

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

NI

STRICTLY CONFIDENTIAL

Card No.	Local Authority Code Number	Child's Code Number
4	NI101	

Col. 1 Cols. 2 3 4 5 6 7 8 9 10

Region NI102
PARENTAL INTERVIEW FORM*
NATIONAL CHILD DEVELOPMENT STUDY

(1958 Cohort)

Adam House, 1 Fitzroy Square, London, W1P 5AH

01-387 4263/4/5

ENDORSED AND ADMINISTERED BY:
National Bureau for Co-operation in Child Care

CO-SPONSORED BY:
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IN COLLABORATION WITH:
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SECOND FOLLOW-UP OF CHILDREN BORN 3rd-9th MARCH, 1958

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

(Christian names).....

N622

2. CHILD'S SEX (Please ring appropriate number)

Boy . . .

Girl . . .

Please ring
appropriate
number
Col 11

. 1
. 2

3. TODAY'S DATE / NI110 / 19. NI111

4. DATE OF CHILD'S BIRTH..... / March / 1958

5. CHILD'S PRESENT HOME ADDRESS.....

Leave blank
Col. 12 13

Mth. Yr.

6. (a) CHILD'S HOME ADDRESS AT TIME OF BIRTH.....

(b) PLACE OF BIRTH IF DIFFERENT FROM ABOVE (Please give full address if possible)

(c) CHILD'S HOME ADDRESS AT THE TIME OF FIRST FOLLOW-UP (AGED SEVEN).....

(d) IF BORN ABROAD, please give approximate date child came to live in this country

..... month year

7. NAME OF INTERVIEWER.....

8. NAME OF INFORMANT (Surname).....

(Christian names).....

NI112

9. RELATIONSHIP OF INFORMANT TO THE STUDY CHILD Mother (or Mother Substitute).....

Other (please specify).....

Please ring
Col. 14
. 1 (1)
. 2 (2)

(3) None
(4) Both
Parents

★ PLEASE READ THE INTRODUCTORY NOTES OVERLEAF ON PAGE 2

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

3

Card 4

N1116

10. PEOPLE IN THE HOUSEHOLD

A household comprises the group of persons living together partaking of meals prepared together and benefiting from a common housekeeping.

- (a) Who normally lives in the Study child's household? Exclude any children or others who are only at home for short periods, for example, school holidays.

study child's
position in
relation to
children in
h/h
- N101.

Study child's
position
amongst
all children
- N1119.

Relationship to Study Child (e.g. Father, Stepbrother) or Status in Household (e.g. Lodger).	Surname	Christian Name	Age (in years)
1. Study Child			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

- (b) List below, any member of the family (under the age of 21 years) not included in the above table, for example those who are only home for holidays or leave, and enquire or state from your own knowledge the reason for absence, for example, at residential special school, or working away.

Relationship to Study Child	Surname	Christian Name	Age (in years)	Reason for Absence from Home

Leave blank

No of children
under 21 in h/h
- N99

Col. 15 16

--	--

No. of people
normally living
in h/h - N1116.

No. of children
under 21 normally
living at home
- N1117.

No of children
under 21 not
normally living
at home
- N1118

Col. 17 18

--	--

Col. 19 20

--	--

N1120

- (c) Enter the following details of any children born to the Study child's OWN MOTHER subsequent to the Study child. Include both members of twin pairs separately and omit miscarriages.

NAME	DATE OF BIRTH	SEX		SURVIVAL			BIRTH WEIGHT (Approx. if necessary)
		Male	Female	Alive now	Still-birth	Died subsequently	
0. Study child	...../..3/58	1	2	3	4	5	lbs ozs
1. ....	...../..../...	1	2	3	4	5	lbs ozs
2. ....	...../..../...	1	2	3	4	5	lbs ozs
3. ....	...../..../...	1	2	3	4	5	lbs ozs
4. ....	...../..../...	1	2	3	4	5	lbs ozs
5. ....	...../..../...	1	2	3	4	5	lbs ozs
6. ....	...../..../...	1	2	3	4	5	lbs ozs
7. ....	...../..../...	1	2	3	4	5	lbs ozs
8. ....	...../..../...	1	2	3	4	5	lbs ozs

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

4

Card 4

10. (d) Please enter the following information in respect of *any* deceased child of the Study child's own mother. Include children born before and after the Study child.

(i) the age at death..... years..... months

(ii) the cause of death.....

- (e) Was the Study child's birth single or multiple?

Single

Multiple

Don't know

Please ring

Col. 21

1

2

3

- N1122 11. The actual relationship to the Study child of the persons acting as the child's parents is:
(Please ring as appropriate)

MOTHER

Own (or natural) mother

Mother by legal adoption

Step-mother

Foster-mother

Grandmother

Elder sister

No mother figure

Other (please specify).....

