

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

N1461 N1

STRICTLY CONFIDENTIAL

ERRATA SLIP

Page 11, Question 45 (c)

Does the Snellen far vision chart used for your examination measure & vision?

Card No.	Local Authority Code number		Child's Code number							
7										
Col. 1	2	3	4	5	6	7	8	9	10	

Region - N1462

## MEDICAL EXAMINATION FORM\*

### NATIONAL CHILD DEVELOPMENT STUDY

(1958 Cohort)

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

01-387 4263/4/5

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

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

IN COLLABORATION WITH:  
ENGLAND AND WALES Association of Chief Education Officers  
Association of Medical Officers of Health  
SCOTLAND Association of Directors of Education  
Association of School Medical and Dental Officers

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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 . . . . .

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

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

5. NAME OF MEDICAL EXAMINER (Block Capitals).....

N1472

6. IS CHILD ACCOMPANIED BY:

Mother . . . . .  
Other adult (specify) . . . . .  
No adult . . . . .

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

★ Please read carefully the 'INTRODUCTORY NOTES AND INSTRUCTIONS FOR THE NATIONAL CHILD DEVELOPMENT STUDY (N.C.D.S.) 11 YEAR EXAMINATION' before completing the form.

Please ring

Col. 11.

1

2

Leave blank

Cols. 12-13

Mth. Yr.

Please ring

Col. 14

1

2

3

(4) Form Compiled.  
Child not examined.

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

Card 7

8. Have you the following records at your disposal now or when completing this form?

N1473 (a) Completed parental interview form

Yes . . . . . 1  
No . . . . . 2

N1474 (b) Infant Welfare Record

Yes . . . . . 1  
No . . . . . 2

N1475 (c) School Medical Record (Form 10M in England and Wales, School Medical Card in Scotland)

Yes . . . . . 1  
No . . . . . 2

N1476 9. (a) Has a decision been reached by the Local Authority that the child is in need of 'special educational treatment' or exclusion from school?

No, and not likely to be required . . . . . 1  
No, but a decision pending . . . . . 2  
Yes, but waiting for a place . . . . . 3  
Yes, and receiving special educational treatment . . . . . 4  
Don't know . . . . . 5

N1477 (b) If yes (or a decision is pending), into which of the following categories does the child fall?

Blind . . . . . 1  
Partially sighted . . . . . 2  
Deaf . . . . . 3  
Partially hearing . . . . . 4  
Educationally subnormal . . . . . 5  
Severely subnormal . . . . . 6  
Epileptic . . . . . 7  
Maladjusted . . . . . 8  
Physically handicapped . . . . . 9  
Speech defect . . . . . X (10)  
Delicate . . . . . Y (11)

(c) Do you have access to special records relating to the handicapping condition, e.g. form 2HP, 4HP (MH3 in Scotland) in completing this form?

Please ring  
Yes . . . . . 1  
No . . . . . 2

If Yes, please list form(s) available

.....  
.....

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

3

Card 7

#### MEDICAL HISTORY

Please amplify any relevant conditions in the following list, giving further details of diagnosis, age at diagnosis, action taken (e.g. operation, type of medical treatment, and place of treatment). When G.P. has treated, write simply 'G.P.' but for hospitals and non-G.P. clinics please give full name and address. Space for this is afforded on the right of the page.

VISION		Please ring	
NI480	10. Has child ever been found to have an abnormal eye condition (including squint)?	Col. 20	If Yes, state which eye.....
	Never	1	Nature of condition.....
	Yes, transient complaint now recovered	2	.....
	Yes, permanent condition	3	Age at diagnosis.....
	Information insufficient	4	Action taken.....
			Place of investigation/treatment.....
NI481	11. Does child usually wear glasses?	Col. 21	
	No	1	
	Yes, for reading only	2	
	Yes, all the time	3	
	Information insufficient	4	
	Other (please specify)	5	
NI482	HEARING		
	12. Has the child ever had impaired hearing?	Col. 22	If Yes, which ear.....
	No	1	Nature and severity of condition.....
	Yes, congenital condition	2	.....
	Yes, acquired condition (permanent)	3	Age at diagnosis.....
	Yes, acquired condition (transient)	4	Action taken.....
	Yes, cause uncertain	5	.....
Information insufficient	6	Place of investigation/treatment.....	
NI483	UPPER RESPIRATORY SYSTEM		
	13. Has child ever had any abnormality of the ear/nose/throat/palate (other than transient)? Do not include impaired hearing.	Col. 23	If Yes, Nature of condition.....
	No	1	.....
	Yes	2	Age at diagnosis.....
	Information insufficient	3	Action taken.....
			Place of investigation/treatment.....

