

CHILD HEALTH AND EDUCATION STUDY

A national study in England, Wales and Scotland of all children born 5th - 11th April 1970.



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PARENTAL INTERVIEW

(A MEDICAL AND SOCIAL HISTORY)

STRICTLY CONFIDENTIAL

CHESNO TC10 CD10 SOCCODE LEA10

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PLEASE USE BLOCK CAPITALS

Child's Surname

Child's Forenames Sex: M F

Child's Home Address SEX10

Child's N.H.S. Number Postcode... DOBA10/DOBB10/DOBC10
Date of Birth
day month year

Health District .. AH10 Today's Date

G.P.'s Name

G.P.'s Address

Name of Interviewer .. INT,STAT Status: *school nurse/health visitor/doctor

Status of respondent(s): *mother figure/father figure/other, specify MOTHER/FATHER/OTHER
(*delete as applicable)

INTRODUCTORY NOTES

First, may we take this opportunity to thank you for carrying out these interviews on behalf of the Child Health and Education Study. This stage of the research is funded mainly by grants from the Department of Health and Social Security and the Department of Education and Science. We are grateful to Health and Education Authorities throughout England, Wales and Scotland without whose co-operation this study could not have been carried out.

The overall purpose of the research is to find out more about handicapped and disadvantaged children and the ways in which their lives, and the lives of their families, may differ compared with those of other children. Our interest continues to focus on the vital relationship between the home and school environments and how these affect the child's development and progress at the end of the primary stage of education. The questions are relevant to current issues concerning the health and welfare of all children and their families.

The Interview

It is hoped that normally the form will be completed in an interview with the child's mother. If for any reason the mother is unavailable, please interview the person who can best answer questions about the child's health and development. Sometimes the child will not be living with his/her own (i.e. natural) mother. In this case the term 'mother' throughout the form should be taken to imply 'present mother figure' and, similarly, 'father' should be taken to imply 'present father figure'.

In interviewing the mother, please assure her at the outset that her answers will be treated in the strictest confidence, and that the 16,000 children concerned will not be identified by name. Please ask the questions in the way you consider to be the most appropriate to obtain the information required. If, in the light of the mother's response during the interview, you feel that a particular question might be best omitted please feel free to do this, although ideally we should like to have all interviews fully completed.

PLEASE USE BLOCK CAPITALS

PLEASE ENSURE THAT EVERY QUESTION IS ANSWERED

Each question requires only one answer, unless indicated otherwise. Most questions can be answered by ticking the box beside the relevant response. Other questions require a number for the answer.

EXAMPLE:

How long has study child lived at his/her present address?

Under six months.

Six months to a year

More than a year] — How many years?

please specify years

This means that the child has lived at the present address for 3 years.

For all answers requiring text it would be most helpful if you would use BLOCK CAPITALS.

THANK YOU FOR YOUR HELP

ENVIRONMENT OF CHILD

Most children in this study were in CHES surveys at the time of birth and at age five years. The following details are needed (a) to ensure that the information obtained about this child at age 10 years is correctly matched with that obtained earlier, or (b) to provide some information if the child has not been included in earlier stages of the study.

A1. Has the child had the same surname since birth?

Yes ... *A1.1* ...]
 No] — If No, please give the child's full name:
 Not known (a) at birth *A1.2*
 (b) at five years *A1.3*

If not known, please put **NK**

Comparison name birth and 5 years : *A1.4*

A2. Child's country of birth:

England ... *A2.1* ...]
 Wales]
 Scotland]
 Northern Ireland ...]
 Irish Republic]
 Other country]
 please specify ... *A2.2*
 Not known]
 If child was not born in the United Kingdom,
 please give the year when he/she first came to
 live here.
 Year of arrival *A2.3*

If born in the United Kingdom please give:
 (a) Child's home address at time of birth
 *A2.4*
 (b) Child's home address at age five years
 If same as at birth, please put **AS ABOVE**
 *A2.5*
 (c) Name and address of place of child's birth
 *A2.6*

A3. Does the child currently live in a residential institution?

(e.g. residential school, children's home, long term hospital patient, etc.)

No, lives in a private household. . *A3.1*
 Yes, lives in residential institution.
 please specify type of institution *A3.2*

FAMILY COMPOSITION

A4. (a) People in the household

A household consists of a group of people who all live at the same address and who are all catered for by the same person.

List below all the members of this household. Include the study child, the present parents other children, relatives or lodgers, who are members of this household. Exclude any who are only at home for short periods:

Relationship to child (e.g. father, step-brother) or status in the household (e.g. lodger)	Surname	First name(s)	Sex	Date of birth
1. Study child	<i>A4A.1</i>		<i>A4A.2</i>	<i>A4A.3/4/70 A4A.4</i>
2.	<i>A4A.5</i>		<i>A4A.6</i>	<i>A4A.7/8</i>
3.	<i>A4A.9</i>		<i>A4A.10</i>	<i>A4A.11/12</i>
4.	<i>A4A.13</i>		<i>A4A.14</i>	<i>A4A.15/16</i>
5.	<i>A4A.17</i>		<i>A4A.18</i>	<i>A4A.19/20</i>
6.	<i>A4A.21</i>		<i>A4A.22</i>	<i>A4A.23/24</i>
7.	<i>A4A.25</i>		<i>A4A.26</i>	<i>A4A.27/28</i>
8.	<i>A4A.29</i>	<i>No. persons in</i>	<i>No. children in</i>	<i>A4A.30 A4A.31/32</i>
9.	<i>A4A.33</i>	<i>household:</i>	<i>household:</i>	<i>A4A.34 A4A.35/36</i>
10.	<i>A4A.37</i>	<i>A4A.41</i>	<i>A4A.42</i>	<i>A4A.38 A4A.39/40</i>

(b) List below any members of the family not included in the above table. For example, those who are only home for holidays or leave, and enquire the reason for absence, for example at residential school, or working away.

Relationship to child	Surname	First name(s)	Sex	Date of birth	Reason for absence from home
<i>A4B.1</i>	<i>No. persons not</i>	<i>No. children not</i>	<i>A4B.2</i>	<i>A4B.3/4</i>	<i>A4B.5</i>
<i>A4B.6</i>	<i>in household:</i>	<i>in household:</i>	<i>A4B.7</i>	<i>A4B.8/9</i>	<i>A4B.10</i>
<i>A4B.11</i>			<i>A4B.12</i>	<i>A4B.13/14</i>	<i>A4B.15</i>
<i>A4B.16</i>	<i>A4B.21</i>	<i>A4B.22</i>	<i>A4B.17</i>	<i>A4B.18/19</i>	<i>A4B.20</i>

For the purpose of this study a parent should only be counted as such if he or she is normally resident in the study child's household.