Please ring

Col. 22

1

2

3

4

5

6

7

8

If neither 1 nor 2 is ringed please
state (if possible)

N1123

(a) why child is not living with
his/her own or adoptive mother.

Enter
number

Cols. 23 - 24

--	--

N1126

(b) at what age child came under the
care of present mother-substitute.
State age in box, e.g.

6 yrs = 06 10 yrs = 10

N1127

FATHER

Own (or natural) father

Father by legal adoption

Step-father

Foster-father

Grandfather

Elder brother

No father figure

Other (please specify).....

Please ring

Col. 25

1

2

3

4

5

6

7

8

If neither 1 nor 2 is ringed please
state (if possible)

N1128

(a) why child is not living with
his/her own or adoptive father.

Enter
number

Cols. 26 - 27

--	--

N1131

(b) at what age child came under the
care of present father-substitute.
State age in box, e.g.

6 yrs = 06 10 yrs = 10

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

5

Card 4

N1132 12. (a) Has the child been looked after for more than one month by any mother-figure other than the one indicated in Question 11. (Exclude hospital admissions and boarding school attendance.)

Yes 1
No 2
Don't know 3

Please ring
Col. 28

N1133 (b) Has this child ever been in the care of a Local Authority Children's Committee?

Yes, in care now 1
Yes, in care only in the past 2
No, has never been in care 3
Don't know 4
Other reply (give details).....
..... 5

Col. 29

If yes, what was child's age at the time of admission to care (or at the last time of admission if more than one) and the name of the Local Authority.

Age.....

Name of Local Authority.....

N1134 (c) Has the child ever been in the care of a Voluntary Society?

Yes, in care now 1
Yes, in care only in the past 2
No, has never been in care 3
Don't know 4
Other reply (give details).....
..... 5

Col. 30

If yes, what was the child's age at the time of admission to care (at the last time of admission if more than one) and the name of the Voluntary Society.

Age.....

Name of Voluntary Society.....

13. How many schools has the child attended since the age of 5 years, not counting moves from one department to another of the same school. Write the actual number in the box, and if 9 or more enter 9

If answer is not straightforward,

give details.....

Enter number N1135

Col. 31

14. Read this to the parent:
'Would you like.....
(child's name) to leave school as soon as possible or stay on longer?'

Leave as soon as possible 1
Stay on longer 2
Don't know yet 3

Please ring

Col. 32

N1136

15. Read this to the parent:
'Do you hope that after leaving school.....(child's name) will undertake further training or education (full-time or part-time)?'

Yes 1
No 2
Don't know yet 3

Col. 33

N1137

16. Read this to the mother:
'How satisfied are you with play amenities for.....
(child's name) within about 10-15 minutes walk of here?'

Very satisfied 1
Fairly satisfied 2
No feelings either way 3
Rather unsatisfied 4
Very unsatisfied 5
Other reply (specify)..... 6

Col. 34

N1138

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

6

Card 4

17. Excluding holidays away from home, are the following available and how often has.....(child) used them in his/her spare time in the past twelve months? Omit where child does not live at home. Otherwise ring as appropriate.

	Never Not avail- able	goes though available	Goes some- times	Goes often	Don't know	Leave blank	
A park, public garden, heath, common or fields where children are allowed to play	1	2	3	4	5	Col. 35	N1139
A recreation ground or outdoor play centre (other than school)	1	2	3	4	5	Col. 36	N1140
Swimming or paddling places which are safe for children	1	2	3	4	5	Col. 37	N1141
An indoor play centre, or any children's clubs or societies (e.g. Cubs, Guides, Sports Clubs, Church Clubs for young people)	1	2	3	4	5	Col. 38	N1142
A cinema or other place which has children's film shows.	1	2	3	4	5	Col. 39	N1143
A public library.	1	2	3	4	5	Col. 40	N1144

18. Enquire if either parent goes out with the child for walks, outings, picnics, visits.

	Yes, most weeks	Yes, occasionally	Never or hardly ever	Other reply (please ring and specify)		
Mother	1	2	3	4	Col. 41	N1145
Father	1	2	3	4	Col. 42	N1146

19. Does the mother feel that the father takes a big part in managing the child or leaves it mainly to mother? If father is away a lot ring appropriate code and give details at end of list below.

