

YOUTHSCAN 1986/87

A national study of all children born 5th-11th April 1970
in England, Wales and Scotland originating from the
1970 Birth Cohort of the National Birthday Trust Fund.

YOUTHSCAN 1986/76 INFORMATION MANUAL FOR HEALTH PERSONNEL

**FOR CLINICAL MEDICAL OFFICERS
HEALTH VISITORS AND SCHOOL NURSES**

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SOME PAST FINDINGS FROM THE 1970 BRITISH BIRTHS COHORT STUDY

HEALTH

YOUNG CHILDREN IN HOSPITAL OR SEPARATED FROM THEIR PARENTS IN EARLY LIFE: 1 in 5 had been in hospital for one night or more before their fifth birthday. A higher proportion developed behavioural difficulties after allowing for many other possible factors. A similar effect tended to follow mother/child separations early in life.

DIABETES: Comparison with previous birth cohorts suggested that in the UK the risk of juvenile diabetes is doubling roughly every decade! Further research is progressing.

VISION: 1 in 4 of those 10 year old children wearing spectacles appeared to be doing so needlessly!

DENTAL CARE: Six times as many children from unskilled families as from professional classes did not take advantage of the preventive dental services in the pre-school period.

EDUCATION

PRE-SCHOOL EDUCATION: 28.5% of the cohort had no pre-school experience, 19% attended LEA schools or nursery classes and 48% attended hall or home playgroups. The remainder were in other types of day care. Ordinary nursery education as practised in LEA nursery schools/classes and playgroups in 1975 had a demonstrable effect on children's educational progress at the age of ten. This has never been shown conclusively before and refutes a popularly held view that traditional pre-school education is likely to be ineffectual. Early entry into infant classes was not found in this study to increase children's educational potential. This suggests that curriculum for the under-fives as practised in LEA nursery schools and playgroups were more effective than those of infant reception classes, but there could be other explanations.

LEARNING DIFFICULTIES: Three children out of every thousand at 10 years were designated officially as having severe learning difficulties and 1.1% had moderate learning difficulties. However, an enquiry of parents, teachers and doctors showed that 18% of all children at 10 years had some form of physical, emotional or learning problem and for 13% of all it was affecting their everyday life. This shows that the problem is very much greater than hitherto imagined. Interestingly, learning difficulties were particularly prevalent in the 2% of children identified as severely clumsy, though the overall relationship between lesser degrees of clumsiness and learning difficulties was quite low.

DYSLEXIA: At least 1 in 50 of all 10 year old children could be described as dyslexic, with normal cognitive ability but difficulty in sequencing, poor writing and frequently left or mixed-handedness. Males outnumbered females by 4 to 1.

EDUCATIONAL ATTAINMENT AND HANDEDNESS: 30% of 10 year olds used their left and right hand inconsistently, and were poorer than average at maths as well as reading.

MATHEMATICS ATTAINMENT: School factors best predicting mathematics attainment were the school social intake, school ethos and maths focus. Significant family-based factors included degree of parental interest, the children's self-esteem and their locus of control. Maths ability and child behaviour were also closely linked.

SOCIAL AND FAMILY CIRCUMSTANCES

SINGLE PARENT FAMILIES: At age ten years, 1 in 10 children were in single-parent families, a doubling from 20 years ago. Nearly as many again had at some time been without a father or mother figure during their first 10 years. Most of the 'adverse' outcomes found could be shown to be associated with the disadvantaged social and environmental circumstances in these families.

TEENAGE MOTHERS: Children of teenage mothers — one in eleven of all the cohort — were functioning about one year behind on educational testing at 10 years: these children had more accidents, physical problems and behavioural difficulties than the children born to mothers in their twenties or thirties.

