

N158

38. Has the child ever been separated from the mother for a period longer than a week?

(If the answer to this question is No, Don't know or Inapplicable, please ignore the rest of this page).

Yes \_\_\_\_\_

No \_\_\_\_\_

Don't know or inapplicable \_\_\_\_\_

Col. 13

1 (2)

2 (3)

0 (1)

39. Please obtain the following details about the child's longest period of separation from the mother & (i.e. longer than a week) and his/her first period of separation longer than a week. If the occasion was the same one, please nevertheless complete both columns.

39. Longest Period of Separation from Mother.

40. First Separation from Mother.

N658

Col. 14 - 15 - 16

days

Col. 17

yrs.

Col. 18 - 19

mths.

(a) Duration in days  
(e.g., for 11 days  
enter )

Col. 22 - 23 - 24

days

Col. 25

yrs.

Col. 26 - 27

mths.

N659

(b) Age of Child at Separation

Please ring appropriate number

Col. 20

1 (2)

2 (3)

3 (4)

4 (5)

0 (1)

(c) Contact between Child and Mother

At least daily

At least weekly

At least monthly

No contact

Don't know or inapplicable

Col. 28

1 (2)

2 (3)

3 (4)

4 (5)

0 (1)

Please ring appropriate number

Col. 31

1 (2)

2 (3)

3 (4)

4 (5)

0 (1)

(d) Child's Placement

At home

In hospital

At home of relative or friend known to the child

Boarding school or institution

Don't know or inapplicable

Other placement

(Please specify)

Col. 29

1 (2)

2 (3)

3 (4)

4 (5)

0 (1)

5 (6)

(e) Reason for Separation

41. How many different periods of separation have there been?

Before the age of five \_\_\_\_\_

(e.g. for 2 enter )

Since the age of five \_\_\_\_\_

Col. 30-31

Col. 32-33

Not Answered (-1)  
Does Not Apply (-2)

10

42. Does either parent read to, or read with, the child?

		<i>Yes, at least every week</i>	<i>Yes, occasionally</i>	<i>Never, or hardly ever</i>	<i>Don't know or inapplicable</i>	
N179	Mother	1 (2)	2 (3)	3 (4)	0 (1)	Col. 34
N180	Father	1 (2)	2 (3)	3 (4)	0 (1)	Col. 35

43. Do the parents take the child out? (e.g. for walks, outings, picnics, visits, shopping).

		<i>Yes, most weeks</i>	<i>Yes, occasionally</i>	<i>Never or hardly ever</i>	<i>Don't know or inapplicable</i>	
N181	Mother	1 (2)	2 (3)	3 (4)	0 (1)	Col. 36
N182	Father	1 (2)	2 (3)	3 (4)	0 (1)	Col. 37

44. Does the father take a big part in managing the child, or leave mainly to mother?

N183	<i>(If father is away a lot ring 2 or 3 as applicable)</i>					Col. 38
	Father takes a big part, or equal part with mother	1 (2)				
	Father takes a smaller part than mother (but mother feels it to be a significant part)	2 (3)				
	Father takes a very small part, or leaves to mother	3 (4)				
	Don't know or inapplicable	0 (1)				

45. Do the parents themselves do any spare time reading? (e.g. of newspapers, books or magazines).

(a) Newspapers or Magazines

		<i>Yes, most days</i>	<i>Yes, occasionally</i>	<i>Never, or hardly ever</i>	<i>Don't know or inapplicable</i>	
N184	Mother	1 (2)	2 (3)	3 (4)	0 (1)	Col. 39
N185	Father	1 (2)	2 (3)	3 (4)	0 (1)	Col. 40

(b) Books or Technical Journals

		<i>Yes, most weeks</i>	<i>Yes, occasionally</i>	<i>Never, or hardly ever</i>	<i>Don't know or inapplicable</i>	
N186	Mother	1 (2)	2 (3)	3 (4)	0 (1)	Col. 41
N187	Father	1 (2)	2 (3)	3 (4)	0 (1)	Col. 42

Not Answered (-1)  
Does Not Apply (-2)

11

46. What is the occupation of the child's father? (i.e., present male head of household). If not working, give last occupation and give reason, e.g. unemployed, sick. If there is no male head of household, please write "None".