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

4

Card 7

N1484

LOWER RESPIRATORY SYSTEM

14. Has the child ever had wheezy bronchitis or asthma (other than mild attacks in infancy)?

No . . . . . 1  
Yes, before seventh birthday . . . . . 2  
Yes, after seventh birthday . . . . . 3  
Yes, both before and after seventh birthday . . . . . 4  
Information insufficient . . . . . 5

Please ring  
Col. 24

If Yes,  
Type of attacks.....  
.....  
Age at first attack (if known).....  
Frequency at present.....  
Severity at present.....  
Degree of disability at present.....  
.....  
How treated, e.g. inhalers, steroids.....  
.....  
Place of investigation/treatment.....  
.....

N1485

15. Has the child ever had a non-asthmatic chest complaint?

No . . . . . 1  
Yes . . . . . 2  
Information insufficient . . . . . 3

Col. 25

If Yes,  
Nature of condition.....  
.....  
Age at diagnosis.....  
Action taken.....  
.....  
Place of investigation/treatment.....  
.....

N1486

HEART

16. Has the child ever had any abnormal heart condition?

No . . . . . 1  
Yes, congenital disorder . . . . . 2  
Yes, acquired disorder . . . . . 3  
Information insufficient . . . . . 4

Col. 26

If Yes,  
Nature of condition.....  
.....  
Age at diagnosis.....  
Action taken.....  
Place of investigation/treatment.....  
.....  
Present condition.....  
.....

N1487

SKIN

17. Has the child ever had a recurrent skin complaint? Please ring all relevant codes.

No . . . . . 1  
Yes, eczema . . . . . 2  
Yes, psoriasis . . . . . 3  
Yes, localised loss of hair . . . . . 4  
Yes, generalised loss of hair . . . . . 5  
Yes, other skin complaint . . . . . 6  
Information insufficient . . . . . 7

Col. 27

If Yes,  
Nature of condition.....  
.....  
Age at diagnosis.....  
Action taken.....  
.....  
Place of investigation/treatment.....  
.....  
Present condition.....  
.....

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

5

Card 7

ABDOMEN

N1490

18. Has the child ever had a hernia or a complaint involving the abdomen? Please ring all relevant codes.

	<i>Please ring</i>
No	1
Yes, recurrent abdominal pains	2
Yes, inguinal hernia	3
Yes, femoral hernia	4
Yes, other abdominal condition	5
Information insufficient	6

Col. 28

If Yes,

Nature of condition.....

Age at diagnosis.....

Action taken.....

Place of investigation/treatment.....

Present condition.....

UROGENITAL

N1493

19. Is the child incontinent of urine at present?

No	1
Yes, by day only	2
Yes, by night only	3
Yes, by day and night	4
Information insufficient	5

Col. 29

If Yes,

Approximate number of nights incontinent per month

Approximate number of days incontinent per month

Medical Action taken.....

Place of investigation/treatment.....

N1494

20. Has the child ever had any abnormality affecting the kidneys, bladder or genital tract? Please ring more than one code, if appropriate.

No	1
Yes, congenital abnormality of urogenital tract	2
Yes, nephritis	3
Yes, nephrosis	4
Yes, proven urinary infection(s)	5
Yes, other condition	6
Information insufficient	7

Col. 30

If Yes,

Nature of condition.....

Age at diagnosis.....

Action taken.....

Place of investigation/treatment.....

Present condition.....

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

6

Card 7

ORTHOPAEDIC		Please ring		
		Col. 31		
N1497	21. Has the child ever had any bone, limb or joint condition, excluding fractures?			If Yes, Nature of condition.....
	No . . . . .	1		.....
	Yes, congenital abnormality of bone, limb or joint . . . . .	2		Age at diagnosis.....
	Yes, acquired condition of bone, limb or joint . . . . .	3		Action taken.....
	Yes, other condition . . . . .	4		.....
	Information insufficient . . . . .	5		Place of investigation/treatment.....
				Present condition.....
				.....
<hr/>				
N1500	NEUROMUSCULAR, NEUROLOGICAL			
	22. Has the child ever had any condition affecting neurological function or disease of muscles? Include impairment of co-ordination, balance, sensation, etc. and any form of cerebral palsy.	Col. 32		If Yes, Nature of condition.....
	No . . . . .	1		.....
	Yes . . . . .	2		Age at diagnosis.....
	Information insufficient . . . . .	3		Action taken.....
				Place of investigation/treatment.....
				Present condition.....
				.....
<hr/>				
N1501	PSYCHIATRIC, PSYCHOLOGICAL			
	23. Has the child ever had any psychiatric or psychological opinion or treatment?	Col. 33		If Yes, Nature of condition.....
	No . . . . .	1		.....
	Yes . . . . .	2		Age at diagnosis.....
	Information insufficient . . . . .	3		Action taken.....
				Place of investigation/treatment.....
				Present condition.....
				.....

