

**STRICTLY
CONFIDENTIAL**

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FOLLOW-UP SURVEY

L.A. Number.....

Serial Number.....

ROYAL COLLEGE OF OBSTETRICIANS AND GYNÆCOLOGISTS
POPULATION INVESTIGATION COMMITTEE
INSTITUTE OF CHILD HEALTH

At the LONDON SCHOOL OF ECONOMICS, HOUGHTON STREET, LONDON, W.C.2

Mother's Name..... If she has moved what is her present address?
Address.....
.....
..... In what M. and C.W. Authority is it?
.....

IF SHE HAS MOVED TO ANOTHER M. AND C.W. AUTHORITY RETURN THIS FORM AT ONCE TO WHOEVER HAS BEEN DELEGATED BY YOUR MEDICAL OFFICER OF HEALTH TO RECEIVE IT.

Approach to the Mother.

Remind her that she was visited soon after her baby was born in March, 1946. We now want to find out what progress her baby has made. By giving as many details as she can, she will be helping us to plan better health services. All information she gives will, of course, be treated as ABSOLUTELY CONFIDENTIAL.

How to fill in this Form.

1. This inquiry refers throughout to THE BABY BORN IN MARCH, 1946.
2. Before you interview the mother read through the questionnaire and answer as many questions as possible from your records and those of the Infant Welfare Centre. Check with the mother, when you interview her, all the answers you have obtained from the records.
3. The questions are printed in heavy type and the mother's answers in light type. Instructions to the interviewer are in italics.
4. The answers to the questions are shown by putting a ring with a soft pencil round the code number or letter opposite the mother's answer. If the answer does not fit any alternative write it below the question itself. If a mother refuses or is unable to answer any question put a ring round "X" or "XX" for "No answer."
5. Please follow the order of the questions as set out in the questionnaire and keep as close to the phrasing as you can. When any question does not apply to a particular mother or baby ring the code number "Y" or "YY" for "does not apply." Do not strike through a question or leave it blank. EVERY QUESTION SHOULD BE ANSWERED. Before leaving the mother please check through the questionnaire to see that this has been done.
6. Some of the questions on illness are in tabular form. Deal with each illness in turn and record the answer to each question by putting a ring round the appropriate code number in the column referring to the illness with which you are dealing.
7. The comments on home conditions at the end of this questionnaire should be filled in from your own knowledge and observation of the household. Do NOT ask the mother these questions.
8. If a baby has died please try to obtain all the details you can about his health and development up to the date of death. It is just as essential to obtain information about a baby who has died as about one who is alive. However, use your judgment in leaving out any question that might cause embarrassment.
9. If the mother refuses to be interviewed try to find out her reasons and write them in the space provided. Then fill in as much of the questionnaire as you can from the records, and RETURN THE FORM WITH THE OTHERS YOU HAVE COMPLETED.
10. When you have completed your interviews, hand the questionnaires to whoever has been delegated by your Medical Officer of Health to receive them.

QUESTIONNAIRE

(Ring with a soft pencil the code number opposite the mother's answer.)

1. *If mother not interviewed because she refused, was ill, etc., give reasons.....*

DETAILS OF CHILD BORN IN MARCH, 1946.

2. Is the baby born in March 3-9, 1946, living at home, with relatives, or adopted, or has he died?
- | | |
|-------------------------------|---|
| Living at home..... | 1 |
| With relatives..... | 2 |
| Adopted..... | 3 |
| Ill in hospital..... | 4 |
| Living elsewhere, namely..... | 5 |
| Dead..... | 6 |
| No information..... | X |

3. *If this baby has died, please fill in the following:—*
- (a) Age at death..... months.
Question does not apply...Y
No answer.....X

- (b) Cause of death.....

4. What is this baby's sex? Male.....1
Female.....2

5. What was this baby's weight at birth?.....lbs.....ozs.

DEVELOPMENT.

6. How many months old was baby when he
- (a) Sat up alone?..... months
No answer.....XX
- (b) Stood alone?..... months
No answer.....XX
- (c) Walked several steps without support?..... months
No answer.....XX
- (d) Cut his first tooth?..... months
No answer.....XX
- (e) Said more than "mum" "dad" or "nan"?..... months
No answer.....XX
7. Are you now using napkins for this baby? Yes.....1
No.....2
No answer.....X
- (*If "Yes."*)
- (a) Does he wear them by day only, by night only, or all the time? Day only.....1
Night only.....2
All the time.....3
Question does not apply...Y
No answer.....X
8. Has this baby any DEVELOPMENTAL (CONGENITAL) ABNORMALITY, DEFECT or MALFORMATION? Yes.....1
No.....2
No answer.....X
- (*If "Yes."*)
- (a) What type of abnormality has he?.....

