

DEVELOPMENTAL HISTORY SCHEDULE

General instruction:

Before starting to code the Developmental History Schedule onto the coding sheet, check that a Developmental History Schedule has been completed.

Do not commence a coding sheet in the following instances but note the child's Central Survey Number on a separate list.

1. D.H.S. is missing from envelope or not returned.
2. D.H.S. has been returned but there is a note on the envelope or on the outside of the D.H.S. indicating records were missing and the D.H.S. was not completed.
3. D.H.S. has only been filled in with comments "Records Absent", "Records Missing" but no individual questions have been answered/ringed.

ELEMENTS	CARD COLUMNS	CODING
Child's Central Survey Number	1 - 5	Copy the first five digits recorded in the box at the top right hand corner of the questionnaire.
Teton/Twin	6	Copy the sixth digit in the box.
Card Number	7,8	40
Sex	9	Boy 1 Girl 2 (If sex not written on the D.H.S., check name and/or other questionnaires)
Date of birth of Study Child	10,11	Code the day as two digit number. Must be in the range 05 to 11 inclusive.

Page Number	Contents	Card Columns	Coding
1	<p>a) Any home visit from H.V. ?</p> <p>b) Any attendance at Child Health Clinic ?</p> <p>c) Date of first home visit by H.V.</p>	<p>12</p> <p>13</p> <p>14 - 18</p>	<p>Code as ringed</p> <p>Note indicating that home visit has taken place 4</p> <p>Note indicating that home visit has never taken place 5</p> <p>Not stated 9</p> <p>Code as ringed</p> <p>Note indicating C.H.C. attendance has taken place 4</p> <p>Note indicating C.H.C. attendance has not taken place 5</p> <p>Not stated 9</p> <p>Code DD MM Y (e.g. 2nd May 1971 - 02051)</p> <p>Note indicating home visit has taken place, no date given 77777</p> <p>Note indicating home visit has never taken place 88888</p> <p>Date replaced by statement "not known" 00000</p> <p>Not stated 99999</p>
	<p>Date of first attendance at C.H.C.</p>	<p>19 - 23</p>	<p>Code DD MM Y</p> <p>Note indicating C.H.C. attendance has taken place, no date given 77777</p> <p>Note indicating C.H.C. attendance has never taken place 88888</p> <p>Date replaced by statement "not known" 00000</p> <p>Not stated 99999</p>

		Card Columns	Code
1	d) Total number of H.V. Visits and D.C. attendances for first five years.		
	H.V. Visits		Ignore "no access" visits, these will be coded in cc 60,61 Scan the boxes in question d. If none of them have been completed with numbers of H.V. visits but a general comment has been written either below or across boxes referring to the <u>whole</u> of the first five years code as follows:
		24,25	Note indicating: Has been visited 96 Never been visited 97 Situation not known 98 cc's 24-41 are then coded with 0's
	1st Year 0-5mths.	24,25	Where individual boxes have been completed : Code the number of visits for each period of time as a two digit number (e.g. 4 visits code 04) None (i.e. none, 0, dash -, "never" written in individual box) 00 Vague, non numerical description, e.g. several. 90 "Not known" 98 Not stated 99
	1st Year 6-11mths.	26,27) Code as for 0-5 months ccs 24,25))))
	2nd Year 12-17mths.	28,29	
	18-23mths.	30,31	
	3rd Year 24-29mths.	32,33	
	30-35mths.	34,35	
	4th Year 36-47mths.	36,37) Not stated 99
	5th Year 48+ mths.	38,39	
	Total H.V. Visits since birth.	40,41	Code total given None (i.e. none, 0, dash -, "never" written into box) 00 Vague, non-numerical description, e.g. several 90 Not known 90 Not stated 99