Father takes a big part, or equal part with mother 1
 Father takes a smaller part than mother but mother still
 feels it to be a significant part 2
 Father takes a very small part or leaves to mother 3
 Don't know 4
 Inapplicable (give details) 5

Please ring
Col. 43

N1147

20. Has either parent belonged to a lending library or book club in the last twelve months?

	Yes	No	Other reply (please ring and specify)		
Mother	1	2	3	Col. 44	N1148
Father	1	2	3	Col. 45	N1149

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

7

Card 4

N1150 21. How many times has the family moved home since the child was born. State number of moves, e.g. 6 moves = 6. If 9 or more, enter 9. If the answer is not straight-forward give brief details:

Enter number Col. 46
<input type="text"/>

N1151 22. (a) What accommodation is occupied by this household?

Please ring Col. 47
Whole house 1
Flat/maisonette (self-contained) 2
Rooms 3
Caravan 4
Other (please specify) 5

N1152 (b) Is the accommodation:

Owned by the household or being bought 1
Rented from Council or New Town Corporation 2
Privately rented—unfurnished 3
Privately rented—furnished 4
Tied to occupation 5
Other reply (please specify) 6

Col. 48
1
2
3
4
5
6

N1153 23. Is the front door to the accommodation:

Below street level 1
At street level/ground floor 2
1st floor 3
2nd floor 4
3rd-4th floor 5
5th-6th floor 6
7th-9th floor 7
10th-12th floor 8
13th floor and above 9

Col. 49
1
2
3
4
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9

N1156 24. How many rooms does the accommodation have?

Exclude bathroom, scullery or kitchen unless used as a living room. Include rooms used by lodgers or relatives who are members of the household as defined in Question 10

Number of rooms

Enter number Col. 50-51
<input type="text"/>

N1157 25. With how many people does (child) share his/her bedroom?

Enter number Col. 52
<input type="text"/>

Number of people

N1158 26. Does (child) share his/her bed with anyone else?

Yes 1
No 2
Don't know 3

Please ring Col. 53
1
2
3

27. Does the accommodation have: (Ask each item)

(a) Bathroom

Yes—sole use 1
Yes—shared 2
No 3
Don't know 4

(b) Outdoor Lavatory

Yes—sole use 1
Yes—shared 2
No 3
Don't know 4

(c) Indoor Lavatory

Yes—sole use 1
Yes—shared 2
No 3
Don't know 4

(d) Cooking facilities

Yes—sole use 1
Yes—shared 2
No 3
Don't know 4

(e) Hot Water Supply

Yes—sole use 1
Yes—shared 2
No 3
Don't know 4

Please ring Col. 54
1
2
3
4

Col. 55
1
2
3
4

Col. 56
1
2
3
4

Col. 57
1
2
3
4

Col. 58
1
2
3
4

28. (a) Read this to the parents:

'How satisfied are you with the house (flat, etc.) you live in?'

Very satisfied 1
Fairly satisfied 2
No feelings either way 3
Rather dissatisfied 4
Very dissatisfied 5
Don't know 6
Other reply (please specify) 7

Col. 59
1
2
3
4
5
6
7

(b) 'What is it about your home that makes you feel like that?'

Leave blank Col. 60
<input type="text"/>

29. OCCUPATION OF THE CHILD'S FATHER

(i.e. present male head of household)

If not working: Write 'Not working' and fill in details of last occupation.

If no male head: Write 'None', but if possible fill in details of employment when he was living in household.

Unemployed }
Sick }
Disabled }
Retired } (2)
(3)

S.E.G. N1175

N1159

N1160

N1161

N1162

N1163

N1164

N1165

N1171

N1172

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

8

Card 4

(In completing this question as much detail as possible should be given to indicate the exact type of work done so that we can classify by the skill, qualification or responsibility involved. Terms such as 'electrical worker', 'engineer', 'civil servant', 'clerk' are insufficient and need explaining.)

(a) Actual job.....

Col. 61

(b) Trade, Industry or Profession

Cols. 62-63

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

Please ring

Weekly	1
Monthly	2
Self-employed	3
Don't know	4
Other (specify)	5

(d) If self-employed:

How many persons does he employ?

None	1
1-24	2
25+	3
Don't know	4

(e) If not self-employed:

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

Yes	1
No	2
Don't know	3

If Yes, i.e. supervises others:

(ii) Approximately how many other persons does he supervise?

1-24	1
25+	2
Don't know	3

N1176

30. Apart from any private source what has been the source of income of the family during the past 12 months? Ring all relevant sources.

Employment	1
Sickness benefit/sick pay	2
Unemployment benefit	3
Supplementary benefit (Nat. Assist.)	4
Retirement pension	5
Disability pension	6
Other (specify)	7

Leave blank

Col. 61

Cols. 62-63

Please ring

Col. 64

31. For how many weeks has the father (i.e. male head) been off work in the past 12 months through illness or unemployment. Enter number of weeks in boxes. For no weeks put 00. For no male head enter 99.