The Director of Youthscan,
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April 1986

Dear Colleague,

Thank you for your collaboration in this national Study of teenage life; this is being carried out with the cooperation of Local Education Authorities and District Health Authorities and Health Boards throughout England, Scotland and Wales, who have been approached with the consent of the Department of Health and Social Security and the Department of Education and Science. The success of this project is entirely dependent on the kind contribution of experts such as yourself. We are extremely grateful to you for your time and help in carrying out the field work for the study. Through the information which you are gathering and by your accuracy in recording the answers to questions and results of tests, you will contribute significantly to our country's knowledge of teenage life and health in the late 1980's.

The booklet describes the general plan for the nursing and medical participation in the 16 year follow up. Organisation of the field work will vary from District to District. Your SCM OR SCMO (Child Health) and your Director of Nursing Services (Community) or equivalent are likely to be conversant with arrangements for the study in your District Health Authority/Health Board, or alternatively, can put you in touch with the appropriate section of the District Health Authority who can give you exact details.

Once again, may I emphasise how very grateful I am to you for all your help.

Yours sincerely,

Neville Butler

Neville Butler MD FRCP FRCOG DCH
Director

This manual contains information about the procedures necessary for the completion of Youthscan.

	Procedures	Where to find the questions	Where the answers are written	Where to be carried out	Timing
1	Parental Interview Form	Document O	Document O	Parent's Home	45 mins
2	Maternal Self Completion Form	Document P	Document P	Parent's Home	45 mins
3	Student Self Completion Health Questionnaire	Document Q	Document Q	Child Health Clinic or equivalent	30 mins
4	Medical Examination Form	Document R	Document R	Child Health Clinic or equivalent	60 mins
5	Leisure Diary	Document S	Document S	Parent's Home	

LIST OF DOCUMENTS

- N. Information Manual for Health Personnel.
- O. Parental Interview Form.
- P. Maternal Self Completion Form.
- Q. Student Self-Completion Health Questionnaire.
- R. Medical Examination Form.
- S. Leisure Diary.