Parents who are temporarily away from home, (e.g. because of their job, in hospital or for similar reasons) should be given as parent figures.

A5. (a) What is the relationship to the child of the person now acting as his/her mother?

- Natural mother *A5.1*
- Mother by legal adoption
- Stepmother
- Foster mother
- Grandmother
- Elder sister
- Cohabitee of father
- Other mother figure
- please specify *A5.2*
- No mother figure

(b) Please give reason(s) for any past changes in the child's situation, e.g. family changes divorce, mother died, etc.

- *A5.3*
- *A5.4*

(c) If child is not now living with natural mother, please ask when the mother and child were separated.

Separation occurred in *A5.5*

A6. (a) What is the relationship to the child of the person now acting as his/her father?

- Natural father *A6.1*
- Father by legal adoption
- Stepfather
- Foster father
- Grandfather
- Elder brother
- Cohabitee of mother
- Other father figure
- please specify *A6.2*
- No father figure

(b) Please give reason(s) for any past changes in the child's situation, e.g. family changes divorce, father died, etc.

- *A6.3*
- *A6.4*

(c) If child is not now living with natural father, please ask when the father and child were separated

Separation occurred in *A6.5*

IMPORTANT Throughout the questionnaire the terms 'mother' and 'father' should be taken to mean the mother figure and father figure given in questions A5 and A6 above.

A7. Has the study child lived with the same two parents since birth?

- Yes *A7*
- No

A8. Has there ever been a period of six months or more when the child lived with only one parent figure?

- Yes, and still living with only one parent figure
- Yes, but now with two parent figures *A8.1*
- No *If No or Not known, please continue at question A9.*
- Not known

If Yes, please give the following details concerning the most recent time when the child was living with only one parent figure.

- (a) How old was the child when this began? *A8.2* years
- If under one year, please put 0*
- (b) How long did this situation last? *A8.3A* years *A8.3B* months
- If still with only one parent please put: NA years, NA months*

- (c) With whom did he/she live for most of the time during this period?
 - Mother figure *A8.4A*
 - Father figure *A8.4B*
 - Other person *A8.4C*
 - please specify

- (d) What was the main reason for this situation?
 - Death of a parent *A8.5A*
 - Illness/disablement of a parent *A8.5B*
 - Divorce, separation *A8.5C*
 - Other reason *A8.5D*
 - please specify

A9. Has the child ever been in care (statutory or voluntary) for any reason whatsoever?

Tick all that apply

(If Not known, put NK)

A9.1A Yes, in care now..... — If Yes, please give: (a) Number of separate occasions in care A9.2 times

A9.1B Yes, in care in past..... (b) Age when first in care... A9.3A yrs A9.3B mths

A9.1C No, never been in care... (c) Age last in care..... A9.4A yrs A9.4B mths

A9.1D Not known if ever in care. (d) Longest period in care... A9.5A yrs A9.5B mths

(e) Reason(s) why in care..... A9.6

(f) Please give name and address of place(s) where child was looked after while in care. A9.7

A10. How long has study child lived at his/her present address?

Under six months..... A10.1

Six months to a year.....

More than a year..... — How many years? Please specify A10.2 years

A11. (a) At how many addresses has the child lived for six months or longer since birth?

If always lived at the same address, please put 1

Number of addresses A11.1 addresses

(b) If lived at more than one address, what were the reasons for the last move?

Tick all that apply

Father's job necessitated move..... A11.2A

Mother's job necessitated move..... A11.2B

To obtain more suitable accommodation..... A11.2C

For reasons connected with the health of —

 one of the children A11.2D

 one of the parents A11.2E

Marital breakdown/divorce/separation of parents..... A11.2F

Other reason(s)..... A11.2G

 please specify

(c) Which one of the above was the main reason for the last move?

please specify A11.3

A12. What ethnic group are the study child and present parents?

Please put a tick in each column

	<u>A12.1/4/7</u> Study child	<u>A12.2/5/8</u> Present mother	<u>A12.3/6/9</u> Present father
English, Welsh, Scottish, Northern Irish.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irish.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other European.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Indian or Guyanese.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indian.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed parentage or any other ethnic group.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
please specify			
No mother/father figure.....	<u>A12.10</u> <input type="checkbox"/>	<u>A12.11</u> <input type="checkbox"/>	
Please add any comments felt necessary			

MEDICAL HISTORY

B1. Does the child have normal vision in both eyes?

Yes *B1-1*

No

Not known

If No, please describe problems *B1-2*

B2. Has the child ever had a squint?

Yes, has squint now *B2*

Yes, in past but not now

Never had squint

Not known

B3. Has the child always had good hearing in both ears?

Yes *B3.1*

No

Not known

If No, (a) Please describe problems *B3.2*

(b) Which ear was/is involved? Right ear

Left ear

Both ears

Not known

B3.3

(c) Is hearing normal now? Yes

No

Not known

B3.4

B4. Does the child wear any of the following?

	Yes	No	Not known
(a) Glasses <i>B4.1</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Hearing aid <i>B4.2</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Dental brace <i>B4.3</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Surgical aid or medical appliance of any sort, <i>B4.4</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
please specify <i>B4.5</i>			

B5. How often does the child have a dental examination? *B5*

(Include school, N.H.S. and private dental examination)

Has regular check-ups (say every 6-12 months)

Has occasional check-ups

Is seen only when having trouble with teeth

Never had dental attention

Not known

B6. Has the child ever had a dental gas?

Yes, *B6.1*]-If Yes, how many times? *B6.2*

No

Not known

B7. Has the child ever had one or more attacks or bouts in which there was wheezing or whistling in the chest?

Yes, *B7.1*

No

Not known]- If No or Not known, please continue at question B8.