Number of weeks off work through illness, . . .

Unemployment . . .

Other (please specify) . . .

32. Is the father (i.e. male head) engaged in shift work and away from home at night or does he work regular daytime hours?

Shift work but not away overnight	1
Shift work and sometimes away overnight	2
Regular night work	3
Works regular daytime hours	4
Other reply (please specify)	5

33. Apart from shift work and regular night work does the father's (i.e. male head of house) work take him away overnight:

At least once a week	1
At least once a month but not every week	2
Sometimes, but less frequently than once a month	3
Never	4
Other reply, e.g. away for long or short periods of time. (Give details)	5

34. Please enquire own parents' height and weight

(a) Father's weight

.....stone.....lbs

Father's height

.....feet.....inches

(b) Mother's weight

.....stone.....lbs

Mother's height

.....feet.....inches

Enter number

Cols. 65-66

Cols. 67-68

Cols. 69-70

Please ring

Col. 71

Col. 72

Leave blank

Cols. 73-74

Cols. 75-76

Cols. 77-78

Cols. 79-80

N1185

N1188

N1191

N1192

N1193

N1196

N1199

N1202

N1205

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

9

For
Office
use

Card
5

Col. 1

Local Authority Code Number				Child's Code Number					

2

3

4

5

6

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8

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10

35. (a) Has the mother had any paid work outside the home since the child was 7 (March, 1965)?

Yes 1
No 2
Don't know 3
Other reply 4

- (b) How many weeks has mother worked full-time and/or part-time in the past 12 months?
Please complete both for permanent and temporary jobs.

Worked full-time (30 hours or more a week) No. of weeks in Permanent work

. No. of weeks in Temporary work

Worked part-time (under 30 hours) No. of weeks in Permanent work

. No. of weeks in Temporary work

- (c) Please give full details of most recent job.

N1225 { Exact nature of work
Supervisory status if any
Industry/Trade

N1226 Number of days worked per week

Leaves home Arrives home

Date of taking job / /

Date of leaving if not working now / /

- N1229 36. Does any child of the family receive free school meals at present?

Yes 1
No 2
Don't know 3
Other reply (give details) 4

Card 5

Leave blank

Col. 11

☐

Col. 12 13

☐

Please ring

Col. 14

N1212

Enter number

Cols. 15 16

☐

N1215

Cols. 17 18

☐

N1218

Cols. 19 20

☐

N1221

Cols. 21 22

☐

N1224

Leave blank

Col. 23

☐

Daily hrs away
from home in
job - N1227.

Cols. 24 25

☐

Hrs. away
outside 9am-4pm
- N1228

Col. 26

☐

Please ring

Col. 27

Col. 27

Col. 27

Col. 27

Col. 27

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

10

Card 5

N1230

37. (a) Ask the parent: 'Have you been seriously troubled by financial hardship in the past 12 months?'

Yes
No
Uncertain
Don't know
Other reply (give details).....

Please ring
Col. 28

1
2
3
4
5

- (b) If 'Yes' ask, "In what way have you found it difficult to make ends meet?"

.....
.....

N1231-1241

38. Enquire or state from your own knowledge if any member of the family has had contact with any social work and/or welfare organisation since the child's 7th birthday. *Include* Children's, Health, Welfare, Education and Social Service Departments, the Probation Service, and any Voluntary Organisation concerned with children. *Exclude* Health Visiting and other services normally used by the population as a whole.

If Yes, give details.....

.....
.....

Leave blank

Col. 29 ☐

Col. 30 ☐

Col. 31 ☐

Col. 32 ☐

Col. 33 ☐

Col. 34 ☐

Children's Dept. N1231

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

MEDICAL HISTORY

SIGHT

N1243

39. (a) Does the child have good sight (without glasses)?
- Yes 1
Sight not good in one eye 2
Sight not good in both eyes 3
Don't know if sight is good 4
No answer 5

N1246

- (b) At what age, if any, was poor vision first discovered? (Enter age in years. If sight is good leave blank)
- (c) If vision is poor, please give the reason and diagnosis if known.....

40. (a) Please ring the appropriate category.

N1247 {

- Child has never worn glasses 1
Child wears glasses at present 2
Child used to wear glasses in the past but not now 3
Child was prescribed glasses but never wore them 4
Not known if glasses ever worn 5
Has an eye disorder which is not helped by glasses 6

N1261

N1250

- (b) If applicable enter age at which glasses were first prescribed

N1253

- (c) For those children who used to wear glasses but no longer do so, enter age at which glasses were discarded

N1254

41. (a) Has the child ever had a squint?
- Yes--squint still present 1
Yes--squint in past only 2
No--never had a squint 3
Don't know whether has had squint 4

N1257

- (b) At what age, if any, was squint first noted?

