

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

Strictly confidential

Card No.
1

N1879 NI

Local Authority Code Number	Child's Code Number

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

NATIONAL CHILDREN'S BUREAU. Region N1880
Adam House, 1 Fitzroy Square,
London W1P 5AH

Medical examination form

NATIONAL CHILD DEVELOPMENT STUDY (1958 Cohort)

Sponsors:
Institute of Child Health, University of London
National Birthday Trust Fund
National Foundation for Educational Research in England and Wales

In Collaboration with:
Society of Education Officers
Society of Community Medicine
Association of Directors of Education (Scotland)

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Third follow-up of children born 3rd — 9th March, 1958

I (a) Child's surname

Christian names
(in full)

N622

(b) Sex

(please ring appropriate number)

Boy

Girl

II (a) Date of birth March 1958

(b) Today's date N1885/ N1887 19 N1888

III Home address

IV Name and address of General Practitioner

V Is the child accompanied by:
(please ring one number)

N1889

Mother/mother substitute

Father/father substitute

Both parents

Other adult

No adult, but examined

Child not examined, form completed
from records

Please turn over the page and read the introductory notes

Col 11

1

2

Leave blank

Col 12 - 16

Day Month Year

Please ring

Col 17

1

2

3

4

5

6

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

Section 1
Recorded History

1 Records

N1890

Which records/forms are available to you as you complete this form?

None
Form 10M or School Medical Card
Other records (specify)

Please ring
Col 18

1
2
3

N1892

2 a) Has a decision been reached by the Local Education Authority that this child is in need of Special Educational Treatment (do not include 'remedial' teaching in an ordinary school unless child has been classified as ESN)?

No, and not likely to be required
No, but decision pending
Yes, but waiting for a place
Yes, receiving SET
Yes, received SET in past, but no longer required
Don't know

Col 19

1
2
3
4
5
6

If you have ringed 1, 5 or 6 please proceed to section 2

N1893

If any of 2, 3 or 4 above is ringed please

b) Indicate into which category or categories he/she falls: (ring all relevant codes)

*In Scotland, please ring 5 for mentally handicapped (educable), 6 for mentally handicapped (trainable) and 7 for mentally handicapped (unfit for education or training in a school or special school)

Blind
Partially sighted
Deaf
Partially hearing
ESN*
ESN* (former SSN category)
Epileptic
Maladjusted
Physically handicapped
Speech defect
Delicate

Col 20

Y (1)
X (2)
0 (3)
1 (4)
2 (5)
3 (6)
4 (7)
5 (8)
6 (9)
7 (10)
8 (11)
9 (12)

N1896

c) In the course of assessment was an IQ assessed and recorded?

Yes
No
Don't know

Col 21

1
2
3

N1897

If yes, what was the result

Test used

Date of testing

IQ below 50
IQ 50-75
IQ 76-100
IQ 101-125
IQ over 125
Result not recorded

Col 22

1
2
3
4
5
6

N1898

d) Does the child live:

At home and attends ordinary school
At home and attends special unit attached to ordinary school
At home and attends day special school
In a residential special school
In a hostel and attends day special school
In a hospital for the subnormal
In any other hospital
Other (please specify)
Don't know

Col 23

1
2
3
4
5
6
7
8
9

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

Section 2
Personal History

3

AT THIS POINT THE CHILD AND HIS/HER PARENT, IF
PRESENT, SHOULD BE INVITED TO ANSWER A
NUMBER OF QUESTIONS

Leave blank

3 Immunisation/Vaccination

Has he/she been immunised/vaccinated against the
following (please ring appropriate number in each case) ?

	Yes	No	Don't know	
N1899 Tuberculosis (BCG)	1	2	3	Col 24
N1900 Rubella	1	2	3	Col 25
N1901 Smallpox	1	2	3	Col 26

4 Recent Illness

a) Hospital Admission

N1902 Has he/she been admitted to hospital for at least one night
in the past 12 months?

Yes 1
No 2
Don't know 3

Please ring
Col 27

N1904 If yes, give presumed diagnosis(es) for each admission
and name and address of hospital(s)

Leave blank
Col 28-29

b) Hospital accident/casualty department not resulting in
Hospital Admission

N1905 Has he/she attended an accident/casualty department
in the past 12 months?