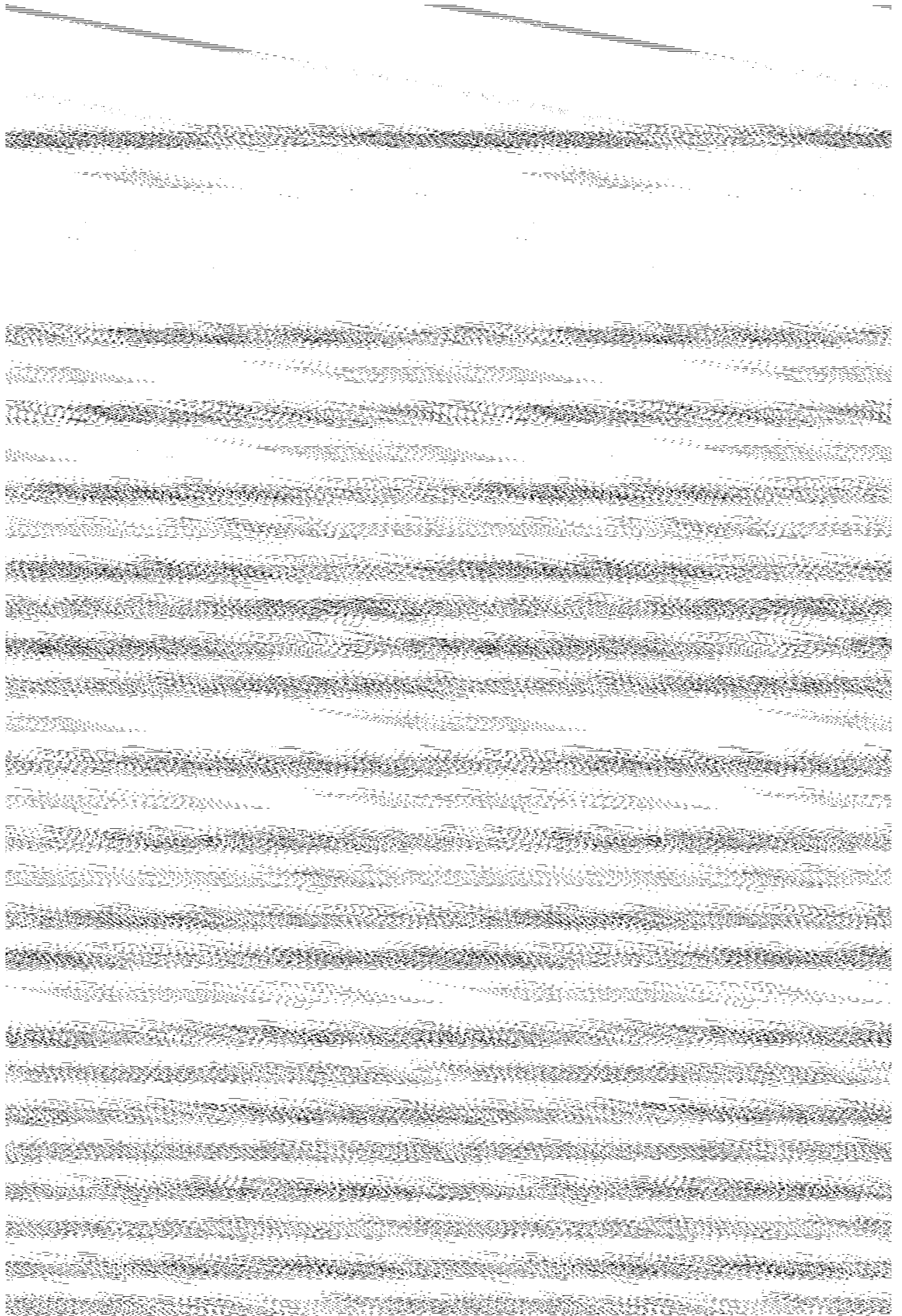
DETAILS OF THIS STUDY

Description of Youthscan

Youthscan is the name given to the 16 year follow-up of some 15,000 teenagers in England, Wales and Scotland, all of whom were born during the week 5th-11th April, 1970. Many of these children have already been studied by the National Birthday Trust Fund in the British Births Survey at the time of birth (1,2,). Some were seen subsequently at 2 years and 3 years in the British Births Child Study (3,4,5,). The whole cohort was again surveyed at the age of 5 years in the Child Health and Education Study, when extensive information was obtained about their health and development during the pre-school period (6-17). This included details gathered by Health Visitors on their medical history, family life, experience of day-care, use of community and specialist health services. Health visitors administered simple developmental tests. Thus, very full documentation is available on which to study the long-term effects of their perinatal and early social, medical and educational experience.

A further study took place at 10 years which continued to document their medical and educational progress during their first decade (18-22) with the cooperation of Area and District Health Authorities and Local Education Authorities. Information on the health, developmental progress and family environment between 5 and 10 years was obtained at interview with their parents. Parents were invited to fill in a self-completion form describing their child's behaviour, life-skills and activities at home and school. A medical examination was arranged by the school doctor. Educational tests were carried out at school.

The cohort born in April 1970 form the third British National Longitudinal Study on child development. The first were born in 1946 and the 'children' are now 40 years of age. The second were born in 1958, that cohort now being 28 years old. The third cohort, which is the origin of the Youthscan sample, began in 1970. The three together will provide unique comparative information about the lives and health of British children over a span of three decades.



IMPORTANT ADMINISTRATIVE POINTS

YOUR STUDY COORDINATOR

The Study is being carried out with the cooperation of District Health Authorities and Health Boards throughout England, Wales and Scotland. Variation in the size and administration of all these Authorities means that no single study procedure for this study can be laid down which will be appropriate to all. The administrative section is intended as a general guideline. Youthscan Health Coordinator(s) have been selected by each District Health Authority and usually consist of either the DGM, DMO, SCM (Child Health) or SCMO Child Health (Admin) on the medical side and the Director of Nursing Services or DNS (Community) on the nursing side. You should refer for details briefing, advice and full instructions to the Youthscan Health Coordinator for your District. If you have difficulty in making contact, please contact Youthscan Headquarters at the address/telephone number given on the front of this booklet.

