

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

STRICTLY CONFIDENTIAL

65/3

NATIONAL CHILD DEVELOPMENT STUDY (1958 Cohort)

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

Tel.: EUSon 4263-4-5 (3 lines)

SPONSORS:
Institute of Child Health, University of London
National Birthdays Trust Fund
National Bureau for Co-operation in Child Care
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IN COLLABORATION WITH:
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MEDICAL QUESTIONNAIRE

N4 N1

Local Authority Code Number	Child's Code Number

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

(Christian Names)

N622

SEX

(Please ring appropriate number)

Boy—

Girl—

Col. 49

1

2

DATE OF BIRTH / 3 / 58

ADDRESS OF MEDICAL EXAMINATION.....

DATE OF MEDICAL EXAMINATION.....

NAME OF MEDICAL EXAMINER.....

DESIGNATION.....

Col. 50

☐

Leave blank

Month and year medical information recorded - N330

INTRODUCTORY NOTES

The Purpose of the Study

The child to whom this questionnaire refers is one of the 17,000 children born during the week 3rd to 9th March, 1958, in England, Scotland and Wales.

Shortly after their birth, all these children were the subject of a comprehensive investigation into the circumstances relating to the mother and child, the pregnancy and the birth. The results of this study published in the *Perinatal Mortality Survey* have already had a world-wide influence, and it is hoped that the many doctors and midwives who were involved feel that their efforts have been fully justified.

The *National Child Development Study* is a logical extension of the original investigation to the growing child. Not only is there the need to assess the present physical, educational and emotional status of the child population, but for the first time there is an opportunity to relate these assessments to the existing obstetric and social data of this large national sample.

Considerable interest is already focussed on the major handicaps of childhood, but much remains to be discovered about the true incidence of these conditions and their aetiology. Even less is known of the incidence and cause of minor disabilities, emotional maladjustments and educational handicaps. This study will throw some light on their occurrence amongst children considered "at risk" of developing handicapping conditions.

This study will also reveal the numbers of children who have been exposed to such predisposing factors, but who are nevertheless developing normally.

The Scope of the Investigation

The Study is based on information gathered from three sources.

(i) The school is assessing the child's educational progress and social adjustment and is applying some attainment tests. This aspect of the investigation is being undertaken by the Local Education Department.

(ii) The mother of the child is interviewed by a Health Visitor (in most instances) who completes a Parental Questionnaire concerning the child's early life and environment. Details of illnesses, operations and a full medical history are included in this questionnaire, and on completion it will be passed on to the doctor for reference during his examination of the child.

(iii) The Medical Questionnaire comprises a medical history and examination, tests of vision, speech and hearing, physical measurements and a urine test. It is also hoped that an Audiogram will be obtained, at a time convenient to the School Health Department.

NOTES ON THE MEDICAL QUESTIONNAIRE

The form of this questionnaire has been determined by the need to utilise modern methods of handling a large volume of data. Except where stated otherwise, each question is answered by putting a ring round the appropriate number in each box.

Examples of Scoring:

No	Yes	Don't know	
2	1	0	Col. 86

No	Yes	Don't know	
			Col. 87
			2
			1
			0

The following order of completion is suggested as the most practical:

- With the child dressed:*
- (1) Front page.
 - (2) Medical History. *N.B.:* Since these questions, on pages 4, 6, 8, are identical with pages 16, 17, 18 of the Parental Questionnaire. It is not necessary for the doctor to take a second medical history if the latter is to hand and has been answered to his satisfaction.
 - (3) Vision, Speech and Hearing tests.
 - (4) Uristix urine test.
- With the child undressed:*
- (5) Height, Weight and Head circumference.
 - (6) Medical examination.
 - (7) Completion of questionnaire.

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

3

N331

1. Is the child accompanied at the medical examination by:

Mother _____

Father _____

Other relative _____

(Specify) _____

Other person _____

(Specify) _____

Child unaccompanied _____

Col. 51

1 (2)

2 (3)

3 (4)

4 (5)

0 (1)

2. Is the Parental Questionnaire to hand for reference?

Yes _____

No _____

Col. 52

1

2

Col. 53 - 54

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N332

3. CHILD'S HEIGHT, without shoes, to nearest inch _____
(e.g., for 48½ inches, enter 49).

If unable to measure, enter 00 and state reason _____

Col. 55 - 56 - 57

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N334

(b) A few areas have been issued with pocket stadiometers. If issued with a stadiometer, CHILD'S HEIGHT, without shoes, to nearest centimeter _____

(e.g. for 126 cms. enter 126).