15. Has this baby ever had FITS or CONVULSIONS or DIARRHOEA (i.e., the passage of liquid stools) ?

	FITS OR CONVULSIONS	DIARRHOEA
Yes	1	1
No	2	2
No answer	X	X

(If "Yes.")

(a) How many months old was baby at the first attack ?

	FITS OR CONVULSIONS	DIARRHOEA
Age	_____ months	_____ months
Question does not apply	YY	YY
No answer	XX	XX

(b) How many attacks has he had in all ?

	FITS OR CONVULSIONS	DIARRHOEA
No. of attacks	_____ fits	_____ attacks
Question does not apply	Y	Y
No answer	X	X

(c) Where or by whom was he treated ?

	FITS OR CONVULSIONS	DIARRHOEA
Not treated	0	0
Hospital In-Patient	1	1
Hospital Out-Patient	2	2
Nursing Home	3	3
Private Doctor	4	4
Chemist	5	5
Other	6	6
Question does not apply	Y	Y
No answer	X	X

FEEDING.

16. (a) At what age was the baby completely weaned from the breast ? _____ months

At birth.....OO
 Not yet weaned.....YY
 No answer.....XX

(b) At what age was he completely weaned from the bottle ? _____ months

Never bottle fed.....OO
 Not yet weaned.....YY
 No answer.....XX

INFANT WELFARE.

17. Have you ever taken the baby to an Infant Welfare Centre ?

Yes1
 No2
 No answer.....X

(If "Yes.")

(a) How many weeks old was he when you first took him to the I.W.C. ? _____ weeks

Question does not apply YY
 No answer.....XX

(b) How many times did you take him in the first year ? _____ times

Question does not apply YY
 No answer.....XX

(c) How many times did you take him in the second year ? _____ times

Question does not apply..Y
 No answer.....X

BABY'S SLEEPING ARRANGEMENTS.

(Health Visitors please check these answers if possible.)

18. Does he sleep in a room by himself or in a room with others ?

By himself.....1
 With others2
 No answer.....X

(If "with others")

(a) How many others sleep in his room ? _____ children (under 15)

.....adults (15 and over)
 Question does not apply..Y
 No answer.....X

(b) Does he sleep in his own cot or with others ?

Own cot.....1
 With others2
 Question does not apply..Y
 No answer.....X

USE OF NURSERIES.

19. Does this baby go (or has he ever gone) to a day or other nursery ?

No0
 Yes, Municipal or voluntary day nursery1
 Yes, Municipal or voluntary residential nursery2
 Yes, factory day nursery..3
 Yes, other, namely.....
4
 No answer.....X

(If baby is going or has gone to a day or other nursery)

(a) How many months old was he when you first took him ? _____ months

Question does not apply YY
 No answer.....XX

(b) Why did you take him ?

Mother working.....1
 Mother ill2
 When Mother confined....3
 Other reasons, namely....
4
 Question does not apply..Y
 No answer.....X

(c) Is he still being taken ?

Yes1
 No2
 Question does not apply..Y
 No answer.....X

(If baby not sent to nursery)

(d) Would you have liked him to go to a nursery ?

Yes1
 No2
 Question does not apply..Y
 No answer.....X

(If mother would have liked him to go to a nursery)

(e) Why didn't he go to one ?

None available1
 Mother not eligible.....2
 Baby ill3
 Other, namely.....
4
 Question does not apply..Y
 No answer.....X

THE MOTHER.

20. Are you helped with the housework ?

Yes, all the time.....1
 Yes, regularly part-time..2
 Yes, occasionally.....3
 No4
 No answer.....X

21. Are you working now ? (i.e. doing paid work inside or outside the home.)

Yes1
 No2
 No answer.....X

(If "Yes.")

(a) What is your occupation ?

.....
 (b) Is it whole-time or part-time ?

Whole-time.....1
 Part-time2
 Question does not apply..Y
 No answer.....X
 (c) Who looks after the children when you are at work ?

Relations or friends.....1
 Day Nursery.....2
 Residential Nursery.....3
 Mother works at home...4
 Paid help at home.....5
 Other,namely
6
 Question does not apply..Y
 No answer.....X

22. Did you have a post-natal examination by a doctor after your child was born in March, 1946 ?

Yes1
 No2
 No answer.....X

(If "Yes.")

(a) How many weeks after the birth of your baby were you examined ? _____ weeks

Question does not apply..Y
 No answer.....X

(If mother not examined)

(b) Why did you not have a post-natal examination ?

.....

DOMESTIC ACCIDENTS.

9. Has this baby ever had an accident in which he was **BURNT or SCALDED, BROKE A BONE, or was BADLY CUT or BRUISED?**

	BURNS OF SCALDS	BROKEN BONES	BAD CUTS OF BRUISES
Yes	1	1	1
No	2	2	2
No answer	X	X	X

(If "Yes.")