THE STUDY POPULATION

All teenagers whose dates of birth fell in the week 5th-11th April, 1970 inclusive and who are currently living or attending school in your Health Authority/Board are eligible for inclusion in this 16 year follow-up, whether or not they have taken part in the C.H.E.S. Studies at 5 or 10 years, or whether or not they were born originally in Britain. The whereabouts of the majority of the cohort has been determined by your Local Education Authority. Your LEA Youthscan Coordinator will have a list of their names and addresses. It is vital that no child living in the UK and born in the Study week is omitted. If you should know or hear of a child born 5th-11th April, 1970 who has not yet been included in the Study procedures, we should be grateful if you would notify your Youthscan Health Coordinator at DHA or communicate with us directly at Youthscan. Your Health Coordinator has in his/her possession a supply of unused Student Health Packs.

TEENAGERS WHO HAVE MOVED

Inevitably, some of the Study Teenagers will have changed their addresses (or schools) recently and a very few will have moved since they were traced through your Education Authority late in 1985. It is important that teenagers who have recently moved, whether within your own District Health Authority/Board or into another Health Authority/Health Board, should be included in the Study. Please ascertain the new address of any Study teenager who has moved in or out of your Health Authority/Health Board and notify your Study Coordinator, so that arrangements can be made for the study to be implemented.

CHILDREN ATTENDING SCHOOL IN ONE HEALTH AUTHORITY/BOARD BUT RESIDENT IN ANOTHER

Please consult your Study Coordinator, as a special arrangement may be necessary with the other Health Authority/Board for completion of the Parental Interview Form and Maternal Self-Completion Form.

TEENAGERS IN INDEPENDENT SCHOOLS

Teenagers born in the Study Week who are attending independent schools will be included in the survey. We are asking District Health Authorities/Health Boards if they will be kind enough to arrange the parental interview and the medical examination. It is possible therefore that you will be asked, for such a teenager, on the nursing side to organise a Parental Interview and to arrange for Maternal Self-Completion Form, and on the medical side to do a medical examination, by arrangement with the headmaster and parents. If the independent school already has a private school doctor who is willing to do the medical examination, would you please liaise with him/her about this, or inform the Study Health Coordinator so that suitable arrangements can be made.

TWINS

Where only one twin is in the Survey, the procedure is as for singletons. Where both twins are included, all questions in the Medical Examination Form, Student Health Self-Completion Form and Leisure Diary require completion for each twin. Likewise, questions should be completed for each twin in the Parental Interview Form and Maternal Self-Completion Form which refer to the individual rather than the household or family. For the latter, the words 'SEE OTHER TWIN' can be written beside the appropriate questions in respect of the second twin.

PARENTAL INVOLVEMENT

In the vast majority of instances, the parents of the teenager and the teenagers themselves have been sent a personal letter from us informing them that the 16 year follow-up is to take place and inviting their participation. In this letter they have been briefed by us to expect a parental interview and a medical examination. Notification of parents about the actual time(s) and venue(s) of the parental interview and notification of teenagers about the medical examination will of course be a matter for local implementation. There may still be a few parents who have not yet heard of Youthscan; to cover these such instances, we have included some spare parental packs in the material sent to District Health Authority/Health Board Youthscan Coordinators. Please arrange for a parental pack to be given/sent to such parents so that they may know about the health study and be invited to cooperate. It is very rare in our experience for families to refuse to join in at that stage, so it will be safe to arrange the parental interview and medical examinations

forthwith. However, a few parents have written to us earlier to say that they prefer that their teenager should not participate on this occasion. In such instances, we will arrange to have their names deleted from the list of Study teenagers held by your District Health Authority/Health Board. It is clearly important that the wishes of such families are respected, and we shall be grateful if you would ensure that no teenager is included where the teenager or the parents are unwilling.