If Yes,

(a) What were these thought to be due to? Tick all that apply

Asthma *B7.2*

Wheezy bronchitis *B7.3*

Other cause, *B7.4*

please specify *B7.5*, *B7.6*, *B7.7*, *B7.8*

(b) Did wheezing occur at any of the following ages? Tick all that apply

Under one year *B7.9*

One year but under five *B7.10*

Five years but under nine *B7.11*

Since ninth birthday *B7.12*

(c) Please ask the mother to describe what happened in the attack(s) *B7.13*

..... *B7.14*

..... *B7.15*

(d) Has the child been seen by a doctor for these attacks? Tick all that apply

Yes— seen by general practitioner *B7.16*

seen at outpatients *B7.17*

admitted to hospital *B7.18*

No, not seen by doctor *B7.19*

(e) Has the child wheezed during past 12 months?

Yes *B7.20*]-If Yes, how many attacks of wheezing have there been?

No

Not known Number of attacks *B7.21*

If too many to count put TM

(f) Does the mother think that any particular factor(s) precipitate the attack(s)?

Yes *B7.22*]-If Yes, please describe such factors

No *B7.23*, *B7.24*, *B7.25*

Not known *B7.26*, *B7.27*

(g) Has the child been given any medication to prevent or treat wheezing in the past 12 months?

Yes *B7.28*]-If Yes, give details of medication

No Name of drugs *B7.29**

Not known *B7.31**, *B7.33**, *B7.35**

Dosage and duration *B7.30*,
B7.32, *B7.34*, *B7.36*

(h) Is child still on medication? Yes *B7.37*

No

Not known

B8. Has the child ever had any form of convulsion, fit, seizure or other turn in which consciousness was lost or any part of the body made an abnormal movement?

Yes B8.1
 No
 Not known *If No or Not known, please continue at question B9.*

If Yes,

- (a) What were these thought to be due to?
Tick all that apply
- Epilepsy B8.2
 - Febrile convulsions B8.3
 - Fainting and blackouts B8.4
 - Breath holding B8.5
 - Reaction to immunisation B8.6
 - Other B8.7
 - please specify B8.8

- (b) Please ask the mother to describe the first attack
- B8.9
B8.10
B8.11

- (c) How did subsequent attacks differ, if any?
- B8.12
B8.13
B8.14

- (d) What investigations, if any, were carried out?
- B8.15 B8.16
B8.17 B8.18
B8.19 B8.20

- (e) By whom was the child seen for the attack(s)?
Tick all that apply
- Seen by general practitioner at home B8.21
 - Seen by general practitioner at surgery B8.22
 - Seen at hospital outpatients B8.23
 - Admitted to hospital B8.24
 - Not seen by doctor B8.25
 - Not known if doctor saw child B8.26

- (f) Did attack(s) occur at any of the following ages?
Tick all that apply
- Under one year B8.27
 - One year but under five B8.28
 - Five years but under nine B8.29
 - In past 12 months B8.30

If child has had any attacks since fifth birthday:

- (g) How old was the child at the time of the most recent attack? years months
- B8.31A B8.31B
- (h) Has the child been prescribed any regular medication for this problem since fifth birthday?

Yes B8.32
 No
 Not known

If Yes, please describe drugs or medication and duration of use:

Name of drug(s)	Age when given	Duration
<u>B8.33</u> *	<u>B8.34</u>	<u>B8.35</u>
<u>B8.36</u> *	<u>B8.37</u>	<u>B8.38</u>
<u>B8.39</u> *	<u>B8.40</u>	<u>B8.41</u>
<u>B8.42</u> *	<u>B8.43</u>	<u>B8.44</u>

- (i) Is child still on medication?
- Yes B8.45
 No
 Not known

B9. Has the child ever had any major or minor congenital abnormality or defect?

Yes B9.1
 No
 Not known

- If Yes, please describe. B9.2
B9.3
B9.4
B9.5

B10. Has the child ever had bronchitis?

Yes B10.1
 No
 Not known

If Yes,

- (a) How old was the child at the first attack?
If Not known put NK
- B10.2 years

- (b) How many attacks in the last 12 months?
If Not known put NK
If too many to count put TM
If none put 0
- B10.3 attacks

B11. Has the child ever had any of the following medical conditions?

	Yes in past 12 months	Yes before past 12 months	No, never	Not known
Eczema	B11.1 <input type="checkbox"/>	B11.2 <input type="checkbox"/>	B11.3 <input type="checkbox"/>	B11.4 <input type="checkbox"/>
Hayfever	B11.5 <input type="checkbox"/>	B11.6 <input type="checkbox"/>	B11.7 <input type="checkbox"/>	B11.8 <input type="checkbox"/>
Recurrent abdominal pain	B11.9 <input type="checkbox"/>	B11.10 <input type="checkbox"/>	B11.11 <input type="checkbox"/>	B11.12 <input type="checkbox"/>
Pneumonia	B11.13 <input type="checkbox"/>	B11.14 <input type="checkbox"/>	B11.15 <input type="checkbox"/>	B11.16 <input type="checkbox"/>
Migraine	B11.17 <input type="checkbox"/>	B11.18 <input type="checkbox"/>	B11.19 <input type="checkbox"/>	B11.20 <input type="checkbox"/>
Pleurisy	B11.21 <input type="checkbox"/>	B11.22 <input type="checkbox"/>	B11.23 <input type="checkbox"/>	B11.24 <input type="checkbox"/>

B12. Has the child ever had any acute specific fevers?

	Yes	No	Not known
Measles	B12.1 <input type="checkbox"/> at age B12.2 years	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	B12.3 <input type="checkbox"/> at age B12.4 years	<input type="checkbox"/>	<input type="checkbox"/>
Whooping Cough	B12.5 <input type="checkbox"/> at age B12.6 years	<input type="checkbox"/>	<input type="checkbox"/>
Chicken Pox	B12.7 <input type="checkbox"/> at age B12.8 years	<input type="checkbox"/>	<input type="checkbox"/>
Meningitis	B12.9 <input type="checkbox"/> at age B12.10 years	<input type="checkbox"/>	<input type="checkbox"/>
Other acute fever	B12.11 <input type="checkbox"/> at age B12.12 years	<input type="checkbox"/>	<input type="checkbox"/>
please specify B12.13, B12.14, B12.15			

B13. Has the child ever had an operation of any sort?