(a) How many months old was baby when he had the accident?

	BURNS OF SCALDS	BROKEN BONES	BAD CUTS OF BRUISES
Age	months	months	months
Q doesn't apply ..	YY	YY	YY
No answer	XX	XX	XX

(b) Where or by whom was he treated?

	BURNS OF SCALDS	BROKEN BONES	BAD CUTS OF BRUISES
Not treated	0	0	0
Hospital In-Patient ..	1	1	1
Hospital Out-Patient ..	2	2	2
Nursing Home	3	3	3
Private Doctor	4	4	4
Chemist	5	5	5
Other	6	6	6
Q doesn't apply	Y	Y	Y
No answer	X	X	X

(c) What part was hurt?

	BURNS OF SCALDS	BROKEN BONES	BAD CUTS OF BRUISES
Head or neck	1	1	1
Trunk	2	2	2
Arm or hand	3	3	3
Leg or foot	4	4	4
Q doesn't apply	Y	Y	Y
No answer	X	X	X

(d) How did the accident(s) occur?

Burns or scalds
Broken bones
Bad cuts or bruises

INFECTIOUS DISEASES.

10. Has this baby ever had **WHOOPING COUGH, GERMAN MEASLES, MEASLES or SCARLET FEVER?**

	WHOOPING COUGH	GERMAN MEASLES	MEASLES	SCARLET FEVER
Yes	1	1	1	1
No	2	2	2	2
No answer ..	X	X	X	X

(If "Yes.")

(a) How many months old was baby when it started?

	WHOOPING COUGH	GERMAN MEASLES	MEASLES	SCARLET FEVER
Age	months	months	months	months
Q doesn't apply ..	YY	YY	YY	YY
No answer	XX	XX	XX	XX

(b) Where or by whom was he treated?

	WHOOPING COUGH	GERMAN MEASLES	MEASLES	SCARLET FEVER
Not treated	0	0	0	0
Hosp. I-P	1	1	1	1
Hospital O-P	2	2	2	2
Nurs. Home	3	3	3	3
Private Dr.	4	4	4	4
Chemist	5	5	5	5
Other	6	6	6	6
Q doesn't apply ..	Y	Y	Y	Y
No answer	X	X	X	X

11. Has this baby ever had **CHICKEN POX, MUMPS, or DIPH-THERIA?**

	CHICKEN POX	MUMPS	DIPH-THERIA
Yes	1	1	1
No	2	2	2
No answer	X	X	X

(If "Yes.")

(a) How many months old was baby when it started?

	CHICKEN POX	MUMPS	DIPH-THERIA
Age	months	months	months
Q doesn't apply ..	YY	YY	YY
No answer	XX	XX	XX

(b) Where or by whom was he treated?

	CHICKEN POX	MUMPS	DIPH-THERIA
Not treated	0	0	0
Hospital In-Patient ..	1	1	1
Hospital Out-Patient ..	2	2	2
Nursing Home	3	3	3
Private Doctor	4	4	4
Chemist	5	5	5
Other	6	6	6
Q doesn't apply	Y	Y	Y
No answer	X	X	X

IMMUNISATION.

12. Has this baby been immunised against **DIPH-THERIA?** Yes 1
No 2
No answer X

(If "Yes.")

(a) How old was he when immunised (i.e., had his first injection)? _____ months
Question does not apply YY
No answer XX

(If "No.")

(b) Why hasn't he been immunised? (Please give answer in mother's own words)

MISCELLANEOUS ILLNESSES.

13. (a) At what age did this baby have his first cold? _____ months
No answer XX

(b) How many colds has he had during the three months, December 1, 1947 to March 1, 1948? _____ colds
No answer X

(c) Does he have them in Winter or Summer or both? Winter 1
Summer 2
Both 3
Question does not apply .. Y
No answer X

(d) Does anybody else in the family have frequent colds or catarrh. If so, who? Mother 1
Other children 2
Other person, namely
No answer X

14. Has this baby ever had a **LOWER RESPIRATORY IN-FECTION, i.e., bronchitis, broncho pneumonia or pneumonia?** Yes 1
No 2
No answer X

(If "Yes.")

(a) How many months old was baby when he first had a lower respiratory infection? _____ months
Question does not apply YY
No answer XX

(b) How many times has he had a lower respiratory infection? _____ times
Question does not apply .. Y
No answer X

(c) Where or by whom was he treated? Not treated 0
Hospital In-Patient 1
Hospital Out-Patient 2
Nursing Home 3
Private Doctor 4
Chemist 5
Other 6
Question does not apply .. Y
No answer X

23. Have you suffered, since the birth of your baby in 1946, from BREAST ABSCESS, BACKACHE, BLADDER TROUBLE, VAGINAL DISCHARGE, PROLAPSE (fallen womb), or PILES?