THE FAMILY DOCTOR

No clinical or administrative burden will fall on family doctors in this phase. However, in case the family doctor of the Study teenager would like information on the Study, your Youthscan Coordinator will be sent a supply of letters suitable for distribution to family doctors. The method of distribution of this letter will be a matter for local implementation. This letter informs the family doctor of the Study arrangements and invites him/her to give information, if he/she wishes, on the health and progress of the Study teenager.

THE STUDY TEENAGER'S EDUCATIONAL TESTS

Your Local Education Authority have been sent educational material for the Study teenager to have an educational assessment. The school which the Study teenager is attending will carry this out.

THE STUDY DOCUMENTS AND HOW THEY WILL REACH YOU

The Study Documents consist of a **Student Health Pack** for each individual teenager taking part in Youthscan.

The five forms in which we are asking the co-operation of community medical and nursing personnel for their completion are:—

1. PARENTAL INTERVIEW FORM
2. MATERNAL SELF-COMPLETION FORM
3. STUDENT SELF-COMPLETION HEALTH QUESTIONNAIRE
4. MEDICAL EXAMINATION FORM
5. LEISURE DIARY

Your Youthscan Health Co-ordinator at your DHA/Health Board has been sent a sufficient number of Student Health Packs to cover every teenager born 5-11 April 1970 who is resident within your DHA/Health Board. Your Co-ordinator has an up-dated list of Study teenagers, their home addresses and the schools they are attending in your D.H.A. These are also kept centrally at Youthscan headquarters from whom information and further copies of the survey documents can be obtained if there is difficulty in contacting the Youthscan Co-ordinator at your DHA.

A Parental Interview Form, a Maternal Self-Completion Form, and a (Teenage) Leisure Diary will be forwarded by your Health Co-ordinator to the person nominated to conduct the home interview. The method of administration of each document is outlined in the individual sections of this manual. Arrangements for the home interview should be made according to local instructions.

A Medical Examination Form and Student Self-Completion Health Questionnaire will be forwarded by your DHA Youthscan Health Co-ordinator to the DHA clinic doctor who will be conducting the medical examination. According to local convenience, the medical examination will be arranged at child health clinics, at school, at health centre or at other venue designated by your Health Co-ordinator. The method of administration of the medical examination is outlined in this manual. Please note that access will be needed to all available child health records, and also to some special equipment for the medical examination.

PROCEDURE 1. HOW TO ADMINISTER THE PARENTAL INTERVIEW FORM (P.I.F) (DOCUMENT O)

Contents of the PIF

The PIF is the main source of information about the Study teenager's health and home background, social experience, hospital admissions, accidents and a number of other factors concerning the health, environment and experiences of the family. The interviewer is asked to become familiar with the questions in the PIF, either by reading it through before conducting the interview or by a practice interview with a colleague or with the mother of a non-Study teenager.

Whom to Interview

Please conduct the parental interview with the mother. If the mother or mother substitute is unavailable, interview the person who can best answer questions about the child's health and development.



The Time and Place of the Parental Interview

This is left to local arrangements consistent with local facilities and the convenience of mother and designated interviewer. The most appropriate place would be the parental home. Alternatively, if the mother signifies her intention to attend, the interview could be held at the school or clinic prior to the child's medical examination. The PIF should, if possible, be completed in time for the doctor to have the teenager's medical history in front of him/her when conducting the medical examination, though this is not essential.

How To Phrase the Questions

A few of the questions in the PIF are not phrased in such a way that they need be read out directly to the mother, so please use the approach you consider to be most suitable to obtain the required information. This applies particularly to a few potentially sensitive questions such as those on income or benefits. While it is important for the research that the PIF is answered as completely as possible, please do not press the mother to reply to questions if she says she would prefer not to answer. Please assure the mother that all information will be treated in complete confidence. Most of the items in the PIF consist of questions with a number of alternative answers. Be careful not to lead the mother towards a particular response. Please do not actually read out to the mother the various alternatives printed as possible responses to a given question unless she is having difficulty in making up her mind or you feel she needs prompting.