N1260

- (c) If child has ever had a squint but the squint is now absent, enter age when disappeared

11

- (d) What treatment, if any, was he/she given for the squint? (Ring all the codes which apply)

- Never attended for medical advice
Medical advice given--'no treatment needed'
Patch over eye
Glasses
Eye exercises
Operation
Treatment was advised but not known what
Don't know if attended for treatment

HEARING

42. (a) Has child always had good hearing in both ears?

- Yes now and always in past 1
Yes now but has been poor in the past 2
No, reduced hearing in one ear only 3
No, reduced hearing in both ears 4
Don't know 5

- (b) If hearing has ever been poor, please give the reason and diagnosis if known.....

- (c) At what age, if any, was poor hearing first noted

43. Has a hearing aid ever been worn?

- Yes 1
No 2
Don't know 3

SPEECH

44. Has the child had any speech difficulty?

- Yes, has it now 1
Yes, in past only 2
Never 3
Don't know 4

- If appropriate:
Please specify nature of difficulty

Card 5

Please ring Col. 48

N1318

- 1 }
2 } N1318
3 }
4 }
5 }
6 (1) }
7 (2) } N1262
8 (3) }

Col. 49

N1263

- 1
2
3
4
5

Enter age

Col. 50-51

N1266

Please ring Col. 52

N1267

Col. 53

N1268

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

12

Card 5

N1270

45. Has the child ever had speech therapy?

	Please ring Col. 54
Yes, has it now	1
Yes, in past only	2
No	3
Don't know	4

BLADDER/BOWEL CONTROL

N1271

46. Is the child completely dry at night?

	Col. 55
Yes	1
No, wet in past month up to three times	2
No, wet in past month between 4 and 10 times	3
No, wet in past month 11 or more times	4
No, wet at night but don't know how often	5
Don't know if wet at night	6

N1272

47. Apart from any occasional mishap is the child completely dry by day?

	Col. 56
Yes	1
No	2
Don't know	3

N1273

48. Does the child have normal bowel control, i.e. does not soil?

	Col. 57
Yes	1
No	2
Don't know	3

LATERALITY

49. (a) Ask mother if the child is:

N1274

	Col. 58
Left-handed	1
Right-handed	2
Mixed right and left	3
Don't know	4

N1275

(b) 'Which hand does your child write with?'

	Col. 59
Left	1
Right	2
Don't know	3

ACCIDENTS AND INJURIES

50. Has the child ever received any of the following injuries?

(a) Scald/Burn

	Col. 60
Yes, at home	1
Yes, at school	2
Yes, elsewhere	3
No, never	4
Don't know	5

If 'Yes' state area affected.

(b) Fracture of Bone/Skull

	Col. 61
Yes, at home	1
Yes, at school	2
Road accident	3
Yes, elsewhere	4
No, never	5
Don't know	6

If 'Yes' state area affected.

(c) Flesh Wound requiring 10 or more stitches

	Col. 62
Yes, at home	1
Yes, at school	2
Yes, road accident	3
Yes, elsewhere	4
No, never	5
Don't know	6

If 'Yes' state area affected.

(d) Accident causing unconsciousness

	Col. 63
Yes, at home	1
Yes, at school	2
Yes, road accident	3
Yes, elsewhere	4
No, never	5
Don't know	6

If 'Yes' for how long

(e) Poison

(Swallowed a poisonous or dangerous substance?)

	Col. 64
Yes	1
No	2
Don't know	3

If 'Yes' please give further details

N1276

N1278

N1280

N1282

N1284

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

13

Card 5

N1285

- (f) Falls in water
(In serious danger
of drowning.)

Yes 1
No 2
Don't know 3

If 'Yes' please give further details

.....

.....

N1286

ROAD ACCIDENTS

51. Has the child ever been involved
in a road accident causing injury
requiring a stay in hospital over-
night or longer?

Yes, once 1
Yes, twice 2
Yes, three or more times 3
No, never 4
Don't know 5

If 'Yes' please give further details

.....

.....

INFECTIOUS DISEASES

N1287

52. Has the child definitely had any
of the following illnesses?

Measles 1
German Measles 2
Mumps 3
Chicken pox 4
Whooping cough 5
Scarlet fever 6
NONE OF ABOVE 7

N1293

53. Has the child had any of the
following:

Rheumatic fever 1
(enter age).....
Infectious Hepatitis 2
(enter age).....
Meningitis 3
(enter age).....
Tuberculosis 4
(enter age).....
NONE OF THE ABOVE 5

PUBERTAL DEVELOPMENT

54. If the Study child is a girl, please
ask the question, 'Has your
daughter had her first menstrual
period, and if so at what age'?