Actual Job

Industry

(As much detail as possible should be given. The actual job should show the type of work done so that we may be able to classify by the skill, qualification or responsibility involved. Terms such as "engineer", "civil servant", "electrical worker", "clerk", do not give sufficient information to allow such classification, and should be expanded.)

Is the father paid weekly, monthly or is he self-employed?

Weekly \_\_\_\_\_ 1  
Monthly \_\_\_\_\_ 2  
Self-employed \_\_\_\_\_ 3  
Don't know \_\_\_\_\_ 0

If self-employed:

(i) Does he employ 10 or more persons?

Yes \_\_\_\_\_ 1  
No \_\_\_\_\_ 2  
Don't know \_\_\_\_\_ 0

If not self-employed:

(ii) Does he supervise others? (e.g. foreman, manager, charge-hand).

Yes \_\_\_\_\_ 1  
No \_\_\_\_\_ 2  
Don't know \_\_\_\_\_ 0

47. When the father left school, what was his father's job?

Actual Job

Industry

Was he:

Self-employed, not employing others? \_\_\_\_\_ 1  
Employer? \_\_\_\_\_ 2  
Employee, not supervising others? \_\_\_\_\_ 3  
Employee, supervising others? \_\_\_\_\_ 4  
Don't know \_\_\_\_\_ 0

48. Did the father stay on at school after the minimum school leaving age? N194

Yes \_\_\_\_\_  
No \_\_\_\_\_  
Don't know \_\_\_\_\_

If Yes, at what age did he finish full-time education? N195

49. Has the mother been in paid work since the child's birth? (Include only work outside the home).

Part-time or  
Temporary  
(More than one  
month's duration) Full-time Mother  
has not  
worked Don't know or  
inapplicable

N197 Before the child started school \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 0

N147 Since the child started school \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 0

If the mother has worked, please give brief details of duration and hours worked.

Please  
leave  
blank

Col. 43

1 (2)

2 (1)

3 (2)

4 (3)

5 (4)

6 (5)

0 (1)

7(6)N190  
8(7)N190  
9(8)N190

N189

N190

X(2)N18

N190 Y(1)N188

N190

N190

N190

N189

Col. 44

1 (2)

2 (1)

3 (2)

4 (3)

5 (4)

6 (5)

0 (1)

7(6)N193

8(7)N193

9(8)N193

X(2)N191

Y(1)N191

Col. 45

1

2

0

Col. 46-47

yr1.

Col. 48

Col. 49

Not Answered (-1)  
Does Not Apply (-2)

12

N199

50. What is the accommodation occupied by this household?

Whole house \_\_\_\_\_  
Flat (self-contained) \_\_\_\_\_  
Rooms \_\_\_\_\_  
Other (please specify) \_\_\_\_\_  
Don't know or inapplicable \_\_\_\_\_

Please ring appropriate number

Col. 50

1 (2)

2 (3)

3 (4)

4 (5)

0 (1)

Col. 51

N200

51. Is the accommodation:

Owned by the household, or being bought? \_\_\_\_\_  
Council rented? \_\_\_\_\_  
Private rented? \_\_\_\_\_  
Rent free? \_\_\_\_\_  
Other (please specify) \_\_\_\_\_  
Don't know or inapplicable \_\_\_\_\_

1 (2)

2 (3)

3 (4)

4 (5)

5 (6)

0 (1)

N201

52. How many rooms are there? (Include rooms used by lodgers or relatives who are members of the household; exclude bathroom, scullery or kitchen unless used as a living room)

Col. 52 - 53

rms.