If not used, enter 000.

Col. 58 - 59

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N337

4. CHILD'S WEIGHT, in underclothes, to nearest pound _____
(e.g. for 53½ lb. enter 54).

If unable to weigh, enter 00 and state reason _____

Col. 60 - 61 - 62

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N339

5. HEAD CIRCUMFERENCE, to nearest 0.5 inch _____

(e.g. for 20½ inches enter 20 • 5).

If unable to measure, enter 00 • 0 and state reason _____

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

5

MEDICAL EXAMINATION (Card 5 - applies for uncoded)

N342 10. GENERAL

Is there a major handicapping or
disfiguring condition? (e.g. mongolism, blindness, deafness,
cerebral palsy, hydrocephalus, mental
retardation, etc.)

No	Yes	Don't know
2(3)	1(2)	0(1)

Col. 63

Specify.....
.....
.....
.....

11. E.N.T. AND MOUTH

Does examination reveal:

(a) Nasal obstruction.....

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

Col. 64

Specify.....

(b) Nasal or postnasal discharge.....

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

Col. 65

Specify.....

(c) Tonsils worthy of comment.....

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

Col. 66

Comment.....

N345 (d) Mouth or palate abnormality.....

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

Col. 67

Specify.....

N346 (e) Please add up total missing, filled
and carious teeth
(e.g. for 7 enter 07)

Col. 68 - 69	

N348 (f) Have any permanent incisors
appeared?.....

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

Col. 70

(g) Enlarged cervical glands.....

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

Col. 71

Specify.....

N349 (h) Signs of past or present otitis
media (if drum obscured, ring "0")

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

Col. 72

Specify.....

N352 (i) Deformity of external ear.....

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

Col. 73

Specify
R. or L.

(j) Other ear condition.....

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

Col. 74

Specify.....

12. R.S.

(a) Abnormal signs in lungs.....

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

Col. 75

Specify.....

N353 (b) Abnormal chest shape.....

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

Col. 76

Specify.....

(c) Other respiratory condition.....

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

Col. 77

Specify.....

13. C.V.S.

N350 (a) Pathological heart condition.....

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

Col. 78

Specify.....

N354 (b) Other heart murmur.....

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

Col. 79

Specify.....

N351 (c) Any other sign of heart disease
(e.g. clubbing, cyanosis, etc.).....

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

Col. 80

Specify.....

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

7

For Office
use only

Card No.

6

Col. 1

Col.

2	3	4	5	6	7	8	9	10
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Col. 11

MEDICAL EXAMINATION

(Card 6 - applies for uncoded)

17. ALIMENTARY AND UROGENITAL SYSTEMS

On examination, has the child:

	No	Yes	Don't know		
N362 (a) Inguinal hernia	2(3)	1(2)	0(1)	Col. 12	R. or L.
N363 (b) Other hernia	2(3)	1(2)	0(1)	Col. 13	Specify
(c) Urinary incontinence	2	1	0	Col. 14	
(d) For girls, ring "O" Partially or undescended testes	2	1	0	Col. 15	Specify R. or L. (count retractile testes as normal)
(e) Been circumcised	2	1	0	Col. 16	
(f) Other U-G abnormality	2	1	0	Col. 17	Specify
(g) Other abdominal abnormality	2	1	0	Col. 18	Specify

18. SKIN, BLOOD, Etc.

On examination is there:

(a) Bruising or petechiae	2	1	0	Col. 19	Specify
(c) Any lymph gland enlargement	2	1	0	Col. 20	Specify
N364 (c) Eczema	2(3)	1(2)	0(1)	Col. 21	Sites Severity
(d) Birthmarks	2	1	0	Col. 22	Sites
(e) Other skin condition, including hair or nail disorder	2	1	0	Col. 23	Specify

19. URISTIX URINE TEST

Instructions:

(1) Dip test end of strip in urine and remove immediately.