No, not yet 1
Yes, before 5 years 2
Yes, between 5 and 8 years
(inclusive) 3
Yes, aged 9 years 4
Yes, aged 10 years and up to 10
years and 6 months 5
Yes, aged 10 years and 6 months
up to 11 years 6
Yes, aged 11 years and over 7
Yes, but don't know when 8
Don't know if child has had first
menstrual period 9

55. If mother is Study child's own
mother, please explain that the
Study is interested in discovering
whether the age at which a
mother first menstruates is
related to the rate of develop-
ment of her child(ren).
Then ask mother if she would
consent to tell us the age at
which her own menstrual
periods began. Enter age in years.
If no information leave blank

MEDICAL CAUSES OF SCHOOL
ABSENCE

56. How much time altogether has
the child missed from school (or
training centre, etc.) in the past
year because of ill health or
emotional disturbance?

None, or less than one week in all 1
Over one week and up to one
month in all 2
Over one month and up to three
months in all 3
Over three months 4
Missed school, but don't know for
how long 5
Don't know whether missed
school 6
Does not attend school 7

(Please state reason).....

.....

Please ring

Col. 69

N1297

Cols. 70 - 71

Please ring

Col. 72

N1300

N1301

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

14

Card 5

N1321

57. (a) If absent for more than one week in all during the past year, please indicate reason. If not applicable, leave blank; otherwise ring all relevant codes.

Colds, sore throats or ear infections	1
Bronchitis or chest infections	2
Asthma or wheeziness	3
Abdominal pain	4
Headaches	5
Infectious diseases	6
Accident or injury	7
Convulsions, fits or turns	8
Other causes (give details)	9

ASTHMA or WHEEZY
BRONCHITIS

N1305

59. Has the child ever had attacks of:

Asthma	1
Wheezy bronchitis	2
Neither of these	3
Don't know	4

N1306

60. If the child has had asthma or wheezy bronchitis what is the frequency of attacks?

At least once a week	1
Usually less than once a week but can expect one a month	2
At least one attack in past year but less frequently than one a month	3
Had attacks in past year but don't know how frequently	4
No attacks at all in past year but had attacks when younger	5
Other reply (give details)	6

CONVULSIONS, TURNS OR FITS

61. Has the child had any of the following?

Major convulsion (or grand mal epilepsy)	1
Minor convulsion (or petit mal epilepsy)	2
Other, or mixed form of epilepsy	3
Fainting or blackouts	4
Other 'attacks' or turns	5
NO ATTACKS AT ALL	6
Don't know	7

62. If child has had any attack indicated in Question 61 please enquire:

(a) Age when had most recent attack. Enter age in years at last birthday in boxes, e.g. for 9 yrs. enter 09

(b) Age in years when had first attack. If under 1 year enter 00

(c) Enter details of attacks below:

Description

Frequency

Type and duration of treatment

Col. 76

N1307

Cols. 77-78

N1314

Cols. 79-80

N1317

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

15

Card 6

For
Office
use

Card
6

Col. 1

Local Authority Code Number				Child's Code Number					

2 3 4 5 6 7 8 9 10

Leave blank

Col. 11

--

Cols. 12-13

--	--

Please ring

Col. 14

MEDICAL TREATMENT

63. (a) Has the child had any medicaments from a doctor *in the last three months* (please include also maintenance treatments, e.g. anticonvulsants, insulin, etc.). Enter name of substance, where known opposite category listed

Name of substance(s)

Liquid medicine..... 1
Tablets or pills..... 2
Inhalers..... 3
Injections..... 4
Other treatment..... 5
NOT HAD ANY TREATMENT..... 6
Don't know..... 7

63.7 (b) If child has had of the above *in the last three months*, for what reason was (were) the medicament(s) given? Ring all appropriate codes.

Convulsions or turns..... 1
Wheeziness or asthma..... 2
Diabetes..... 3
Other reason (specify)..... 4

Col. 15

64. GENERAL HEALTH

Has the child suffered in the past twelve months from any of the following?