Yes— Tick all that apply

Tonsillectomy or T's and A's	B13.1 <input type="checkbox"/>	at age B13.2 years
Hernia operation	B13.3 <input type="checkbox"/>	at age B13.4 years
Appendectomy	B13.5 <input type="checkbox"/>	at age B13.6 years
Operation for squint	B13.7 <input type="checkbox"/>	at age B13.8 years
Circumcision	B13.9 <input type="checkbox"/>	at age B13.10 years
Any other operation(s)	B13.11	
please specify	B13.12 <input type="checkbox"/>	at age B13.13 years
.....	B13.14, B13.15 <input type="checkbox"/>	at age B13.16 years
.....	B13.17, B13.18 <input type="checkbox"/>	at age B13.19 years
.....	B13.20, B13.21 <input type="checkbox"/>	at age B13.22 years
No— Never had an operation	B13.23 <input type="checkbox"/>	

B14. Has the child ever received any form of immunisation or vaccination?

Yes ... B14.1

No

Not known

If Yes, against which of the following diseases has the child been immunised?

Tick all that apply

Diphtheria .. B14.2 <input type="checkbox"/>	Whooping Cough ... B14.3 <input type="checkbox"/>	Tetanus .. B14.4 <input type="checkbox"/>
Smallpox .. B14.5 <input type="checkbox"/>	Poliomyelitis B14.6 <input type="checkbox"/>	Measles .. B14.7 <input type="checkbox"/>
TB (BCG) .. B14.8 <input type="checkbox"/>	Other ... B14.9 <input type="checkbox"/>	
If Other, please specify B14.10, B14.11, B14.12		

B15. Has the child ever had any form of reaction to any of these immunisations?

Yes ... *B15.1* ... If Yes, please describe
 No
 Not known

(a) Disease(s) being immunised against at this time *B15.5, B15.6, B15.7, B15.8*
 (b) Age of child at this time *B15.9* years *B15.10* months
 (c) Length of time from the immunisation to the start of the reaction *B15.10* hours OR *B15.11* days
 (d) The form the reaction took *B15.2, B15.3, B15.4*

B16. HOSPITAL ADMISSIONS

Since the fifth birthday, has the child been in hospital overnight or longer?

Yes .. *B16.1* If Yes,
 No
 Not known

(a) please give total number of such admissions since fifth birthday *B16.2*
 (b) please give details below of every hospital admission since child's fifth birthday. List in chronological order. If any detail not known, please enter NK.

	First admission since fifth birthday	Next admission	Next admission	Next admission
Age at admission (years)	<i>B16.3</i>	<i>B16.21</i>	<i>B16.39</i>	<i>B16.57</i>
No. of nights in hospital	<i>B16.4</i>	<i>B16.22</i>	<i>B16.40</i>	<i>B16.58</i>
Reason for admission and diagnosis	<i>B16.5* B16.14*</i>	<i>B16.23A* B16.32*</i>	<i>B16.41A* B16.50B*</i>	<i>B16.59A* B16.68*</i>
<i>No. diagnoses coded</i>	<i>B16.15</i>	<i>B16.33</i>	<i>B16.51</i>	<i>B16.69</i>
Operations and other procedures	<i>B16.16* B16.18B*</i>	<i>B16.34A* B16.36*</i>	<i>B16.52* B16.54*</i>	<i>B16.70* B16.72*</i>
<i>No. operations coded</i>	<i>B16.19</i>	<i>B16.37</i>	<i>B16.55</i>	<i>B16.73</i>
Name and full address of hospital				

If more than 4 admissions since fifth birthday, please continue on back page.

B17. OUTPATIENT ATTENDANCES

Since the fifth birthday, has the child attended a hospital outpatient department, accident department or specialist clinic?

Yes .. *B17.1* If Yes, please give details below of each condition or illness resulting in attendance(s) in chronological order. If any detail not known, please enter NK.
 No
 Not known

No attendances coded: B17.30

	First episode since fifth birthday	Second episode	Third episode	Fourth episode
Age at first attendance (years)	<i>B17.2</i>	<i>B17.9</i>	<i>B17.16</i>	<i>B17.23</i>
Total number of attendances	<i>B17.3</i>	<i>B17.10</i>	<i>B17.17</i>	<i>B17.24</i>
Diagnosis and treatment	<i>B17.4* B17.7*</i>	<i>B17.11* B17.14*</i>	<i>B17.18* B17.21*</i>	<i>B17.25* B17.28*</i>
Name and address of department, hospital or clinic				

If more than 4 episodes since fifth birthday, please continue on back page.

B18. ACCIDENTS

Since the fifth birthday, has the child had an accident requiring medical advice or treatment?

Please include accidents at home, in school, on the road and elsewhere, accidental ingestion of medicines/poisons, burns/scalds, eye injuries, near-drowning, bad cuts and other injuries with or without unconsciousness.

Yes— *B18.1* Tick all that apply *B18.7*

accidental swallowing of medicines or poisons

burn(s), scald(s) *B18.2* If Yes, please state total number of accidents

road traffic accident(s) *B18.3*

other type of accident *B18.4*

No accident *B18.5*

Not known *B18.6*

Please give details of every accident since fifth birthday. If any detail not known, please enter NK.

	First accident since fifth birthday	Next accident	Next accident	Next accident
Age (years)	<i>B18.8</i>	<i>B18.22</i>	<i>B18.30</i>	<i>B18.50</i>
Where did it happen? (road, home, school, etc.)	<i>B18.9</i>	<i>B18.23</i>	<i>B18.37</i>	<i>B18.51</i>
What happened?*	<i>B18.10 - B18.15</i>	<i>B18.24 - B18.29</i>	<i>B18.38 - B18.43</i>	<i>B18.52 - B18.57</i>
Description of 'injuries' (e.g. burn/scald, fracture, head injury with unconsciousness, etc.)	<i>B18.16* - B18.18*</i>	<i>B18.30* - B18.32B*</i>	<i>B18.44* - B18.46*</i>	<i>B18.58* - B18.60*</i>
Where treated? † (G.P., Casualty, In-patient)	<i>B18.19</i>	<i>B18.33</i>	<i>B18.47</i>	<i>B18.61</i>
Treatment, (including stitches, operation(s) plaster cast(s), traction etc.)	<i>B18.20* B18.21*</i>	<i>B18.34* B18.35*</i>	<i>B18.48* B18.49*</i>	<i>B18.62* B18.63*</i>

If more than 4 accidents since fifth birthday, please continue on back page.

*If ingestion of medicines/poisons, give name of substance.

†Please check that all accidents resulting in hospital admission, casualty or outpatient attendances have also been included in questions B16 and B17.

B19. Have there been any other illnesses or relevant conditions concerning the child's past or present health which have not been described already?

Yes *B19.1* If Yes, please specify *B19.2*

No *B19.3*

Not known *B19.4*

B20. Has the child ever attended or been visited by any of the following?