53. Has the household got, or does it share:

		Sole use	Shared	None	Don't know or inapplicable	
N204	(a) Bathroom?	1 (2)	2 (3)	3 (4)	0 (1)	Col. 54
N205	(b) Indoor Lavatory?	1 (2)	2 (3)	3 (4)	0 (1)	Col. 55
N206	(c) Outside Lavatory?	1 (2)	2 (3)	3 (4)	0 (1)	Col. 56
N207	(d) Cooking Facilities?	1 (2)	2 (3)	3 (4)	0 (1)	Col. 57
N208	(e) Hot Water Supply?	1 (2)	2 (3)	3 (4)	0 (1)	Col. 58
N209	(f) Garden, Yard?	1 (2)	2 (3)	3 (4)	0 (1)	Col. 59

Not Answered (-1)  
Does Not Apply (-2)

13

54. Did the child attend an Infant Welfare Clinic or Toddlers' Clinic?

		No	Yes Regularly	Yes Occasionally	Don't know	
N210	(a) Infant Welfare Clinic (under 1 year)	1 (2)	2 (3)	3 (4)	0 (1)	Col. 60
N211	(b) Toddlers' Clinic (1-5 years)	1 (2)	2 (3)	3 (4)	0 (1)	Col. 61

55. IMMUNISATION AND VACCINATION

Has the child received any immunisation against:

		Yes	No (objects to it)	No (all other reasons)	Don't know	
N212	(a) Diphtheria	1 (2)	2 (3)	3 (4)	0 (1)	Col. 62
N213	(b) Poliomyelitis	1 (2)	2 (3)	3 (4)	0 (1)	Col. 63
N214	(c) Smallpox	1 (2)	2 (3)	3 (4)	0 (1)	Col. 64

56. What infectious diseases has the child had, and at what ages?

		No	Yes	Don't know	
N215	(a) Measles	2 (3)	1 (2)	0 (1)	Col. 65
N216	(b) German measles	2 (3)	1 (2)	0 (1)	Col. 66
N217	(c) Whooping cough	2 (3)	1 (2)	0 (1)	Col. 67
N218	(d) Chicken pox	2 (3)	1 (2)	0 (1)	Col. 68
N219	(e) Mumps	2 (3)	1 (2)	0 (1)	Col. 69
N220	(f) Scarlet fever	2 (3)	1 (2)	0 (1)	Col. 70
N221	(g) Others (e.g., glandular fever, tuberculosis, etc.) Specify	2 (3)	1 (2)	0 (1)	Col. 71

		No	Yes under 1 month	Yes over 1 month	Don't know	
N222	57. BREAST FEEDING Was the child breast fed (partly or wholly) as a baby?	1 (2)	2 (3)	3 (4)	0 (1)	Col. 72

		No	Yes	Don't know	
N223	58. WALKING By 1½ years of age was the child walking alone?	2	1	0	Col. 73
					If not, at what age? .....

Not Answered (-1)  
Does Not Apply (-2)

14

59. SPEECH

	No	Yes	Don't know		
N224 (a) By two years of age was the child talking? (i.e., joining two words)	2(3)	1(2)	0(1)	Col. 74	If not, at what age? .....
N225 (b) Has there ever been any stammer or stutter	2(3)	1(2)	0(1)	Col. 75	Age at onset ..... Present now? .....
N226 (c) Any other speech difficulty?	2(3)	1(2)	0(1)	Col. 76	Specify .....
N227 (d) Is English the mother's usual language with this child?	2(3)	1(2)	0(1)	Col. 77	

For office use only

Card No.

4

Col. 1

Col.

2

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Col. 11

60. OUT-PATIENT AND CLINIC ATTENDANCES

Has the child attended any of the following?

	No	Yes	Don't know		Name of Hospital or Clinic, and Town	Age
N238 (a) Eye dept. or clinic, optician, or orthoptist	2(3)	1(2)	0(1)	Col. 12	.....	.....
N239 (b) Physiotherapy or remedial exercises	2(3)	1(2)	0(1)	Col. 13	.....	.....
N240 (c) Child guidance clinic	2(3)	1(2)	0(1)	Col. 14	.....	.....
N241 (d) Speech therapy	2(3)	1(2)	0(1)	Col. 15	.....	.....
N242 (e) Hearing or audiology	2(3)	1(2)	0(1)	Col. 16	.....	.....
N243 (f) Dental clinic, dentist or orthodontist	2(3)	1(2)	0(1)	Col. 17	.....	.....
N244 (g) Have there been any outpatient, other clinic or specialist appointments?	2(3)	1(2)	0(1)	Col. 18	.....	.....