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

7

Card 7

CONVULSIONS

NI502

24. Has the child ever had a convulsion?

- No . . . . . 1  
Yes, before seventh birthday only . . . . . 2  
Yes, after seventh birthday only . . . . . 3  
Yes, both before and after seventh birthday . . . . . 4  
Information insufficient . . . . . 5

Please ring  
Col. 34

If Yes,  
Type of convulsion (e.g. grand mal, petit mal).....  
.....  
Age at first convulsion.....  
Frequency at present.....  
Nature of treatment.....  
.....  
Place of investigation/treatment.....  
.....  
Present condition.....  
.....

MISCELLANEOUS

NI503

25. Which, if any, of the following operations has the child had?

- Eye operation . . . . . 1  
Tonsillectomy . . . . . 2  
Inguinal hernia repair . . . . . 3  
Other hernia repair . . . . . 4  
Appendectomy . . . . . 5  
Pylorotomy for pyloric stenosis . . . . . 6  
Circumcision . . . . . 7  
Other operation (not listed above) . . . . . 8  
NO OPERATION . . . . . 9

Col. 35

Where appropriate, reason for operation:  
.....  
.....  
Age when performed.....  
Name and address of hospital(s).....  
.....

NI506

26. Has the child ever had any other illness or condition requiring specialist treatment or hospital admission not listed above?

- No . . . . . 1  
Yes . . . . . 2  
Information insufficient . . . . . 3

Col. 36

If Yes,  
Nature of condition, etc.....  
.....  
Age at diagnosis.....  
Action taken.....  
.....  
Place of investigation/treatment.....  
.....  
Present condition.....  
.....

**Please read carefully the 'INTRODUCTORY NOTES AND INSTRUCTIONS FOR THE NATIONAL CHILD DEVELOPMENT STUDY (N.C.D.S.) 11 YEAR EXAMINATION' before commencing examination**

### MEDICAL EXAMINATION

N/507

- 27.** Has the child to your knowledge any congenital or acquired condition or handicap? Please enter conditions that might interfere permanently with entirely normal functioning, either at home or at school, or restrict choice of future employment.

Yes	1
No	2
Information insufficient	3

If Yes, please describe condition

N1510 in inches<sup>an</sup>

N1511 fraction  
of inch

**N1515**

28. CHILD'S HEIGHT without shoes  
and socks.
- inches ..... ft. .... in. .... part  
..... inch.

If unable to measure state reason  
here.....

29. CHILD'S WEIGHT (in vest and pants only) to the nearest pound.

If unable to weigh state  
reason here.....

## UPPER AND LOWER RESPIRATORY TRACTS

NI516

30. Please examine the nose, throat, palate, pharynx and chest, and ring as appropriate.

No abnormality	1
Marked nasal obstruction (recurrent or chronic)	2
Severe upper respiratory infection (recurrent or chronic)	3
Disease of mouth, tongue or palate	4
Other disease of upper respiratory tract	5
Bronchospasm	6
Chest deformity	7
Any other disease of lungs	8

**Describe any abnormality ringed**

above.....