<u>Section Number</u>	<u>Contents</u>	<u>Card Column</u>	<u>Coding</u>
1 (Cont)	C.H.C. attendances		Scan the boxes in question d. If none of them have been completed with numbers of C.H.C. attendances but a general comment has been written either below or across boxes referring to the whole of the first five years, code as follows.
		42,43	Note indicating: Has attended C.H.C. 96 Never attended C.H.C. 97 Situation not known 98
			ccs. 44-59 are then coded with 0's
			Where individual boxes have been completed:
	1st Year 0-5mths	42,43	Code the number of C.H.C. attendances for each period of time as a two-digit number.
			None (i.e. none, 0, dash -, "never" written into individual box) 00
			Vague, non-numerical description, e.g. several 90
			"Not known" 98
			Not stated 99
	6-11mths	44,45) Code as for 0-5 mths. ccs 42,43
2nd Year	12-17mths	46,47	
	18-23mths	48,49	
3rd Year	24-29mths	50,51) Code as for 0-5 mths. ccs 42,43
	30-35mths	52,53	
4th Year	36-47mths	54,55) Code as for 0-5 mths. ccs 42,43
5th Year	48+ mths	56,57	
	Total C.H.C. attendances since birth	58,59	Code total given (i.e. None, 0, dash -, "never" written in box) 00 Vague, non-numerical description, e.g. several 90 Not known 98 Not stated 99

<u>Question Number</u>	<u>Comments</u>	<u>Card Columns</u>	<u>Coding</u>
1	"No access" H.V. home visits	60,61	<p>Code total number indicated anywhere on question 1.</p> <p>None 00</p> <p>Vague, non-numerical description, e.g. several 90</p> <p>Not stated 99</p> <p>"No access" describes a home visit in which H.V. tried to visit the family but did not see them or gain access to the home. May be described as:</p> <p>No access Ineffective visit Wasted visit Blank visit</p>
2	Risk Factor recorded on H.V. records	62	<p>Code as ringed</p> <p>Not stated 9</p>
	on C.H.C. records	63	<p>Code as ringed</p> <p>Not stated 9</p>
	Risk Factor recorded on H.V. records		Code using a system of weighting factors:
	Pregnancy/delivery	64-66	<p>Nothing ringed 000</p> <p>W.I</p> <p>Rubella in first 4 months 1</p> <p>Twin pregnancy 2</p> <p>Rh. and ABO incompatibility 4</p> <p>Hypertension, toxæmia 8</p> <p>Any pregnancy bleeding 16</p> <p>Psychiatric illness 32</p> <p>Diabetes 64</p> <p>Gestation under 36/37 weeks 128</p> <p>Postmaturity (42 weeks +) 256</p> <p>Code using sum of weighting factors, if none of these code. 000</p>

<u>Section</u>	<u>Contents</u>	<u>Card Columns</u>	<u>Coding</u>
2 (Cont.)		67,68	Nothing ringed 00 w. Breech 1 Prolonged/difficult labour 2 Foetal distress 4 Other risk factor in pregnancy/labour 8 (Code using sum of weighting factors if none of these, code 00
	Risk Factors recorded on H.V. records		Code using a system of weighting factors:
	First week of N's life	69-71	Nothing ringed 000 w. Low birthweight 1 Birth asphyxia 2 Jaundice 4 Convulsions 8 Any congenital abnormality 16 Respiratory distress 32 Other risk factor(s) 64 Social or environmental risk factor 128 Genetic risk factor 256 (Code using sum of weighting factors, if none of these, code 000
	Risk Factors recorded on C.H.C. records		
	Pregnancy/Delivery	72-74	Using system of weighting factors code as for ccs 64-66
	.	75-76	Using system of weighting factors code as for ccs 67,68
	First week of N's life	77-79	Using system of weighting factors code as for ccs 69-71

Contents	Card Columns	Coding	
From H.V. and C.H.C. records only		Do not code from comments at bottom of question 3.	
a) Record of N's birthweight	9	Code as ringed	
		Not stated	9
Birthweight specified	10-13	Code weight in grams	
		Not stated	9999
b) Record of N's gestational maturity	14	Code as ringed	
		Not stated	9
Weeks specified	15,16	Code exact number of weeks.	
		If approximate number of weeks given - query	
		Not stated	99
c) Record of any congenital defect in N ?	17	Yes, something specified	1
		Yes, nothing specified	2
		No	3
		Records unclear	4
		No records	5
		Not stated	9
		(N.B. changed coding for Yes)	
From H.V., C.H.C. and any other records			
d) Any screening for PKU ?	18	Code as ringed	
		Not stated	9
e) Any screening for C.D.H. (hip) ?	19	Code as ringed	
		Not stated	9
f) Any screening for hearing ?	20	Code as ringed	
		Not stated	9