	Yes	Reason(s)	No	Not known
(a) Speech therapist <i>B20.1</i>	<input type="checkbox"/>	<i>B20.2</i>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Child and family guidance service <i>B20.3</i>	<input type="checkbox"/>	<i>B20.4</i>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Child psychiatrist <i>B20.5</i>	<input type="checkbox"/>	<i>B20.6</i>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Occupational therapist <i>B20.7</i>	<input type="checkbox"/>	<i>B20.8</i>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Physiotherapist <i>B20.9</i>	<input type="checkbox"/>	<i>B20.10</i>	<input type="checkbox"/>	<input type="checkbox"/>

B21. During the past 12 months has the child attended or been visited by any of the following?

	Yes	Reason(s)	No	Not known
(a) General practitioner <i>B21.1</i>	<input type="checkbox"/>	<i>B21.4</i>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Health visitor <i>B21.2</i>	<input type="checkbox"/>	<i>B21.5</i>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Social worker <i>B21.3</i>	<input type="checkbox"/>	<i>B21.6</i>	<input type="checkbox"/>	<input type="checkbox"/>
(d) School dental service <i>B21.7</i>	<input type="checkbox"/>	<i>B21.8</i>	<input type="checkbox"/>	<input type="checkbox"/>
(e) NHS or private dental service <i>B21.9</i>	<input type="checkbox"/>	<i>B21.10</i>	<input type="checkbox"/>	<input type="checkbox"/>

B22. During the past 12 months how much time altogether has the child missed from school because of ill health or emotional disturbance?

None, or less than one week in all... *B22.1*

Over one week and up to one month in all...

Over one month and up to three months in all...

Over three months...

Missed school, but not known for how long...

Not known whether missed school...

Does not attend school...

If away for more than one week, please state medical reason(s)

B22.2

B22.3

B22.4

B23. Please list all pills, medicines and other forms of medication taken by study child in past seven days? Include: maintenance or other medicines or treatments prescribed by doctor or hospital, tranquillisers, sedatives, hypnotics, analgesics, medicinal products obtained direct from chemist or shops, e.g. laxatives, vitamins, aspirin, etc.

Name of substance(s)	Reason taken	How often given
<i>B23.1 *</i>	<i>B23.2 *</i>	<i>B23.3</i>
<i>B23.4 *</i>	<i>B23.5 *</i>	<i>B23.6</i>
<i>B23.7 *</i>	<i>B23.8 *</i>	<i>B23.9</i>
<i>B23.10 *</i>	<i>B23.11 *</i>	<i>B23.12</i>
<i>B23.13 *</i>	<i>B23.14 *</i>	<i>B23.15</i>

B24. In summary, do you consider that the child has a physical or mental disability or handicap, or any other disabling condition which interferes with normal everyday life, or which might be a problem at school?

B24.1

Yes, slight disability

Yes, severe disability

No

Not known

If Yes, please give diagnosis and describe disability

B24.2

B24.3

B24.4

EDUCATION AND OCCUPATION OF PARENTS

NOTE: If the father or mother no longer live with this family please give details of the education and occupation of the male or female head of the household.

C1. What are the educational or occupational qualifications of the present parents?

Tick all that apply in both columns

	Father (male head of household)	Mother (female head of household)
Trade apprenticeship or other occupational training, e.g. shorthand, typing, State Enrolled Nurse, etc.	<input type="checkbox"/> <i>C1.1</i>	<input type="checkbox"/> <i>C1.12</i>
G.C.E. 'O' level or equivalent, e.g. Scottish Certificate of Education (SCE) 'O' grade, C.S.E., City and Guilds Intermediate Tech. Cert., or Final Craft Cert.	<input type="checkbox"/> <i>C1.2</i>	<input type="checkbox"/> <i>C1.13</i>
G.C.E. 'A' level or equivalent, e.g. Scottish Certificate of Education (SCE) higher grade, OND, ONC, City and Guilds Final Tech. Cert.	<input type="checkbox"/> <i>C1.3</i>	<input type="checkbox"/> <i>C1.14</i>
State Registered Nurse or Registered Nurse	<input type="checkbox"/> <i>C1.4</i>	<input type="checkbox"/> <i>C1.15</i>
Certificate of Education (teachers) or equivalent	<input type="checkbox"/> <i>C1.5</i>	<input type="checkbox"/> <i>C1.16</i>
Degree, e.g. BSc, BEd, PhD, etc., HND, HNC, Membership of Professional Institute, e.g. FCA, FRICS, MIEE, etc.	<input type="checkbox"/> <i>C1.6</i>	<input type="checkbox"/> <i>C1.17</i>
Other qualification(s),	<input type="checkbox"/> <i>C1.7</i>	<input type="checkbox"/> <i>C1.18</i>
please specify	<i>C1.8</i>	<i>C1.19</i>
No qualifications	<input type="checkbox"/> <i>C1.9</i>	<input type="checkbox"/> <i>C1.20</i>
No male/female head of household	<input type="checkbox"/> <i>C1.10</i>	<input type="checkbox"/> <i>C1.21</i>
Qualifications not known	<input type="checkbox"/> <i>C1.11</i>	<input type="checkbox"/> <i>C1.22</i>

C2. (a) What is the current employment situation of the present parents?

	Father (male head of household)	Mother (female head of household)
In a regular paid job or family business (including if temporarily absent from work for any reason).....	C2.1 <input type="checkbox"/>	C2.9 <input type="checkbox"/>
Works occasionally or on casual basis only	C2.2 <input type="checkbox"/>	C2.10 <input type="checkbox"/>
Not currently in paid job		
Seeking work	C2.3 <input type="checkbox"/>	C2.11 <input type="checkbox"/>
Looks after home and family, no other work.....	C2.4 <input type="checkbox"/>	C2.12 <input type="checkbox"/>
Not in paid job for other reason,	C2.5 <input type="checkbox"/>	C2.13 <input type="checkbox"/>
please specify	C2.6	C2.14
Other employment situation,	C2.7 <input type="checkbox"/>	C2.15 <input type="checkbox"/>
please specify		
No male/female head of household	C2.8 <input type="checkbox"/>	C2.16 <input type="checkbox"/>

(b) If not currently in paid job, how long is it since last regular employment?

If never in paid job, please put NA years, NA months. If years not known put NK.