## EARS

31. Please examine both ears with an auroscope.

LEFT EAR. Is the eardrum:

Normal . . . . .	1
Inflamed . . . . .	2
Scarred . . . . .	3
Obscured by wax . . . . .	4
Abnormal in any other way . . . . .	5
Not examined . . . . .	6

Describe any abnormality found

**RIGHT EAR.** Is the eardrum:

Normal . . . . .	1
Inflamed . . . . .	2
Scarred . . . . .	3
Obscured by wax . . . . .	4
Abnormal in any other way . . . . .	5
Not examined . . . . .	6

Describe any abnormality found

## CARDIOVASCULAR SYSTEM

32. Please examine the child's cardiovascular system. Are there any symptoms or physical signs of cardiac disease?

No	1
No, but murmur present which seems innocent	2
Yes, significant murmur	3
Yes, other abnormal physical sign	4
Not examined	5

Describe any abnormality found:

Col. 45 N1519

Col. 46  
1 N1521

Col. 47 **N1523**



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

Card 7

ABDOMEN (including Uro-genital System)

N1525

33. Please examine the child's abdomen including hernial orifices and genitalia. Please ring as appropriate.

- No abnormality . . . . . 1  
Abnormality of alimentary tract . . . . . 2  
Abnormality of kidneys or bladder . . . . . 3  
Inguinal hernia . . . . . 4  
Other hernia . . . . . 5  
Abnormality of external genitalia . . . . . 6  
Other Abnormality . . . . . 7

Specify any abnormality found

Leave blank for girls:

N1528

34. Have the testicles descended?

- Yes . . . . . 1  
Both undescended or absent . . . . . 2  
Left undescended or absent . . . . . 3  
Right undescended or absent . . . . . 4  
Uncertain . . . . . 5  
Not examined . . . . . 6

PUBERTY RATINGS

35. By reference to the Introductory Notes and Instructions for the Medical Examination, assess the stages of pubertal development and record below the appropriate rating from one to five (e.g. for Stage 1 development enter ☐ 1); if unable to assess enter ☐ 0 and state reason below:

N1529

Boys: Genitalia rating . . . . .

N1530

Pubic Hair rating . . . . .

N1531

Girls: Breast rating . . . . .

N1532

Pubic Hair rating . . . . .

Unable to assess, state reason:

Please ring

Col. 48

Col. 49

Col.

- ☐ 50  
☐ 51  
☐ 52  
☐ 53

SKIN

36. Please examine the skin, hair and nails, and ring findings as appropriate

- Nothing abnormal . . . . . 1  
Eczema . . . . . 2  
Psoriasis . . . . . 3  
Strawberry marks . . . . . 4  
Port wine stains . . . . . 5  
Common warts . . . . . 6  
Other skin conditions, hair or nail disorders . . . . . 7

Specify any abnormality found

LOCOMOTOR, SKELETAL AND CENTRAL NERVOUS SYSTEM

Inspect the muscles, bones and joints and then perform a brief neurological examination including:

- Cranial nerves  
Tendon reflexes  
Muscle power, tone  
Sensation

37. In the light of your examination and history is there:

- Neurological disorder . . . . . 1  
Muscular disorder . . . . . 2  
Congenital orthopaedic disorder . . . . . 3  
Recent fracture . . . . . 4  
Other acquired orthopaedic disorder . . . . . 5  
NONE OF ABOVE . . . . . 6  
Not examined . . . . . 7

If 1, 2, 3, 4, or 5 is ringed:

Please enter the diagnosis

38. Are there any indications of abnormality/clumsiness?

- Of balance . . . . . 1  
Of gait . . . . . 2  
In performing finger-nose test . . . . . 3  
In rapidly tapping the fingers of one hand on the dorsum of the other hand . . . . . 4

Please ring

Col. 54

N1533

Col. 55

N1536

Col. 56

N1568

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

10

Card 7

N1543

**SPEECH**

39. Speech Test. (refer to 'Introductory Notes' before commencing test. Underline any mispronounced words and record the total.

**Test Sentences**

The shop has run out of strawberry flavoured ice-cream.  
Stephen does not understand what the fuss is about.  
Gordon left his glasses on the chair.  
Perhaps Janet could fetch both of them.  
Carol screamed when she saw the spider on the couch.

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

If unable to test, enter 9 9 and give reason.

Enter number

Cols. 57-58

--	--

Please ring

Col. 59

N1544

**40. Speech Assessment**

Does the child have a defect of articulation?

- |                               |   |
|-------------------------------|---|
| No                            | 1 |
| Yes, stammer or stutter       | 2 |
| Yes, other speech abnormality | 3 |
| Don't know                    | 4 |

If any 'other speech abnormality' please describe

**HEARING**

41. Clinical Hearing Test. (See 'Introductory Notes' before commencing test.)

Remove hearing aid if normally worn; test and record results below by underlining all incorrect responses and recording totals.