	<u>Contents</u>	<u>Page</u>	<u>Index</u>
3 (cont)	g) Any screening for squint ?	21	Code as ringed Not stated
	h) Any screening for vision ?	22	Code as ringed Not stated
	i) Any general developmental check-ups ?	23	Code as ringed Not stated
4 II	Details of observations of developmental progress	24,25	Code the total number of times it was observed (check back page for continuations) Not stated
5	Specialist Assessment:		
	a) Specialist hearing assessment	26	Code as ringed Not stated
	b) Specialist visual assessment	27	Code as ringed Not stated
	c) Specialist developmental assessment	28	Code as ringed Not stated
	Details of assessments	29	In space below details are given of assessments. If these details were used in coding the H.I.Q. they will be marked with a question number with or without an arrow. Code as follows: Details given and used in H.I.Q. Details given and not used in H.I.Q. No details given

<u>Section Number</u>	<u>Contents</u>	<u>Card Columns</u>	<u>Coding</u>
6	<p>Information on Records regarding Hospital O.P. attendance, Hospital admission and Admission to care.</p> <p>a) Hospital outpatients or special(ist) clinic</p> <p>b) Admitted to hospital</p> <p>c) In-care, fostered, residential placement</p> <p>Details of Hospital O.P. attendance and Hospital admission</p>	<p>30</p> <p>31</p> <p>32</p> <p>33</p>	<p>Code as ringed</p> <p>Not stated 9</p> <p>Code as ringed</p> <p>Not stated 9</p> <p>Code as ringed</p> <p>Not stated 9</p> <p>In space below details are given of O.P. attendance and admissions to hospital. If these details were used in coding the H.I.Q., they will be marked with green ink with a question number with or without a green arrow.</p> <p>Code as follows:</p> <p>Details given and used in H.I.Q. 1</p> <p>Details given and not used in H.I.Q. 2</p> <p>No details given 0</p>
7	? Non-accidental injury	34	<p>Code as ringed</p> <p>Not stated 9</p> <p>Note - this question may have been edited.</p> <p>Give preference to green editings.</p>

<u>Page</u>	<u>Contents</u>	<u>Page</u> <u>Columns</u>	<u>Coding</u>
8	Has N's name been on any Register ?	35	Code as ringed Not stated 9
	Information on Reasons for being on Register	36,37	Not applicable - i.e. N not on any register 36 Not stated 39 Code using a system of weighting factors: W. "At Risk"/in need of observation for medical reasons 1 "At Risk"/in need of observation for social reasons 2 Handicapped ? 4 Other situation 8 Reason not known 16 Code using the sum of the appropriate weighting factors. e.g. "At Risk" for medical reasons and Handicapped, code 05.
9	Decision regarding "Special Educational Treatment"	38	Code as ringed Not stated 9
	Category of handicaps	39-42	Code using system of weighting factors: W.
		39,40	Blind 1 Partially sighted 2 Deaf 4 Partially hearing 8 Mentally handicapped/Scotland 16 Educationally subnormal (England & Wales) 32 (Code using sum of weighting factors, if none of these, code 00)
		41,42	Severely ESH/England and Wales 1 Epileptic 2 Maladjusted 4 Physically handicapped 8 Speech defect 16 Delicate/England and Wales 32 (Code using sum of weighting factors, if none of these, code 00)