Yes 1
No 2
Don't know 3

Please Ring
Col 30

N1907 If yes, give presumed diagnosis(es) and name and
address of hospital(s)

Leave blank
Col 31-32

c) Hospital Outpatient attendance not resulting in Hospital
Admission

N1908 Has he/she attended a hospital outpatient department for
consultation, investigation or treatment in the past 12
months?

Yes 1
No 2
Don't know 3

Please ring
Col 33

N1910 If yes, give presumed diagnosis(es) and name and
address of hospital(s)

Leave blank
Col 34-35

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

NI911 d) General Practitioner attendance
Has he/she attended a G.P. Surgery/Health Centre or been visited at home in the past 12 months?

No 1
Yes, once 2
Yes, twice 3
Yes, three times 4
Yes, four times 5
Yes, five or more times 6
Yes, don't know frequency 7
Don't know whether attended 8

Please ring
Col 36

NI912 If yes, for which of the following reasons (please ring all that apply):

Colds, sore throats or ear infections (including influenza) Y (1)
Bronchitis or chest infections X (2)
Asthma or wheeziness 0 (3)
Infectious fevers 1 (4)
Gastroenteritis 2 (5)
Other infections (specify.....) 3 (6)
Abdominal pain 4 (7)
Headaches 5 (8)
Emotional problems 6 (9)
Allergic conditions 7 (10)
Acne 8 (11)
Other skin conditions (specify.....) 9 (12)
Eye conditions Col 38
Accident or injury Y (13)
Dysmenorrhea X (14)
Immunisation/Vaccination 0 (15)
Other reasons (specify.....) 1 (16)
Don't know 2 (17)
3 (18)

Please ring
Col 37

Col 38

e) Has he/she ever been seen by a psychiatrist/psychologist:

Yes No Don't know

NI919 a) At a Child Guidance Clinic
NI920 b) At a Hospital (outpatient or inpatient)
NI921 c) Other place

1	2	3
1	2	3
1	2	3

Leave blank

Col 39

Col 40

Col 41

NI923 If yes, for a), b) or c) please give reason, age at first attendance and name and address of clinic/hospital attended

Leave blank
Col 42-43

☐ ☐

Col 44

☐

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

Section 3 Medical Examination

Before completing this section please use your discretion as to whether the parent/other adult should now be thanked for attending or remain to hear the findings of your examination.

5 Vision

N1924 a) *Squint* Is there any evidence of a squint?

No 1
Yes, alternating eyes 2
Yes, right eye 3
Yes, left eye 4
Unable to test 5

Please ring
Col 45

N1925 b) *Glasses worn* Have glasses been prescribed for use at the present time?

No 1
Yes, and available for test 2
Yes, but not available for test 3
Don't know 4

Col 46

N1926 c) *If glasses prescribed are they for:*

Continuous use 1
Reading and/or television only 2
Not known why prescribed 3

Col 47

d) *DISTANT VISION TEST*

Please test distant vision using Snellen chart at 20 feet. Hang chart in a good light, level with child's eyes and free from glare. Occlude the other eye efficiently without pressing on the eyeball. Please ring the number appropriate to the lowest line correctly read.

(i) *Without glasses.* If unable to test ring '9'

	6/6	6/9	6/12	6/18	6/24	6/36	6/60	Worse than 6/60 or blind	Unable to test	Leave blank
N1927 Left eye	1	2	3	4	5	6	7	8	9	Col 48

	6/6	6/9	6/12	6/18	6/24	6/36	6/60	Worse than 6/60 or blind	Unable to test	
N1928 Right eye	1	2	3	4	5	6	7	8	9	Col 49

(ii) *Retest with glasses.* (If worn for distant vision and available; otherwise leave blank)

	6/6	6/9	6/12	6/18	6/24	6/36	6/60	Worse than 6/60 or blind	Unable to test	
N1929 Left eye	1	2	3	4	5	6	7	8	9	Col 50

	6/6	6/9	6/12	6/18	6/24	6/36	6/60	Worse than 6/60 or blind	Unable to test	
N1930 Right eye	1	2	3	4	5	6	7	8	9	Col 51

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

e) NEAR VISION

Use Near-Vision Test card provided. Ensure that the child holds the card no further away from the eye than 10 ins. Occlude the opposite eye as previously. Please ring the numbers appropriate to the lowest line correctly read.