	Negative (yellow)	Trace	Positive (green)	Don't know or not tested	
N365 (2) Compare colour of tip with protein colour chart at once	1(2)	2(3)	3(4)	0(1)	Col. 24
	Negative (red)	Positive (purple)	Don't know or not tested		
N366 (3) Observe colour of band (glucose) after 10 seconds	1(2)	2(3)	0(1)	Col. 25	

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

9

MEDICAL EXAMINATION

(Card 6 - applies for uncoded)

N367 23. CNS AND SKELETAL.
On examination is there:

(a) Cerebral palsy

Col. 26	
1 (3)	No.
2 (4)	Spastic all four limbs.
3 (5)	Spastic hemiplegia.
4 (6)	Spastic monoplegia—upper limb.
5 (7)	Spastic monoplegia—lower limb.
6 (8)	Spastic both upper limbs.
7 (9)	Spastic both lower limbs.
8 (10)	Athetosis and spasticity.
9 (11)	Athetosis alone.
X (1)	Other (Specify)

	No	Yes	Don't know		
N368 (b) Tics or habit spasms	2 (3)	1 (2)	0 (1)	Col. 27	Specify
N369 (c) Congenital upper limb defect (check symmetry of hands)	2 (3)	1 (2)	0 (1)	Col. 28	Specify
N370 (d) Any malfunction of upper limb	2 (3)	1 (2)	0 (1)	Col. 29	Specify
(When shown how, the child should be able to rotate the wrists rapidly clockwise and anti-clockwise, each hand separately and both together, and with the eyes closed, touch the nose with each forefinger.)					
N421 (e) Skull deformity	2 (3)	1 (2)	0 (1)	Col. 30	Specify
N422 (f) Spina bifida	2 (3)	1 (2)	0 (1)	Col. 31	Specify
N423 (g) Other spinal disorder	2 (3)	1 (2)	0 (1)	Col. 32	Specify
N371 (h) Congenital lower limb defect (Check symmetry effect)	2 (3)	1 (2)	0 (1)	Col. 33	Specify
N424 (i) Talipes	2 (3)	1 (2)	0 (1)	Col. 34	Type R. or L. or both
N372 (j) Any malfunction of lower limb	2 (3)	1 (2)	0 (1)	Col. 35	Specify
(When shown how, the child should be able to walk on the toes, walk on the heels, jump up and down, and hop on either foot. Also, note any abnormal gait.)					
N425 (k) Other neurological or skeletal disorder	2 (3)	1 (2)	0 (1)	Col. 36	Specify

LATERALITY TESTS

Please ask the child to carry out these tasks, and observe which hand/foot/eye is used. If unable to test, score 0 and state reason at foot of page.

N373 (a) Hand: Throw a crumpled paper ball. Draw a cross.	Only R. hand used	Col. 37
	Only L. hand used	1 (2)
	Both R. and L. hand used	2 (3)
	Could not test	3 (4)
N374 (b) Foot: Kick crumpled paper ball. Hop on one leg.	Only R. foot used	Col. 38
	Only L. foot used	1 (2)
	Both R. and L. foot used	2 (3)
	Could not test	3 (4)
N375 (c) Eye: Look through rolled paper tube. Look through hole in a card.	Only R. eye used	Col. 39
	Only L. eye used	1 (2)
	Both R. and L. eye used	2 (3)
	Could not test	3 (4)

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

10
VISION TEST

(Card 6 - applies for uncoded)

25. Notes: (1) Test at exactly 20 ft. with a standard Snellen chart of block capitals without serifs (i.e. **VX**, not **VX**).
(2) Hang the chart in a good light, level with the child's eyes, and free from glare.
(3) Please occlude the other eye efficiently without pressing on the eyeball.
(4) If the child does not know his letters and also gives an unsatisfactory response with the "E test", try again with the Snellen chart asking the child to "draw the letters in the air". If this fails, try a picture card.
(This order of procedure is recommended to avoid diagnosing a child with a spatio-visual difficulty as having a visual defect).