Length of time since father last in paid job	C2.17A years	C2.17B months
Length of time since mother last in paid job	C2.18A years	C2.18B months

IF CURRENTLY IN PAID JOB please give details of *this job* in questions C3-C6.

IF NOT CURRENTLY IN PAID JOB please give details of *last main job* in questions C3-C6.

C3. Please describe each parent's actual job, occupation, trade or profession.

Use precise terms such as radio-mechanic, woodworking machinist, toolroom foreman, rather than general terms such as mechanic, machinist, foreman, engineer. If the occupation is known in the trade or profession by a special name, please use that name.

Please also describe the *type of industry or service given.*

Give details of what is made, materials used or services given.

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If in H.M. Forces, please give *rank* in addition to actual job and type of industry.

(a) FATHER (male head of household)

Actual job, occupation, trade or profession..... C3.1A* C3.1B* C3.1C*
 C3.2 C3.3* C3.4, C3.5
 Type of industry or service given..... C3.6* C3.7

(b) MOTHER (female head of household)

Actual job, occupation, trade or profession..... C3.8A* C3.8B* C3.8C*
 C3.9 C3.10* C3.11 C3.12
 Type of industry or service given..... C3.13A* C3.13B* C3.14

C4. Indicate the employment status of the parent(s)

	Father (male head of household)	Mother (female head of household)
Self-employed—		
without employees other than family workers.....	C4.1A/B <input type="checkbox"/>	C4.2A/B <input type="checkbox"/>
with up to 24 employees.....	<input type="checkbox"/>	<input type="checkbox"/>
with 25 or more employees	<input type="checkbox"/>	<input type="checkbox"/>
Employee—		
not supervising others	<input type="checkbox"/>	<input type="checkbox"/>
as foreman, supervisor, chargehand	<input type="checkbox"/>	<input type="checkbox"/>
manager in establishments employing up to 24 persons.....	<input type="checkbox"/>	<input type="checkbox"/>
manager in establishments employing 25 or more persons.....	<input type="checkbox"/>	<input type="checkbox"/>

C5. How many hours did the parent(s) work during their last working week?

If never in paid job, please put NA hours per week

(a) Father (male head of household)	C5.1 hours
(b) Mother (female head of household)	C5.2 hours

C6. During the last working week, did either parent work for three hours or more on Saturday, or on Sunday or outside normal working hours, i.e. before 8.00 a.m. or after 5.00 p.m.?

Do not add together hours worked on different days.

Tick all that apply in both columns

	Father (male head of household)	Mother (female head of household)
Yes, worked three hours or more—		
on Saturday	C6.1 <input type="checkbox"/>	C6.8 <input type="checkbox"/>
on Sunday	C6.2 <input type="checkbox"/>	C6.9 <input type="checkbox"/>
before 8.00 a.m. or after 5.00 p.m. on any one weekday	C6.3 <input type="checkbox"/>	C6.10 <input type="checkbox"/>
No, did not work during any of these periods	C6.4 <input type="checkbox"/>	C6.11 <input type="checkbox"/>
Other reply	C6.5 <input type="checkbox"/>	C6.12 <input type="checkbox"/>
please specify	C6.6	C6.13
Not currently in paid job	C6.7 <input type="checkbox"/>	C6.14 <input type="checkbox"/>

C7. Was the mother working regularly outside the home during the child's summer holiday from school last year?

Yes, was working—

more than 30 hours a week	C7.1 <input type="checkbox"/>	} If Yes, who looked after the child most of the time during the holiday whilst the mother was at work? (please specify grandparent, father, neighbour, child looked after self, etc.)
up to 30 hours a week	<input type="checkbox"/>	
No, was not working during the child's summer holiday	<input type="checkbox"/>	
Other reply, please specify		C7.2

BENEFITS AND INCOME

If necessary, please explain that benefits and income of families with young children are a vital part of this study of the lives and development of British children. If the parent is kind enough to provide this information it will be treated in complete confidence.

C8. Has this family received any of the following in the past 12 months?

	Yes	No	Not known
(a) Child Benefit	<input type="checkbox"/>	C8.1 <input type="checkbox"/>	<input type="checkbox"/>
(b) Child Benefit Increase (for single parent families)	<input type="checkbox"/>	C8.2 <input type="checkbox"/>	<input type="checkbox"/>
(c) Family Income Supplement (FIS)	<input type="checkbox"/>	C8.3 <input type="checkbox"/>	<input type="checkbox"/>
(d) Supplementary benefit	<input type="checkbox"/>	C8.4 <input type="checkbox"/>	<input type="checkbox"/>
(e) Widow's benefit/widowed mother's allowance	<input type="checkbox"/>	C8.5 <input type="checkbox"/>	<input type="checkbox"/>
(f) Retirement pension	<input type="checkbox"/>	C8.6 <input type="checkbox"/>	<input type="checkbox"/>
(g) Sickness/invalidity benefit	<input type="checkbox"/>	C8.7 <input type="checkbox"/>	<input type="checkbox"/>
(h) Disablement pension	<input type="checkbox"/>	C8.8 <input type="checkbox"/>	<input type="checkbox"/>
(i) Attendance or mobility allowance	<input type="checkbox"/>	C8.9 <input type="checkbox"/>	<input type="checkbox"/>
(j) Unemployment benefit	<input type="checkbox"/>	C8.10 <input type="checkbox"/>	<input type="checkbox"/>
(k) Any other benefit(s) received	<input type="checkbox"/>	C8.11 <input type="checkbox"/>	<input type="checkbox"/>
please specify		C8.12	

C9. Please show the following income ranges and ask for the range in which the family's total gross weekly income falls (before deductions). An estimate will be acceptable.

Include all earned and unearned income of both mother and father before deductions for tax, national insurance, etc. Exclude any income of other household members and child benefit.

Total gross weekly income of parents—

Under £35 per week	C9.1 <input type="checkbox"/>
£35 — £49 per week	C9.2 <input type="checkbox"/>
£50 — £99 per week	C9.3 <input type="checkbox"/>
£100 — £149 per week	C9.4 <input type="checkbox"/>
£150 — £199 per week	C9.5 <input type="checkbox"/>
£200 — £249 per week	C9.6 <input type="checkbox"/>
£250 or more per week	C9.7 <input type="checkbox"/>
Other reply, please specify	C9.8

HOUSING AND AMENITIES

D1. What accommodation is occupied by this household?