(i) Without glasses. If unable to test please ring '9'

	6	9	12	18	24	36	60	Worse than 60 or blind	Unable to test	
N1931 Left eye	1	2	3	4	5	6	7	8	9	Col 52

	6	9	12	18	24	36	60	Worse than 60 or blind	Unable to test	
N1932 Right eye	1	2	3	4	5	6	7	8	9	Col 53

(ii) Retest with glasses. (if worn; otherwise leave blank)

	6	9	12	18	24	36	60	Worse than 60 or blind	Unable to test	
N1933 Left eye	1	2	3	4	5	6	7	8	9	Col 54

	6	9	12	18	24	36	60	Worse than 60 or blind	Unable to test	
N1934 Right eye	1	2	3	4	5	6	7	8	9	Col 55

N1935 f) Eye Conditions. Does he/she have any of the following eye conditions (please ring all that apply):

Cataract	1 (1)
Glaucoma	2 (4)
Coloboma	3 (5)
Microphthalmos.....	4 (6)
Nystagmus.....	5 (7)
Absent eye.....	6 (8)
Ptosis.....	7 (9)
Any other eye condition (specify	8 (10)
None of the above	9 (11)
Don't know	0 (2)

Please ring
Col 56

6 Hearing
N1939

a) Hearing Aid. Has a hearing aid ever been prescribed?

No	1
Yes	2
Don't know	3

Col 57

b) CLINICAL HEARING TEST

Place the child exactly 10 feet away from the examiner sitting sideways with the untested ear occluded and further away from the examiner.

Remove hearing aid, if worn.

Ask the child to repeat after you each word separately, making sure that he/she cannot lip read. Speak in a quiet, medium pitched conversational voice.

Test and record results below by underlining all incorrect responses and recording total.

TEST WORDS

Left ear

Book	Kind	Train	Last	Pot
Does	Field	Had	Poor	Ball
Mouse	Hair	Big	Room	Can
Stick	Good	When	Wash	One
Three	Give	Saw	Floor	Said

Enter total number of incorrect words in the boxes in the

margin (e.g. for 5 enter

0	5
---	---

). If unable to test

enter

X	X
---	---

Enter number
in boxes
Col 58-59

--	--

N1940

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

NI942

Right ear	Good	Room	Last	One	Pot
Kind	Big	Train	Wash	Mouse	
Said	Hair	Book	Give	When	
Field	Stick	Poor	Does	Saw	
Ball	Had	Can	Three	Floor	

Enter total number of incorrect words in the boxes. If

unable to test enter

X	X
---	---

Enter number
Col 60-61

--	--

c) *Hearing Assessment*

NI944 In the light of your examination would you consider that there is any hearing loss which would interfere with normal schooling and everyday functioning?

Normal hearing, no interference.....	1
Hearing loss, but no interference.....	2
Hearing loss, and some interference.....	3
Don't know.....	4

Please ring
Col 62

7 *Speech*

a) *Speech Test.* (see back of near vision card)

Position the child close to you and facing you. Ask him/her to read aloud the sentences on the card.

This is a test of voice and articulation and NOT a test of reading so that if the child should stumble in any way or is unable to read the sentences, the examiner should read the words or phrases and ask the child to repeat them. This should rarely be necessary.

Please underline any mispronounced words on your copy of the test sentences below (ignore local accents) and record the total.

TEST SENTENCES

Number 23 has been correctly described as the shabbiest house in Churchyard Square.

The gateposts were cracked and the grounds a wilderness of tangled vegetation.

Matthew climbed a flight of slippery marble steps to the front door.

The window curtains were drawn but he distinctly heard young voices and laughter within.

A lamp in the porch was switched off abruptly when he rattled the letterbox.

Enter total number of mispronounced words in the boxes in

the margin. If unable to test enter

X	X
---	---

Enter number
in boxes
Col 63-64

--	--

b) *Stammer.* Does he/she stammer or stutter

NI947

No.....	1
Yes, slightly.....	2
Yes, moderately.....	3
Yes, severely.....	4
Don't know.....	5

Please ring
Col 65

c) *Assessment of Intelligibility of Speech*

NI948

Speech is fully intelligible.....	1
Almost all words are intelligible.....	2
Many words are unintelligible.....	3
All or almost all words are unintelligible.....	4
Don't know, or unable to test.....	5

Col 66

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

8 Height (in bare feet)

N1949

Position the child against a flat wall or a door. Bring a hard-bound book or piece of wood down on the child's head. Mark the position of the lower edge with a pencil and then measure its height from the ground with a wood or steel measure. In the absence of a measuring rod or steel tape measure, the measuring device on the back of a weighing machine may be used. Record, if possible, in centimetres, alternatively in feet and inches to the nearest 1/16 in.