RESULT

Without glasses
N376 (a) R. Eye ———

6/6	6/9	6/12	6/18	6/24	6/36	6/60	6/over 60 or blind	Unable to test
1	2	3	4	5	6	7	8	9

 Col. 40 Reason ———

(b) L. Eye ———

6/6	6/9	6/12	6/18	6/24	6/36	6/60	6/over 60 or blind	Unable to test
1	2	3	4	5	6	7	8	9

 Col. 41 Reason ———

With glasses
(If child doesn't wear glasses, score "0")
N378 (c) R. Eye ———

6/6	6/9	6/12	6/18	6/24	6/36	6/60	6/over 60 or blind	Unable to test
0	1	2	3	4	5	6	7	8

 Col. 42 Reason ———

(d) L. Eye ———

6/6	6/9	6/12	6/18	6/24	6/36	6/60	6/over 60 or blind	Unable to test
0	1	2	3	4	5	6	7	8

 Col. 43 Reason ———

Is there evidence of:
N380 (e) Squint ———

No	Yes	Don't know
2(3)	1(2)	0(1)

 Col. 44 Specify R. or L. Type ———

N381 (f) Latent squint (cover test and "follow finger") ———

No	Yes	Don't know
2(3)	1(2)	0(1)

 Col. 45 Specify R. or L. Type ———

(g) Any other eye condition affecting vision ———

2	1	0
---	---	---

 Col. 46 Specify ———

(g) Any other eye condition not affecting vision ———

2	1	0
---	---	---

 Col. 47 Specify ———

N382 (h) ASSESSMENT

Normal vision ———
Visual defect but no handicap to normal schooling and everyday activities ———
Can manage ordinary school books only with difficulty ———
Requires special school books and/or special visual aids ———
Blind, or vision insufficient to use special school books ———
Don't know, or unable to assess ———
Reason ———

Col. 48
1(2)
2(3)
3(4)
4(5)
5(6)
0(1)

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

11

SPEECH TEST

26. Method: (1) Position the child close to, and facing you.
(2) Please explain that you would like the test sentences repeated after you.
(3) Use a natural voice and observe the child's face during the replies.
(4) The sentences may be repeated if necessary.
(5) Please underline any mispronounced words (dropped aitches may be ignored) and record the total at the end.

(If unable to test, score 9 9 and state reason.....)

N383

(a) Test sentences:

*Carol threaded a needle with wool.
She mended her sister's frock.
Roger grasped a bundle of sticks.
Eating porridge gives him strength.
My brother rode his bicycle to school.
Phillip had scrambled eggs for breakfast.*

Total mispronounced words.....
(e.g. for 8 enter 0 8).

Col 49 - 50

--	--

No slight moderate severe Don't know

N385

(b) Is there any stammer?.....

1(2) 2(3) 3(4) 4(5) 0(6)

Col 51

N386

(c) Assessment of intelligibility of speech:

Speech fully intelligible.....
Almost all words are intelligible.....
Many words are unintelligible.....
All or almost all words are unintelligible.....
Don't know or unable to test.....
(Reason).....

Col 52

1(2)
2(3)
3(4)
4(5)
0(1)

HEARING TEST

27. Method: (1) Conditions should be reasonably quiet.
(2) Position the child 10 feet away, with the ear under test towards you and the child's finger occluding the other ear.
(3) Ask the child to repeat each test word after you.
(4) The words should be spoken in a quiet conversational voice (not whispered), giving plenty of time for each reply.
(5) Please underline incorrect responses and record the totals.
(6) The assistance of a second person is desirable to hear the replies.
(If unable to test, score X and state reason below.)

N387

(a) Right Ear. Test words:

shoes horse cart seat cup frock
cat bike face chick fish ship

Total incorrect responses.....
(If over 9, enter 9)

Col 53

--

N388

(b) Left Ear. Test words:

spoon ball star feet bus sock
hat knife cake pig dish ship

Total incorrect responses.....
(If over 9, enter 9)

Col 54

--

N389

(c) Assessment of hearing:

Normal hearing.....
Some impairment of hearing (include those corrected by wearing a hearing aid).....
Understanding of speech impaired (even with a hearing aid).....
Speech not understood, even with a hearing aid and raised voice.....
Don't know, or unable to test.....
Reason

Col 55

1(2)
2(3)
3(4)
4(5)
0(1)

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

12

N390 28. (a) Has the child been formally "ascertained as in need of special educational treatment"? (If uncertain about this or the following questions, please check with P.S.M.O.)