How the Questions should be answered

The method of answering the questions is indicated on the front of the PIF. It consists mainly of putting a tick in an appropriate box indicating the correct answer.

Time Intervals

Please note that different questions ask about events during the past seven days, during the past month, or even during the past twelve months. A few questions ask about events occurring since the teenager's tenth birthday or even occurrences since birth. Please read questions carefully to determine time intervals.

How to Fill In the Front Page of the PIF

Please ensure that the identification details are correctly filled in.

HOME ADDRESS: Please check that this is the most recent one available and that the postcode is entered if available.

NHS NUMBER: The mother has been asked in our original parental letter to provide you with the teenager's NHS number, if available.

HEALTH DISTRICT: Please enter the Health District in which the teenager lives (rather than the one in which the teenager goes to school, if different).

NAME OF FAMILY PRACTITIONER: Please obtain the name of the family doctor with whom the Study Teenager is registered.

NAME OF RESPONDENT: Please say whether you are interviewing the 'mother-figure' (natural mother, step-mother, foster mother, grandmother, etc.), 'father-figure', or other person.

PARENTS TELEPHONE NUMBER: This of course is voluntary and confidential but will be invaluable for future tracing, and if we need to contact parents direct to clarify any ambiguous points in their answers or to learn their views on anything.

How to Use the Back Page of the Form

If you have any reason to doubt the accuracy of the mother's reply to any of the questions, record nevertheless on the Form what she says, but please add a note on the back page of the Form expressing your own opinion separately. Please also feel free to enter on the back page any comments about the Study Teenager's health and development. The back page is also available as a continuation sheet if there is insufficient room to provide a full answer to any individual question in the Form, e.g. Hospital admissions, Accidents, etc.

Checking and Return of the Form

After filling in the Form, please check for completeness. The completed PIF should if possible then be made available for the doctor examining the child at the school or clinic. This would enable the doctor to have access to the child's medical history. Please keep the document in a safe and secure place as the parent has been assured that the information contained in the PIF will be treated as strictly confidential.

PROCEDURE 2. HOW TO ADMINISTER THE MATERNAL SELF-COMPLETION FORM (DOCUMENT P)

Contents of the Form

The purpose of this Form is to obtain from the mother her own ideas (and those of the father) about the Study teenager's behaviour, activities at home and school, the teenager's life skills and her own health. These are opinions which are sometimes difficult to obtain in the usual interview situation.

Time and Place for Completion of the Form

Please consult your DHA Health Co-ordinator. There are a number of ways in which the Maternal Self-Completion Form can be administered. The Maternal Self-Completion Form will take approximately 30 minutes to complete in most cases.

- (a) You could hand it to the mother for completion at the parental interview, at her home or wherever else the interview is being carried out.
- (b) You could leave it at home with the mother, and then collect it later, or ask the mother to bring the completed Questionnaire to the teenager's medical examination if she intends to be present.

If you leave it with the mother to be collected later, please check that the teenager's name, address, sex and date of birth have been clearly written on the front page by the time it is returned to you.

The Person who will Complete the Form

Usually this will be the teenager's mother. The questions are worded as if they will be filled in by the mother or mother-figure, but in the absence of the mother or mother-figure they can be completed by the father or any other person who knows the teenager well.

Help For the Mother in Completing the Form

Please study this Form before you hand it to the mother in case she needs some further explanation or help in completing it. This Form has been carefully piloted, as have all the research documents, and can be completed without help by most mothers. We shall be grateful, however, if you could help the mother complete it should this be necessary, e.g. some immigrant mothers, those who have difficulty in reading, etc., etc.

How the Mother Should Answer the Questions

Make sure that the mother knows how to record her answers to the questions. Please explain that some of the questions are answered by putting a tick in the appropriate box.

Parental Change of Address Card

A Parental Change of Address Card will be enclosed with the Maternal Self-Completion Form. Please explain to the mother that we should like to keep in touch with her and her teenager. Would you please ask her to keep the card safe and return it to us if and when she moves house, with details of her new address. There is also a space to record the new address of the study teenager if he/she leaves home.