Specify .....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

If yes, how many times? .....

	No	Yes	Don't know	
N245 61. Has the child ever had a dental gas?	2(3)	1(2)	0(1)	Col. 19

Not Answered (-1)  
Does Not Apply (-2)

15

62. HOSPITAL ADMISSIONS

Has the child ever been admitted to hospital for any of the following:

	No	Yes	Don't know		Name of Hospital and Town	Age
N246 (a) Tonsils and/or adenoids— (Specify) .....	2(3)	1(2)	0(1)	Col. 20	.....	.....
N247 (b) Abdominal operation— (Specify) .....	2(3)	1(2)	0(1)	Col. 21	.....	.....
N248 (c) Hernia repair— (Specify) .....	2(3)	1(2)	0(1)	Col. 22	.....	.....
N249 (d) Other operations (including blood transfusions)— (Specify) .....	2(3)	1(2)	0(1)	Col. 23	.....	.....
N250 (e) Road accidents— (Specify) .....	2(3)	1(2)	0(1)	Col. 24	.....	.....
N251 (f) Home accidents (e.g. burns, scalds, poisoning, injury)— (Specify) .....	2(3)	1(2)	0(1)	Col. 25	.....	.....
N252 (g) Other accident or injury— (Specify) .....	2(3)	1(2)	0(1)	Col. 26	.....	.....
N253 (h) Illnesses, investigations or tests— (Specify) .....	2(3)	1(2)	0(1)	Col. 27	.....	.....
N254 (i) Hospital admission for any other reason— (Specify) .....	2(3)	1(2)	0(1)	Col. 28	.....	.....

Not Answered (-1)  
Does Not Apply (-2)

16

# MEDICAL HISTORY

## 63. GENERAL

N281 (a) Has the child, to the mother's knowledge, any physical handicap or disabling condition?

No Yes Don't know

2(3) 1(2) 0(1)

Col. 29

Specify.....

N255 (b) Does the mother consider the child to be particularly sensitive or highly strung?

2(3) 1(2) 0(1)

Col. 30

Specify.....

## N256 64. EAR, NOSE AND THROAT

(a) Has the child had more than 3 throat and/or ear infections (with fever) in the past year?-----

2(3) 1(2) 0(1)

Col. 31

Has the child ever had:

N257 (b) Hay fever or sneezing attacks-----

2(3) 1(2) 0(1)

Col. 32

(c) Habitual snoring or mouth breathing-----

2(3) 1(2) 0(1)

Col. 33

N258 (d) Running ears (i.e. pus, not wax)-----

2(3) 1(2) 0(1)

Col. 34

No. of times in past 12 mths. ....

(e) Earache, without running ears-----

2(3) 1(2) 0(1)

Col. 35

No. of times in past 12 mths. ....

N259 (f) Hearing difficulty (suspected or confirmed)-----

2(3) 1(2) 0(1)

Col. 36

Specify..... Age..... Present now?.....

(g) Other ear trouble-----

2(3) 1(2) 0(1)

Col. 37

Specify.....

## 65. RESPIRATORY SYSTEM

Has the child ever had:

N259 (a) Attacks of asthma-----

2(3) 1(2) 0(1)

Col. 38

No. of times in all? .....

No. of times in past 12 mths. ....

N260 (b) Bronchitis with wheezing-----

2(3) 1(2) 0(1)

Col. 39

No. of times in past 12 mths. ....

N261 (c) Pneumonia-----

2(3) 1(2) 0(1)

Col. 40

At what age? .....

(d) Other respiratory disease-----

2(3) 1(2) 0(1)

Col. 41

Specify.....

## 66. C.V.S.

Has the child had:

N262 (a) Rheumatic fever-----

2(3) 1(2) 0(1)

Col. 42

At what age? .....

(b) Chorea (St. Vitus' Dance)-----

2(3) 1(2) 0(1)

Col. 43

At what age? .....

N263 (c) Congenital heart condition-----

2(3) 1(2) 0(1)

Col. 44

Specify.....