If "Yes", specify category:

No	Col 56
Don't know	1 (4)
Blind	0 (3)
Partially sighted	2 (5)
Deaf	3 (6)
Partially hearing	4 (7)
Educationally subnormal	5 (8)
Epileptic	6 (9)
Maladjusted	7 (10)
Physically handicapped	8 (11)
Speech defect	9 (12)
Delicate	X (2)
	Y (1)

N397 (b) Is the child receiving special educational treatment in a special school?

No	Yes	Don't know
2 (3)	1 (2)	0 (1)

 Col 57 If "Yes", specify for which handicap

N398 (c) Or in a special teaching unit?

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

 Col 58

N399 (d) Is the child likely to be considered for a special school?

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

 Col 59

29. N400 Irrespective of local facilities, which of the following would you consider most suited to the child's educational needs?

Ordinary school	Col 60
Ordinary school with remedial class or extra teaching help (for educational or mental backwardness, etc.)	1 (2)
Ordinary school with specially equipped teaching unit (for part sighted, part hearing, etc.)	2 (3)
Special school	3 (4)
Home tuition	4 (5)
Training centre (occupational centre)	5 (6)
No centre or school possible	6 (7)
Other	7 (8)
(Specify)	8 (9)
Insufficient information	9 (1)

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

Summary 'Defects' N1817
Card N1822

'Handicaps' N1827
'Epilepsy' N1842

13

28. SUMMARY OF ABNORMAL CONDITIONS

- (i) Please record any abnormal conditions under the appropriate headings.
(Vision, speech and hearing have been assessed in their respective sections.)
(ii) If any condition is not a handicap to ordinary schooling ring "2".
(iii) If any condition might handicap the child in an ordinary school ring "3", "4" or "5", as applicable.

	Present but no None Handicap	Degree of handicap Slight Moderate Severe	Don't know				
N401 (a) General motor handicap	1(2)	2(3)	3(4)	4(5)	5(6)	0(1)	Col 61
N402 (b) Disfiguring condition	1(2)	2(3)	3(4)	4(5)	5(6)	0(1)	Col 62
N403 (c) Mental retardation	1(2)	2(3)	3(4)	4(5)	5(6)	0(1)	Col 63
N404 (d) Emotional maladjustment	1(2)	2(3)	3(4)	4(5)	5(6)	0(1)	Col 64
N405 (e) Head and neck	1(2)	2(3)	3(4)	4(5)	5(6)	0(1)	Col 65
N406 (f) Upper limb	1(2)	2(3)	3(4)	4(5)	5(6)	0(1)	Col 66
N407 (g) Lower limb	1(2)	2(3)	3(4)	4(5)	5(6)	0(1)	Col 67
N408 (h) Spine	1(2)	2(3)	3(4)	4(5)	5(6)	0(1)	Col 68
N409 (i) Respiratory system	1(2)	2(3)	3(4)	4(5)	5(6)	0(1)	Col 69
N410 (j) Alimentary system	1(2)	2(3)	3(4)	4(5)	5(6)	0(1)	Col 70
N411 (k) Urogenital system	1(2)	2(3)	3(4)	4(5)	5(6)	0(1)	Col 71
N412 (l) Heart	1(2)	2(3)	3(4)	4(5)	5(6)	0(1)	Col 72
N413 (m) Blood, etc.	1(2)	2(3)	3(4)	4(5)	5(6)	0(1)	Col 73
N414 (n) Skin	1(2)	2(3)	3(4)	4(5)	5(6)	0(1)	Col 74
N415 (o) Epilepsy	1(2)	2(3)	3(4)	4(5)	5(6)	0(1)	Col 75
N416 (p) Other C.N.S. condition	1(2)	2(3)	3(4)	4(5)	5(6)	0(1)	Col 76
N417 (q) Diabetes	1(2)	2(3)	3(4)	4(5)	5(6)	0(1)	Col 77
N418 (r) Any other conditions	1(2)	2(3)	3(4)	4(5)	5(6)	0(1)	Col 78

(Specify)

Please define any conditions recorded on this page

END OF QUESTIONNAIRE

Would the medical examiner please thank the mother, if she is present, and glance over the questionnaire to check that:

- (i) only one number in each box has been ringed;
and (ii) no question has been left unanswered (except, where appropriate, the medical history questions on pages 4, 6, 8).

Please leave blank

☐

Col. 79

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Col. 80