.....cm
.....ftin

Leave blank

Col 67-69

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9 Weight (in underclothes only)

N1953

Please check that the balance is set at zero before weighing. Record, if possible, in kilograms to two decimal places.
e.g. 70 Kg 424 gm = 70.42 Kg
70 Kg 42 gm = 70.04 Kg

..... Kg
.....st.lb.

Col 70-73

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Please read through the next series of questions, then carry out your examination to enable you to answer all of them.

N1957 10 Does he/she have any of the following skin disorders?
(Please ring all that apply)

Psoriasis	1 (2)
Eczema	2 (3)
Acne—marked	3 (4)
—mild	4 (5)
Warts—upper limbs	5 (6)
—lower limbs	6 (7)
Disfiguring scars	7 (8)
Birthmarks, (specify	8 (9)
Other condition (specify	9 (10)
No skin disorders	0 (1)

Please ring
Col 74

N1961 11 Has he/she a hernia?

No	1
Yes, inguinal	2
Yes, femoral	3
Yes, other (specify	4
Don't know	5
Not examined	6

Please ring
Col 75

N1963 12 Has he undescended/ectopic testicles?

No	1
Yes, both undescended	2
Yes, right only undescended	3
Yes, left only undescended	4
Don't know	5
Not examined	6

Col 76

Leave blank
Col 77-80

--	--	--	--

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

For Office Use:

Card No.
2

Local Authority Card Number				Pupil's Code Number					
1	2	3	4	5	6	7	8	9	10

Col 11

☐

Col 12-16

☐ ☐ ☐ ☐ ☐

N1964

13 Systemic Examination

If two conditions present N1966

Is there any abnormality of the:

If any abnormality present

Please give diagnosis, and year, name and address of any hospital attendance.

N1990

N1991

N1992

N1993

N1994

N1995

N1996

N1997

- a) Upper Respiratory Tract (ear, nose and throat)
b) Lower Respiratory Tract
c) Cardiovascular System
d) Alimentary Tract
e) Urogenital System
f) Bones and Joints
g) Neuromuscular, Neurological System
h) Any other abnormality

Yes	No	Don't know	Col. No.
1	2	3	17
1	2	3	18
1	2	3	19
1	2	3	20
1	2	3	21
1	2	3	22
1	2	3	23
1	2	3	24

N1998

14 Do you consider he/she is:

- Grossly obese
Moderately obese
Normal
Thin
Very thin
Not examined

Please ring
Col 25

- 1
2
3
4
5
6

15 Pubertal assessment (boys)

N1999

- a) Has his voice broken?

- Yes
No
Unsure

Col 26

- 1
2
3

N2000

- b) Is pubic hair:

- Absent
Sparse
Intermediate
Adult
Not examined

Col 27

- 1
2
3
4
5

N2001

- c) Is axillary hair:

- Absent
Sparse
Intermediate
Adult
Not examined

Col 28

- 1
2
3
4
5

N2002

- d) Is facial hair:

- Absent
Sparse
Adult

Col 29

- 1
2
3

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

16 Pubertal assessment (girls)

N2003

- a) Please enter in the boxes in the margin the age, in years, at which menstruation commenced.

If 'Don't know' enter ☒ ☒

If not yet started, enter

Enter age
in boxes
Col 30-31

Please ring
Col 32

N2005

- b) Is breast development:

Absent 1
Intermediate 2
Adult 3
Not examined 4

N2006

- c) Is pubic hair:

Absent 1
Sparse 2
Intermediate 3
Adult 4
Not examined 5

Col 33

N2007

- d) Is axillary hair:

Absent 1
Sparse 2
Intermediate 3
Adult 4
Not examined 5

Col 34

17 Motor co-ordination tests

These tests are designed to identify the mildly clumsy or inco-ordinate child.

Please test all children unless grossly handicapped or unable to comprehend the test. (Note this on the form)
Practice should be limited to familiarising the child with the test.

Tests (a) and (b) should be performed **without shoes and socks.**

- a) **STANDING HEEL TO TOE for 15 seconds**

N2008

Ask the child to stand upright with heel to toe in a straight line and heels on the ground. This position, with eyes shut and arms at the side should be maintained for 15 seconds.