- D1.1
- Flat or maisonette with own front door (i.e. self contained)
 - Flat or rooms in building shared with other households (i.e. not self-contained)
 - Caravan/houseboat
 - House or bungalow occupied by this household only
 - Other type of accommodation
- please describe

- If flat or rooms, please give the lowest floor on which living room(s) or bedroom(s) are situated.
- D1.2
- Basement
 - Ground floor
 - Above ground floor,

If above ground floor please specify D1.3 floor
 floor
 e.g. for first floor, please put 1

D2. Is the accommodation owned or rented by the household?

- Owned outright D2
 - Being bought on mortgage or loan
 - Rented from local authority (council or New Town)
 - Privately rented — unfurnished
 - Privately rented — furnished
 - Tied to occupation of a household member
 - Other situation,
- please describe

D3. Has the household the use of a bathroom and kitchen on these premises? Please indicate whether they are used only by this household or shared with other household(s) in the building.

	Sole use by this household	Shared with other household(s)	No kitchen No bathroom
(a) Bathroom D3.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Kitchen D3.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D4. Is the kitchen at least 6 feet 6 inches (2 metres) wide?

- Yes D4
- No
- No kitchen available

D5. How many rooms are there within the accommodation?

Do not count: kitchens, bathrooms or toilets, or rooms used solely for business or trade purposes.

- (a) Total number of rooms D5.1 (b) How many of these rooms are bedrooms? D5.2

D6. (a) What methods of heating are regularly used at home in the winter?

Tick all that apply

- Gas fire(s) D6.1
 - Electric fire(s) D6.2
 - Night storage heater(s) D6.3
 - Open coal fire(s) D6.4
 - Paraffin heater(s) D6.5
 - Full central heating, most rooms heated from central source D6.6
 - Partial central heating, only some rooms heated from central source D6.7
 - Other method(s) of heating D6.8
- please specify D6.9, D6.10, D6.11

- If gas fire(s), is a gas fire used which has no flue or chimney, e.g. a free-standing gas heater using bottled gas, such as Calor Gas?
- Yes D6.12
 - No
 - Not known
- If central heating, what fuel is used?
- Gas D6.13
 - Electricity
 - Oil
 - Solid fuel

(b) Which one of the above is the main method of heating? Please specify only one, e.g. full central heating, gas fire(s), etc.

D6.14

D7. Has gas ever been used for cooking at home in the past ten years?

Yes, gas used for cooking now D7.1 **If Yes, for how many of the past ten years has gas been used for cooking?** D7.2 years

Yes, in past but not now

No, gas not used for cooking in past ten years *If under one year, please put 0 years*

Other reply,
please specify

D8. Is the present accommodation affected by dampness? (e.g. from rising damp, leaking roof, condensation)

Yes, slight dampness D8.1 **If Yes, which of the following types of rooms are involved?**

Yes, moderate dampness Kitchen or bathroom D8.2

Yes, marked dampness Living room(s) D8.3

No Bedroom(s) D8.4

Other room(s) D8.5

please specify

FAMILY HEALTH

E1. What is the height and weight of the natural mother? *an estimate is acceptable. If not known put NK.*

(a) Height without shoes feet inches OR E1.1 cm.

(b) Weight lightly clothed stones lbs. OR E1.2 kg.

E2. What is the height and weight of the natural father? *an estimate is acceptable. If not known put NK.*

(a) Height without shoes feet inches OR E2.1 cm.

(b) Weight lightly clothed stones lbs. OR E2.2 kg.

E3. Since the child's fifth birthday has anyone in the household had any severe or prolonged illness (medical, surgical or psychiatric) or any handicap or disability? Please include illness in mother, father, other adults, children in household. *Tick all that apply*

Yes, mother E3.1

Yes, father E3.2

Yes, other adult or child (exclude study child) E3.3

No E3.4

If Yes, please give the following details for each member of the household concerned:

Relationship to the child	1ST PERSON <u>E3.5</u>	2ND PERSON <u>E3.14</u>	3RD PERSON <u>E3.23</u>
Diagnosis or nature of condition	<u>E3.6A*</u> , <u>E3.6B*</u>	<u>E3.15A*</u> , <u>E3.15B*</u>	<u>E3.24A*</u> , <u>E3.24B*</u>
Year of onset	<u>E3.7*</u> <u>E3.9*</u>	<u>E3.16*</u> <u>E3.18*</u>	<u>E3.25*</u> <u>E3.27*</u>
Duration of condition (years and months)	<u>E3.10</u>	<u>E3.19</u>	<u>E3.28</u>
Outcome (e.g. recovered, died, condition still present)	<u>E3.11A</u> , <u>E3.11B</u>	<u>E3.20A</u> , <u>E3.20B</u>	<u>E3.29A</u> , <u>E3.29B</u>
In what way, if any, has condition caused any interference with the child's everyday care?	<u>E3.12</u>	<u>E3.21</u>	<u>E3.30</u>
<i>No. persons coded</i>	<u>E3.13</u>	<u>E3.22</u>	<u>E3.31</u>
	<u>E3.33</u>	<u>E3.34</u>	<u>E3.35</u>

E4. Looking back to when the mother was pregnant with the study child, can she remember how often, if at all, she took an alcoholic drink during her pregnancy. *Please ask only if natural mother.*

(A) EARLY IN PREGNANCY

PLEASE TRY TO ANSWER A AND B

Most days E4.1

2-3 times a week

Once a week or less

Not at all

Not known

(B) LATER IN PREGNANCY

Most days E4.2

2-3 times a week

Once a week or less

Not at all

Not known

Comments E4.3 E4.4

Please ask questions E5 to E8 first concerning the study child, then concerning the mother and then concerning the father.

Please tick one box in each horizontal line

E5. Does the study child, or the mother or the father usually cough first thing in the morning?

	No	Yes, but for less than 3 months a year	Yes, for 3 months or more a year	Not known	No mother/father figure
(a) Study child ... E5.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Mother ... E5.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Father ... E5.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E6. Does the study child, or the mother or the father usually cough during the day or at night?

	No	Yes, but for less than 3 months a year	Yes, for 3 months or more a year	Not known	No mother/father figure
(a) Study child ... E6.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Mother ... E6.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Father ... E6.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E7. Does the study child, or the mother or the father usually bring up phlegm first thing in the morning?

	No	Yes, but for less than 3 months a year	Yes, for 3 months or more a year	Not known	No mother/father figure
(a) Study child ... E7.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Mother ... E7.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Father ... E7.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E8. Does the study child, or the mother or the father usually bring up phlegm during the day or at night?