	Yes	No	Don't know	
64. (a) Recurrent headaches or migraine	1	2	3	Col. 16
(b) Hay fever or allergic rhinitis	1	2	3	Col. 17
(c) Recurrent vomiting or bilious attacks	1	2	3	Col. 18
(d) Recurrent abdominal pains	1	2	3	Col. 19
(e) Travel sickness	1	2	3	Col. 20
(f) Tics or habit spasms	1	2	3	Col. 21
(g) Recurrent mouth ulcers	1	2	3	Col. 22
(h) Recurrent throat and/or ear infections requiring treatment by a doctor	1	2	3	Col. 23
(i) Discharging ears (pus, not wax)	1	2	3	Col. 24
(j) Eczematous rashes	1	2	3	Col. 25
(k) Psoriasis	1	2	3	Col. 26
(l) Any heart complaint If yes, what have the parents been told about their child's heart?	1	2	3	Col. 27

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

16

Card 6

		Yes	No	Don't know				
65.	Has the child had any of the following operations:							
N1353	(a) Removal of tonsils with or without adenoids	1	2	3 (NA)	Col. 28			
N1356	At what age?.....	1	2	3 (NA)	Col. 29			
N1357	(b) Removal of adenoids alone	1	2	3 (NA)	Col. 30			
N1360	At what age?.....	1	2	3 (NA)	Col. 31			
N1361	(c) Circumcision (for girls leave blank)	1	2	3 (NA)	Col. 32			
N1364	At what age?.....	1	2	3 (NA)				
N1365	(d) Repair of hernia	1	2	3 (NA)				
N1368	At what age?.....	1	2	3 (NA)				
N1369	(e) Removal of appendix	1	2	3 (NA)				
N1372	At what age?.....							
N1373	66. Has the child had a dental inspection in the past year?	Yes	No	Don't know				
		1	2	3	Col. 33			
	Were any of the following required? (Please indicate person responsible for treatment by ringing as appropriate)							
		No	School Dentist	N.H.S. Family Dentist	Dentist in Hospital	Private (Fee paid) Dentist	Don't know	
N1374	Filling	1	2	3	4	5	6	Col. 34
N1378	Extraction of teeth	1	2	3	4	5	6	Col. 35
N1382	Treatment to straighten teeth	1	2	3	4	5	6	Col. 36
N1386	Any false teeth made or crowning of teeth	1	2	3	4	5	6	Col. 37
67.	Has the child ever been seen by or had specialist treatment from a medical/surgical specialist for any of the following? (Do not include treatment from a General Practitioner or Hospital Casualty Department).							
	Please complete the table, ringing each line of codes at least once as appropriate.							
		Never	OUTPATIENT AT Hospital/clinic/at home/consulting rooms	INPATIENT Hospital/ nursing home	Don't know			
N1390	Eye Disorder/vision/squint	1	2	3	4			Col. 38
N1391	Actual or suspected hearing loss	1	2	3	4			Col. 39
N1392	Nose, palate, ears (exclude hearing)	1	2	3	4			Col. 40
N1393	Asthma or wheezy bronchitis	1	2	3	4			Col. 41
N1394	Convulsions or fits	1	2	3	4			Col. 42
N1395	Enuresis	1	2	3	4			Col. 43
N1396	Disturbed behaviour, including emotional problems	1	2	3	4			Col. 44
N1397	Any operation (include any previously mentioned)	1	2	3	4			Col. 45

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

17

Card 6

N1398

68. (a) We wish to know about all uses of hospital services by children, so please ask:

Has the child *ever* been admitted to hospital overnight or longer including any occasions already mentioned?

Yes, before 7 years old only 1
Yes, after 7 years old only 2
Yes, both before and after 7 years of age 3
Never 4
Don't know 5

Other (please specify).....

Please ring
Col. 46

N1400

- (b) If yes, how many times has the child been admitted to hospital? Please enter the total number of times in the boxes.

If none, enter , for three times etc.

Enter number

Cols. 47-48

<input type="text"/>	<input type="text"/>
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- (c) Please give details of these admissions.

	Details including diagnosis or reason for admission or operation	Age when admitted	Name and address of hospital or nursing home
FIRST ADMISSION			
SECOND ADMISSION			
THIRD ADMISSION			
FOURTH ADMISSION			
FIFTH ADMISSION			

If more than five times enter below:

N1399

69. Now enter similar details concerning complaints which have received specialist treatment at OUTPATIENT hospital/clinic/domiciliary or private consulting rooms. (Only record first visits for each complaint, *not* follow-up visits).

Details including diagnosis or reason why seen by specialist	Age when seen	Name and address of hospital or private specialist

70. Name and address of child's General Practitioner:

.....
.....

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

18

Card 6

71. (a) Since the child's 7th birthday has either parent (or parent substitute) suffered from chronic or serious disability or ill-health, including any hospital in-patient admission of two weeks or longer?