**(a) Test Words**

**Right Ear**

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

Enter total number of incorrect words, e.g. for 5 enter 0 5.  
If unable to test, enter 9 9 and state reason

**(b) Test Words**

**Left Ear**

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

Enter total number of incorrect words. If unable to test, enter 9 9 and state reason

- (c) Does the child wear a hearing aid?

Yes	1
No	2
Don't know	3

If Yes, repeat test using aid and enter total number of incorrect words.

Left ear.....

Right ear.....

**Scrutiny of Audiogram**

**42. Note**

- (1) Please scrutinise audiogram when available and compare the result with your clinical hearing test. If the two are not compatible, please arrange for a repeat audiogram if possible and send both audiograms to us.

- (2) If audiogram has not yet been completed please arrange to look at it when available.

**43. Hearing Assessment**

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

Hearing loss but no interference

Hearing loss and some interference

Can't say

Not tested

Enter number  
Cols. 60-61

--	--

N1548

Enter number  
Cols. 62-63

--	--

N1551

Please ring

Col. 64

--	--

N1552

Col. 65

--	--

N1553

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

11

Card 7

# EYES AND VISION

N1554

## 44. Squint

Please examine the eyes for squint. Is there evidence of any of the following?

- Nothing abnormal noted . . . 1
- Squint with left eye . . . 2
- Squint with right eye . . . 3
- Squint with both eyes . . . 4

Describe type of squint, if known.

.....

## 45. Distant Vision

Please test distant vision using Snellen chart at exactly 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. Every letter on each line must be correctly read by the child for the line to be scored.

(a) Without glasses. If unable to test please ring 'O'.

Left eye	$\frac{6}{9}$	$\frac{6}{8}$	$\frac{6}{6}$	$\frac{6}{12}$	$\frac{6}{18}$	$\frac{6}{24}$	$\frac{6}{36}$	$\frac{6}{60}$	Worse than $\frac{6}{60}$ or blind	Unable to test
	1	2	3	4	5	6	7	8	9	0

N1555

Right eye	1	2	3	4	5	6	7	8	9	0
	1	2	3	4	5	6	7	8	9	0

N1556

If unable to test please give reason.....

(b) Retest with glasses. If child does not wear glasses ring 'X'. If glasses prescribed but not available ring 'Y'.

Left eye								Worse than	Unable to
	6	9	12	18	24	36	60	60 or blind	test

N1557

Right eye	1	2	3	4	5	6	7	8	9	0
	1	2	3	4	5	6	7	8	9	0

N1558

(c) Does the Snellen far vision chart used for your examination measure vision?

N1559

- Yes . . . 1
- No . . . 2

Please ring Col. 66

Please ring

Col. 67

Col. 68

Please ring Col. 71

## 46. Near Vision

Use Near-Vision Test card provided with the 'Introductory Notes and Instructions for the Medical Examination'. Ensure that the child holds the card no further away from the eye than 10 in. Occlude the opposite eye as previously. Every letter on each line must be correctly read by the child for the line to be scored.

(a) Without glasses. If unable to test please ring 'O'.

Left eye	6	9	12	18	24	36	60	Worse than 60 or blind	Unable to test
	1	2	3	4	5	6	7	9	0

Right eye	1	2	3	4	5	6	7	9	0
	1	2	3	4	5	6	7	9	0

If unable to test please give reason.....

(b) Retest with glasses. If child does not wear glasses ring 'X'. If glasses prescribed but not available ring 'Y'.

								Worse than 60 or blind	Unable to test		
		6	9	12	18	24	36	60			
Left eye	X	Y	1	2	3	4	5	6	7	9	0

Right eye	X	Y	1	2	3	4	5	6	7	9	0
	X	Y	1	2	3	4	5	6	7	9	0

## 47. Colour Vision

Test colour vision with Ishihara plates if available

- Normal colour vision . . . 1
- Impairment of red/green vision . . . 2
- Other colour loss . . . 3
- Could not test . . . 4

If colour loss revealed on test, describe type and severity of colour blindness.

.....

Please ring

Col. 76

N1572

N1560

N1561

N1562

N1563



**Card 7**

48. *For children with some abnormality of vision.*  
Please indicate type of condition

- Hypermetropia (spectacle lens magnifies object)
- Myopia (spectacle lens diminishes object)
- Astigmatism (when spectacle lens is rotated vertical objects tilt)
- Other visual abnormality

Please describe any 'other visual abnormality'

---

Please ring  
Col. 77

**49. Visual Assessment**  
In the light of your examination and the history would you consider that there is any interference with normal schooling and everyday functioning?