Please record degree of unsteadiness:

Very steady 1
Slightly unsteady 2
Very unsteady 3
Unable to score due to poor comprehension or co-operation 4
Could not test due to physical handicap 5
Test not performed for other reason 6

Col 35

If test not performed or scored state reason

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

b) **HOPPING**

Draw on the floor with chalk four parallel lines 2 feet apart and each 2 feet long. Ask the child to hop from behind the end line, landing in between the lines, turning beyond the last line without putting the other foot on the ground and hopping back in the same way to the starting point. Repeat on the other foot.

The object of this test is to make a general assessment of balance and co-ordination, so please do not penalise simply because the lines are touched, if child is steady.

Please record degree of unsteadiness or clumsiness.

	Col 36	Col 37
Left foot	Right foot	
Very steady	1	1
Slightly unsteady	2	2
Very unsteady	3	3
Unable to score due to poor comprehension or co-operation...	4	4
Could not test due to physical handicap	5	5
Test not performed for other reason	6	6

If test not performed or scored state reason

c) **TENNIS BALL**

With the child standing upright and the forearm horizontal, ask him/her to bounce a tennis ball on a hard floor and catch it with the palm of the hand facing downwards.

After 10 attempts with each hand, please record in the boxes the number of successful catches

Right hand—number of catches

If test not performed or scored state reason.....

Left hand—number of catches

Enter number
in boxes
Col 38-39

N2012

Col 40-41

N2014

d) **SUMMARY.**

N2015

Do you consider from your examination and from the above tests that the child has:

Normal limb co-ordination.....	1
Mild clumsiness.....	2
Marked clumsiness	3
Not examined	4

Please ring
Col 42

N2016

If answer to the above is 2 or 3 does the clumsiness or inco-ordination involve:

All limbs	1
Arms only	2
Legs only	3
Arm and leg on one side	4
One arm only	5
One leg only	6
Other combination or answer	7
(please specify	

Col 43

N2017 ⁸ **ETHNIC GROUP**

From the child's features please place him/her in one of the following broad categories:

European/Caucasian	1
African/Negroid.....	2
Indian/Pakistani.....	3
Other Asian	4
Mixed Race	5
Other or unsure (specify)	6

Col 44

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

Section 4 Summary of Findings

Having completed the examination, would you please read the following instructions and fill in the summary table.

For each category (a) to (u) below:

If no abnormal condition is present, ring '1'

If unable to decide whether condition present, ring '2'

If condition present but will not handicap ordinary employment in future, ring '3'

If the condition might handicap the child in future employment, ring '4', '5' or '6' as applicable.

If the condition is present and you cannot judge the degree of severity, please ring '7'

	None	Insufficient Information	Degree of Handicap if Condition Present					Cor	Please describe any condition present
			No handicap	Slight	Moderate	Severe	Degree unknown		
a) General motor handicap	1	2	3	4	5	6	7	45	N2018
b) General physical abnormality	1	2	3	4	5	6	7	46	N2019
c) Mental retardation	1	2	3	3	4	5	6	47	N2020
d) Emotional/behavioural problem	1	2	3	4	5	6	7	48	N2021
e) Head and neck	1	2	3	4	5	6	7	49	N2022
f) Upper limb	1	2	3	4	5	6	7	50	N2023
g) Lower limb	1	2	3	4	5	6	7	51	N2024
h) Spine	1	2	3	4	5	6	7	52	N2025
i) Respiratory system	1	2	3	4	5	6	7	53	N2026
j) Alimentary system	1	2	3	4	5	6	7	54	N2027
k) Urogenital system	1	2	3	4	5	6	7	55	N2028
l) Heart	1	2	3	4	5	6	7	56	N2029
m) Haematological	1	2	3	4	5	6	7	57	N2030
n) Skin	1	2	3	4	5	6	7	58	N2031
o) Epilepsy	1	2	3	4	5	6	7	59	N2032
p) Other CNS condition	1	2	3	4	5	6	7	60	N2033
q) Diabetes	1	2	3	4	5	6	7	61	N2034
r) Eye condition	1	2	3	4	4	6	7	62	N2035
s) Hearing defect	1	2	3	4	5	6	7	63	N2036
t) Speech defect	1	2	3	9	5	6	7	64	N2037
u) Any other abnormal condition	1	2	3	4	5	6	7	65	N2038

For any remarks the Medical Officer wishes to add

Before signing the form would you mind please checking that ALL QUESTIONS have been answered and suitably recorded.

Signature of Medical Officer

date

Please thank the child (and parent if present) on our behalf.

THANK YOU