N283 (d) Parent, brother or sister with congenital heart condition-----

2(3) 1(2) 0(1)

Col. 45

Specify.....



Not Answered (-1)  
Does Not Apply (-2)

# 67. ALIMENTARY AND UROGENITAL SYSTEMS

Has the child ever been/or had:

	No	Yes	Don't know		
N264 (a) Periodic vomiting or bilious attacks	2(3)	1(2)	0(1)	Col. 46	No. of times in past 12 mths.
N265 (b) Periodic abdominal pain	2(3)	1(2)	0(1)	Col. 47	No. of times in past 12 mths.
(c) Recurrent mouth ulcers	2(3)	1(2)	0(1)	Col. 48	
N266 (d) Hernia of any sort	2(3)	1(2)	0(1)	Col. 49	Site
(e) Other serious digestive, bowel or alimentary disorder	2(3)	1(2)	0(1)	Col. 50	Specify
N284 (f) Infection in the urine (requiring medical treatment)	2(3)	1(2)	0(1)	Col. 51	No. of times in all No. of times in past 12 mths.
N267 (g) Wet by day after 3 years of age (Ignore occasional mishaps)	2(3)	1(2)	0(1)	Col. 52	How often in past 12 mths.
N268 (h) Wet by night after 5 years of age (Ignore occasional mishaps)	2(3)	1(2)	0(1)	Col. 53	How often in past 12 mths.
N269 (i) Soiled by day after 4 years of age (Ignore occasional mishaps)	2(3)	1(2)	0(1)	Col. 54	How often in past 12 mths.
N285 (j) Nephritis or other kidney or U-G disorder	2(3)	1(2)	0(1)	Col. 55	Specify Age
(k) Parent, brother or sister with disorder of alimentary or U-G tract	2(3)	1(2)	0(1)	Col. 56	

## 68. METABOLISM AND BLOOD

Is there a history of:

(a) Sugar diabetes	2(3)	1(2)	0(1)	Col. 57	Age of onset
N286 (b) Any diabetes in parents, brothers or sisters	2(3)	1(2)	0(1)	Col. 58	Specify
(c) Any thyroid, pituitary or adrenal gland disorder	2(3)	1(2)	0(1)	Col. 59	Specify
(d) Any blood disorder	2(3)	1(2)	0(1)	Col. 60	Specify

## SKIN

Is there a history of:

N270 (a) Eczema in the first year	2(3)	1(2)	0(1)	Col. 61	Month of onset Sites
N271 (b) Eczema after the first year	2(3)	1(2)	0(1)	Col. 62	Any present now? Sites
N272 (c) "Strawberry marks" (raised vascular naevi)	2(3)	1(2)	0(1)	Col. 63	Age Site
N273 (d) "Port wine stains" (flat vascular naevi)	2(3)	1(2)	0(1)	Col. 64	Age Site
N274 (e) Other skin condition, including hair or nail disorder	2(3)	1(2)	0(1)	Col. 65	Specify

Not Answered (-1)  
Does Not Apply (-2)

18

# 70. C.N.S. AND SKELETAL SYSTEM

Has the child had:

	No	Yes	Don't know		
N274(a) A fit or convulsion in the first year of life	2(3)	1(2)	0(1)	Col. 66	No. in first year
N275(b) A fit or convulsion after the first year	2(3)	1(2)	0(1)	Col. 67	Age at first fit
N276(c) Petit mal or "blank spells"	2(3)	1(2)	0(1)	Col. 68	No. in first 12 mths
N277(d) Frequent headaches or migraine	2(3)	1(2)	0(1)	Col. 69	Total No. of fits
N278(e) Travel sickness	2(3)	1(2)	0(1)	Col. 70	Age at onset
N279(f) Tics or habit spasms	2(3)	1(2)	0(1)	Col. 71	No. of times last year
N280(g) Breath holding, head banging or "rocking"	2(3)	1(2)	0(1)	Col. 72	Any drug treatment for above conditions?
N281(h) Concussion or head injury (with unconsciousness)	2(3)	1(2)	0(1)	Col. 73	No. of times in past 12 mths?
(i) Unusual size or shape of skull	2(3)	1(2)	0(1)	Col. 74	Age
(j) Any spinal trouble	2(3)	1(2)	0(1)	Col. 75	Specify
N288(k) Congenital dislocation of hip	2(3)	1(2)	0(1)	Col. 76	Any in past 12 mths?
N289(l) Talipes	2(3)	1(2)	0(1)	Col. 77	Specify
(m) Any fractures	2(3)	1(2)	0(1)	Col. 78	At what age?
(n) Any other bone or joint disorder	2(3)	1(2)	0(1)	Col. 79	Specify
N290(o) Has any parent, brother or sister had a fit or convulsion	2(3)	1(2)	0(1)	Col. 80	Specify