Checking and return of the Form

When the mother has completed the Form, please check that she has answered all the questions. The Maternal Self-Completion Form should, if possible, be completed in time for the doctor examining the child at the school or clinic to have access to the information e.g. on any behavioural difficulties. Please note that the mother has been assured that the information contained in the Maternal Self-Completion Form will be treated as strictly confidential at all times.

PROCEDURE 3. HOW TO COMPLETE STUDENT SELF-COMPLETION HEALTH QUESTIONNAIRE (DOCUMENT Q)

Document Q should be given to the teenager for completion during his/her visit to the Health Clinic etc. for the Medical Examination. It can be started before the medical examination and completed afterwards. However it is arranged, the questionnaire should be completed **before** the teenager leaves the venue of the medical examination.

Please reassure the pupil(s) that their answers will be treated in strict confidence. Document Q must be completed at clinic and not taken home.

After the self-completion health questionnaire has been completed, please check that all questions have been answered. Then sign the sheet provided to acknowledge the pupil has done the test. Again may we stress that the confidential nature of this document should be respected. A self-sealing A4 size plastic container is provided, in which the completed form can be placed if the pupil so wishes.

PROCEDURE 4. HOW TO ADMINISTER THE MEDICAL EXAMINATION FORM (DOCUMENT R)

Contents of the Form

Time and Place of Medical Examination

The medical examination should be carried out at a child health clinic, at a school, at a health centre or at other designated venue. This will depend on local convenience and the availability of suitable premises. Please consult your DHA Youthscan Health Coordinator where necessary. It should preferably be in a place where the equipment and the facilities detailed in this booklet are readily available.

How to Answer the Questions

In answering the questions in the Medical Examination Form, a very simple method of ticking the boxes is employed. In answering requiring text, please write as clearly as possible, and preferably in BLOCK CAPITALS.

How to Fill in the Front Page of the Form

Please ensure that the identification details of the teenager are correctly filled in and that the home address is the most recent one available. Please enter the Health District in which the teenager lives rather than the one in which the teenager goes to school, if these are different.

How to Complete the School Health Section

In order to complete the section on school health fully, the following will be necessary: School medical records; results of screening tests; assessment reports; and any available copies of hospital letters or records. For handicapped teenagers or those receiving special education, the health file and relevant documents will be needed. You will be asked to provide a summary from the records of the progress and current status of each teenager with past or present handicap or disability.

How to Complete the Medical Examination Section

In order to complete the section on the medical examination fully, you will require the following equipment:—

1. Steel/wooden measuring rod or steel tape measure. If not available, use stadiometer on back of weighing machine.
2. Beam balance, or other weighing apparatus.
3. Paper or plastic-covered tape measure.
4. Snellen Distant Vision Chart or equivalent.
5. Mercury sphygmomanometer: the bladder within the cuff should be deep enough to cover about two thirds of the length of the upper arm and be long enough to encircle the arm completely. An adult-size cuff is preferable at this age.
6. A piece of chalk; a stop watch or a watch with a second hand.
7. In addition, a Near-Vision Card of the Sheridan-Gardiner type should be used. This will be provided by Youthscan.

It is suggested that the medical examination should if possible be carried out after all the other relevant Study forms have been completed, including the Parental Interview Form. Much of the medical history will already have been entered on the Parental Interview Form. Information about common behavioural difficulties will have been recorded in questions in the Maternal Self-Completion Form. The rest of the Medical Examination is structured to permit maximum freedom in carrying out the actual examination. Certain of the tests, e.g. near and distant vision, height, weight, head circumference appear early in this section, as they could be carried out just prior to the clinical examination. Please feel free to vary the order in which the measurements and clinical examination occur, in the way which suits best the facilities available and the staff helping you. Please note that you are asked to summarise your findings at the end of the examination, and also to indicate whether the examination has brought to light any new findings.