Normal vision, no interference

Visual defect, but with no interference

Visual defect and some interference

Don't know . . .

**Please ring**  
**Col. 78**

N1567

SQUARES TO BE MARKED BY THE CHILD (See Q. 55, page 14)

**Right hand**

A blank sheet of graph paper with a grid pattern. The grid consists of 20 columns and 15 rows of small squares. A horizontal line runs across the middle of the page, between the 7th and 8th rows from the top. There are also vertical lines separating every 5 columns, creating four sections of 5 columns each.

**Left hand**

A blank sheet of graph paper with a grid pattern. The grid consists of small squares, typical of standard graph paper used for mathematics or science. There are no markings, numbers, or text on the page.

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

For  
Office  
use:

Card No.
8

Col. 1

Local Authority Code Number			Child's Code Number						

2 3 4 5 6 7 8 9 10

LATERALITY

50. Please assess laterality

N1582

(a) Ask child to throw ball to  
you. Did he/she use:

Right hand . . .  
Left hand . . .  
Not examined . . .

N1584

(b) Ask child to kick ball to  
you. Did he/she use:

Right foot . . .  
Left foot . . .  
Not examined . . .

N1586

(c) Ask child to look through  
a rolled-up paper tube.  
Did he/she use:

Right eye . . .  
Left eye . . .  
Not examined . . .

MOTOR CO-ORDINATION TESTS

See 'Introductory Notes and  
Instructions for Medical Exam-  
ination' for description of tests  
and exact method of scoring.  
Ring appropriate numbers  
below for scoring.

N1588

51. WALKING BACKWARDS  
ALONG A LINE

Very steady . . .  
Slightly unsteady . . .  
Very unsteady . . .  
Could not score due to poor  
comprehension or co-operation . . .  
Could not test due to physical  
handicap . . .  
Test not performed for other  
reason . . .

If test not performed or scored  
state reason

52. (a) STANDING ON RIGHT  
FOOT FOR 15 SECONDS

Very steady . . .  
Slightly unsteady . . .  
Very unsteady . . .  
Could not score due to poor  
comprehension or co-operation . . .  
Could not test due to physical  
handicap . . .  
Test not performed for other  
reason . . .

If test not performed or scored  
state reason.

(b) STANDING ON LEFT  
FOOT FOR 15 SECONDS

Very steady . . .  
Slightly unsteady . . .  
Very unsteady . . .  
Could not score due to poor  
comprehension or co-operation . . .  
Could not test due to physical  
handicap . . .  
Test not performed for other  
reason . . .

If test not performed or scored  
state reason.

53. STANDING HEEL TO TOE  
FOR 15 SECONDS

Very steady . . .  
Slightly unsteady . . .  
Very unsteady . . .  
Could not score due to poor  
comprehension or co-operation . . .  
Could not test due to physical  
handicap . . .  
Test not performed for other  
reason . . .

If test not performed or scored  
state reason.

Please ring  
Col. 18

N1589

Col. 19

N1590

Col. 20

N1591

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

14

Card 8

54. TENNIS BALL

Record number of successful catches and bounces out of ten with each hand, e.g. if 5 successful catches enter .

N1594 Right hand—number of catches .

N1597 Left hand—number of catches .

If test not performed or scored, state reason.

55. SQUARES MARKED (on page 12)

Enter number of squares marked with each hand, e.g. for 95 squares, enter .

N1601 Right hand—squares marked .

N1605 Left hand—squares marked .

If test not performed or scored, state reason.

Enter number

Cols. 21-22

Cols. 23-24

Enter number

Cols. 25-26-27

Cols. 28-29-30

56. PICKING UP MATCHES

Enter time in seconds to pick up 20 matches. If 99 seconds or over, enter .

Right hand—number of seconds .

Left hand—number of seconds .

If test not performed or scored, state reason.

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

- European or Caucasian . . . 1
- African or Negroid . . . 2
- Indian or Pakistani . . . 3
- Other Asian . . . 4
- Other (please describe) . . . 5

Enter number

Cols. 31-32

Cols. 33-34

Please ring

Col. 35

N1608

N1611

N1612

END OF MEDICAL EXAMINATION

Please express the thanks of the Study to the child and parent(s) for their co-operation.

Please now recheck the form and then return it to your Local Authority's head office (unless other instructions have been given locally).

To Local Authority Officer supervising the survey

Please scrutinise this form and if possible complete or add any further information which is available from central records.