For office use only

Card No.

5

Col. 1

Col.

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## N271 71. LATERALITY

Does the mother think the child is:

Right-handed	Left-handed	Mixed R. and L.	Don't know	
1(2)	2(3)	3(4)	0(1)	Col. 11

## 72. VISION

Has the child had:

	No	Yes	Don't know		
N292(a) Squint or suspected squint	2(3)	1(2)	0(1)	Col. 12	Specify
N293(b) Any other eye trouble?	2(3)	1(2)	0(1)	Col. 13	Present now?
N294(c) Have glasses been prescribed?	2(3)	1(2)	0(1)	Col. 14	Specify
					At what age?
					Reason

Not Answered (-1)  
Does Not Apply (-2)

19

73. Children Born to this Mother (complete only where the mother is the child's own mother and, if not, please enter 0 0 for Questions 73(a) and 73(b)).

Please list all children born to this mother. Include the present child, and any that have since died and any stillbirths. Ring the numbers in the appropriate columns. Please enter twins separately, and omit miscarriages.

Date of Birth	Sex		Survival		Birth	Birth Wt. (approx. if necessary)	Complications of Pregnancy			Presentation		Method of Delivery			Please specify any handicap or disability, or cause and date of death			
	M	F	Alive now	Died subsequently			Normal	Toxemia	A.P.H.	Don't know/Other	Vertex	Breech	Don't know/Other	Spontaneous		Forceps	Caesarian	Don't know/Other
1.	1	2	1	2	3	1	2	lbs.	ozs.	1	2	3	0	1	2	3	0	
2.	1	2	1	2	3	1	2	lbs.	ozs.	1	2	3	0	1	2	3	0	
3.	1	2	1	2	3	1	2	lbs.	ozs.	1	2	3	0	1	2	3	0	
4.	1	2	1	2	3	1	2	lbs.	ozs.	1	2	3	0	1	2	3	0	
5.	1	2	1	2	3	1	2	lbs.	ozs.	1	2	3	0	1	2	3	0	
6.	1	2	1	2	3	1	2	lbs.	ozs.	1	2	3	0	1	2	3	0	
7.	1	2	1	2	3	1	2	lbs.	ozs.	1	2	3	0	1	2	3	0	
8.	1	2	1	2	3	1	2	lbs.	ozs.	1	2	3	0	1	2	3	0	
9.	1	2	1	2	3	1	2	lbs.	ozs.	1	2	3	0	1	2	3	0	

From the above table, please state first the total number of births including the present child, and then the child's position in birth order. (N.B.: Twins=1 birth).

(For questions 73(a) and 73(b) include all live and stillbirths and any who have died subsequently) N295 (a) Number of births \_\_\_\_\_ (e.g., for 6 births enter 0 6; if not known or inapplicable enter 0 0).

N297 (b) Child's position in birth order \_\_\_\_\_ (e.g., for first born enter 0 1).