	No	Yes, but for less than 3 months a year	Yes, for 3 months or more a year	Not known	No mother/father figure
(a) Study child ... E8.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Mother ... E8.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Father ... E8.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E9. Does the mother smoke cigarettes or cigars at present?

Cigarette smoking is defined as an average of one or more cigarettes a day.

Yes, cigarettes ... E9.1 — If Yes, (a) how many cigarettes does she smoke per day? cigs/day

Yes, cigars ... (b) for how long has she been smoking? years

No, non-smoker ...

Not known ...

No mother figure ...

E10. If mother is a non-smoker, has she smoked at all in the past ten years?

E10.1 Yes, mother has smoked but not smoking now — If Yes, (a) how many cigarettes did she smoke per day just before giving up? cigs/day

No, mother has not smoked at all in past ten years (b) how long is it since she gave up smoking? years

E11. Does the father smoke cigarettes, cigars or pipe at present?

Cigarette smoking is defined as an average of one or more cigarettes a day

E11.1 Yes, cigarettes ... — If Yes, (a) how many cigarettes does he smoke per day? cigs/day

Yes, cigars or pipe ... (b) for how long has he been smoking? years

No, non-smoker ...

Not known ...

No father figure ...

E12. If father is a non-smoker, has he smoked at all in the past ten years?

E12.1 Yes, father has smoked but not smoking now. . . . If Yes, (a) how many cigarettes did he smoke per day just before giving up? *E12.2*
No, father has not smoked at all in past ten years. . . . (b) how long is it since he gave up

E13. Do any other members of the household smoke at present?

Yes . . . *E13.1* . . . If Yes, how many other people smoke?
No
Not known

Please enter below 1. any further details about accidents, hospital admissions or outpatient attendances for which there was insufficient space in the form.
2. any comments or information you feel are relevant.

BACK1P

SEE PAGE 17

PLEASE THANK THE PARENT(S) FOR HER/HIS HELP

It may be helpful for the doctors on the survey to consult in confidence medical records about a child's admission(s) to hospital or attendance(s) at outpatients or illnesses treated by the family doctor. Would you please ask the parent for her/his permission for us to do this should it prove necessary at a later date.

*I am willing/I am not willing for medical records about my child's illnesses to be consulted if it should prove necessary.
(*delete as applicable)

BACK2P

Signature of parent/guardian . . . *BACK3P*

WE ARE MOST GRATEFUL FOR THE TIME YOU HAVE GIVEN. THANK YOU FOR YOUR HELP.



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Date of Interview (DD)= BACK4AP
Date of Interview (MM)= BACK4BP
Date of Interview (YY)= BACK4CP
Father's corrected employment situation= BACK5P
Father's corrected occup code 1980= BACK6P
Father's corrected occup code 1970= BACK7P
Father's corrected social class vars SEG 1980= BACK10P
Father's corrected social class vars SEG 1970= BACK14P
Mother's corrected employment situation= BACK15P
Mother's corrected occup code 1980= BACK16P
Mother's corrected occup code 1970= BACK17P
Mother's corrected social class vars SEG 1980= BACK20P
Mother's corrected social class vars SEG 1970= BACK24P
Text pool entry 1 pointer= PENT1.1
Text pool entry 1 ICD code= PENT1.2
Text pool entry 1 text string 30 chars= PENT1.3
Text pool entry 2 pointer= PENT2.1
Text pool entry 2 ICD code= PENT2.2
Text pool entry 2 text string 30 chars= PENT2.3
Text pool entry 3 pointer= PENT3.1
Text pool entry 3 ICD code= PENT3.2
Text pool entry 3 text string 30 chars= PENT3.3
Text pool entry 4 pointer= PENT4.1
Text pool entry 4 ICD code= PENT4.2
Text pool entry 4 text string 30 chars= PENT4.3
Text pool entry 5 pointer= PENT5.1
Text pool entry 5 ICD code= PENT5.2
Text pool entry 5 text string 30 chars= PENT5.3
Text pool entry 6 pointer= PENT6.1
Text pool entry 6 ICD code= PENT6.2
Text pool entry 6 text string 30 chars= PENT6.3
Text pool entry 7 pointer= PENT7.1
Text pool entry 7 ICD code= PENT7.2
Text pool entry 7 text string 30 chars= PENT7.3
Text pool entry 8 pointer= PENT8.1
Text pool entry 8 ICD code= PENT8.2
Text pool entry 8 text string 30 chars= PENT8.3
Text pool entry 9 pointer= PENT9.1
Text pool entry 9 ICD code= PENT9.2
Text pool entry 9 text string 30 chars= PENT9.3
Text pool entry 10 pointer= PENT10.1
Text pool entry 10 ICD code= PENT10.2
Text pool entry 10 text string 30 chars= PENT10.3
Text pool entry 11 pointer= PENT11.1
Text pool entry 11 ICD code= PENT11.2
Text pool entry 11 text string 30 chars= PENT11.3

Text pool entry 12 pointer= PENT12.1
Text pool entry 12 ICD code= PENT12.2
Text pool entry 12 text string 30 chars= PENT12.3
Text pool entry 13 pointer= PENT13.1
Text pool entry 13 ICD code= PENT13.2
Text pool entry 13 text string 30 chars= PENT13.3
Text pool entry 14 pointer= PENT14.1
Text pool entry 14 ICD code= PENT14.2
Text pool entry 14 text string 30 chars= PENT14.3
Text pool entry 15 pointer= PENT15.1
Text pool entry 15 ICD code= PENT15.2
Text pool entry 15 text string 30 chars= PENT15.3
Text pool entry 16 pointer= PENT16.1
Text pool entry 16 ICD code= PENT16.2
Text pool entry 16 text string 30 chars= PENT16.3
Text pool entry 17 pointer= PENT17.1
Text pool entry 17 ICD code= PENT17.2
Text pool entry 17 text string 30 chars= PENT17.3
Text pool entry 18 pointer= PENT18.1
Text pool entry 18 ICD code= PENT18.2
Text pool entry 18 text string 30 chars= PENT18.3
Text pool entry 19 pointer= PENT19.1
Text pool entry 19 ICD code= PENT19.2
Text pool entry 19 text string 30 chars= PENT19.3
Text pool entry 20 pointer= PENT20.1
Text pool entry 20 ICD code= PENT20.2
Text pool entry 20 text string 30 chars= PENT20.3