Leave blank

N1401- age of child at mother's onset. Please ring
Yes, mother only 1
N1410- age at father's. Yes, father only 2
Yes, both parents 3
N1404- years between mother's + death. No, neither parent 4
Don't know 5
N1413 - years between father's + death. Other answer (please specify) 6

Cols. 49-50

Cols. 51-52

N1406 If Yes (b) What is/was the condition? Mother..... Asthma - N1405
N1415 Father..... Asthma - N1414
(c) How long was parent in hospital? Mother.....
Father.....
(d) In what year was condition first apparent? Mother.....
Father.....
(e) What is the present state of health? Mother.....
Father.....

Col. 53

72. (a) Since the child's 7th birthday, has any other adult in the household suffered from chronic or serious disability or ill-health, including any hospital in-patient admission of two weeks or longer?

N1419- age of child at onset in other adult in h/h Please ring
N1422 years between onset + death Yes 1
No 2
Don't know 3
Other (please specify) 4

If Yes (b) What is/was the relationship of the person concerned to the study child.....

N1424 (c) What was/is the condition..... Asthma - N1423
(d) In what year was the condition first apparent.....
(e) What is his/her present state of health?.....

Col. 54

73. (a) Since the Study child's seventh birthday has any other child of the household suffered from chronic or serious disability or ill-health including any hospital in-patient admission of 2 weeks or longer and attendance at a special school.

N1428- age of child at onset in other child Please ring
N1431 years between onset + death Yes 1
No 2
Don't know 3
Other (please specify) 4

Col. 55

If Yes (b) What is the relationship of the child(ren) concerned to the Study child?.....

N1440 (c) What is/was the condition?..... Asthma - N1432
(d) In what year was the condition first apparent?.....
(e) What is his/her present state of health?.....

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

19

Card 6

74. Please enquire where the parents were born.

(a) Place of birth (town, county and country)

N1433, N1434 Mother

N1435, N1436 Father

(b) If not born in Great Britain, in which year did parents come to live in this country?

Year of arrival

N1437 Mother

N1438 Father

N1439 75. Is English the usual language spoken in the child's home?

Yes 1
No 2
Other reply (give details) 3

76. Read this to the mother: 'I want to ask you in a minute about some descriptions of behaviour often shown by children, but first would you tell me what it is about.....(child) that pleases you most?'

.....
.....
.....

77. Please read this to mother: 'I am going to mention three difficulties which children have sometimes. I'd like you to tell me if any of these have occurred in the last three months.'
(If occurred only during acute infection please ring '9')

Has occurred in last 3 months

Yes No Don't know Inapplicable

N1444(a) Has been reluctant to go to school

1	2	3	9	Col. 64
---	---	---	---	---------

N1445(b) Has had bad dreams or night terrors

1	2	3	9	Col. 65
---	---	---	---	---------

N1446(c) Has sleepwalked

1	2	3	9	Col. 66
---	---	---	---	---------

Leave blank

Cols. 56-57

Cols. 58-59

Col. 60

Col. 61

Please ring
Col. 62

Leave blank

Col. 63

78. Read this to the mother: 'Now I am going to mention some descriptions of behaviour shown by children. Could you tell me first whether these kinds of behaviour never happen with..... (child), or whether they happen sometimes or frequently at the present time.'

		Please ring appropriate number					
		Never	Some- times	Fre- quently	Don't know	Inapplicable	
N1447	(a) Has difficulty in settling to anything for more than a few moments	1	2	3	4	9	Col. 67
N1448	(b) Prefers to do things on his/her own rather than with others	1	2	3	4	9	Col. 68
N1449	(c) Is bullied by other children	1	2	3	4	9	Col. 69
N1450	(d) Destroys own or other's belongings (e.g. tears or breaks)	1	2	3	4	9	Col. 70
N1451	(e) Is miserable or tearful	1	2	3	4	9	Col. 71
N1452	(f) Is squirmy or fidgety	1	2	3	4	9	Col. 72
N1453	(g) Worries about many things	1	2	3	4	9	Col. 73
N1454	(h) Is irritable, quick to fly off the handle	1	2	3	4	9	Col. 74
N1455	(i) Sucks thumb or finger during the day	1	2	3	4	9	Col. 75
N1456	(j) Is upset by new situation, by things happening for first time	1	2	3	4	9	Col. 76
N1457	(k) Has twitches or mannerisms of the face, eyes or body	1	2	3	4	9	Col. 77
N1458	(l) Fights with other children	1	2	3	4	9	Col. 78
N1459	(m) Bites nails	1	2	3	4	9	Col. 79
N1460	(n) Is disobedient at home	1	2	3	4	9	Col. 80

79. Finally, please ask for the child's National Health Service Number

INTERVIEWER'S COMMENTS. Please add any other relevant information which you feel has not already been brought out by the interview form.

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.....

END OF INTERVIEW

Please thank the mother very much on our behalf for her help