How to Complete the Audiogram Section

In some instances the results of the sweep audiometry will be available in time for the completion of the Medical Examination Form. If the results of the sweep audiometry are abnormal, then we should be grateful if pure-tone audiometry could be carried out.

PROCEDURE 5. HOW TO COMPLETE THE LEISURE DIARY (DOCUMENT S)

RATIONALE

There is a growing awareness about the importance of encouraging teenagers in constructive use of leisure-time. In this age group, there is an increasing prospect of possible links between unemployment/boredom and other factors, such as the development of delinquency. In the diary we will collect data which can be used to investigate these relationships and many others.

In order to make a much needed study of teenagers' spare-time activities, a diary will be kept by each study teenager as a record of everything done over a **four-day period**.

PROCEDURE

The first day should be a Friday. The teenager should record everything he/she does from waking up on Friday, through Saturday and Sunday until going to bed on Monday night.

WE SUGGEST THAT THE MOTHER IS HANDLED THE LEISURE DIARY AT THE TIME OF THE PARENTAL INTERVIEW. ASK HER TO FILL IN THE TEENAGER'S NAME AND PERSONAL DETAILS ON THE FRONT COVER OF THE DIARY AT THIS STAGE. LATER SHE SHOULD HAND IT TO THE TEENAGER, ASKING HIM/HER TO COMMENCE IT ON THE FOLLOWING FRIDAY.

If the teenager cannot commence the diary on the first Friday after receiving it, it can be started on a subsequent Friday. The four days must be consecutive and must include a weekend.

The teenager should read the instructions on the inside front cover of the teenage diary.

When the diary is completed

It is suggested that the teenager return the completed diary to the person who conducted the Parental Interview by prior arrangement as soon as it has been filled in. A check should be made that the teenager's name and details are filled in on the cover of the diary, and that the diary has been filled in as fully as possible.

When the leisure diary is completed it should be returned with the other documents to the D.H.A. Youthscan Health Coordinator who will return it to Youthscan. If the Leisure Diary has not been returned to you within two weeks of its issue, the teenager should be reminded, either directly or through the mother.

Checking and Return of the Health Forms

Please check that all questions have been answered and suitably recorded. We should then be grateful if you could arrange to return the completed Medical Examination Forms to your Health Co-ordinator, with the completed Parental Interview Form and Maternal Self-Completion Form, if these are in your possession.

ASPECTS OF THE STUDY NOT INVOLVING STAFF OF HEALTH AUTHORITIES/BOARDS

The following notes concerning other important aspects of this Study are included for your information. Clinical and administrative staff of Health Authorities/Boards will not be involved in this part of the Study.

The Youthscan 10-Year Educational Follow-up

A separate educational section of the study will examine the educational progress of all the Study teenagers. This is being arranged by each Local Education Authority and will be taking place about the same time as the Health Section. Each teenager will receive a comprehensive series of tests at school of reading/mathematic skills, language competence, spelling, reasoning ability. A careers occupation guide will be completed to determine career preference, and aptitude and also a life-skills/work readiness schedule entitled 'Moving On' will be completed. Self-completion questionnaires will cover many of the topics listed on page 2 of this manual.

The results will provide data about the educational progress and career readiness of a nationally representative sample of teenagers at the end of statutory secondary education. It will also provide much needed information about slow readers, slow learners and teenagers with specific education difficulties.

When linked with the results of the health study we will have a comprehensive picture of the physical and social characteristics of teenagers with learning difficulties, and of the health, educational progress and life prospects of all 16-year olds, with special emphasis on those with major and minor physical handicaps and those from ethnic minority groups, single-parent families, inner cities and other potentially disadvantaged groups.

THANK YOU SO MUCH FOR YOUR HELP AND INTEREST



NEAR VISION TEST

PRODUCED FOR NATIONAL CHILD DEVELOPMENT STUDY

60	T	V	O
36	X	H	A
24	A	X	T
18	H	O	U
12	x	u	h
	v	t	a
9	.	o	v
	x	u	h
6	.	.	v
	.	.	.

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not more than 10 inches from the eye.

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