	BREAST ABSCESS	BACK ACHES	BLADDER TROUBLE	VAGINAL DISCHARGE	PROLAPSE	PILES
Yes.....	1	1	1	1	1	1
No.....	2	2	2	2	2	2
No answer.....	X	X	X	X	X	X

(If "Yes.")

(a) Where or by whom were you treated?

	BREAST ABSCESS	BACK ACHES	BLADDER TROUBLE	VAGINAL DISCHARGE	PROLAPSE	PILES
Not treated.....	0	0	0	0	0	0
Hospital In-Patient.....	1	1	1	1	1	1
Hospital O-P.....	2	2	2	2	2	2
Nursing Home.....	3	3	3	3	3	3
Private Doctor.....	4	4	4	4	4	4
Chemist.....	5	5	5	5	5	5
Other.....	6	6	6	6	6	6
Q doesn't apply.....	Y	Y	Y	Y	Y	Y
No answer.....	X	X	X	X	X	X

(b) Are you still suffering from any of these?

	BREAST ABSCESS	BACK ACHES	BLADDER TROUBLE	VAGINAL DISCHARGE	PROLAPSE	PILES
Yes.....	1	1	1	1	1	1
No.....	2	2	2	2	2	2
Q doesn't apply.....	Y	Y	Y	Y	Y	Y
No answer.....	X	X	X	X	X	X

24. Have you been fitted with a ring to keep your womb in place? Yes.....1
No.....2
No answer.....X

25. Have you had either an increased or a decreased loss of blood at your menstrual periods since the birth of your baby in 1946? Increased.....1
Decreased.....2
Same as before.....3
No answer.....X

26. Have you been pregnant since your child was born in March, 1946? Yes, once.....1
Yes, twice.....2
Yes, more than twice.....3
No.....4
No answer.....X

(If "Yes")

(a) How did the pregnancy end? (i.e. live birth, still birth, etc.)
.....
.....

(b) At what date did the pregnancy end?
.....194.....

THE DWELLING AND HOUSEHOLD.

27. How many are there in your household (including the baby born in 1946 and any later births) who are—

(a) Less than 5 yrs. of age	infants
(b) 5 yrs-14 yrs. 11 mths. of age	children.
(c) 15 yrs. or older (including self, husband, older children, relations, lodgers and domestics)	adults
(d) Total in household..	

28. (a) How many living rooms and bedrooms (including kitchen if used as a living room but excluding other type of kitchen, scullery or bathroom) are occupied by you or the members of your household _____rooms

20. Is there a kitchen for your use? Yes.....1
No.....2
No answer.....X

(If "Yes.")

(a) Is the kitchen shared with another household? Yes.....1
No.....2
Question does not apply..Y
No answer.....X

(b) Do you use the kitchen as a living room? Yes.....1
No.....2
Question does not apply..Y
No answer.....X

30. Is there a bathroom for your use? Yes.....1
No.....2
No answer.....X

31. How do you obtain hot water? Running hot water.....1
Gas or electric copper.....2
Boiling kettles.....3
Other method, namely.....4
No answer.....X

PLEASE MAKE ARRANGEMENTS FOR THE MOTHER TO BRING HER BABY TO BE WEIGHED EITHER AT THE INFANT WELFARE CENTRE OR WHEREVER ELSE SCALES MAY BE AVAILABLE.

32. (a) Present weight (without clothes) _____lbs. _____ozs.
(b) Present standing height _____ft. _____ins.

HEALTH VISITOR'S COMMENTS.

(Health Visitors should not ask these questions, but should fill them in from their own knowledge or observation.)

33. Does this family live in— A whole house?.....1
Part of a house?.....2
A flat?.....3
Furnished rooms?.....4
Other, namely.....5

34. Who owns the dwelling? Occupier.....1
Council.....2
Charitable Trust.....3
Private Landlord.....4
Other, namely.....5

35. Is there a yard or garden attached to this dwelling in which the baby may be left in its pram? Yes.....1
No.....2

36. Please comment freely on the state of the dwelling, its repair, dampness, light and ventilation.....
.....
.....

37. Please comment freely on the bodily care of the baby. Are his clothes clean and in good repair?.....
.....
.....

38. Please give your assessment of (a) the state of the dwelling, and (b) the bodily care of the baby. (Please ring the appropriate code numbers.)

	Good 1	Fair 2	Poor 3
(a) State of the dwelling..			
(b) Bodily care of the baby	1	2	3

39. How long did this interview take? _____minutes

Checked by _____

Coded by _____