<u>Question Number</u>	<u>Contents</u>	<u>Card Columns</u>	<u>Coding</u>
10	Summary of develop- mental problems, disability or handicapping condition	43	Code as ringed If '1' and '2' ringed, code 4 Not known 0 Not stated 9
11	Availability of H.V. and C.H.C. records.		
	H.V. records available or not	44	Code as ringed Not stated 9
	a.) Length of time H.V. record missing		
	FROM 45-47		Code MM Y (e.g. August 1973-083)
	TO 48-50		Code MM Y
			Not applicable 888888 (i.e. records have never been missing)
			Not stated 999999 (records missing,dates not given)
	b.) Reason for records missing	51	Code as ringed Not applicable (i.e. records have never been missing) 8 Not stated 9
	C.H.C. records avail- able or not	52	Code as ringed Not stated 9
	a) Length of time C.H.C. record missing		
	FROM 53-55		Code MM Y
	TO 56-58		Code MM Y
			Not applicable 888888 (i.e. records have never been missing)
			Not stated 999999 (records missing,dates not given)

<u>Index</u>	<u>Contents</u>	<u>Card Columns</u>	<u>Coding</u>
11 (Cont.)	b) Reason for records missing	59	Code as ringed Not applicable (i.e. records have never been missing) Not stated
12	Records used in completing D.H.S.	60,61	This supplies information on records used other than H.V. and C.H.C. If H.V. and C.H.C. records have been written in as additional records, do not code. Code using system of weighting factors: <div style="float: right; text-align: right;">w.f</div> Records of any developmental screening in G.P.'s surgery/health centre 1 Handicap records e.g. 2HP, 4HP-specify 2 Medical records of nursery school/class or infant school 4 Medical records of day nursery or other day care 8 Medical records of residential nursery or other residential care 16 Other record(s) or source(s) of information, namely 32 Not stated 99
	Professional status of person completing D.H.S.	62	Health Visitor (HV) (HVDN) (HVDN. MW) 1 Health Visitor Student 2 Other professional, e.g. N.O., Nursing Officer 3 Clerk/Secretary 4 Other - query Not stated 9
	Employing Authority	63-65	A.H.A. code (see list)
	Health District Code	66-69	Copy the four digit code recorded in the box at the top left hand corner of the front page of the questionnaire.
	Date of completion of D.H.S.	70-74	DD MM Y e.g. 1st May 1975, Code 01055

	<u>CONTENTS</u>	<u>CARD COLUMN</u>	<u>CODING</u>
4 Part I	Total Number of Screenings	75,76	<p>Return to Question 4, Part I</p> <p>Code total number of screenings (Check back page for continuations)</p> <p>No screenings recorded 00</p> <p>(In this case no coding is required on card 42)</p>

	<u>Items</u>	<u>Card Columns</u>	<u>Coding</u>	
4	Developmental screening			
	First screening		Check that screening entered in 1st Section and code the earliest date that N was screened.	
	a) When screened ?	9-13	Code DD MM Y (e.g. 12th October 1970 Code 12100)	
	b) Screening done	14,15	Code using a system of weighting factors:	
				W.
			General developmental check-up	1
			Hearing test	2
			Vision test	4
			Examination for squint	8
			Not stated	99
	c) Who screened N ?	16	Doctor alone	1
			H.V. alone	2
			Other alone	3
			Dr. and H.V.	4
			Dr. and other	5
			H.V. and other	6
			Not known who	8
			Not stated	9
	d) Where screened ?	17	Child Health Clinic	1
			G.P. Practice	2
			N's home	3
			Nursery/Infant School	4
			Hospital birth follow-up clinic	5
			Other uncertain	6
			Not stated	9

<u>Screening Number</u>	<u>Contents</u>	<u>Card Columns</u>	<u>Coding</u>
4 I (Cont.)	2nd and all subsequent screenings:		For each of these subsequent screenings a block of 7 card columns will be used. The total number of blocks (including the 9 column block used for the first screening) must equal the value coded in cc 79, on Card 41.
	a) When screened	18-20	Code MM Y (Code only month and year)
	b) Screening done	21,22	Code as for ccs 14,15
	c) Who screened N ?	23	Code as for ccs 16
	d) Where screened ?	24	Code as for cc 17
	3rd screening	25-31	
	4th screening	32-38	
	5th screening	39-45	
	6th screening	46-52	
	7th screening	53-59	
	8th screening	60-66	
	9th screening	67-73	
	10th screening	74-80	
			If more than ten screenings, continue onto the next card (No. 43).
			Additional screenings may be found on Back Page of schedule.