74. Was this child a single or multiple birth? N1811

Summary Card  
Identical Twin - N1846  
Same Sex - N1847  
Same Surviving - N1848

Single birth \_\_\_\_\_  
Identical { First born \_\_\_\_\_  
Second born \_\_\_\_\_  
Position unknown \_\_\_\_\_  
Non-Identical { First born \_\_\_\_\_  
Second born \_\_\_\_\_  
Position unknown \_\_\_\_\_  
Twin birth but no details \_\_\_\_\_  
One of triplets \_\_\_\_\_  
Don't know \_\_\_\_\_

Col. 15-16

Col. 17-18

Please ring appropriate number

Col. 19

1 (2)

2 (3)

3 (4)

4 (5)

5 (6)

6 (7)

7 (8)

8 (9)

9 (10)

0 (1)

END OF INTERVIEW

Please thank the mother and ask her to bring or send a sample of the child's urine to the medical examination. When completed, please ensure that this questionnaire is in the hands of the doctor in time for his examination of the child.

**STRICTLY CONFIDENTIAL****SOCIAL ENVIRONMENT**

For completion by the Health visitor only, without questioning the family

We are anxious to determine the social environment in which children are growing up today.

The following questions relate to the services provided by statutory and voluntary organisations to assist families in dealing with their social and domestic difficulties.

It is not intended to infringe upon the privacy of the home. All information obtained is used solely for statistical analysis and questionnaires are identified by number only.

Has this family to your knowledge required the services of any of the following statutory or voluntary bodies?

Under which categories would you list the difficulties of this family?

		Don't No Yes know					Don't No Yes know				
N300	Children's Dept. —————	2(3)	1(2)	0(1)	Col. 20	Housing —————	2(3)	1(2)	0(1)	Col. 34	N314
N301	Dr. Barnardo's or other Children's Society —————	2(3)	1(2)	0(1)	Col. 21	Financial —————	2(3)	1(2)	0(1)	Col. 35	N315
N302	Psychiatric Social Worker —————	2(3)	1(2)	0(1)	Col. 22	Physical illness or disability —————	2(3)	1(2)	0(1)	Col. 36	N316
N303	School Welfare or Attend- ance Officer —————	2(3)	1(2)	0(1)	Col. 23	Mental illness or neurosis —————	2(3)	1(2)	0(1)	Col. 37	N317
N304	Nat. Assistance Board —————	2(3)	1(2)	0(1)	Col. 24	Mental subnormality —————	2(3)	1(2)	0(1)	Col. 38	N318
N305	N.S.P.C.C. or R.S.S.P.C.C. —————	2(3)	1(2)	0(1)	Col. 25	Death of child's father —————	2(3)	1(2)	0(1)	Col. 39	N319
N306	Family Service Unit —————	2(3)	1(2)	0(1)	Col. 26	Death of child's mother —————	2(3)	1(2)	0(1)	Col. 40	N320
N307	Probation Officer —————	2(3)	1(2)	0(1)	Col. 27	Divorce, separation or desertion —————	2(3)	1(2)	0(1)	Col. 41	N321
N308	Marriage Guidance Council —————	2(3)	1(2)	0(1)	Col. 28	Domestic tension —————	2(3)	1(2)	0(1)	Col. 42	N322
N309	Tuberculosis Health Visitor —————	2(3)	1(2)	0(1)	Col. 29	"In-law" conflicts —————	2(3)	1(2)	0(1)	Col. 43	N323
N310	Mental Welfare Officer —————	2(3)	1(2)	0(1)	Col. 30	Unemployment —————	2(3)	1(2)	0(1)	Col. 44	N324
N311	National Council for Un- married Mother (or similar body) —————	2(3)	1(2)	0(1)	Col. 31	Alcoholism —————	2(3)	1(2)	0(1)	Col. 45	N325
N312	Any Handicapped Children's Association —————	2(3)	1(2)	0(1)	Col. 32	Any other serious difficulties affecting child's development	2(3)	1(2)	0(1)	Col. 46	N326
	(Specify) .....					(Specify briefly) .....					
N313	Other Statutory or Voluntary Body —————	2(3)	1(2)	0(1)	Col. 33						
	(Specify) .....										

		Don't No Yes know				
N327	Does the pattern of living of this family differ markedly from that of the neighbourhood? —————	2(3)	1(2)	0(1)	Col. 47	
	Does the mother: Speak English as her native tongue, or reasonably well as an acquired language.					Col. 48
N328	Speak English poorly as an acquired language, or not at all —————					1 (2)
	Don't know, or inapplicable —————					2 (3)
						0 (1)